



Newsletter



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PAC's Chair Corner

By CDR Mitchel K. Holliday

The PAC Chairs Group – A Way to Have Your Voice Heard

Many officers are unaware of what the Professional Advisory Committee (PAC) Chairs Group is, what the PAC Chairs Group does or how they can utilize the PAC Chairs Group to have their voice heard. The purpose of the PAC Chairs Group is to facilitate communications among the professional categories of the U.S. Public Health Service (PHS). The PAC Chairs Group consists of the Chair of each of the 11 PHS Categories with the Vice Chairs strongly encouraged to participate. The PAC Chairs Group presently meets monthly with a primary focus on sharing information that will enable each Chair to perform successfully within their respective PAC. Collectively, the PAC Chairs Group also provides advice and consultation to the Chief Professional Officers and the Surgeon General on issues relating to the professional practice and personnel activities of PHS that cut across professional categories of either Commissioned Corps officers or civil service employees.

In order to successfully do this, it is essential all officers are engaged within their respective PACs and with their PAC Chairs. Increased engagement in areas such as recruitment, readiness, and professional development allow for an increased likelihood each respective PAC Chair will become aware of trends, problems, and issues relating to professional practice and personnel activities within each category. It will also increase the likelihood, the PAC Chairs Group can identify if these trends, problems, and issues are cross-category and if advice and consultation to PHS Leadership is warranted.

If you are interested in either becoming more engaged within your PAC or would simply like to have your voice heard on a matter you would potentially like to have addressed, contact information for your PAC Chair is available on CCMIS here:

http://dcp.psc.gov/ccmis/PDF_docs/PAC_Chair_contacts.pdf

Environmental Health Officer Professional Advisory Committee

A Day in the Life of a Coast Guard Safety and Environmental Health Officer

Contributed by LT Tyler White, Environmental Health Officer PAC

The Safety and Environmental Health Officer (SEHO) position in the Coast Guard is a unique opportunity for PHS EHOs. This fictional story gives a glimpse into the dynamic role of a SEHO, although the daily activities depend on the needs of the District they serve. SEHOs provide an essential service to the Coast Guard, supporting mission readiness by safeguarding the health and safety of its members. They also benefit from a challenging yet exciting atmosphere with a diversity of experiences in the field of environmental health. SEHOs often encounter issues related to water quality, asbestos and lead, radiation, indoor air quality, pest management, noise, and occupational health and safety.

The alarm sounds at 0430, time for another early start for LT Jane Eho. This week she is out of the office for a health risk assessment at a Coast Guard Air Station in her District. The plan is to collect wipe samples and monitor exposures of three workers painting aircraft parts. Of course, plans must always be flexible for a SEHO.

The assessment was scheduled to evaluate levels of hexavalent chromium, a corrosion-resistant component of aviation paint that is also a carcinogen. The Air Station has implemented control measures including a ventilated paint booth and chromium-free primer paint. During the in-brief with Command yesterday, LT Eho was asked if she would postpone the personal air monitoring of the painters until today. "Oh, and by the way," the shop supervisor added, "their shift begins at 0600." Not a problem for LT Eho. She had plenty to do yesterday measuring the ventilation parameters in the paint booth.

She arrives today with sampling gear in tow. After starting the pumps when the workers begin their shift, she pulls out her phone and sees an email marked urgent from the Safety Officer of the Base located next to the Air Station. Several members staying in the Barracks had been reporting symptoms of eye and nose irritation, similar to allergies. Yesterday, mold was suspected in the ceiling vents of the laundry room and now the issue has the attention of the Base Commanding Officer. The Base Safety Officer asks LT Eho if she can look into it. She instructs her Marine Science Technician Chief (MSTC), one of two enlisted Chiefs working for her office to stay and monitor the progress of the workers doing the painting. The pumps will need to be changed out when they take their first break, but she should return before their shift is over at 1400.

LT Eho and her Health Services Chief (HSC) meet the Safety Officer at the Barracks and begin collecting information about the mold situation. She asks the Chief to talk with the members experiencing the symptoms and luckily HSC brought the indoor environmental quality complaint forms for gathering more information. She sets up her two air quality monitors and chats with the Safety Officer about the HVAC system and the importance of finding the source of the moisture intrusion. As she begins to provide mold control measures, her phone rings at 1130. MSTC informs her that the painters are finishing up, a couple hours ahead of schedule. Stopping monitors early is nothing a little math can't solve in order to get the time-weighted average for the painters' exposure. "Chief, could you pause the pumps and take them off of the workers when they finish? I will be there in 15 minutes."

After completing the sampling evolution for the paint workers, LT Eho sits down for lunch. Between bites, she makes a phone call to the Navy trainer who has agreed to provide Pest Management training for one of the CG vessels in her District. The Cutter (a CG vessel larger than 65 ft) requires a Ship Sanitation Certificate, mandated by the World Health Organization for vessels that travel to international ports. Her office conducts Ship Sanitation inspections and provides the certificates for the relevant CG vessels in her District. She had noted minor sanitation issues during the Cutter's last inspection, and coordinated this opportunity to provide some integrated pest management practices for the crew. She is grateful for the expertise of the Navy trainer, a trained entomologist who provides the instruction free of charge for CG units in his area. With a little coordination on the phone everything is set for the Cutter's training onboard the ship.

The wipe sampling in the afternoon goes well with the LT and two Chiefs working together. They finish up around 1600, which gives LT Eho a chance to organize the day's forms and check her email. Several messages are from a chain discussion regarding the Food Service Sanitation guidance document. As content lead for the development team, she is responsible for coordinating the subject matter experts to produce a comprehensive procedural guide for food service and sanitation practices. While it takes a concerted effort, it is an exciting project that will impact all units in the Coast Guard.

