

# Armed Forces Health Surveillance Center



**AFEB Meeting, 26-27 September 2006**

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# Outline

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- **Background**
- **Details**
  - Vision and Mission
  - Relationships and Functions
  - Command & Control
  - CONOPS Overview
  - Provisional vs. Initial Operating Capabilities
  - Advantages and Benefits
- **Implementation Status**



# Background

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- **Health surveillance is critical to medical readiness and force health protection**
- **Current Situation: Services have separate surveillance programs/standards/philosophies, limited sharing, and many available programs optimized to address Service-specific needs**
- **MHS and DoD needs:**
  - Single, central official source for health surveillance information
  - Integrated DoD population, health event, and exposure data
  - Standardized, reproducible analytical methods



# Armed Forces Health Surveillance Center

## Vision and Mission

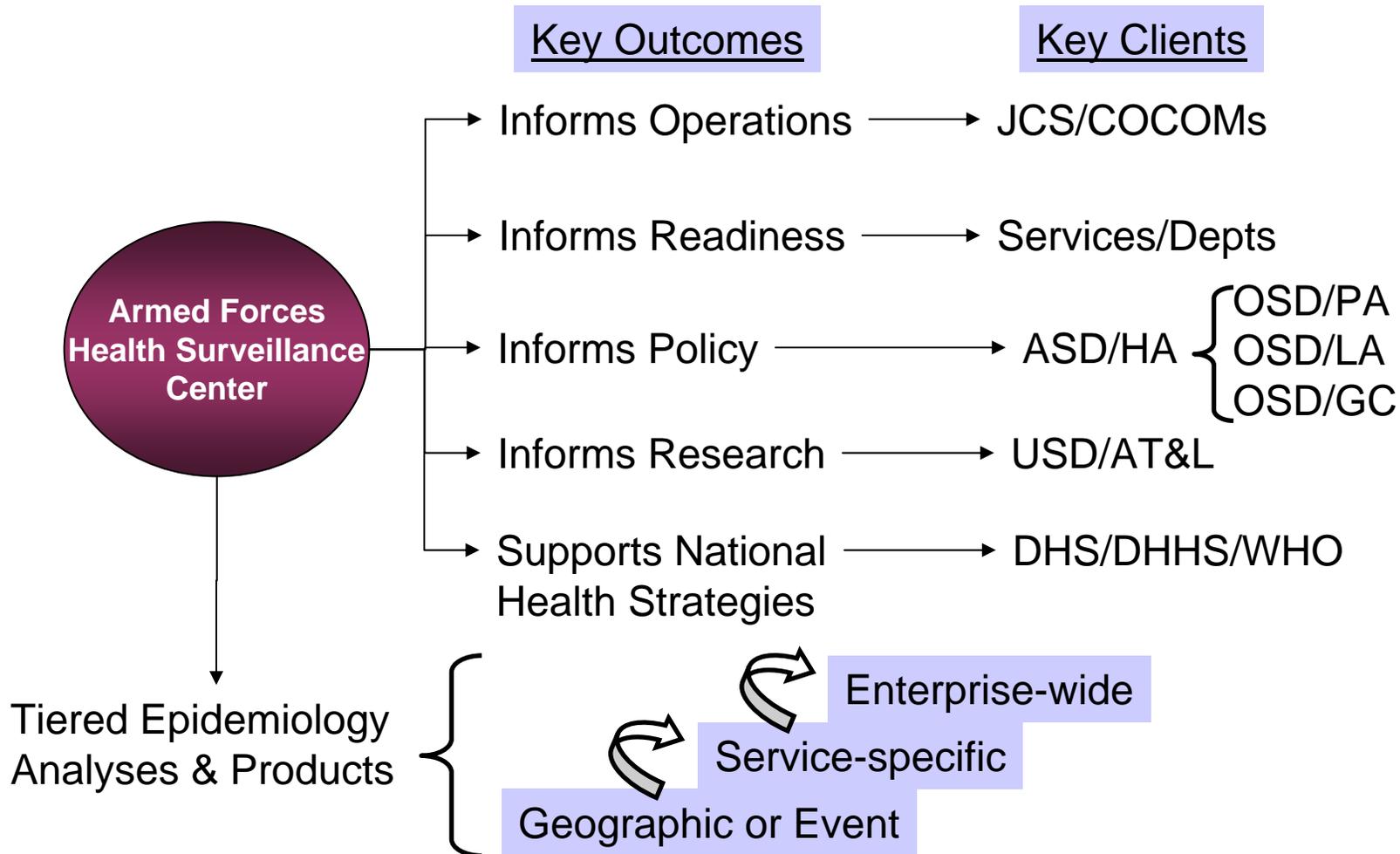
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- **Vision: to provide relevant, timely, actionable, comprehensive health surveillance information and support to the Armed Forces on military and military-associated populations**
- **Mission: to promote, maintain, or enhance the health of military and military-associated populations**
  - Acquire, analyze & interpret, recommend, and disseminate
  - Develop, refine and improve standardized surveillance methods
  - Serve as focal point for sharing health surveillance products, expertise and information
  - Delineate roles, responsibilities, and mutually supporting relationships among the Armed Forces health surveillance activities



