

Fiscal Year 2005

**Office of Public
Health and
Environmental
Hazards (13)**

Accountability Report

13 Accountability Report

Contents	Page
Foreword by Susan H. Mather, M.D., M.P.H., Chief Officer	3
Examples of Our Products	4
Program Organization Chart	5
Organization Chart	6
Web Sites for Programs	7
Thinking Ahead - New Approaches, New Challenges	8
Evaluation	9
Program Topics	10
Objectives	11
Progress Chart	12 -22

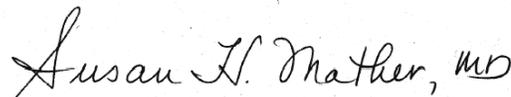
Foreword

This past year, VA has seen new dimensions added to its already considerable challenges – increasing numbers of veterans returning from Operations Enduring Freedom and Iraqi Freedom, with changing demographics (more women and more Guard and Reserve troops) and with new and often urgent health concerns; new VA policies to provide more information to and services for these veterans; proposed changes to the VA infrastructure through the Capital Assets and Realignment (CARES) process to allow better care for all veterans; and continued threats to individual and system health through natural and manmade biologic, chemical and radiologic threats.

The Office of Public Health and Environmental Hazards continues to make contributions across the strategic framework set up by VA and VHA and reflected in our original 2003 longterm plan, with initiatives and progress related to every VA health-related goal and every VHA goal and objective. The Office finds strength through energetic collaborations across the diversity of staff and disciplines within our organization and through continued partnerships and interactions with offices and field staff across VHA.

As you can read in last year's report and in this one, our second accountability report, the Office has strived to meet and exceed the goals set forth in our original plan and carry out new initiatives as we take on new challenges in environmental and public health. In this, the 75th anniversary of the combining of programs into what is now VA, we address established health issues and embrace new issues and new approaches to established issues on behalf of the special populations that we represent. These populations include women veterans, veterans exposed to environmental hazards, and veterans with high impact health problems such as HIV/AIDS, hepatitis C, smoking-related illnesses, and emerging public health issues. The Office also provides essential services to the people and programs that make up VHA, through its Occupational Health Program, and contributes to the preparedness of VA and the Nation through our emergency management program and training and education initiatives.

I am proud to present this second accountability report of the Office of Public Health and Environmental hazards. For more information about our programs, our Web site is <http://www.vethealth.cio.med.va.gov/> and VA Intranet <http://vaww.vhaco.va.gov/pubhealth/>.



Susan H. Mather, MD, MPH
Chief Public Health and Environmental Hazards Officer

Examples of Our Products

Treatment and Management of HIV Infection in the United States

CALL FOR PAPERS

September 15-18, 2005 | Hyatt Regency Atlanta Atlanta, Georgia

CALL FOR PAPERS FOR POSTER SESSIONS

September 15-18, 2005 | Hyatt Regency Atlanta Atlanta, Georgia

HIV in the USA

Treatment and Management of HIV Infection in the United States Conference

HIV in the USA

Registration Deadline is August 31, 2005

Don't Miss Out!

IONIZING RADIATION REVIEW

Vol. 2, No. 1 Information for Veterans Exposed to Ionizing Radiation December 2004 and Their Families

Review of the Dose Reconstruction Program for Atomic Veterans

In 2003, the independent, congressional National Research Council (NRC) of the National Academies of Sciences issued a report on the radiation dose reconstruction program of the Defense Threat Reduction Agency (DTRA) that provides estimates of the amounts of radiation exposure received during past events. The NRC report concluded that some important issues may have been understated and identified other issues relating to adjudication of claims from atomic veterans.

In follow-up to the findings in the NRC report, Congress enacted Public Law 108-183, which required the Department of Defense (DOD) and the VA to jointly review the dose reconstruction program and submit a plan for corrective actions. The report of the mandated review and plan was submitted to Congress in June 2004.

The law also mandated establishment of a new independent advisory board to provide oversight to the dose reconstruction program and related activities. DOD and VA currently are in the process of establishing that board. Additional information about this board will be posted in future issues of this newsletter.

What is the Ionizing Radiation Registry?

The Ionizing Radiation Registry (IRR) is a service program offered by the Department of Veterans Affairs.

*** ENDURING FREEDOM VETERANS ***

Information for Veterans Who Served in Afghanistan and For Their Families

As of late December 2004, about 28 million of the estimated population of about 28 million in the country, more than one-third, have been damaged by the September 11, 2001, terrorist attacks on the World Trade Center and the Pentagon, the United States Capitol, and other locations in Washington, D.C. and in Pennsylvania. Additional military personnel were also killed in Afghanistan. Currently, as part of Operation Enduring Freedom (OEF), U.S. troops are on the ground in Afghanistan, Pakistan, and neighboring countries of the former Soviet Union.

As all American deployments abroad, some service members may come back with deployment-related health problems. In Afghanistan, troops are especially at risk for lead-related diseases, traumatic injuries, and exposure to cold weather. As an all-war, some returning troops can come back with mental health problems that are most likely to be service-related. The most common are post-traumatic stress disorder (PTSD), depression, anxiety, and substance abuse. Other health problems that are most likely to be service-related are hearing loss, tinnitus, and vision problems.

This brochure describes some of the main health concerns for military service in the region of the world. It answers questions that veterans, their families, and health care providers may have. It also describes medical care programs that the Department of Veterans Affairs (VA) has developed for veterans returning from combat or peacekeeping missions.

Background on Afghanistan

Afghanistan is an extremely poor, landlocked country located in the heart of Asia. Traditionally, Afghanistan's highly dependent on farming and raising livestock. Its capital is Kabul. The geography of Afghanistan is mostly rugged mountains (up to 24,500 feet), as well as low-lying plains in the north and southwest parts of the country. The climate is hot in the summer and cold in the winter, with the lowest temperatures found at higher altitudes. Cold weather can be especially dangerous for people who are not used to it.

High-altitude health threats include altitude sickness, cold injury, and frostbite. The high altitudes in this region could severely affect the health of deployed service members. High-altitude sickness increases the risk of death if you go to the lower temperatures found at higher altitudes. Cold weather can be especially dangerous for people who are not used to it.

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POST HURRICANE FACT SHEET FOR CLEAN-UP

Re-entering your home safely and clean-up



This brochure provides limited information to help you prepare for re-entering a damaged home. It does not cover all the steps you should take during the recovery process. For more information, contact your local emergency management agency.

As a result of U.S. military operations after the September 11, 2001, terrorist attacks on the World Trade Center and the Pentagon, the United States Capitol, and other locations in Washington, D.C. and in Pennsylvania, a long delayed election was held (October 2004). Many Afghan refugees are now returning home.

According to the Department of Defense (DOD), some deployed to Afghanistan are faced with and continue to encounter a wide variety of potential health hazards including exposure to infectious diseases, cold injury, and high altitude sickness. Environmental hazards may also pose a health risk to deployed forces, including exposure to energy, agricultural and industrial contamination of water and food, air pollution, and severe heat and cold stresses.

