

The seal of the Defense Health Board is a circular emblem. It features a light blue outer ring with the words "DEFENSE" at the top and "HEALTH BOARD" at the bottom in white capital letters. Inside the ring is a light green globe. Overlaid on the globe is a golden eagle with its wings spread, and a black silhouette of a microscope is positioned in the lower right quadrant of the globe.

Decision Brief:
Deployment Health Centers Review, 2016-2017

Defense Health Board
June 26, 2017

PREDECISIONAL



Overview

- Tasking
- Membership
- Timeline
- Meetings/Briefings
- Structure of the Written Report
- Findings & Recommendations



Current Tasking: Three Deployment Health Centers

DHC	Mission	History
Deployment Health Clinical Center (DHCC)	“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.”	<ul style="list-style-type: none"> ▪ 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)	“Provide timely, relevant, actionable, and comprehensive health surveillance information to promote, maintain, and enhance the health of military and military-associated populations.”	<ul style="list-style-type: none"> ▪ Formerly Armed Forces Health Surveillance Center. ▪ Realigned under DHA in August 2015.
Naval Health Research Center (NHRC)	“Optimize the operational health and readiness of our armed forces by conducting research and development to inform DoD policy and practice.”	<ul style="list-style-type: none"> ▪ Designated the DoD Deployment Health Research Center in 1999.

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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:** The Board initiated its 3-year review in accordance with the January 22, 2013 memo.



Membership

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

- There are four members on the Subcommittee, including one member as the Chair.



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Timeline

- **July 2016:** Subset begins investigation.
- **October – December 2016:** Subset holds discussions with Defense Health Agency and Navy Medicine leadership on the tasking and holds site visits of the three DHCs (NHRC, AFHSB, and DHCC).
- **April & June 2017:** Subset holds additional discussions with Navy Medicine leadership and DHA Operations Directorate representatives on the role of the DHCs.
- **January – June 2017:** Members develop draft report and findings and recommendations for the DHB's consideration.



Meetings/Briefings

Site Visits at:

- NHRC
- AFHSB
- DHCC

Discussions with:

- Navy Medicine West
- Naval Medical Research Center
- DHA Operations Directorate (J-3)
- DHA Public Health Branch
- DCoE



Structure of the Written Report

- History of the Tasking and Request to the Board
- Findings and Recommendations
- Naval Health Research Center*
- Armed Forces Health Surveillance Branch*
- Deployment Health Clinical Center*

* Appendices provide further information on these sections.

OVERARCHING FINDINGS AND RECOMMENDATIONS



Finding and Recommendation 1

Finding 1: The Department of Defense has not provided sufficient strategic direction and oversight to effectively align with the needs of deployed military personnel and leverage the key resources of the three Deployment Health Centers.

Recommendation 1: The Defense Health Agency should:

- a) provide strategic direction to the Deployment Health Centers and ensure that the key functions of the Deployment Health Centers are aligned appropriately in the Defense Health Agency so they can affect policies and programs to better meet the needs of the Combatant Commands.
- b) direct the Defense Health Board to continue conducting reviews of the Deployment Health Centers every three years.



Finding and Recommendation 2

Finding 2: The Centers have not established rigorous metrics. Further, there is no funding set aside for monitoring and evaluation of the Deployment Health Centers' programs.

Recommendation 2: The Department of Defense should:

- a) establish strategic, centrally-aligned metrics to measure cost-effectiveness, return on investment, or outcomes of Deployment Health Center research contributions.
- b) ensure funding is programmed for monitoring and evaluation of the Deployment Health Centers' programs.



Finding and Recommendation 3

(1 of 2)

Finding 3: The lack of secure funding and the reliance on extramural funding threatens the stability of critical long-term research and health surveillance activities at the Deployment Health Centers (Table 1).

Recommendation 3: The Department of Defense should:

- a) provide sufficient infrastructure support to conduct research and health surveillance activities to support key strategic functions at the Deployment Health Centers.
- b) provide sufficient funding for human capital to ensure the continuity of research and health surveillance activities at the Deployment Health Centers.



Finding and Recommendation 3

(2 of 2)

Recommendation 3: The Department of Defense should
(continued):

- c) provide long-term programmatic funding for research and health surveillance activities at the Deployment Health Centers.



Finding and Recommendation 4

(1 of 3)

Finding 4: There are multiple barriers to developing career paths in research, such as restricted conference attendance, limited infrastructure support, and the frequent rotation of military personnel.

Recommendation 4: The Department of Defense should:

- a) create viable, promotable career paths leading to opportunities that include appropriate professional development of Deployment Health Center leadership, such as acquisition training.
- b) recruit personnel with rigorous research backgrounds and build the capacity of junior and mid-level staff to conduct quality research.