# Key Outcomes and Clients

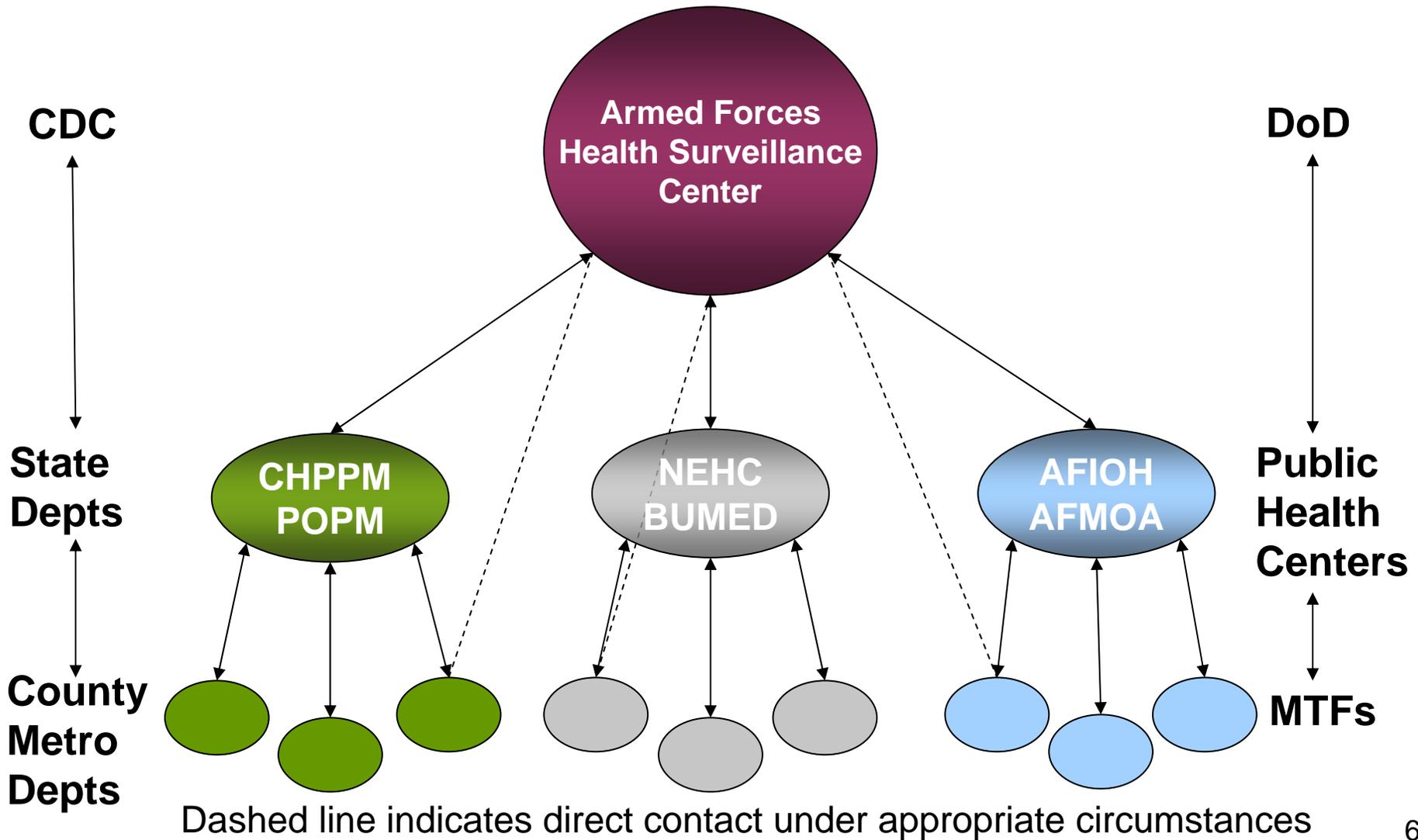
## Who the Center serves and how





# AFHSC Relationships

## Applying the CDC Model





# Service Public Health Centers and AFHSC Functions and Relationships

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- **AFHSC will**

- Provide a 24/7 Ops Center and Helpdesk
- Monitor DoD-level trends, outbreaks, other anomalies
- Support Service PH Centers with Service-specific analyses/reports/recommendations and comparisons with other Services' results
- Coordinate inter-Service/interagency investigations
  - *Augment on-site investigations on request*
- Facilitate access to archived data for Service-level use
- Maintain DoD-level registries, repositories
- Perform and coordinate focused studies/research



# Service Public Health Centers and AFHSC

## Functions and Relationships, cont'd

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- **Service Public Health (PH) Centers**

- Execute health surveillance activities for their respective populations
- Directly support installations, deployed units and HQs
  - *Consultative, investigative, formal deployments, staff assistance*
  - *Both medical and environmental disciplines*
- Provides Service-level response (investigations) to outbreaks, clusters, etc.
- Provides outbreak detection monitoring for their Service installations
  - *Example, backup installation-level monitoring of ESSENCE*
- Service-unique analyses that complement AFHSC products
- Special programs based on expertise or as assigned
  - *Example, DoD laboratory-based influenza surveillance*
- Facilitate data/info collection/flow between MTFs/units/installations/agencies and the AFHSC