DOD is trying to minimize these risks by providing vaccination, chemo-prophylaxis, drinking water and food from outside of Afghanistan, and using standard pest control procedures. The remarkably low rates of serious infectious disease among U.S. military personnel during the 1990-1991 Gulf War are likely due to the number of used medical case extractive preventive medicine efforts, use of insecticides and repellents, vaccination measures, and ingestion of food and water. DOD is using similar health programs in Iraq.

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VA INFLUENZA TOOLKIT MANUAL

2005 - 2006



The Women Veterans Health Programs Act of 1992 authorized new and expanded programs for women veterans. The Veterans Health Administration (VHA) has responded to the growing number of women veterans by targeting programs to meet their unique health-care needs. A Veterans Health Administration office to address women's health issues was first created in 1988.

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Management of Psychiatric and Substance Use Disorders in Patients With Hepatitis C: A Reference for Hepatitis C Care Providers

The VA Hepatitis C Resource Center Program and National Hepatitis C Program Office Veterans Health Administration U.S. Department of Veterans Affairs

VA HIV REPORT

Volume 8, Number 3 July 2004

News from the Program Office

Improving the Quality of HIV Care

Research and Best Practices to Meet Needs

Diagnosis in HIV-A Study in Patient Safety and Quality of Care

VA POST-KATRINA HEALTH MANUAL: Information for Health Care Providers and Patients

Version 1 - September 2005

This manual contains documents and information designed to help provide rapid assistance for veterans' health care and other needs as a result of Hurricane Katrina and its aftermath. In the weeks and months during our Nation's recovery from the effects of Hurricane Katrina, veterans who use the health care system of the Department of Veterans Affairs (VA) will need focused VA health care for consequences of the events caused by the hurricane as well as for their own acute and chronic health needs unrelated to the hurricane.

The following documents contained in this manual will assist both veterans who seek VA health care and the providers who deliver that care to rapidly and comprehensively meet their needs. Most of these documents can be printed out and used individually.

CONTENTS

- A. Veterans Health Self-Report Form Page 3
This document will assist veterans who use VA health care to identify hurricane-related health and housing issues and seek acute medical problems, as well as chronic health issues that need attention.
- B. Veteran Patient Fact Sheet: Page 9
These information sheets are for veterans to take away from their visit to assist them maximize their health protection in this post-hurricane recovery period. Topics include:
 - Safe Water Page 10
 - Diet Page 11
 - Re-Cleaning and Disinfecting Your Home Safely Page 13
 - Snake Bites Page 16
 - Reactions to Major Disasters - A Fact Sheet for Survivors and Their Families Page 17
- C. VA Provider Materials - Patient Health Assessment Form Page 20
This form will assist VA care providers in rapidly identifying and focusing on the pressing health needs of veterans exposed to the hurricane and its aftermath.

VA Post-Katrina Health Manual Version 1 - September 2005

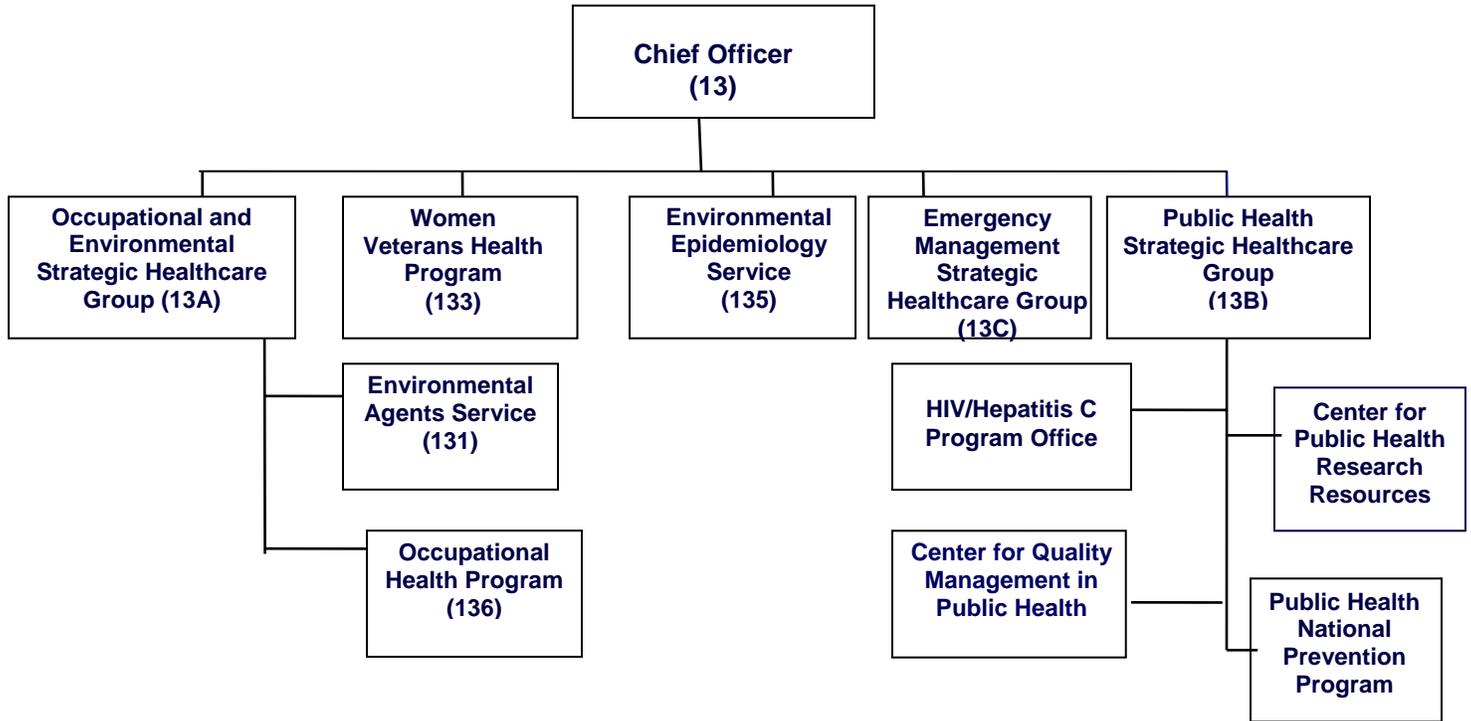
Medical Response to Weapons of Mass Destruction

PL 107-207 - SECTION 3

USE THESE TO FIGHT FLU

ASK FOR A FLU SHOT

Program Organization Chart



ORGANIZATIONAL CHART



August 2005

* V. Stancil will be sitting in for R. Derr during his detail

Program Web Addresses

Office of Public Health and Environmental Hazards

<http://www.vethealth.cio.med.va.gov/>

VA Intranet <http://vaww.vhaco.va.gov/pubhealth/>

Occupational and Environmental Strategic Healthcare Group

<http://www.vethealth.cio.med.va.gov/OEHSHG.htm>

VA Intranet <http://vaww.vhaco.va.gov/pubhealth/OEHSHG.htm>

Environmental Agents Service

<http://www1.va.gov/environagents/>

VA Intranet <http://vaww1.va.gov/environagents/>

Occupational Health Program

<http://www.vethealth.cio.med.va.gov/OSH.htm>

VA Intranet <http://vaww.vhaco.va.gov/pubhealth/OSH.htm>

Women Veterans Health Program

<http://www1.va.gov/wvhp/>

VA Intranet: <http://vaww.appc1.va.gov/wvhp/>

Environmental Epidemiology

<http://www.vethealth.cio.med.va.gov/Epidemiology.htm>

VA Intranet <http://vaww.vhaco.va.gov/pubhealth/epidemiology.htm>

Emergency Management Strategic Healthcare Group (EMSHG)