Around 1900, she meets up with the two Chiefs for dinner. Their food has just arrived when a call comes in from her Command at the Health, Safety, and Work-Life Service Center (HSWL SC) in Norfolk, VA. They have been monitoring a tropical storm in the Caribbean that has been upgraded to a hurricane and is approaching CG units in Puerto Rico. "We need to schedule you for the Damage Assessment Team positioned in Florida preparing for deployment." Not a problem, LT Eho responds. As a PHS Officer in the Coast Guard, she lives the motto, *Semper Paratus*, Always Ready.



Health Services Officer Professional Advisory Committee

Hail and Farewell for the Health Services Chief Professional Officers

*Contributed by CDR Carla Burch, PMP & LCDR Makeva Rhoden, PhD, MPH
Health Services PAC*

The Health Services Officer (HSO) category carries on the military tradition of “Hail and Farewell” as we celebrate the accomplishments of our outgoing Chief Professional Officer (RADM Epifanio Elizondo) and welcome our incoming (CAPT Jeanean Willis Marsh). The Chief Professional Officer (CPO) is charged with advising the Office of the Surgeon General and the Department of Health and Human Services on the recruitment, retention, and professional development of over 1,200 officers in the HSO category.

Hailing In CAPT Jeanean Willis Marsh



CAPT Jeanean Willis Marsh is the Director of the Division of the National Health Service Corps (NHSC) in the Bureau of Health Workforce, Health Resources and Services Administration (HRSA). With a budget of \$310 million, the NHSC supports over 9600 primary health care professionals committed to practicing in underserved communities at over 15,000 sites across the United States and its territories by providing scholarship and loan repayment in exchange for their service. CAPT Willis Marsh’s overarching mission for HS Category is to establish and effectively communicate the Value Add and brand of the Category by:

- Build the analytic capacity to support career development initiatives and strategies for HS officers
- Highlight HS officer contributions to the USPHS, federal agencies and communities
- Increase visibility and enhance partnerships of the Category
- Build capacity and enhance leadership development within our ranks by agency

Farewell to RADM Epifanio Elizondo



RADM Epifanio Elizondo currently serves as Regional Health Administrator in Region VI, where he oversees the regional offices of Women’s Health, Minority Health, Population Affairs, Medical Reserve Corps, and the HIV/AIDS Policy Program. Over the past 6 years RADM Elizondo has been in the forefront of the following key activities:

- USPHS Prevention Strategy Initiatives
 - Mrs. Michelle Obama’s “Let’s Move” Champaign
- PHS Transformation
 - Billet Transformation Efforts
- The Commissioned Corps Five Pillars
 - Uniform changes - Operational Duty Uniform
- Deployment Efforts
 - Liberia in support of the Ebola Virus Disease
 - Operation Lone Star

The HS PAC has truly grown and accomplished many feats under the leadership of RADM Elizondo. We have admired and appreciated his guidance and wish him well in his future endeavors. We look forward to the continued success of the HS Category through the vision of CAPT Willis Marsh.

Upward and Onward!

HS PAC Releases the 2015 Promoted Officer Profile & Trend Analysis Reports

*Contributed by LCDR Joel Richardson, CDR Kelly Brown, CAPT Todd Alspach, and CDR Bobby Rasulnia
Health Services PAC*

In 2014, leadership of the Health Service Professional Advisory Committee (HS PAC) charged the HS PAC Career Development Subcommittee (CDS) with identifying and quantifying qualities and characteristics of successfully promoted Health Services officers (HSOs). The data is used to inform HS PAC members and leaders in:

- 1) Strategically designing career development programs at the PAC level
- 2) Identifying trends in promotion and characteristics of promoted officers
- 3) Providing guidance on Category benchmarks
- 4) Serving as a guide for officers in planning their careers, and
- 5) Providing information to mentors to better direct junior officers in career panning.

On April 1, the HS PAC will be releasing the 2015 Promoted Officer Profile and Trend Analysis Reports. The reports will be posted on our new HS PAC website at: <http://www.usphs-hso.org/?q=pac/sub/careerdev/resources>. Previous Years' report can also be found on website.

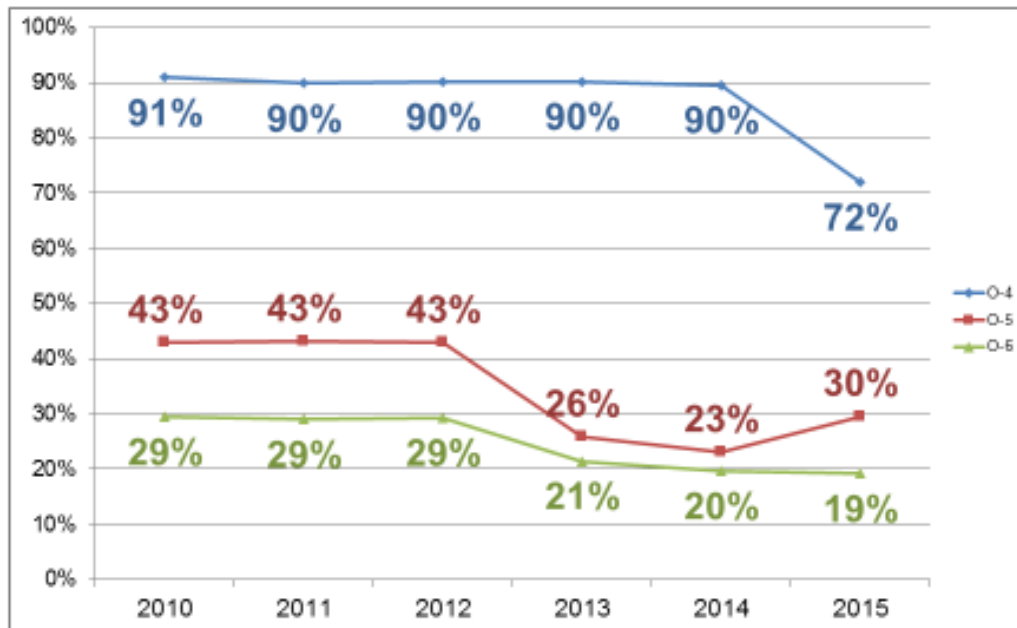
2015 Data Highlights

The survey was sent to all 2015 promoted HS officers in August 2015. Seventy five percent of the officers responded to the survey. There are some common themes evident in award distribution, COER scores, education, transfers, deployments, and leadership/supervisory opportunities. Specifically the data show:

- 18% decline in temporary promotion rate to O-4 in 2015
- Steady decline temporary promotion rates to O-6 over the past three years (1% decline per year). Currently at 19%
- 7% increase in temporary promotion to O-5 in 2015 with caveats. Currently at 30%
- Reduction in permanent promotion rate for O-6 in 2015 by 9.5%
- HSOs selected for promotion had promotion packages that were congruous to HSO Benchmarks
- Promotion Precepts are weighted (40%) to recognize those with strong ROS write-ups, not necessarily COER scores
- Future years will likely show an increased level of competition for promotion at all levels, especially O-6



Temporary Promotion Rates by Rank, 2010-2015



Health Services Category: Strength Through Diversity

This report provides value added analytics that has aided the HSO Category in steering future efforts for career development, decision making, training, and mentoring for its officers. The HSO Category is leading a unique and innovative initiative than can be replicated across other Categories to provide a Corps-wide view of promotion profiles and how officers can direct their career paths based on needs of the Corps.

For more information on the reports and the initiative, please contact the 2016 HS PAC Chair, CDR Bobby Rasulnia at bba9@cdc.gov.

Engineer Professional Advisory Committee

Opportunities Beyond!

Contributed by CDR David Engelstad, P.E., 2015 USPHS Engineer of the Year

Engineering is a great profession, but it also provides opportunities beyond our normal 7 to 5 work day that add significant impact to an already fulfilling career. I have had the privilege of practicing my engineering profession in one of the crown jewels of the National Park Service, Yosemite National Park (YNP) in the majestic Sierra Nevada mountains of central California. For the past seven years, I have had numerous challenging and exciting projects assigned to me at Yosemite—including rebuilding a more robust and sustainable utility infrastructure after a devastating flood in 1997, building a traffic management system/intelligent transportation system to help manage visitor impact on the park’s precious resources, constructing a park wide communication data network system to bring YNP’s numerous communication needs into the 21st century, and designing/constructing innovative water and wastewater systems to serve and provide learning opportunities to a new generation of potential engineers and scientists at a state of the art LEED environmental educational center.



David at National WWII Memorial after EOY ceremonies



Even though these engineering projects have presented once in a lifetime opportunities, the accomplishments I’m most proud of lie outside my normal assigned work duties. Two of these include working on a sister park proposal between YNP and Ngorongoro Conservation Area (NCA) in Tanzania, East Africa and being invited as the keynote speaker for a regional Society of Women Engineers conference.

Mr. Monde, David and Laiser – sister park visit

The chain of events that unfolded with the opportunity to promote a sister park relationship with NCA started in 2010 when my wife, Jill, and I met a young gentlemen working for one of Yosemite’s partner businesses--Laiser Olotumi, a Maasi warrior from the small village of Naiobi within NCA. Friendship with Laiser grew into a personal safari to his native home, support and mentorship of a start-up solar lighting business in Tanzania, and empowerment of girls in Naiobi through sponsored education (maybe the next great engineers). Ultimately, involvement in the sister park proposal provided us an opportunity to host the visiting NCA dignitary, Robert Monde, during an international celebration event. This was a culmination of years of vested interest in friendship, partnership, and collaboration beyond normal professional duties. Opportunity knocks and I’m thankful that my wife and I opened the door to some exciting experiences and challenges that involve the continent of Africa! As the Tanzanian proverb says, “Little by little, a little becomes a lot.”

The opportunity to be the co-keynote speaker at the Society of Women Engineers (SWE) regional conference in Stockton, California memorably presented itself through a fellow professional engineer, Dena Traina. My keynote presentation highlighted all the Yosemite projects related to sustainable design/construction, the National Park Service’s vast archiving of engineering history, and the informational wealth from ongoing climate change studies/data collection. Cumulatively, these resources prepare for more robust engineering design for future infrastructure impacts. The most exciting portion of my presentation, however, was to highlight that over half of Yosemite’s engineers are women, and in my opinion, excel in many aspects of the engineering profession beyond their male peers. I left this conference excited about the vast talents, inspiration and insight these accomplished women engineers bring to our profession and the important role SWE plays in supporting these women’s professional careers in a male dominated environment (balancing work and home demands, pay equity, career progression, etc.). As some wise person once said, “The beauty of the world lies in the diversity its people.”



of



Working within Yosemite has allowed me to network with some very energetic people, bustling with ideas beyond my own and has energized me to become a better local and global citizen. Because of the talents we are given as engineers, these opportunities are within each one of us and they invigorate, build personal satisfaction and esteem, and create a better world to live in. In the words of Rear Admiral Grace Hopper, “A ship in port is safe, but that is not what ships are for. Sail out to sea and do new things.”

Laiser and David within Ngorongoro Conservation Area

I remind myself of a quote from Paulo Coelho before retiring each night--“What is Success? It is being able to go to bed each night with your soul at peace.” May you find fulfillment in the numerous opportunities you make happen during and beyond your ‘7 to 5’ story?

“This article was originally published in The Military Engineer magazine.”