Finding and Recommendation 4

(2 of 3)

Recommendation 4: The Department of Defense should
(continued):

- c) create dedicated research billets at the Deployment Health Centers for junior and mid-level researchers given the Deployment Health Centers' environment, research expertise, and collaborative partnerships.
- d) ensure senior leaders value scientific leadership and careers and provide adequate infrastructure support at the Deployment Health Centers (e.g., facility improvements or research support personnel) to provide continuity of research at the laboratories.
- e) instill mechanisms to facilitate the continuity of research throughout military rotations and deployments.



Finding and Recommendation 4

(3 of 3)

Recommendation 4: The Department of Defense should
(continued):

- f) re-evaluate and streamline conference attendance approval processes across the military.



Finding 5

Finding 5: The Deployment Health Centers have encountered challenges maintaining sufficient personnel to conduct research and health surveillance activities because of cumbersome hiring processes, Defense Health Agency staff cuts, and loss of Intergovernmental Personnel Act positions. As a result, the Deployment Health Centers have continued to rely heavily on contract personnel.



Recommendation 5

Recommendation 5: The Department of Defense should:

- a) provide additional government-authorized manpower at the Deployment Health Centers to provide sustained levels of focus on strategy and opportunities for career development and ensure relevance to the mission-critical objectives of the Deployment Health Centers.
- b) transition some of the contractor positions into government staff positions to build sustainability and institutional knowledge within the teams.
- c) assess processes for hiring of civilians in order to identify barriers and roadblocks to timely hiring of required staff.



Finding and Recommendation 6

Finding 6: Administrative burdens and decentralized review processes frequently lead to delayed implementation or lost opportunities and functionally discourage collaborative research or health surveillance activities. .

Recommendation 6: The Department of Defense should:

- a) streamline, and when possible, standardize processes such as data sharing, survey approvals, contracting, funding, and public affairs.
- b) streamline, and when possible, standardize human subjects research processes and create a centralized Institutional Review Board.

NHRC FINDINGS AND RECOMMENDATIONS



NHRC History

1959: Establishment of the U.S. Navy Medical Neuropsychiatric Research Unit.

2001: Designated the DoD Deployment Health Research Center.

2015: Navy Medicine West assumes cognizance over Navy research and development enterprise.

1974: Re-designated as the NHRC.

2012: DHB conducts program review of NHRC.



Finding and Recommendation 1

Finding 1: The Defense Health Board was impressed with the Naval Health Research Center's significant research accomplishments and quality of its leadership.

Recommendation 1: The Navy should maintain and encourage the recruitment of experienced researchers as leadership at the Naval Health Research Center.



Finding and Recommendation 2

Finding 2: Naval Health Research Center's lack of core funding and resulting reliance on multiple sponsors for funding may drive strategic requirements for research activities and may threaten the stability of research activities, such as the 67-year Millennium Cohort Study.

Recommendation 2: The Department of Defense should provide sufficient core funding through the Program Objective Memorandum to ensure stability for the Naval Health Research Center's research activities.