<http://www1.va.gov/emshg/>

VA Intranet <http://vaww1.va.gov/emshg/>

Public Health Strategic Healthcare Group

<http://www.publichealth.va.gov/> VA Intranet <http://vaww.vhaco.va.gov/phshcg/>

National HIV/Hepatitis C Program Office

HIV – <http://www.hiv.va.gov>

Hepatitis C

<http://www.hepatitis.va.gov>

VA Intranet <http://vaww.hepatitis.va.gov/>

Center for Public Health Research Resources

<http://www.va.gov/chrr/>

VA Intranet <http://vaww.va.gov/chrr/>

Center for Quality Management in Public Health

<http://www.publichealth.va.gov/cqm/mission.htm>

VA Intranet <http://vaww.vhaco.va.gov/phshcg/cqm/TOC.htm>

Public Health National Prevention Program

- HIV and Hepatitis C Prevention

<http://www.publichealth.va.gov/prevention/TOC.htm>

VA Intranet <http://vaww.vhaco.va.gov/phshcg/prevention/TOC.htm>

- Smoking and Tobacco Use Cessation

<http://www.publichealth.va.gov/smoking/describe.htm>

VA Intranet <http://vaww.vhaco.va.gov/phshcg/smoking/describe.htm>

Thinking Ahead – New Approaches, New Challenges

As the great scientist Louis Pasteur once said, “Chance favors the prepared mind.” The Office of Public Health and Environmental Hazards has a history of dedicated minds, well prepared with science and experience, constantly identifying challenges and forging solutions. This year, for example:

In the area of **smoking cessation**, the Office has been part of a VA-DoD initiative to develop evidence-based clinical practice guidelines. We are reducing barriers to smoking cessation, making the case for eliminating all co-payments for outpatient smoking cessation counseling.

The Office coordinated the response of VA to **influenza** prevention to produce for the Under Secretary for Health seven advisories to communicate VA policy in the wake of the flu vaccine shortage. We are now also leading the annual influenza vaccination effort. The Office is also represents VA in the Federal planning effort for pandemic flu, such as avian strains, and quickly enabled VA to stockpile oseltamiver, the only drug available for the prevention of serious flu complications.

The Office works to prepare for and prevent other **emerging infectious disease** threats. Our Committee on Urgent Public Health (COUPH) is an informal workgroup of headquarters and field staff in multiple disciplines that can be convened within hours to develop action plans. We also lead “**Infection: Don’t Pass It On,**” a multifaceted education campaign to promote hand and respiratory hygiene widely promoted throughout VA and receiving kudos in the US and abroad. Other infectious diseases, particularly **HIV** and **hepatitis C**, remain priorities for our Office; VA takes care of more patients with these diseases than any other health care system, identifying and promoting best practices in these areas and staying abreast of research and policy changes.

In response to the **environmental health concerns of veterans**, the Office continues to produce newsletters that provide timely updates on health and VA policy information, such as the **Agent Orange** Review and the **Gulf War** Review. We initiated two additional newsletters: The **Ionizing Radiation** Review provides information to veterans exposed in the course of their military service and the **OEF/OIF** Review provides information to veterans of Operation Iraqi Freedom/Enduring Freedom. The Environmental Epidemiology Program works closely with DoD to obtain data files and produce quarterly reports for VA and VHA leadership on **returning veterans and their health issues**.

The **Women Veterans** Health Program continues to advocate for female veterans. Today, with burgeoning numbers of women in the military and returning home from the current conflicts, VA is well prepared to take care of women and all of their health needs.

Our office continues to look out for the **occupational health** concerns of our workforce, clinical and nonclinical, represent employee issues, and work closely with VA occupational health.

Emergency preparedness involves all of our programs, but particularly the Emergency Management Strategic Health Care Group (EMSHG), which keeps our health system at the ready to handle local VA emergencies, regional emergencies, and if need be, national emergencies and disasters. We practice what we preach, with a call down list, shelter in place procedures, a buddy system to make sure people are looked out for in emergencies, and regular updates through all-staff meetings.

The Office of Public Health and Environmental Hazards will continue to take a fresh approach to its existing programs and take on new challenges on behalf of our Department, our health system, and most importantly, those who have served our Nation.

Evaluation

The Office of Public Health and Environmental Hazards uses evaluation methods to shape its programs and initiatives, assess their effectiveness, make improvements and adjustments and better serve veterans. Some examples include:

The **Environmental Agents Service (EAS)** routinely provides information to veterans who served in Iraq and Afghanistan and their families as part of VA's expanded outreach to make sure that these veterans are aware of many benefits and services they have earned. EAS periodically sends out a newsletter, the OIF/OEF Review, to these veterans, their families and others interested in the long-term health consequences of military operations in Southwest Asia and to keep them informed about the actions taken by VA and other Federal agencies. EAS recently did a nonscientific survey of newsletter readers about their reaction to the Review, whether it meets their needs and if not, what changes would aid in improving the publication. Ninety percent of the respondents had a positive opinion of the Review and eighty percent of the respondents noted that it met their needs. The readers also provided helpful suggestions such as inclusion of specific information aimed at National Guard and Reserve components as well as more information on the emotional and psychosocial issues in the future issues.

The **War-Related Illness and Injury Study Centers (WRIISCs)** serve veterans with difficult-to-diagnose illness, their families, and health professionals through clinical care, education, risk communication and research addressing potential environmental exposures and adverse health outcomes. The Risk Communication program of the Washington, DC, WRIISC recently oversaw a series of six pilot focus groups with male and female veterans of OEF/OIF who had recently separated from military service. The two groups of females were a combination of Active Duty and Guard/Reserve personnel, while the four male groups were stratified by Active Duty vs. Guard/Reserve status. The focus group sessions pursued veterans' opinions on combat and military-related exposures and health or illness concerns; sources utilized for exposure and health information; sources of medical care since returning from overseas; perceptions of the VHA and VA efforts at communicating the availability of benefits; and their experiences utilizing the Internet for health information and VA information in particular. This rich source of qualitative data will be analyzed and developed into several formats to plan the work of the WRIISCs and inform VHA and VA leadership and the scientific community as appropriate.

“Infection: Don't Pass It On” (I:DPIO) is a VA public health campaign aimed at involving staff, patients, and visitors in preventing infection and preparing the VA medical system for infectious disease emergencies, both natural and manmade; its main emphasis is on hand and respiratory hygiene. The campaign is led by OPHEH in collaboration with the National Center for Patient Safety, the Employee Education System, VA experts in infection control, the Infectious Diseases Program Office and the National Center for Health Promotion and Disease Prevention. The formal launch of the campaign was fall 2004 and it is ongoing. A pre- and post-launch survey was conducted of VHA staff, with over 400 and over 300 respondents respectively. Results showed a high percentage found the campaign Web site easy to navigate, material easy to find and up to date, and that many had used the material from the Web site, a CD that was provided, or printed copies. Over half said they and other staff were washing their hands more often and using alcohol hand rubs. Several had suggestions for the Web site, and additional materials and approaches. The numbers of hand and respiratory hygiene posters put up after the campaign increased fourfold.