Dentist Professional Advisory Committee

Agency Spotlight

CAPT Todd Tovarek, DDS, Chief Dentist, IHSC, Northwest Detention Center, Tacoma, WA

Contributed by Dentist PAC

The Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) is one of the smallest Agencies served by U.S. Public Health Service (USPHS) Dental Officers with a compliment of 18 dentists staffing 14 duty stations spread throughout the country, from the Pacific Northwest to south Florida. This Agency is unique in both its mission and alignment with most assignments consisting of 1-2 chair senior level solo clinics that deliver care to a diverse patient population from virtually every country in the world. Due to the nature of its mission, the immigration detention program maintains custody of one of the most highly transient and diverse populations of any correctional or detention system in the world. This administrative custody environment presents significant healthcare challenges compared to the typical static prison environment. Since many countries are represented in our detention facilities, our staff must be culturally sensitive to meet the diverse needs, perceptions, and backgrounds of our patients. The majority of patients do not speak English and present with significant dental disease, often times receiving dental care for the first time in their lives. While the language barriers and acuity of disease present significant challenges, practitioners in our agency must also navigate a fluid political landscape that requires coordination with many stakeholders including ICE, multiple accreditation entities, corrections authorities and special interest groups.



CAPT Todd Tovarek

The USPHS has a long and well established history with immigration. In 1891, the USPHS was authorized by the Immigration Act to examine and quarantine aliens at Ellis Island. USPHS's role expanded in the 1980s when USPHS officers assigned to the Division of Immigration Health Services (DIHS) were detailed to the Immigration and Naturalization Service (INS) to provide direct health care to detainees held at the Krome Service Processing Center located near Miami, Florida. The demand for DIHS health care staff increased exponentially with the opening of detention centers across the nation in the late 1990's and early 2000's and there are now 21 sites with IHSC staffed medical facilities. In 2007, DIHS was realigned to ICE in the Department of Homeland Security (DHS) with the name changing to the ICE Health Service Corps (IHSC) in October 2010.

Prior to 1998, all dental services were referred out of the detention facility for management in the private sector. The rapid programmatic growth highlighted earlier, the high costs of transporting all detainees out of the facility for dental care and the accompanying, ever increasing, transport burden on custody staff prompted IHSC leadership to establish the IHSC Dental Program with the first Dental Clinic opening at the Krome facility in Miami, Florida in 1998. IHSC is made up of a multi-sector, multidisciplinary workforce of over 1100 employees

that includes an authorized strength of 369 USPHS Commissioned Corps officers, 31 federal civil servants, and 715 contract health professionals. Currently there are 14 IHSC staffed dental clinics comprising 18 dentists (12 Commissioned Corps/6 contractor), 6 hygienists (4 CC/2 contractor) and 15 assistants.

The mission of the IHSC dental program is to maintain and stabilize the detained population's oral health. The IHSC dental team strives to elevate the oral health status of detainees by providing diagnosis and treatment, administering education and prevention programs and through consultation services when necessary. Due to the transient nature of our patient population and the acuity of dental disease, problem focused dental care comprises 90% of the services provided in IHSC clinics. If an individual remains in custody for 12 months or longer more routine types of care are available. Additionally ICE contracts with approximately 119 facilities through intergovernmental service agreements (IGSA) and the IHSC dental leadership is responsible for reviewing and adjudicating all requests for referred care for the approximately 15,000 patients in these facilities

I joined IHSC in 2004 after serving with the Indian Health Service for 11 years and the transition required some adjustments in practice and patient management. While a different approach is necessary in this Agency the fundamental principles of Public Health are still at play. We have the daily opportunity to provide dental care and oral health education to the underserved and disadvantaged patients who need it the most while also contributing to the reduction of global disease in support of the safe apprehension, enforcement and removal of detained individuals involved in immigration proceedings.

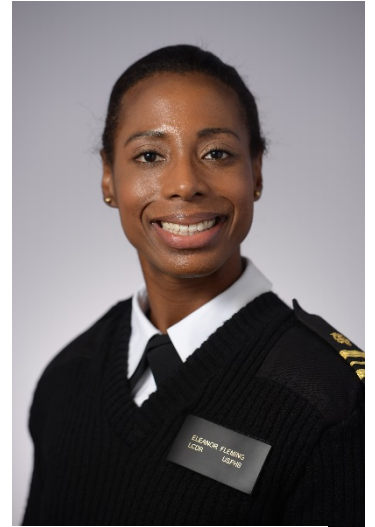
Many of our dental officers are approaching or have recently attained 20 years of service and I anticipate that there will be many opportunities available in this Agency within the next 3-5 years. The unique qualities that define our organization such as our youth, diminutive size and rapid expansion afford our officers many challenges and opportunities for growth and leadership that may not necessarily be readily obtainable in our larger and more established Agencies. Any officers who may be interested in transitioning to this organization in the future should reference our website: <https://www.ice.gov/ice-health-service-corps> and may feel free to contact me with questions Todd.M.Tovarek@ice.dhs.gov. The future is bright and opportunities abound.

Dental Officers Volunteer at American Dental Association Mission of Mercy

Contributed by CAPT Renée Joskow and LCDR Eleanor Fleming

On Sunday, November 8, 2015, the American Dental Association (ADA) hosted a Mission of Mercy (MOM) at the Walter E. Washington Convention Center in Washington, DC. This was the third MOM held at the ADA annual meeting. More than 200 dentists and 300 other volunteers served at the day-long event. Among them were four USPHS Dental Officers: CAPT Renée Joskow, CAPT Coleman Palmertree, LCDR Eleanor Fleming, and LCDR Kevin Zimmerman.

For LCDR Fleming and LCDR Zimmerman, this was their first MOM. Both volunteered for the same reason that all USPHS officers volunteer: they saw a need to serve. LCDR Zimmerman, a staff dental officer at the San Xavier Dental Clinic in Tucson, Arizona, was in charge of routing and checking to make sure that patients received the proper radiographs. He screened and routed well over 200 individuals. LCDR Fleming, the dental officer for the National Health and Nutrition Examination Survey, had wanted to volunteer at a MOM event for years, and saw the event as the perfect time to serve. She worked in the patient education section, providing oral hygiene instructions to patients prior to their medical screening.