# AFHSC and other Organizations

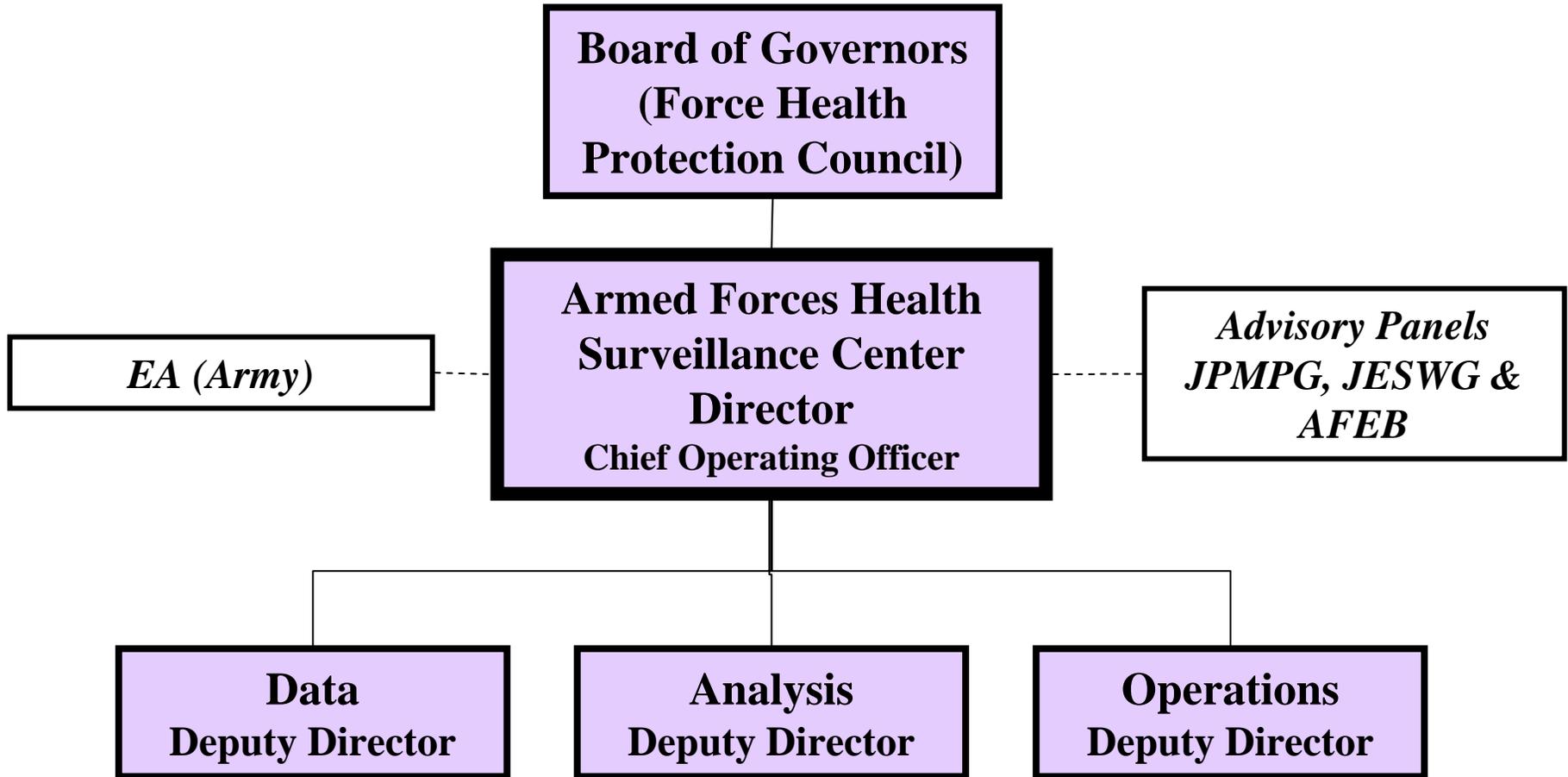
## Functions and Relationships, cont'd

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- **AFMIC**—intelligence mission, mutual customer relationship, producing integrated intelligence/surveillance products
- **AFIP**—DoD mortality program, DNA repository, share data
- **USUHS**—teaching mission, based on requirements, academic collaborative relationship, students/interns welcome at the Center, evaluate programs/systems
- **TMA**—coordinated surveillance for all Public Health and Population Health needs, avoiding duplication
- **VA**—integrated longitudinal cohort tracking
- **CDC(HHS)**—collaboration in outbreak detection & medical situational awareness, epi methods/systems development, etc.
- **National Biosurveillance Integration System (HS)**—currently still evolving, expect collaborative relationship as with CDC