Program Topics

- [Agent Orange](#)
- [AIDS/HIV](#)
- [Cold Injuries and Korean and WWII Veterans](#)
- [Comprehensive Emergency Management](#)
- [Depleted Uranium Follow-Up](#)
- [Disaster Emergency Medical Personnel System](#)
- [Environmental Epidemiology](#)
- [Environmental Health](#)
- [Emergency Medical Preparedness](#)
- [Gulf War Veterans' Health](#)
- [Hepatitis C](#)
- [Infection, Don't Pass it On](#)
- [Influenza Vaccine](#)
- [Ionizing Radiation Exposure/ Atomic Veterans](#)
- [Mustard Gas Issues](#)
- [Occupational Health](#)
- [Operation Iraqi Freedom Health Issues](#)
- [Post-Deployment Health](#)
- [Project SHAD](#)
- [Public Health Watch](#)
- [Smallpox](#)
- [Smoking and Tobacco Use Cessation](#)
- [Terrorism \(Biological/Chemical/Radiological/Personal Preparedness\)](#)
- [Veterans Health Initiative](#)
- [War Related Illness and Injury Study Centers \(WRIISCs\)](#)
- [Women Veterans Health Program](#)

Objectives

Objectives of the Office of Public Health and Environmental Hazards

- 13-Obj 1: Develop, enhance and provide education materials to veterans, health care providers and the public in order to improve the function and address special healthcare needs.
- 13-Obj 2: Work in collaboration with field, other government and public organizations to improve documentation, reporting, oversight and summaries. This collaboration would enable our health care workers to provide more consistent improved patient functioning.
- 13-Obj 3: Employ multimedia resources to provide current information to employees, veterans and their families
- 13-Obj 4: Encourage development of new VHI modules and other media
- 13- Obj 5: Strengthen the reporting and collection of data to ensure health care providers have current updated information and promote treatment recommendation and vaccination strategies
- 13-Obj 6: Continually provide exceptional service while updating survey tools to monitor patient satisfaction.
- 13-Obj 7: Establish policies to expand access to health care services tailored to veterans' needs and to improve the health care practices by partnering with intra- and interagency organizations.
- 13-Obj 8: Formulate and implement policies to help veterans actively participate in their health care decisions and support programs that improve self-management skills of the patients.
- 13-Obj 9: Coordinate with other federal agencies to ensure VA's readiness to provide emergency medical support and improve public health.
- 13-Obj 10:
 - 1: Promote VA-sponsored studies that specifically address health issues specific to veterans including post-deployment health effects.
 - 2: Determine long-term health consequences of military deployment.
- 13-Obj 11: Develop and distribute educational products that support ongoing clinical education and training on issues such as women health and military health related matters.
- 13-Obj 12:
 - 1: Reinforce VA's policies on development of workforce that is knowledgeable through continuous learning and seek to inform the employees on available tools to achieve this goal.
 - 2: Promote diversity in the workplace by development of a culture that supports diversity in ethnicity, religion, lifestyle, disabilities, age, background and other differences.
- 13-Obj 13: Promote effective two-way communication about OPHEH programs and policies between program staff and our constituencies in and out of VA.
- 13-Obj 14: Collaborate with government and nongovernmental agencies on policies that improve the quality of VA health care.
- 13-Obj 15: Whenever possible, consider the programs of VBA and NCA, as well as other components of VHA, in developing and implementing programs.
- 13-Obj 16/17: Continuously seek ways to improve productivity and effectiveness.
- 13- Obj 18: Develop recommendations and data management systems that improve health care deliverv.

Progress Chart

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	2005 PROGRESS UPDATE
VA STRATEGIC GOAL 1 Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.			
<p>1. Maximize the physical, mental, and social functioning of veterans with disabilities and be recognized as a leader in the provision of specialized health care services (VA Objective 1.1).</p>	<p>1. Maximize the independent functioning of veterans in the least restrictive setting.</p>	<p><u>13-Obj 1: Develop, enhance and provide education materials to veterans, health care providers and the public in order to improve the function and address special healthcare needs.</u></p>	<p>(13B) Developed materials to promote adult immunization month, hepatitis awareness month, and World AIDS Day.</p> <p>(13) In partnership with the Office of Seamless Transition, briefed returning troops and their families on VHA programs and services including those unique to women veterans.</p> <p>(133) Developed and participated at medical centers in local educational programs on women veterans for new and current staff, trainees, contractors and National Association of State Women Veterans Coordinators.</p> <p>(133) Served as presenter and panel moderator on VA women's health research panel at the Women's Research and Education Institute (WREI) 2005 Conference: Women in the Military Today.</p> <p>(136) Presented a seminar on war-related illnesses (post-traumatic stress disorder, major mental illness, and traumatic brain injury) at the American College of Occupational and Environmental Medicine.</p> <p>(136) Implemented and tracked Network Performance Monitors that show an increase in timeliness of submission of workers' compensation claims.</p> <p>(13B) Funded 40 small Public Health Grants throughout VHA to support education and prevention on such public health topics as smoking cessation, infection control, obesity and diabetes, HIV, and hepatitis C.</p>
	<p>2. Provide coordinated, comprehensive, and integrated care to promote health and improve patient functioning.</p>	<p><u>13-Obj 2: Work in collaboration with field, other government and public organizations to improve documentation, reporting, oversight and summaries. This collaboration would enable our health care workers to provide more consistent improved patient functioning.</u></p>	<p>(13) Continued to participate on the VA National Radiation Safety Committee and participated in a site visit as part of the internal evaluation of the VA National Health Physics Program.</p> <p>(133) Screening for Military Sexual Trauma (MST) has increased and this information continues to be reported on a quarterly basis.</p> <p>(133) Served as a member of Department of Health and Human Services' Federal Interagency Working Group on Women's Health and the Environment to develop a 'Women and Personal Protective Equipment Survey.'</p> <p>(133) Partnered with Indian Health Service (IHS) to revise and update IHS's women veteran's health program protocols and software.</p> <p>(133) Collaborated with VISN Support Service Center to design women's health data cube within the Financial Clinical Data Mart (FCDM).</p> <p>(133) Refined Women Veteran Health Program (WVHP) national</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	2005 PROGRESS UPDATE
	<p>2. Provide coordinated, comprehensive, and integrated care to promote health and improve patient functioning (Continued).</p>	<p><u>13-Obj 2: Work in collaboration with field, other government and public organizations to improve documentation, reporting, oversight and summaries. This collaboration would enable our health care workers to provide more consistent improved patient functioning.</u> (Continued).</p>	<p>customer complaint tracking process and extended dissemination of findings to VISN Chief Medical Officers.</p> <p>(133) Partnered with Information Resource Management (IRM) to merge WVHP software with VistA and Computerized Patient Record System (CPRS) applications.</p> <p>(136) Completed review of data on HIV consent and post-exposure prophylaxis in VHA.</p> <p>(13B) Provided national- summary information for briefings and reports, based on two disease registries: Immunology Case Registry (ICR [HIV patients]) and Hepatitis C Case Registry (HCCR).</p> <p>(13B) Analyzed data on HIV and hepatitis C populations in care and their regional variation related to quality enhancements, reporting back to individual facilities and suggesting approaches to remedying inconsistencies.</p> <p>(13B) Collaborated with the Healthcare Analysis and Information Group (HAIG) to develop a national survey to examine VA smoking cessation treatment and smoke-free policies nationally. Survey has been distributed.</p> <p>(136) Extracted data from Automated Safety Incident Surveillance Tracking System for review and development of quality improvement programs for analyses related to reduction of assaults, back injuries, slips, trips, falls, and bloodborne pathogen exposures.</p>
			<p>(13B) Attended conference calls on re-engineering two software packages associated with the electronic medical record – the laboratory package and the vital signs package (height, weight, blood pressure, and other measures). Working on master tables related to hepatitis C and HIV databases that enable quick lookup of terminology to provide consistent information for the Health Data Repository (HDR) as it becomes part of the electronic medical record. Information shared will help VA staff avoid pitfalls and help determine best methods for populating and standardizing the HDR.</p> <p>(136) Designed and implemented an OSHA regulatory change that satisfies work related injury and illness record keeping requirements. This regulatory change, called OSHA 300 log, is incorporated in Automated Safety Incident Surveillance Tracking System's (ASISTS) Graphical User Interface (GUI) with national roll out.</p> <p>(136) Completed the design of new software requirement specifications for occupational health recordkeeping system. Its implementation is pending the availability of Health-e-Vet Vista platform.</p> <p>(13A) Completed DoD Transition Assistance (TAP) and Disabled Transition Assistance Programs (DTAP) updated Wallet Cards summarizing all VA benefits.</p> <p>(133) The Plan of Care/Clinical Inventory defines and describes the Women Veterans Health Program (WVHP) as it exists within facilities and independent clinics, ensures the provision of the full spectrum of services and provides information about VHA's WVHP. This plan is now incorporated as an electronic survey serving as electronic data collection tool for generating reports.</p> <p>(136) Presented course on patient transfer ergonomics at the Clearwater Patient Safety Conference.</p> <p>(136) Developed and disseminated compact disc based Supervisor Safety Training in conjunction with Employee Education System (EES).</p>