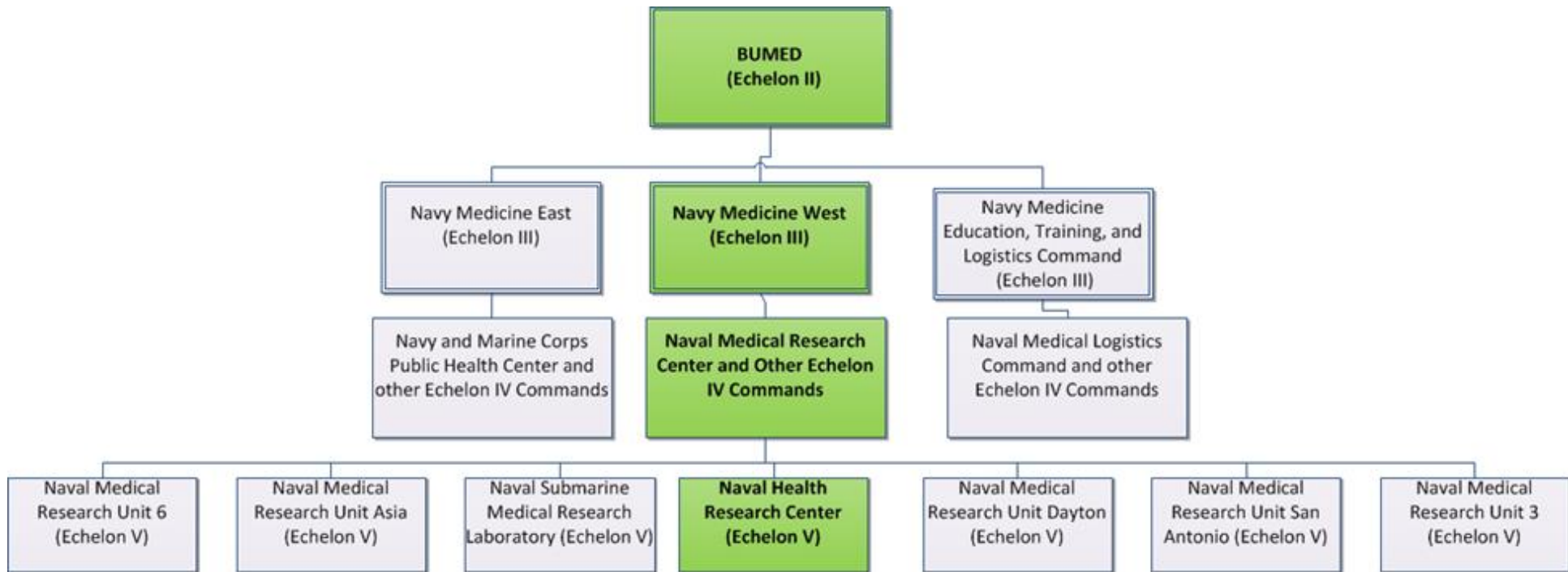
Finding and Recommendation 3

Finding 3: Moving the Naval Health Research Center from an Echelon IV command to an Echelon V command within U.S. Navy Bureau of Medicine and Surgery's structure has made it difficult to initiate studies, hire appropriate personnel, and secure the necessary funding.

Recommendation 3: Navy Medicine should delegate authorities down to the Naval Health Research Center to mitigate the impact of the additional layers of approval required for research.



Navy Medicine Organizational Structure



Adapted from Navy Medicine, 2017.

AFHSB FINDINGS AND RECOMMENDATIONS



AFHSB History

1986:
Establishment of
the Army's HIV-1
data system.

1993: HIV-1 data
system transferred
to Army Medical
Surveillance
System.

2008:
Establishment
of AFHSC.

2012: DHB
conducts
program review
of AFHSB.

1989:
Establishment
of the DoD
Serum
Repository.

1997: HIV-1 data
system transitioned
to Defense Medical
Surveillance
System; DoD-Global
Emerging Infections
Surveillance and
Response System
established.

2009: DoD Directive
6490.02E directs transfer
of surveillance activities
and personnel of the
Office of the Deputy
Assistant Secretary of
Defense for Force Health
Protection and
Readiness to the
AFHSB.

2015:
AFHSB
aligned
under DHA
J-3.

PREDECISIONAL



Finding and Recommendation 1

Finding 1: Although sections of the Armed Forces Health Surveillance Branch, such as Global Emerging Infections Surveillance, have developed their own strategy, there is no current overarching Armed Forces Health Surveillance Branch strategy.

Recommendation 1: The Armed Forces Health Surveillance Branch should develop an overarching strategy in coordination with the Defense Health Agency.



Finding and Recommendation 2

Finding 2: Armed Forces Health Surveillance Branch's Global Emerging Infections Surveillance is not only integral to Department of Defense surveillance activities, but also provides funding to many Department of Defense laboratories globally.

Recommendation 2: The Department of Defense should provide sufficient core funding through the Program Objective Memorandum to ensure the stability of Global Emerging Infections Surveillance.