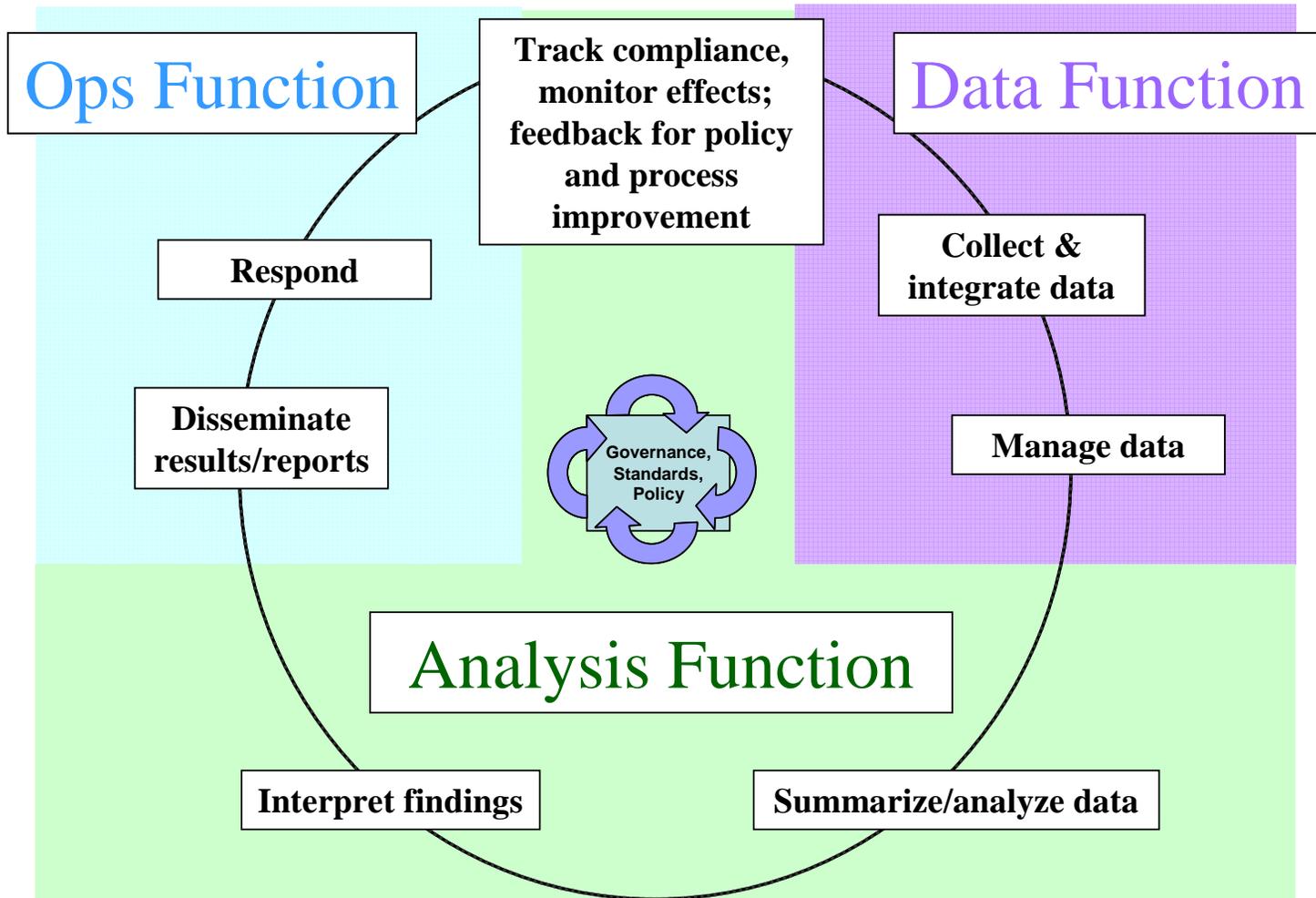
# Governance





# Center Concept of Operations

## Organizational Structure



HQ, Dir and staff

DoDSR

Liaison office

Data

- Database admin
- Systems design
- Applications development
- Systems maintenance
- Data quality assurance (e.g., timeliness, completeness)
- Security
- Privacy
- Other:
  - Deploy forms management
  - Rep med events system
  - DoDSR inventory control
  - DMED
  - Website
  - E-mail

Analysis

- Epidemiology: design, analysis
- Biostatistics
- Interpret findings (e.g., SMEs)
- Special projects, e.g.:
  - Deployment environmental
  - Vaccine compliance, safety
  - HIV-1
  - Reportable events
  - Deployment health, FHP
  - Outbreak detection
  - Emerging infections
  - Injuries
  - Lost duty
  - Seroepidemiology

Operations

- Receive/define requests
- 24/7 staffing