Office of Public Health and Environmental Hazards Accountability Report
Fiscal Year 2005

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	2005 PROGRESS UPDATE
	2. Provide coordinated, comprehensive, and integrated care to promote health and improve patient functioning. (Continued)	<u>13-Obj 2: Work in collaboration with field, other government and public organizations to improve documentation, reporting, oversight and summaries. This collaboration would enable our health care workers to provide more consistent improved patient functioning. (Continued).</u>	<p>(136) Provided Workers' Compensation Training at American Federation of Government Employees (AFGE) Safety Conference in January 2005. Disseminated CDs on Introductory Workers' Compensation Lecture Series.</p> <p>(136) Completed draft of Workers' Compensation Guidebook training materials, which is out for peer review. This guidebook is to be published by the Center for Engineering and Occupational Safety and Health (CEOSH).</p> <p>(136) Developed and presented satellite broadcast on the following topics:</p> <ul style="list-style-type: none"> - New Federal OSHA Record Keeping Requirements (OSHA 300) - Moisture and Mold Management - Upper Extremity Disorders in the Clinical Environment
<p>VA STRATEGIC GOAL 2 Ensure a smooth transition for veterans from active military service to civilian life.</p>			
2. Ease the reentry of new veterans into civilian life by increasing awareness of, access to, and use of VA health care, benefits and services. (VA Objective 2.1).	3. Optimize the use of health care information and technology for the benefit of the veteran.	<u>13-Obj 3: Employ multimedia resources to provide current information to employees, veterans and their families.</u>	<p>(133) Developed new video projects: "A Soldier First" as told by Bonnie McIntosh and Leanne Weldin and "In The Trenches: Treating Military Sexual Trauma."</p> <p>(13) Developed and participated in satellite broadcasts on VA Knowledge Network (VAKN) covering a) the Shipboard Hazard and Defense (SHAD) project and b) Caring for War Wounded (relative to OIF and OEF).</p> <p>(131) Continued to provide two new newsletters for veterans and their families, on Ionizing Radiation & Health, and for OIF/OEF veterans, which were also made available on the Internet.</p> <p>(13) Developed and distributed multimedia educational materials on topics in HIV, hepatitis C, bioterrorism preparedness, emerging public health issues, and prevention of infection.</p> <p>(13B) Maintain up- to-date hepatitis Web site for professional and general audiences.</p> <p>(13B) Launched new in-depth VA HIV Web site for veterans and health providers.</p> <p>(13/131) Published second issue of Ionizing Radiation Review.</p> <p>(13) Continued to support PL 103-466, which requires the provision of a toll free telephone service for inquiries from Gulf War 1 veterans, in full partnership with VBA and VHA. The purpose is to provide timely and accurate answers to specific questions posed by Gulf War veterans and their families.</p> <p>(13C) Maintained Emergency Management Strategic Healthcare Group (EMSHG) Web site with information on VA-DoD sponsored and other relevant satellite broadcasts and offerings. Web site also contains Knowledge Management site that includes current emergency management information on JCAHO Environment of Care, Incident Management, and Weapons of Mass Destruction (WMD).</p> <p>(13C) Developed streaming video of "Medical Response to WMD."</p> <p>(13C) Established a Workgroup and defined the requirements for a Web Portal that will enhance the utility of the EMSHG Web site.</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	2005 PROGRESS UPDATE
VA STRATEGIC GOAL 3 Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.			
<p>3. Provide high quality, reliable, accessible, timely and efficient health care that maximizes the health and functional status for all enrolled veterans, with special focus on veterans with service-connected conditions, those unable to defray the cost, and those statutorily eligible for care. (VA Objective 3.1)</p>	<p>4. Increase provider and veterans' knowledge of the impact of military service on health.</p>	<p><u>13-Obj 4: Encourage development of new VHI modules and other media.</u></p>	<p>(133) Contributed to VHI Module titled 'The Military Experience' by inclusion of a chapter highlighting the military experience of OEF/OIF women veterans in a streaming video format.</p> <p>(133) Served as expert panel member on studies of Women Veterans' Ambulatory Care Use: Patterns, Barriers, and Influences at the Greater Los Angeles Health Services Research & Development Center of Excellence.</p> <p>(13) Distributed to the field the print version of modules on the "Medical Responses to the Consequences of Terrorism Involving Radiation" as required under P.L. 107-287.</p> <p>(13) Updated VHI module titled "Veterans and Radiation."</p> <p>(13A) Continue to promote VHI on Gulf War veteran's health issues and the possible long-term health effects of exposure to Agent Orange.</p> <p>(135) As military service data and in-service medical data rosters are received from DoD, prepared periodic reports on OEF/OIF veterans seeking VA health care services. These reports are forwarded to VA Secretary, Under Secretary for Health (USH), Congress, VISNs and key VA staff.</p> <p>(13C) Continued to address special needs groups in emergency management briefs provided by Area Emergency Managers (AEMs).</p>