LCDR Eleanor Fleming

Both agreed that the time spent was a thoroughly rewarding experience. Reflecting on the day, LCDR Zimmerman remarked, "I was able to help both individuals and families get dental care that they desperately needed but had not been able to afford. The gratitude and appreciation I received was overwhelming."

LCDR Fleming remembered one patient who heard about the day that morning on the news, and came to the Convention Center instead of going to church because she needed help. For LCDR Fleming, the day highlighted the persistence of oral health disparities and just how much work needs to be done: "Seeing the faces of the children, adults, and seniors at the Convention Center was all but heartbreaking. While we have made strides in our dental care delivery system, we definitely have more work to do."

CAPT's Palmertree and Joskow provided clinical services to many needy patients who were grateful to have their teeth restored. ADA President Dr. Maxine Feinberg took time to show her support for the USPHS dental category and tweeted a picture holding a PHS tee-shirt. Our USPHS dental officers were joined by other officers from multiple PHS categories who also volunteered for the event.



Photos of PHS members volunteering at ADA's MOM event in Washington, DC

According to the ADA, some 700 patients received an estimated \$475,000 in care. State dental societies host these events throughout the year, and if the opportunity presents itself in your area, the volunteers at this event strongly encourage you to sign up. "It was great working with other dentists," said LCDR Fleming. "I was able to network with dental providers in the area where I recently moved, and now have contacts in the local dental society."

While the day was certainly about providing care, dental officers also used the opportunity to talk about the USPHS. LCDR Fleming and LCDR Zimmerman talked with prospective and current dental students about opportunities in the USPHS. Having RADM Makrides at the event certainly helped to highlight the USPHS and the many ways that dental officers serve the nation.

A Washington Post article published after the event featured a patient smiling after having dental work done. That patient's smile best sums up the day, and why four USPHS dental officers volunteered their time with other dentists and volunteer in a mission of mercy.

Dietitian Professional Advisory Committee

2015-2020 Dietary Guidelines for Americans: Evidence-Based Guidelines for Public Health

Contributed by CDR Jennifer Myles and LT Katrina Piercy, Dietitian PAC

All information provided in this article comes directly from the [2015-2020 Dietary Guidelines for Americans](#)¹.

The Dietary Guidelines for Americans (DGA) provides evidence-based recommendations about nutrition designed to promote health, prevent diet-related chronic diseases, and assist with reaching and maintaining a healthy weight. Diet-related chronic diseases include cardiovascular disease, obesity, type 2 diabetes mellitus, high blood pressure, some cancers, and poor bone health. The DGA is intended to help the general public eat a healthier diet and to guide policy making, program development, and education. The DGA is updated every five years by the U.S. Departments of Health and Human Services (HHS) and Agriculture (USDA) after considering the [Dietary Guidelines Advisory Committee's Scientific Report](#). The Advisory Committee is composed of prominent researchers in the fields of nutrition, health, and medicine who spend two years reviewing the current scientific evidence on nutrition and health. Comments from the public are also considered.

The 2015-2020 DGA includes five main guidelines:

Guideline 1: Follow a healthy eating pattern across the lifespan. All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.

An eating pattern is the combination of foods and beverages typically consumed. The general eating pattern may be more predictive overall health than are individual foods and nutrients in the diet. For example, an eating pattern characterized by high fruit and vegetable intake has been strongly linked to decreased cardiovascular disease.

Three healthy eating patterns are highlighted in the current DGA, including the Healthy U.S.-Style Eating Pattern, the Healthy Mediterranean-Style Eating Pattern, and the Healthy Vegetarian Eating Pattern, in order to recognize that a variety of eating patterns are related to positive health outcomes and to allow flexibility according to personal choice.

Guideline 2: Focus on variety, nutrient density, and amount. To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.

A healthy eating pattern includes consumption of the following on a weekly basis:

- A variety of vegetables from each subgroup: dark green vegetables, red and orange vegetables, legumes, starchy vegetables, and others.
- A variety of fruits with an emphasis on whole fruits
- Grains, with at least half being whole grains
- Low-fat and fat-free dairy or soy milk selections

- Protein from each subgroup because each subgroup provides an unique set of nutrients: seafood; meats, poultry, and eggs; and nuts, seeds, and soy products
- Oils rich in monounsaturated and polyunsaturated fats including olive oil, canola oil, peanut oil, sunflower oil, and safflower oil

For each eating pattern, the DGA helps Americans to put the recommendations into action by providing the number of servings of specific nutrient-dense food groups and subgroups for calorie levels ranging from 1,000-3,200 calories per day.

Guideline 3: Limit calories from added sugars and saturated fats and reduce sodium intake. Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.

Added sugars (e.g. syrups or caloric sweeteners) do not include sugars naturally found in foods such as fruits; they contribute calories but no other nutrients. Eating patterns low in added sugar are strongly correlated to decreased risk of cardiovascular disease and moderately correlated to lower risk of type 2 diabetes, some cancers, and obesity in adults. Added sugar should be limited to less than 10% of total calories to ensure adequate intake of food groups and nutrients.

Saturated fat, solid fats found primarily in animal sources, should also be limited to less than 10% of total calories. Replacing saturated fats with polyunsaturated fats (and to some degree, monounsaturated fats) can lower the risk for cardiovascular disease.

Trans fats should also be limited. The artificial form of *trans* fats is primarily found in processed foods, such as some desserts, microwave popcorn, frozen pizza, margarines, and coffee creamers. Natural *trans* fats can be minimized by choosing low fat dairy and lean sources of animal protein.

Due to a linear dose-response correlation between sodium intake and blood pressure in children and adults, sodium intake should be limited to 2,300 mg per day in Americans 14 years and older and according to age-dependent recommendations for children.

