



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

APR 17 2001

MEMORANDUM FOR SEE DISTRIBUTION

FROM: AFMOA/SGZP
110 Luke Avenue, Room 405
Bolling AFB, DC 20332-7050

SUBJECT: Public Health Mission Prioritization

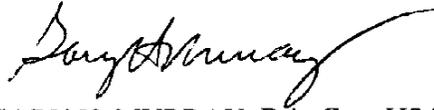
The Air Force Public Health Corporate Board (PHCB) and various Integrated Product Teams have been hard at work re-engineering their career field to focus on the Public Health core competencies and key contingency missions. When complete, we expect to see an expansion of Public Health's critical role in force health protection and population health epidemiology as well as significant alterations and re-alignment of some parts of their occupational health, disease management, and immunization programs.

Initial guidance for expanding Public Health's role in population health epidemiology was included in the AFMOA/SGZP letter of 24 Jan 01, "*Public Health's Role in Population Health Improvement (PHI)*" (attached), and in the Population Health Jump Start Manual. This information should also be available through the AF Medical Application Model (<http://afmam.satx.disa.mil>) in its next release this summer.

As Public Health embraces this new PHI mission and grows in knowledge, capability, and workload, we know that some of the tasks they currently accomplish will need to shift or refocus. This was emphasized to MTF commanders in my letter of 20 Nov 00, "*Public Health's Role in Population Health Improvement*" (included with 24 Jan 01 memo).

As a first step in prioritizing Public Health's current mission, the PHCB identified a couple of tasks they felt were of minimal value to most, if not all, installations. Effective immediately, Public Health will no longer be required to conduct the following activities: routine public health occupational shop visits (unless needed to address specific investigational or educational requirements) and occupational health education (except as required by higher directive or the local Aerospace Medicine Council). In addition, as public health support for population health epidemiology increases, the added workload may make it necessary to further prioritize and/or modify Public Health tasks through reduction in frequency, delay, or deletion of tasks. All mission essential requirements must, of course, continue to be accomplished. Any proposed changes in the Public Health mission must be justified and approved, in writing, through the Squadron and Group Commanders and coordinated with the MAJCOM public health officers (PHOs). MAJCOM PHOs will define the structure for this coordination. The Air Force Inspection Agency has coordinated on this policy and has agreed to adjust their inspection criteria appropriately to ensure critical mission needs are met and key outcomes achieved while allowing some flexibility in local processes.

If you have questions, your MAJCOM PHO remains the best source of current information. Additional questions or concerns may be directed to my POC, Col Deneice Van Hook , email deneice.vanhook@usafsg.bolling.af.mil, or DSN 297-4286.



GARY H. MURRAY, Brig Gen, USAF, DC
Commander
Air Force Medical Operations Agency
Office of the Surgeon General

Attachment:
24 Jan 01 Memorandum

DISTRIBUTION LIST (This memorandum must go to MAJCOMs for dissemination to the base Medical Treatment Facilities with a courtesy copy to all Public Health Offices)

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