	<p>5. Continuously improve the quality and safety of health care for veterans to be the benchmark for health care outcomes.</p>	<p><u>Obj 5: Strengthen the reporting and collection of data to ensure health care providers have current updated information and promote treatment recommendation and vaccination strategies.</u></p>	<p>(133) Introduced clinical care indicator for primary osteoporosis screening of postmenopausal women veterans; data collection has been initiated.</p> <p>(13) Worked through multidisciplinary central office and field-based staff to develop and widely disseminate series of seven USH's advisories, keeping VHA updated on flu vaccine developments.</p> <p>(136) Conducted root cause analysis of blood borne pathogens injuries using data from in-house injury reporting system and presented preliminary data at CDC National Meeting for Sharps Injury Prevention Strategies. Conducting preliminary analysis of blood borne pathogens data.</p> <p>(136) Conducting preliminary analysis of patient transfer ergonomics</p> <p>(13B) Developed and distributed clinical reminders for monitoring lipid testing in HIV patients. Updated additional clinical reminders for HIV and hepatitis C to reflect changes in Computerized Patient Record System packages.</p> <p>(13B) Maintained email interactions for Institute for Healthcare Improvement (IHI) style collaborative projects conducted by 13B staff. This tool is used to query the clinicians on issues important to 13B and VHA.</p> <p>(13B) Published semi-annual reports from Immunology Case Registry in the HIV newsletter and identified high-priority areas for standard hepatitis C reports. Case registries are currently being revised to facilitate more useful reporting.</p> <p>(13B) Collaborated with Pharmacy Benefit Management Group to look at current levels of nicotine replacement therapy (NRT) use to identify potential barriers to use of NRT and prepared materials for VISN Formulary Leaders to address gaps in utilization of NRT at the facility-level for low performers.</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	2005 PROGRESS UPDATE
	<p>5. Continuously improve the quality and safety of health care for veterans to be the benchmark for health care outcomes (Continued).</p>	<p><u>Obj 5: Strengthen the reporting and collection of data to ensure health care providers have current updated information and promote treatment recommendation and vaccination strategies (Continued).</u></p>	<p>(13B) Through the work of the VA Hepatitis C Resource Centers (HCRC) program, promoted effective Hepatitis A and B vaccination strategies for veterans with hepatitis.</p> <p>(13B) Posted multiple additional resources for health care providers on hepatitis C on VA hepatitis C web site.</p> <p>(13B) Prepared revised VA treatment recommendations for hepatitis C patients.</p> <p>(13B) Developed Web--based training directed to mid-level providers in care of patients with hepatitis C and depression.</p> <p>(13B) Using sample chart reviews to show success on current measures, worked with the Office of Quality and Performance to draft new smoking cessation performance measures consistent with current Health Plan Employer Data and Information Set (HEDIS) measures. Revised Survey of Healthcare Experiences of Patients (SHEP) outpatient questions on smoking cessation to support the proposed measures evaluating rates of referral for treatment.</p> <p>(13B) Through the work of the VA Hepatitis C Resource Centers (HCRC) program, produced publications on the Management of Psychiatric and Substance Use Disorders in Patients With Hepatitis C and on Interferon and Ribavirin Treatment Side Effects. Offered continuing education events for providers on Hot Topics in Hepatitis C at the American Association for the Advancement of Liver Disease (AASLD) conference and a seminar on Advanced Liver Disease..</p> <p>(136) Arranged for publication of VHA Performance Monitor Data ("Report Cards") on violence prevention and timeliness of required reporting via the VISN Support Service Center (VSSC) Web site.</p>
	<p>6. Improve patients' satisfaction with their VA health care.</p>	<p><u>Obj 6: Continually provide exceptional service while updating survey tools to monitor patient satisfaction.</u></p>	<p>(13A) Continued to conduct reader surveys on Agent Orange for our veteran readers. The readers were invited to provide a feedback so that the future issues can be improved. The response has been overwhelming and thus far, several hundred responses are received.</p> <p>(13B) Convened Community Advisory Boards of veterans via face-to-face meetings and phone calls to give advice on programs and initiatives in HIV and hepatitis C.</p> <p>(13B) Through the Hepatitis C Resource Centers, worked closely with focus groups of veterans to get feedback to improve products for patient education.</p> <p>(131) Initiated a program of Environmental Hazard Center of Excellence Awards and recognized 13 field facilities. The awards were based on input from veterans involved in the registry programs for Agent Orange, Gulf War, and Ionizing Radiation and were intended to acknowledge outstanding service.</p> <p>(136) Collaborated on the development and analysis of 2004 All Employee Survey Data Set.</p> <p>(136) Supported the development of the VHA Civility, Respect, and Engagement in the Workplace (CREW) project under the auspices of the VHA National Leadership Board.</p>