For those who drink alcohol, no more than one alcoholic beverage should be consumed by women and no more than two consumed by men daily.

4. Shift to healthier food and beverage choices. Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.

Based on data on the typical American diet, the following dietary shifts are recommended to help more Americans meet the DGA:

- Increase fruit and vegetable intake and variety
- Shift toward a higher proportion of whole grains
- Increase dairy intake in fat-free and low-fat forms
- Shift toward a wider variety of protein sources by including more seafood and plant sources of protein
- Shift from solid fats to oils
- Decrease added sugars, saturated fat and sodium intakes

- Consider calories and nutrients from beverages, making water and nutrient-dense beverages (low-fat, fat-free milk, 100% fruit juice) primary choices.

5. Support healthy eating patterns for all. Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.

Shifts in eating patterns among individuals, families, and communities require coordinated efforts by all sectors of society. Sectors of society include systems, such as government, education, health care, and transportation; organizations, such as public health and advocacy; and business and industry. These have the capacity to impact access to healthy foods, knowledge about healthy eating, and transformation of societal norms and values toward increased importance of healthy eating. Examples of strategies for achieving this in various settings are provided in the DGA.

What is New in the 2015-2020 DGA?

- Calories from added sugar should be limited to no more than 10% per day as per the calorie allowance that remains after all food group and nutrient needs are met.
- Moderate coffee intake (3-5 8 fl oz cups a day) can be included as part of a healthy dietary pattern.
- There is no longer an upper limit on cholesterol intake. The recommendation to limit saturated fats to no more than 10% of calories is retained. Because cholesterol and saturated fat have common food sources, dietary cholesterol is largely limited when saturated fat intake is controlled.

Future Directions:

Previous and current DGA have concentrated on recommendations for Americans aged 2 years and older. Given evidence that a mother's diet during pregnancy and an infant's diet from birth can impact a child's health long-term, the 2020 DGA will be broadened to include dietary guidance during pregnancy and for infants, birth to 24 months.

Consider ways in which you can shift your own diet or the diets of those in your family and community to better align with the DGA.

U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015 – 2020 Dietary Guidelines for Americans*. 8th Edition. December 2015. Available at <http://health.gov/dietaryguidelines/2015/guidelines/>.

Pharmacist Professional Advisory Committee

Office of the Surgeon General's Smoking and Tobacco Use Cessation

Contributed by CDR Michael Ahmadi and LCDR Jonathan Kwan, Pharmacist PAC

USPHS First Uniformed Service to go Tobacco-free in Uniform

On June 21, 2013, the Surgeon General updated the United States Public Health Service (USPHS) Commissioned Corps Uniforms and Appearance Policy. This policy, which went into effect January 1, 2014, contained new language that prohibits Commissioned Corps officers from using tobacco products while in uniform.

As a result of this new policy, the USPHS Commissioned Corps had the distinction of becoming the first Uniformed Service to prohibit tobacco use while in uniform. This significant achievement coincided with the 50th Anniversary of the first Surgeon General's Report on Smoking and Health, released in January 1964. Fifty years after the release of this landmark report, remarkable progress has been made; however, tobacco use remains the leading preventable cause of disease, disability, and death in the United States. We are so proud that the USPHS Commissioned Corps continues to lead in the fight against tobacco use with this important new policy.

For some officers, however, this momentous decision may have required a change in personal tobacco use, and as health professionals, it is important that we lead by example and support our colleagues in their efforts to stop using tobacco products.

The Office of the Surgeon General Creates Smoking and Tobacco Use Cessation Committee

For this reason, the Office of the Surgeon General and USPHS leadership requested that a Smoking and Tobacco Use Cessation Committee be formed and tasked with:

- assessing the number of Commissioned Corps officers currently using tobacco products
- developing, compiling and disseminating tobacco use cessation resources to those officers that do use these harmful products and support their decision to quit.

Results of Tobacco Use Survey

Results from the survey indicated that 41% of Commissioned Corps officers who responded (N=2821) had ever used a tobacco product. Compared to the rest of the country, a relatively small percentage of Commissioned Corps officers used a tobacco product in the past 30 days (6.9%, n=195). Before the policy change, slightly over one in five of those who used tobacco did so while in uniform (22.4%). According to the survey, the revised policy motivated 28.7% of respondents toward quitting. Among tobacco users who knew of at least one tobacco cessation resource, 55.9% were aware of Tricare benefits and services.

Launch of USPHS Commissioned Corps Smoking Cessation Website

The final result of the Committee's work was the development and launch of the [PHS Smoking Cessation website](https://dcp.psc.gov/osg/tobacco/) (<https://dcp.psc.gov/osg/tobacco/>). This site, shown below, provides evidence-based resources on effective interventions for tobacco cessation, where to go to get help, and guidelines for clinicians. We encourage all Commissioned Corps officers to access the site and to use the information to achieve the Surgeon General's goal for a tobacco-free Uniformed Service.

How to Get Involved

For more information on how you can get involved and be an agent of change for your fellow officers, please contact the Co-chairs of the USPHS Physician Professional Advisory Committee (PPAC) Tobacco Cessation Subcommittee: CDR Sallyann Coleman-King (fjq9@cdc.gov) or CDR Frances Jensen (Frances.Jensen@cms.hhs.gov).



COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE
SMOKING CESSATION

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Smoking Cessation Introduction

Smoking Cessation Introduction

What You Should Know When Seeking Treatment ----- Types of Interventions

What You Should Know When Seeking Treatment ----- Intensive Intervention

Where to Get Help

Guidelines for Clinicians

Smoking Cessation Introduction

Kick the Habit!