- Current ops awareness
- Current “hot” issues
  - political
  - news
  - public
  - advocate groups
- Prepare/deliver reports
  - information papers
  - briefings
  - inputs to briefings
  - press releases/briefs
- Risk communication
- Marketing
- Training, doctrine



# Provisional Operating Capabilities

## Key Characteristics

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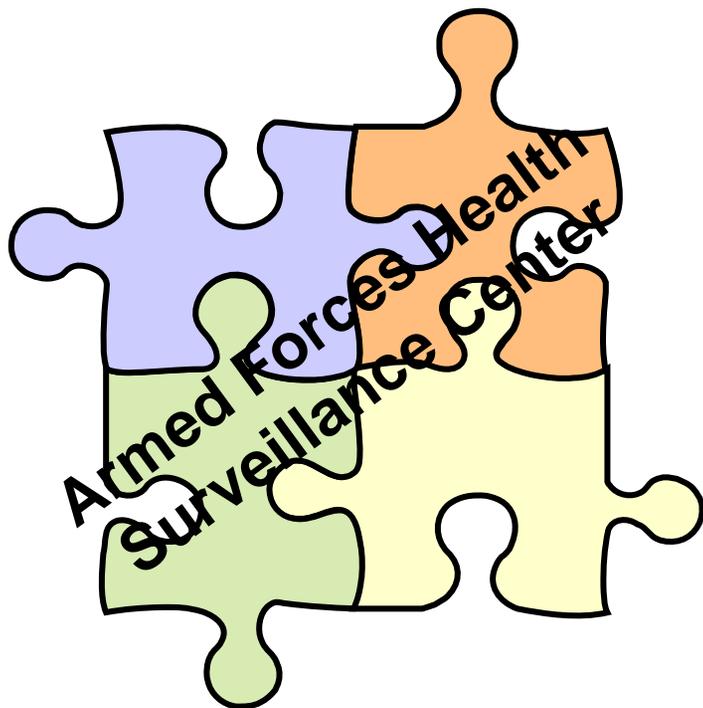
- **Enterprise-wide surveillance (AMSA/DHSD)**
  - Defense Medical Surveillance System
  - Reportable med events
  - Real-time outbreak
  - DoD Serum Repository
  - Deployment DNBI (JMEWS) & med movement (TRAC<sup>2</sup>ES)
  - Open source monitoring
- **Central phone number and integrated web site (DHSD)**
- **Central response coordination (GEIS)**
- **Set stage for IOC**
  - Appoint director
  - Find site for collocation