Office of Public Health and Environmental Hazards Accountability Report
Fiscal Year 2005

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	2005 PROGRESS UPDATE
	<p>7. Improve access, convenience, and timeliness of VA health care services.</p>	<p><u>Obj 7: Establish policies to expand access to health care services tailored to veterans' needs and to improve the health care practices by partnering with intra- and interagency organizations.</u></p>	<p>(13) Continued to support Depleted Uranium (DU) program at Baltimore. The Baltimore VA DU performs screening and surveillance of veterans and some active duty personnel. The laboratory testing of uranium and isotopic analysis for DU are performed by the Armed Forces Institute of Pathology (AFIP), a component of DoD.</p> <p>(13) Post-deployment health issues are important to VA. The Chief Officer of OPHEH co-chairs the VA/DoD Deployment Health Work Group. Furthermore, OPHEH supports and maintains War Related Illnesses & Injury Study Centers (WRIISCs), a nationwide referral program for inpatient and outpatient care to meet the needs of combat veterans with unexplained illnesses.</p> <p>(13B) Collaborated with Pharmacy Benefits Management to evaluate facility-level rates of prescribing of nicotine replacement therapies (NRT) across the system. Also, proposed addition of new NRT.</p> <p>(13B) Collaborated with the Business Office, Office of Regulatory Review, and Office of General Counsel to propose the change in the Federal regulation. Co-payment for smoking cessation counseling has been entirely eliminated for outpatients.</p> <p>(13B) Initiated projects to increase early detection of HIV through increased testing, issuing guidance to the field that any health care professional can provide pre- and post-test counseling. Revised HIV test consent form to provide prompts on required elements to all providers on how to counsel.</p> <p>(13) Working with Chief Business Office and Defense Threat Radiation Agency (DTRA) to try to facilitate ionizing Radiation Registry exams to Priority Group 6 enrollment for Atomic veterans.</p> <p>(13B) Developed and disseminated Information Letter reminding field to consider HIV patients for solid organ and bone marrow transplantation.</p> <p>(133) Proposed permanent legislative authority to provide military sexual trauma counseling program and extension of eligibility to National Guard/Reservists that has been adopted.</p> <p>(133) Proposed newborn care legislative authority.</p> <p>(133) Invited to represent women Veterans issues at the Joint DoD/VA post deployment mental health conference.</p> <p>(133) Participated as consultant to Secretary's Advisory Committee on Women Veteran during annual site visit to VA New Jersey Healthcare System.</p> <p>(133) Maintained communication and dialogue with veterans' service organizations, veterans' advocacy groups, In order to obtain feedback, developed formal tracking mechanism to assess and evaluate inquiries, communications and complaints from veterans, veteran's groups, Congress and DHHS, Federal Interagency Council on Women's Health and the Environment.</p> <p>(133) Partnering with WRIISC on Caring for Women Veterans of OEF/OIF conference.</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	2005 PROGRESS UPDATE
	8. Create a health care environment characterized by patient-centered services where individual health care decisions are made on the basis of current medical knowledge, consistent with patients' informed preferences and needs.	<u>Obj 8: Formulate and implement policies to help veterans actively participate in their health care decisions and support programs that improve self-management skills of the patients.</u>	(13B) Developed wallet cards to provide basic self-care messages for hepatitis C patients. Reformatted patient brochures for Web to increase their usability. Developing toolkits to enable providers to put on hepatitis C education programs for general patients and for those with cognitive impairments. (13B) Convened meetings or conference calls of veterans national Community Advisory Boards in hepatitis C and HIV to listen to recommendations for program strategies and directions.
VA STRATEGIC GOAL 4 Contribute to the public health, emergency management, socio-economic well-being, and history of the Nation.			
4. Improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans as well as support to national, state, and local emergency management and homeland security efforts. (VA Objective 4.1)	9. Prepare to respond to disasters and national emergencies.	<u>Obj 9: Coordinate with other federal agencies to ensure VA's readiness to provide emergency medical support and improve public health.</u>	(13) Participated on the Department of Health and human Services (HHS) interagency working group considering issues relating to possible use of "dirty bombs" or other radiological devices by terrorists. (13I) Completed emergency mass-casualty decontamination training at all of the originally targeted VA medical centers. Many sites have already been equipped under this program in consultation with VISN offices while additional facilities are geared to acquire personal protective equipment (PPE) and decontamination units. (13C) Improve effectiveness of VISN – VHA – VA comprehensive emergency management program through strategic target and measures, program reviews and customer feedback. 100% of AEMs participate in emergency management meetings. (13C) Participated in meetings in support of VA/DOD contingencies to assure readiness. AEMs continue plan reviews, educational offerings and exercise planning. (13C) Fulfill National Disaster Medical System (NDMS) responsibilities through conference participation and surveyed NDMS hospital needs and developing training based on survey results supported by Presidential Directive. Participate in regularly scheduled bed reporting exercises and special reports for DoD and NDMS patient reception exercises at VA Federal Coordinating Centers (FCCs) are prepared. (13C) AEMs support Disaster Emergency Medical Personnel System (DEMPS) programs in VISNs and Liaison AEMs provide Network Directors with quarterly summaries of VISN DEMPS recruitment numbers (13C) Implemented action items under VHA Directive 2004-046 "Inspection of the VHA Pharmaceutical Caches by the Emergency Management Strategic Healthcare Group". All caches have been inspected. (13C) Continue to support Medical Emergency Radiological Response Team (MERRT) equipment, operations and training. (13) Led multidisciplinary team of VA staff in creating a VA Post-Katrina Health Manual with helpful forms and fact sheets for patients and health care staff affected by Hurricane Katrina and its aftermath. Widely disseminated this manual within and outside of VA.

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	2005 PROGRESS UPDATE
	9. Prepare to respond to disasters and national emergencies (Continued).	<u>Obj 9: Coordinate with other federal agencies to ensure VA's readiness to provide emergency medical support and improve public health (Continued).</u>	<p>(13C) In response to Hurricane Katrina, EMSHG deployed staff and personnel within 24 hours of notification for a 2 week period. Staffing and personnel have been identified for 2 operational periods. EMSHG identified the needs and matched specialties and expertise to respond to those by preparing a deployment roster.</p> <p>(13C) EMSHG updated information and data on Hurricane Katrina, such as patient and staff movement, on a continuous basis as information became available. EMSHG also fulfilled its responsibilities as related to the National Disaster Medical System.</p> <p>(13B) Coordinated and collaborated with CDC and other federal agencies to lead preparedness activities (e.g., avian flu) and adverse event response.</p> <p>(13B, 136) Continue to develop and promote public health campaign, "Infection: Don't Pass It On," to involve VA staff, patients and visitors in preventing infection and preparing for infectious disease emergencies. Adding flu vaccine promotion. Developing long-term strategic plan for the campaign.</p> <p>(136) Developed and disseminated pocket card on blasts and explosions in response to Public Law 107-287 in December 2005.</p> <p>(136) Developed flu tool kit for Flu Season 2005-2006; key goals are increasing vaccination of health care workers and maintaining excellent rates of vaccination of patients.</p>
5. Advance VA medical research and development programs that address veterans' needs, with an emphasis on service-connected injuries and illnesses, and contribute to the Nation's knowledge of disease and disability. (VA Objective 4.2)	10. Conduct medical research that leads to demonstrable improvements in veterans' health.	<u>Obj 10.1: Promote VA-sponsored studies that specifically address health issues specific to veterans including post deployment health effects.</u>	<p>(13B) Continue to maintain extensive Web-based resource materials on clinical research in HIV disease.</p> <p>(13B) Developed proposal for and funding for clinical demonstration project to provide outreach to OIF/OEF veterans for smoking cessation, given reports of very high tobacco use among deployed and returning veterans.</p>
		<u>Obj 10.2: Determine long-term health consequences of military deployment.</u>	(13) Continued to support screening and clinical surveillance through the depleted uranium program at the Baltimore VAMC.
6. Sustain partnerships with the academic community that enhance the quality of care to veterans and provide high quality educational experiences for health care trainees. (VA Objective 4.3)	11. Promote excellence and innovation in the education of future health care professionals.	<u>Obj 11: Develop and distribute educational products that support ongoing clinical education and training on issues such as women health and military health related matters.</u>	<p>(136) Developed Veterans Health Initiative (VHI) on Occupational Lung Disease.</p> <p>(13B) Provided variety of continuing education seminars on hepatitis C on new treatment approaches and advanced liver disease for health care providers.</p> <p>(13B) Produced weekly electronic newsletter of new scientific abstracts on HIV and hepatitis C for over 1,000 VA clinicians.</p> <p>(133) Participated as panelist with Veterans Benefits Administration (VBA) in "Military Sexual Trauma – A Path to Vocational Recovery" video satellite broadcast.</p> <p>(133) Developed "We Are Women Veterans" brochure to orient and sensitize VA health care providers to the contributions of women in the military.</p> <p>(13B) Provided funding and support of two national clinical preceptorships on integration of smoking cessation into mental health and substance abuse care. Enabled the training of 150 clinicians nationally, with representation from each VISN.</p>

Office of Public Health and Environmental Hazards Accountability Report
Fiscal Year 2005