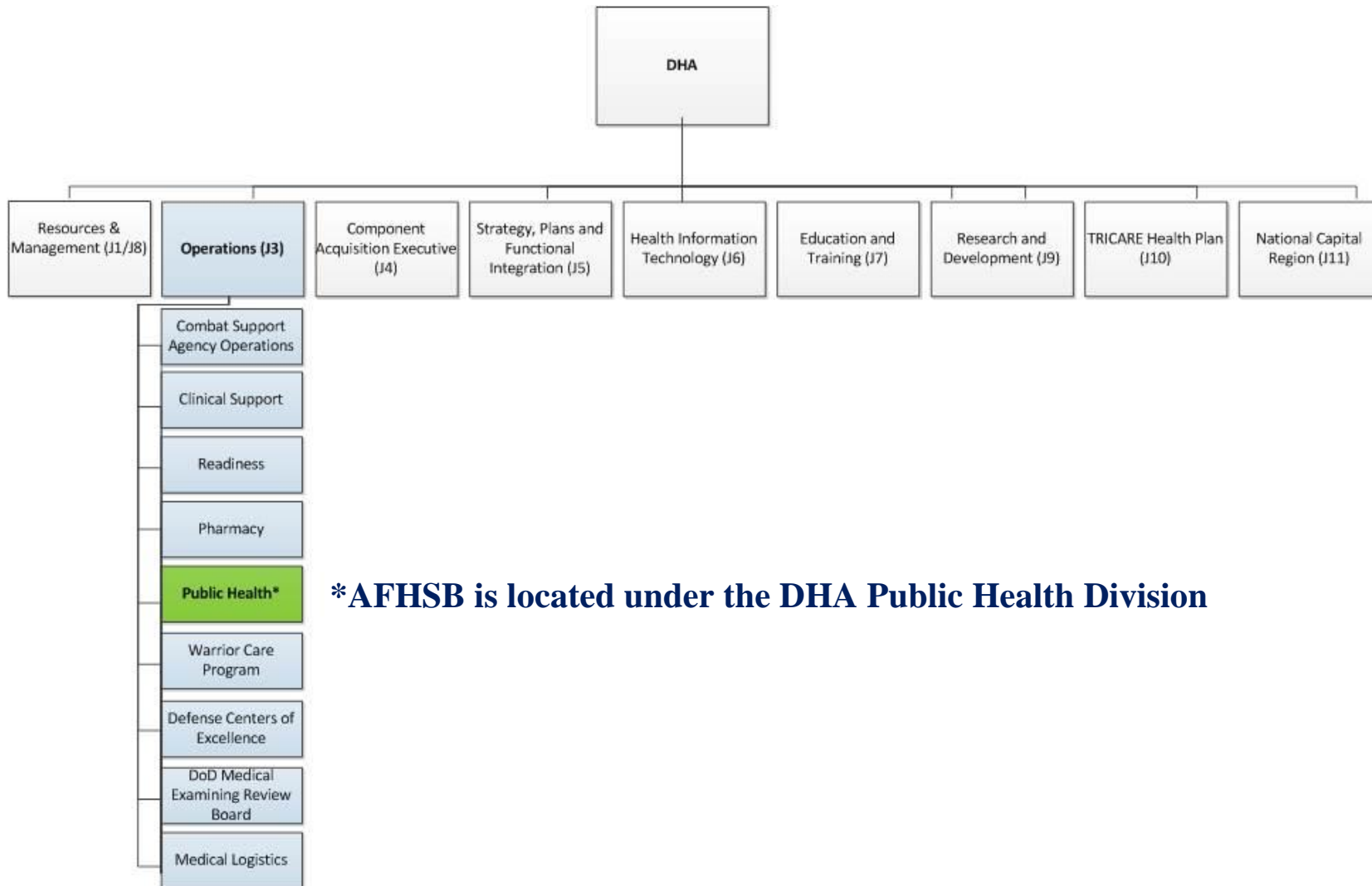
Finding and Recommendation 3

Finding 3: Because of its transition to the Defense Health Agency, the Armed Forces Health Surveillance Branch requires additional layers of approval to vet manuscripts for publication in professional journals, such as the Armed Forces Health Surveillance Branch's *Medical Surveillance Monthly Report*, thereby impacting the timely usefulness of information.

Recommendation 3: The Department of Defense should reduce administrative burden and grant the editorial independence required to maintain the *Medical Surveillance Monthly Report*.



DHA Operations Directorate Organization



***AFHSB is located under the DHA Public Health Division**

DHCC FINDINGS AND RECOMMENDATIONS



DHCC History

1994:
Establishment of the Gulf War Health Center at Walter Reed Army Medical Center.

2008: Due to National Defense Authorization Act, DHCC became a center under DCoE.

2012: Specialized care program transferred to National Intrepid Center of Excellence; DCoE transferred to MRMC.

2016: DHCC aligned under DHA J-3.

1999:
Re-established as the DHCC.

2012: DHB conducts program review of the DHCC.

2013: DHB conducts follow-up review of the DHCC.



Finding and Recommendation 1

(1 of 2)

Finding 1: The Deployment Health Clinical Center has been challenged with implementing certain programs and initiatives, such as Primary Care Behavioral Health, Psychological Health Research, and Psychological Health Clinical Care (see Appendix C.4).

Recommendation 1: The Deployment Health Clinical Center, in collaboration with the Defense Health Agency and the Services, should:

- a) ensure consistent integration of psychological and behavioral health services with primary care.