# Initial Operating Capability

Collocated resources with unity of command

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**Characteristics, POC plus:**  
**Collocated operations**  
**24/7 on-site coverage**  
**Align in joint/unified MEDCOM**  
**Classified data onsite**  
**Expand monitoring**  
**Injury & cancer clusters**  
**External research support**  
**PH surveillance assess**  
**Expand data and analysis**  
**Retiree, seps, families**



# Advantages and Benefits of AFHSC

## What you get that you don't have now

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- **Synchronize health surveillance for the Armed Forces**
- **24-hr support services, quick access to experts**
- **Enterprise-level integrated analyses**
  - Coordinated with DHS, DHHS, AFMIC, COCOMs, etc.
- **More efficient central data archive with decentralized data access by Services**
- **DoD-level consolidation of surveillance programs**
  - Example, DNBI for all COCOMs, freeing resources for other work
- **Consolidated IM/IT (with collocation), freeing resources**
- **Formal, credible surveillance program evals/validation**



# Advantages and Benefits of AFHSC

## New Products and Projected Requirements

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- **Linked and integrated analyses/summaries of data**
  - Pathogen drug resistance reports
  - Radiation (TLD) exposure trends
  - Pharmacy data, e.g., linking mefloquine use with health outcomes
  - Lab data
  - Longitudinal eval of pre-/post-/post- deployment reassessment tools
- **Cancer morbidity/mortality surveillance**
- **Recruit health events, comprehensive surveillance**
- **Fitness: performance, illness/injury relationships, mortality, cost**
- **Dental health events**



# Implementation Status

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- **Implementation Steps**

- Produce HA policy memo to establish provisional operating capability
- Negotiate MOAs to establish provisional roles and relationships
- Modify DoDD 6490.2 to identify AFHSC as Army Executive Agency
- Create AFHSC DoDI, ensuring an organization that fully recognizes and supports the needs and capabilities of all the Services
- Write charters for Board of Governors and advisor panels
  - *Special attention to fiscal accountability and cost growth*
- Establish resource requirements for the Initial and Final Operating Capability FY 08-13 Program

# Temporary Site

(Move in September 2006)

