

The seal of the Defense Health Board is a circular emblem. It features a central globe with a microscope superimposed over it. The globe is light blue and green, and the microscope is dark grey. Above the globe is a large, golden eagle with its wings spread. The entire emblem is enclosed in a purple ring with the words "DEFENSE" at the top and "HEALTH BOARD" at the bottom, separated by two small white stars.

Deployment Health Centers Review

Defense Health Board

February 9, 2017



Overview

- Membership
- Current Tasking
- Requests for Deployment Health Centers Review
- Meetings
- Areas of Interest
- Cross Cutting Challenges
- Way Forward



Membership

Defense Health Board (DHB) members participating in the review:

- There are four members from the Board that are reviewing this tasking.



Current Tasking: Three DHCs

- **Deployment Health Clinical Center (DHCC)**
 - *Mission: “Improve the lives of our nation's service members, veterans and families by advancing excellence in psychological health care and prevention of psychological health disorders.”*
 - A component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE).
 - Realigned under the Defense Health Agency (DHA) in February 2016
- **Armed Forces Health Surveillance Branch (AFHSB), formerly AFHSC**
 - *Mission: “Provide timely, relevant, actionable, and comprehensive health surveillance information to promote, maintain, and enhance the health of military and military-associated populations*
 - *Acquire, analyze/interpret, disseminate information, and recommend evidence-based policy*
 - *Develop, refine, and improve standardized surveillance methods*
 - *Serve as focal point for sharing health surveillance products, expertise, and information*
 - *Coordinate a global program of militarily relevant infectious disease surveillance”*
 - Realigned under DHA in August 2015
- **Naval Health Research Center (NHRC)**
 - *Mission: “To optimize operational readiness and warfighter health by informing DoD policy and practice through research excellence.”*
 - Designated as the DoD Deployment Health Research Center in 1999 to conduct epidemiologic studies investigating longitudinal health experience of previously deployed personnel.



Requests for Deployment Health Centers Review

- **2002:** The Armed Forces Epidemiological Board (AFEB) should “serve as a public health advisory body and provide a forum for program review of ongoing research and clinical efforts” for the Deployment Health Centers (DHCs).
 - Assistant Secretary of Defense (Health Affairs) Memo, September 17, 2002
- **2013:** The Board should “revisit the DHCC [Deployment Health Clinical Center] in 2013, to assess progress and perform a follow-up review” and “conduct reviews of the DHCC, Deployment Health Research Center, and Armed Forces Health Surveillance Center [AFHSC] every 3 years, for the next 6 years.”
 - Acting Under Secretary of Defense (Personnel & Readiness) Memo, January 22, 2013
- **2013:** The Board conducted a follow-up review of the DHCC and submitted recommendations to the Department.
- **2016:** Board initiating 3-year review in accordance with the January 22, 2013 memo.



Meetings

Meetings Since Previous Board Meeting

- **November 29, 2016 – Meeting**
 - Site visit to NHRC in Point Loma, San Diego, CA
- **December 5, 2016 – Meeting**
 - Site visit to the AFHSB in the National Capital Region (NCR)
- **December 6, 2016 – Meeting**
 - Site visit to the DHCC in the NCR
- **January 17, 2017 – Teleconference**
 - Reviewed observations from November/December site visits
 - Discussed preliminary findings and recommendations
- **February 6, 2017 – Teleconference**
 - Continue review of findings and recommendations



Areas of Interest

- Affirmation of value of DHCs to DoD.
- Comparison of the original intent of the DHCs with the current missions and scopes.
- A review of the responses to DHB's previous findings and recommendations and their continued applicability.
- Alignment of site visit findings and recommendations with the MHS, DHA, and Navy Medicine strategies.
- Examination of resources (funding, manpower, facilities, etc.).
- Potential gap in provision of clinical care services for military personnel after deployment due to DHCC's focus on psychological health.



Cross Cutting Challenges

- Lack of overarching strategic alignment and formal coordination between centers.
- Lack of core funding to cover operational costs and uncertainty in long-term funding to sustain research studies
- Barriers to career paths in research
- Multiple procedural impediments to efficient conduct of research and surveillance activities.
- Staffing structures and hiring processes are arduous and difficult to manage with realignments and reorganization, leading to overreliance on contract staff.
- Lack of outcome measurements and monitoring of program cost-effectiveness.



Way Forward

- February – May 2017: Monthly teleconferences
- Additional briefings may be necessary to complete our analysis
- Information gathering and report writing through winter 2017
- Continue to refine findings and recommendations in spring 2017
- Present draft report at June 2017 DHB meeting



Questions?