Tobacco addiction is the largest preventable cause of illness and premature death in the United States. In 2000, the US Public Health Service first said that tobacco addiction was a chronic disease (Fiore, et al., 2000). Drug addiction, including nicotine, is a disease that occurs over a long time, like diabetes, hypertension, asthma, and others (McLellan, et al., 2000³). It is not solved quickly, but takes a long-term commitment to successfully treat.

The US Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence (2008) states that intensive tobacco treatment can be provided by any "suitably trained" clinician. It also says that there is "no" clinical intervention today that can reduce illness, prevent death, and increase the quality of life more than effective tobacco treatment interventions. These web pages have been adapted from this Guideline to help officers move toward successfully stopping the use of commercial tobacco products.

WARNING: Quitting smoking now greatly reduces serious risks to your health.

I QUIT

1. http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf
2. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/index.html>
3. <http://jama.ama-assn.org/cgi/content/full/284/13/1689>

Physician Professional Advisory Committee

Making Her Mark: A General Surgeon with the Indian Health Service

Contributed by LCDR Rachel Idowu, Physician PAC

LCDR Jennefer Kieran was recently honored with the **Female Physician Leader of the Year Award** by the Military Health Service (see sidebar). Though she received her USPHS commission in 2013, she has served in the Indian Health Service (IHS) since 2006. When she arrived at the IHS as a civil servant, she established her clinical practice as a general surgeon at the Phoenix Indian Medical Center (PIMC). Though the spectrum of clinical duties fulfilled by PHS officers is broad, few practicing surgeons such as LCDR Kieran exist in the USPHS -- even fewer of them are female.

In light of this, LCDR Kieran should be considered a true visionary. She entered the IHS intending only to fulfill her National Health Service Corps scholarship obligation, but became inspired by a senior PHS officer (CAPT Laura Tillman) who mentored her, promoting and modeling a vision of clinical care, programmatic change, and professional growth that she had not previously considered. LCDR Kieran realized that through the USPHS she could influence the process of care beyond the treatment she provided to any single patient.

During her time at the IHS, she has ascended to the Chief of Surgery position in a tertiary referral hospital (PIMC) that serves over 45 tribes and greater than 100,000 Native American and Alaskan Native people. Among her achievements at PIMC, she co-founded the *Peri-Operative Surgical Home* as an initiative to improve coordination of the care, introduced the Advanced Laparoscopic Program, which vastly expanded the range of minimally-invasive surgical procedures, and is championing a bariatric surgical program that will give the IHS patients more therapeutic options to combat morbid obesity. Her capacity for identifying a need, designing, and then launching programs to respond to that need has been recognized by her peers and superiors. She reflects, "In IHS, you tend to fall into leadership roles as the person who is most capable. It's not that I was seeking out the Chief of Surgery position, but I was the one [most qualified for it]."

Though her clinical achievements are outstanding, among LCDR Kieran's most commendable activities are the efforts she has made to mentor students, residents, and junior officers. For those she mentors, she makes every effort to highlight growth opportunities within the IHS. At times, the IHS can be perceived as not having enough opportunities for deployment or promotion, but LCDR Kieran insists that, even if an officer is not deployed, opportunities for professional development still exist. She comments, "A lot of it is educating people on the various IHS categories and what to expect and what is right for them." She advises junior officers who are seeking a mentor to look for someone who is approachable, knowledgeable, an expert in his or her field, and can articulate several different possibilities for professional development.

For officers who are in a position to serve as mentors to junior officers, she acknowledges, "For me, it's been trial-by-fire. I've looked for every opportunity to take on leadership training development. It's important to be a mentor and mentee simultaneously -- there's always something to teach and learn at the same time." As an example of dual mentorship, LCDR Kieran and her colleague, CDR Dorothy Sanderson, PIMC Chief of Internal Medicine, are launching a **Female Commissioned Corps Physician Leadership Group** at PIMC. The intent of the group is to provide support and networking for the professional and personal growth of female junior and senior physician officers. CDR Sanderson explains that "it is very easy to feel isolated as physician officers. Particularly in the IHS, where many sites are remote, it can make such a difference to feel connected to others with whom one shares a common vision. We hope that our group will eventually reach out to these isolated locations and find ways through technology to overcome the isolation that we all can feel."

Facing the reality that the IHS in the Phoenix area had no medical officer successfully promote in 2014, LCDR Kieran ultimately hopes to see career paths and mentorship opportunities for IHS officers expand because “isolated officers are not easily deployable. So they don’t get opportunities to promote from those positions. It is very important to have mentors to help you explain and justify the position you’re in to help with promotion.” During her nine-year career with the IHS (two as a Commissioned Corps officer), LCDR Kieran has admirably distinguished herself as a leader both in a unique clinical niche of the USPHS and as a role-model for junior female officers. Summarizing that “the relationships you create with staff and with your patients are the most rewarding,” it is clear that despite LCDR Kieran’s many awards – including the prestigious ***Female Physician Leader of the Year Award*** – she has maintained a sense of what is most valuable in her work as an officer, embodying in every way USPHS values of leadership, service, integrity, and excellence.

The Military Health Service Female Leadership Program

Contributed by LCDR Rachel Idowu, Physician PAC

In September 2015, four female USPHS officers found themselves welcomed into a larger community of mid-level female Department of Defense (DoD) officers during the annual Military Health Service (MHS) Female Leadership Program in Falls Church, Virginia. As nominees for the MHS Female Physician Leader of the Year Award, LCDR Jennefer Kieran (IHS), CDR Dorothy Sanders (IHS), CDR Liza Lindenberg (NIH), and LCDR Rachel Idowu (CDC) were invited to attend this two-and-a-half-day intensive leadership development experience. The goal of this program is to provide an interactive leadership development opportunity targeted at emerging and/or prospective mid-level female physician-leaders in order to develop their professional and personal skills to successfully lead and manage healthcare at more senior levels. Active duty female physician leaders from each DoD service at the O-4 select, O-4, or junior O-5 grade were selected for attendance. They had the opportunity to interact personally with Admirals and O-6 officers from all uniformed service branches (Rear Admiral Dawn Wylie represented the USPHS).