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	2005 PROGRESS UPDATE
VA ENABLING GOAL Deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance.			
<p>7. Recruit, develop, and retain a competent, committed and diverse workforce that provides high quality service to veterans and their families. (VA Enabling Goal E-1)</p>	<p>12. Recruit, support, and retain a knowledgeable, diverse, engaged, and continuously learning workforce.</p>	<p><u>Obj 12: Reinforce VA's policies on development of workforce that is knowledgeable through continuous learning and seek to inform the employees on available tools to achieve this goal.</u></p> <p><u>Obj 12.2: Promote diversity in the workplace by development of a culture that supports diversity in ethnicity, religion, lifestyle, disabilities, age, background and other differences.</u></p>	<p>(13A) Recruited and mentored Summer intern via the Hispanic Association of Colleges and Universities (HACU) for the seventh consecutive year.</p> <p>(133) Developed and implemented on-line independent study module (worth 40 hours of general education credit) to assist newly selected Women Veteran Program Manager. The purpose of the module is to provide:</p> <ul style="list-style-type: none"> • self-directed learning experiencing regarding the job duties of newly appointed WVPM; • national, VISN, and local perspective of the WVHP; • self-paced framework from which to develop skills to perform the duties of the WVPM position. <p>(136) Continue to analyze the results of three VISN External Peer Reviews (EPR) of Quality Improvement baseline data collection on management of low back pain utilizing Department of Defense/VA Clinical Practice Guidelines</p> <p>(13C) Hired Administrative Officer and instituted the High Performance Development Model for EMSHG.</p> <p>(13C) Developing Emergency Management Academy to enhance AEMs' knowledge and development of emergency management competencies.</p> <p>(136) Designed and developed new survey instrument for the next All Employee Survey in conjunction with the National Center for Organizational Development.</p> <p>(13) Promote an active focus on diversity by all staff members, with a rotating diversity committee, having presentations at all staff meetings, including multiple groups in our materials, and widely promoting training and job opportunities.</p>
<p>8. Improve the overall governance and performance of VA by applying sound business principles, ensuring accountability, and enhancing our management of resources through improved capital asset management; acquisition and competitive sourcing; and linking strategic planning, budgeting, and performance planning.</p>	<p>13. Effectively communicate the contributions of VA health care, research, and education.</p>	<p><u>13-Obj 13: Promote effective two-way communication about OPHEH programs and policies between program staff and our constituencies in and out of VA.</u></p>	<p>(13) OPHEH representatives were added to the workgroup looking at ways to improve care for veterans with multiple myelomas.</p> <p>(13A) Continue to print and distribute copies of a brochure describing the new 2-year combat veteran health care eligibility program. Highlighted this benefit in all veteran newsletters, a million of which are printed and mailed each year to veterans and their families, and discussed this program with VHA Environmental Health Clinicians & Coordinators on our regular quarterly conference calls.</p> <p>(13A) Participated in Public Service Recognition Week, distributing a wide range of outreach materials to veterans and their families, and others with an interest in these programs.</p> <p>(133) Women Veterans Health programs and services were highlighted in Federal Computer Week.</p> <p>(13C) Continue to exhibit and distribute material at conferences such as the National Disaster Medical System (NDMS) and Association of Military Surgeons of the United States (AMSUS).</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	2005 PROGRESS UPDATE
	13. Effectively communicate the contributions of VA health care, research, and education (Continued).	<u>13-Obj 13: Promote effective two-way communication about OPHEH programs and policies between program staff and our constituencies in and out of VA (Continued).</u>	<p>(13) AEMs promote the EMSHG Web site and the Emergency Management Guidebook.</p> <p>(13) Work with the Office of Nursing Service (ONS) in developing national nursing guidance concerning emergency preparedness.</p> <p>(13) Assist VA facilities with HRSA funding for WMD equipment and training.</p> <p>(13B) Continued collaborations with NIH, including outreach to government employees on availability of smoking cessation Quitline.</p> <p>(13B) Through Federal agency Steering Committee and Program Committee planned and carried out national conference on Treatment and Management of HIV in the United States.</p>
	14. Expand Federal, state, local, and private partnerships to foster improvements in the coordination and delivery of health care and other services.	<u>13-Obj 14: Collaborate with government and nongovernmental agencies on policies that improve the quality of VA health care.</u>	<p>(13A) Coordinated with the Deployment Health Working Group on issues including concerns about Project 112/SHAD, Lariam toxicity to OIF and OEF veterans, sharing data on veterans and active duty service members for OIF and OEF, traumatic brain injury, and many other deployment health issues.</p> <p>(13B) Convened a national think tank of VA and non-VA experts in tobacco use cessation to identify best practices in clinical care and health care policy for VA. As part of continuing collaboration with University of California at San Francisco (UCSF), supported and assisted in preparation of conference proceedings.</p>
	15. Promote cooperation and collaboration throughout VA to provide seamless service to veterans.	<u>13-Obj 15: Whenever possible, consider the programs of VBA and NCA, as well as other components of VHA, in developing and implementing programs.</u>	<p>(13) Utilizing the Interactive Radio-epidemiological Program (IREP) software developed under the joint sponsorship of VA and HHS for evaluating radiation claims. The use of older IREP screening doses documented during FY 2005.</p> <p>(135) Continue to provide health care information to Gulf War I veterans via newsletters and other outlets.</p> <p>(13A) Supported DoD Transition Assistance and Disabled Transition Assistance Programs (TAP and DTAP) by generating an updated Wallet Card summarizing all VA benefits, for distribution and outreach to new veterans, particularly from Operations Iraqi Freedom and Enduring Freedom.</p>
	16. Optimize the availability and efficient use of resources and services. and 17. Increase revenue and efficiency through private sector partnerships, technology, and improved business practices.	<u>13-Obj 16/17: Continuously seek ways to improve productivity and effectiveness.</u>	<p>(136) Developed surveys addressing Workers' Compensation and Occupational Health Field Programs to identify program needs. Surveys completed by field. Analysis of data on Occupational Health completed while the analysis of information on Workers' Compensation is in progress.</p> <p>(13C) Use teleconferencing for interviewing for positions, District monthly calls, EMSHG monthly calls, and for the eight newly instituted Field Advisory Committees.</p> <p>(13C) Use EMSHG Web site for posting new training materials, reference material and additional Comprehensive Emergency Management (CEM) information.</p>

Office of Public Health and Environmental Hazards Accountability Report
Fiscal Year 2005

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	2005 PROGRESS UPDATE
	<p>18. Develop innovative approaches to the design and evaluation of health care delivery systems.</p>	<p><u>13- Obj 18: Develop recommendations and data management systems that improve health care delivery.</u></p>	<p>(133) Partnered with Information Resource Management (IRM) to complete the interface that merges the WVHP software, VistA and Computerized Patient Record System (CPRS).</p> <p>(13B) Continue to support the work of four Hepatitis C Resource Centers in order to develop and encourage improvements in hepatitis C care in VA. This year, for example, the HCRCs:</p> <ul style="list-style-type: none"> - Developed guide on Management of Psychiatric and Substance Use Disorders in Patients With Hepatitis C: A Reference for Hepatitis C Care Providers - Created and posted on the Web a document on Interferon and Ribavirin Treatment Side Effects - Offered continuing education seminars to update providers on new aspects of treatment and understanding of hepatitis C, including advanced liver disease. - Created wallet cards to provide basic self-care message for hepatitis C patients. - Developing toolkits to enable providers to put on hepatitis C education programs for general patients and for those with cognitive impairments. <p>(13B) Released a number of interventions and information/training initiatives involving the new version of the HIV registry. The work included drug safety and quality of care issues identified in the National database.</p> <p>(13B) Using clinicians' feedback to make improvements in HIV and hepatitis C registries.</p>



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