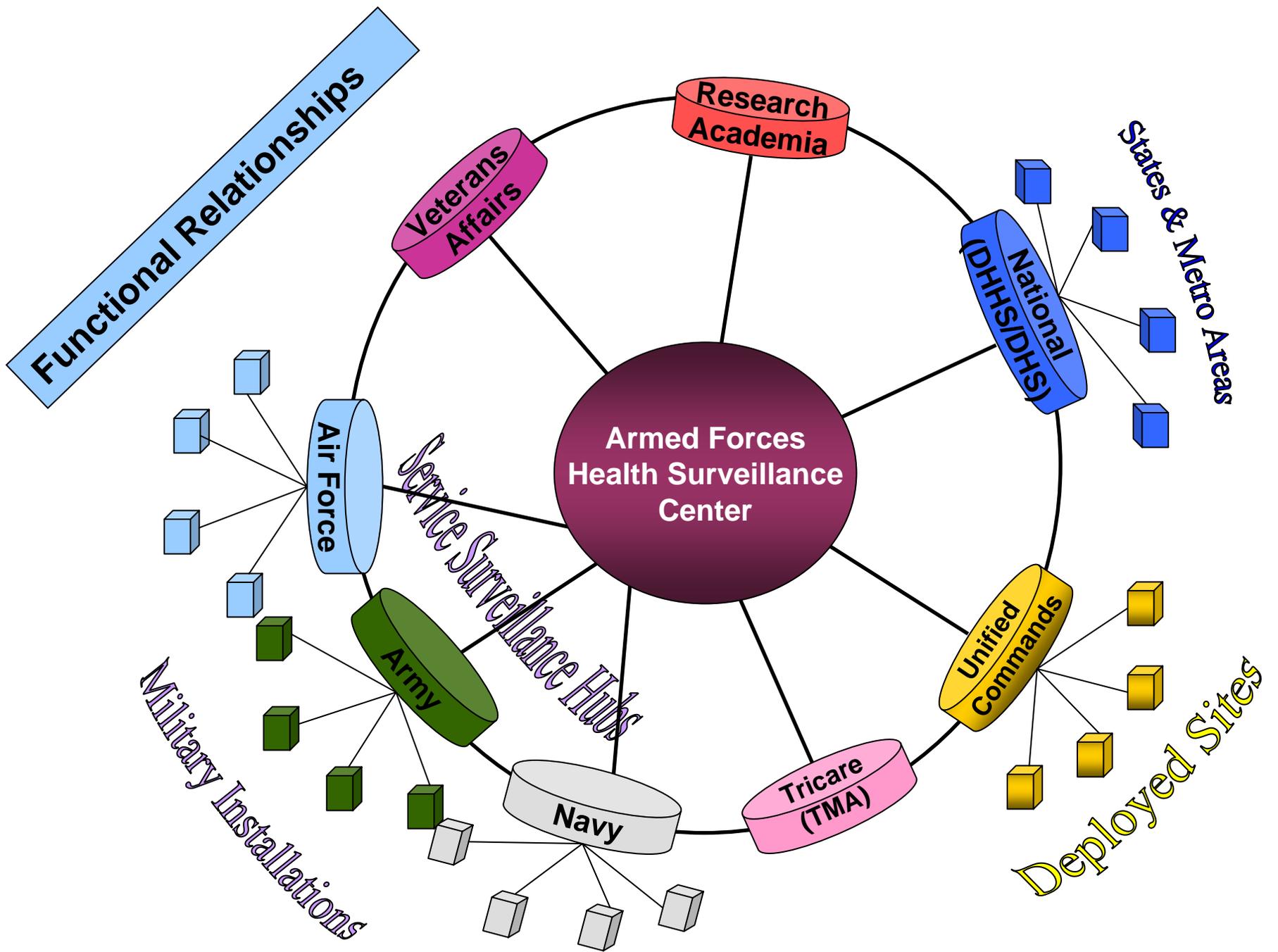
2900 Linden Lane  
Silver Spring, Maryland 20910



- Sufficient Office Space for DoD-GEIS Staff (on 1<sup>st</sup> floor)
- Co-location with Army Medical Surveillance Activity (on 2<sup>nd</sup> floor)
- Possible co-location of a few DHSD analysts
- Within ½ mile of WRAIR and Forest Glen Annex
- Continued Support from WRAIR and USAMRMC

# Backup Material







# Command & Control

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- **Establish an EA FOA (under Army) via DoDD**
  - Responsible for “joint” health surveillance mission
- **Policy authority lies with FHP&R**
  - Promulgates policies recommended by AFHSC
- **Board of Governors to provide executive oversight, approval annual work plan and long-term goals/objectives, Force Health Protection Council**
- **Scientific Advisory Boards for technical questions**
  - JPMPG & JESWG (military operational prev med & env issues)
  - AFEB (national-level, independent source for consultation)
- **Directorship selected from Tri-Service candidates**
  - EA provides order of merit, ASD/HA selects
  - Senior rater for organization, 2-3 year term



# Task Force Membership

Organization	Role
US Army Center for Health Promotion and Preventive Medicine (CHPPM)	Co-Chair
TMA - Deployment Health Support Directorate	Co-chair
Office of the Deputy Assistant Secretary of Defense-Health Affairs (Clinical & Program Policy)	Member
US Army Surgeon General (SG) Policy (POPM)	Member
U.S. Air Force SG Policy (AFMSA)	Member
Air Force Institute for Operational Health (AFIOH)	Member
U.S. Navy SG Policy (BUMED)	Member
Navy Environmental Health Center (NEHC)	Member
U.S. Coast Guard (USCG)	Member
DoD Global Emerging Infection Surveillance and Response System (DoD-GEIS)	Member
Joint Staff (J-4/HSSD)	Member



# Points of Contact

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- DHSD-Co-Chair: Col Kenneth Cox, 703.579.8524, [Kenneth.Cox@deploymenthealth.osd.mil](mailto:Kenneth.Cox@deploymenthealth.osd.mil)
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