Finding and Recommendation 1

(2 of 2)

Recommendation 1: The Deployment Health Clinical Center, in collaboration with the Defense Health Agency and the Services, should (continued):

- b) collaborate with other Department of Defense psychological health stakeholders to create an aggregate system of relevant psychological health studies.
- c) standardize the Practice-Based Implementation model methodology and approaches across the Services.



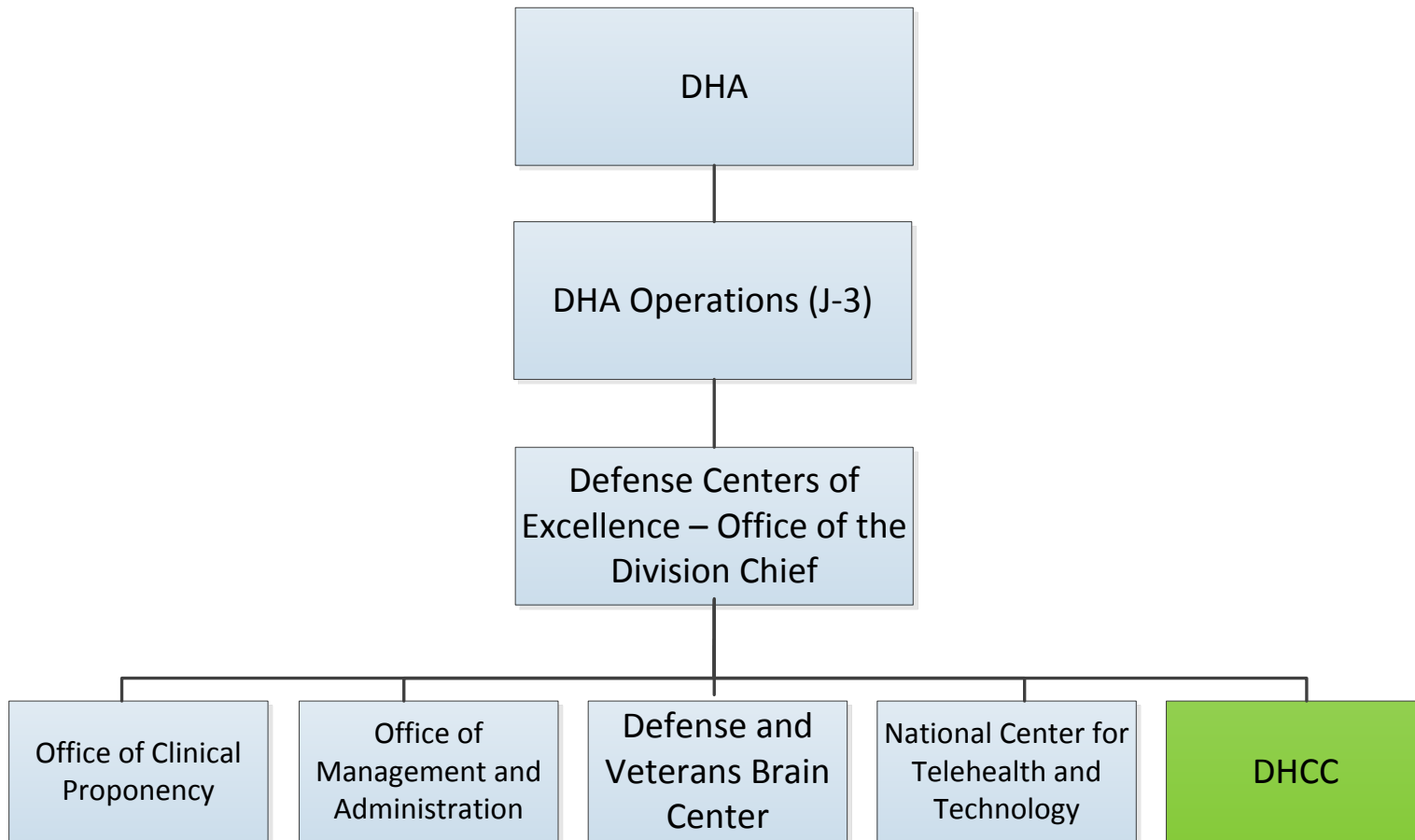
Finding and Recommendation 2

Finding 2: The Deployment Health Clinical Center has experienced frequent reorganizations since 2012, which has led to challenges related to creating a comprehensive strategy, receiving consistent strategic direction, and an inability to change its name to better align with its current mission consistent with the Defense Health Board’s previous recommendations.

Recommendation 2: The Deployment Health Clinical Center should be maintained under the Defense Health Agency and should change its name to better reflect its new designation and current mission.



Defense Centers of Excellence Organization



Adapted from DHCC, 2017.



Questions?