Practical discussions centered around how to improve clinical practice and programmatic challenges encountered in various duty stations as diverse as a naval hospital ship, hospitals serving the family members of deployed service members, or federal health agencies. The experience was rounded out by pre-assignments that asked attendees, prior to their arrival, to interview senior female officers who have distinguished themselves in a particular uniformed service branch. During the leadership program itself, it was tremendously gratifying to the USPHS representatives to see that they were welcomed and respected as fellow officers in service to the American people. These USPHS officers also gained a much broader understanding of the role that clinically- and public health-trained professionals can play within the DoD and the Department of Health and Human Services. The course also gave them a chance to improve their understanding of military customs, courtesies, and protocols – yes, things like wearing one's cover, saluting, and standing to attention really do matter if one wishes to wear the Commissioned Corps uniform with pride and distinction.

Four PHS physicians and one PHS physician assistant have been selected to attend the April 11–13, 2016 course at the Defense Health Headquarters in Falls Church, VA. Plans for 2017 include expanding this training to other health professionals.

Photo: LCDR Kieran (center) with her surgical team at the Phoenix Indian Medical Center.



Therapist Professional Advisory Committee

Preventing Running Injuries

Contributed by LCDR Clara Stevens, DPT, OCS, Therapist PAC

When it comes to running, it seems like people either love it or hate it! No matter what camp you sit in, you still may be prone to injuries. So whether you run for fun or to pass the APFT, you want to make sure you are doing it safely. Here are some items to consider if you plan to get back into running, want to train for a marathon, or are a runner that frequently seems to suffer from running related injuries.

Over Training and Repetitive Use Injuries

One of the reasons physical therapists often see people in the clinic in relation to running injuries is that some people tend to try and do too much, too quickly. If you are just starting off, make sure you take adequate rest in between runs. Bullock et al. suggests you can minimize the risk of overtraining injuries by alternating training days that emphasize lower extremity weight bearing physical activity with upper body conditioning.¹

How far you run will vary greatly depending on what your personal goals are and what you are physically able to do. If you haven't ran in a while or are new to running it is best to follow a gradual, systematic progression of running distance and speed beginning with lower mileage and intensity.¹ Many people believe that by not increasing your total mileage by more than 10% every week they can prevent injuries. However, there is limited evidence to support this claim.²

Figuring out the causes of pains, strains and sprains

RUNNING FORM: There are entire books that focus on this topic, but it can mostly be summed up into: proper posture, alignment, pelvis stability, and hip strength. If you suffer from chronic running injuries, I would recommend going to a physical therapist or sports medicine clinic to analyze your running routine and assess you for weak muscles. There is strong evidence showing a correlation between hip and knee injuries and weak hip muscles, especially weak hip abductors.³ As part of your cross training, incorporate specific exercises that target your core, which are the muscles of the back, abdominals, pelvis and hip. See below for a link to learn more about exercises that you can do at home without ever stepping a foot into a gym.

PROPER FOOT WEAR: This will vary on personal preference and foot structure. Most of the Running/Sports stores have trained staff that can look at your feet to help recommend the proper shoe and/or orthotics free of charge.

STRETCHING: Some people stretch before or after a race. So what's better? Flexibility is important but there is no strong evidence that shows that stretching before or after your run prevents injury. Some experts would still recommend a dynamic stretch to warm up. Activities such as partial lunges, hip circles, side bends, arm swings and ankle circles are all examples. Static stretching after your workout to target areas that feel tight is perfectly safe.

Environmental Hazards:

Take these precautions to help protect yourself if you are running outside. If running at night, wear reflective clothing and run in well-lit areas or use a head lamp to prevent trips and falls. It is best to avoid wearing headphones so that you can hear approaching vehicles. If you do use headphones, run with only one ear bud in and keep the volume low. For personal safety consider joining a running group or run with a dog. Always notify someone and carry proper ID and contact information if you go out for a run alone. New smartphone apps, such as “Road ID” provide a real time GPS digital breadcrumb so that loved ones can know you are safe if you go out alone. With this app if you stop moving for five minutes and don’t respond to an alert within 60 seconds it will send an alert to pre-determined contacts.

BOTTOM LINE:

There are many variables that need to be considered in regards to running safely. Be cognizant of your surroundings and protect yourself from environmental hazards. Listen to your body, don’t push into pain. Be patient and remember that recovering from an injury can take weeks to months sometimes. If training for a long distance run, allow plenty of time to work up your mileage and take into account that some weeks you may not progress due to soreness or other life activities that prevent you from having the time to run.

LINKS TO EXERCISES – CHECK THESE OUT!!

Strengthening: Here are some examples of Core, Hip, and Knee strengthening exercises you can do to stay strong and injury free. Please note, if you have an injury, speak with a therapist or doctor prior to starting any new routine. If pain is experienced with any of these exercises, discontinue immediately and speak to a health professional before attempting again.

Go to: <http://www.my-exercise-code.com> and enter the following code: N63Q6ST

Stretching: If you are new to stretching, start by trying out these stretches that focus on all the major muscle groups of the lower extremity. Remember do not bounce when you stretch. Stretching should not be painful, stretch until you feel a gentle pull.

Dynamic Stretches

Go to: <http://www.my-exercise-code.com> and enter the following code: XWT2A5T

Static Stretches

Go to: <http://www.my-exercise-code.com> and enter the following code: KZ9X3NZ

References:

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Veterinary Professional Advisory Committee

Step it Up! A One Health Initiative

Contributed by LCDR Danielle Buttke, DVM, PhD, MPH, DACVPM, Veterinary Category

On September 9, 2015, Surgeon General Vivek Murthy launched the *Step It Up!* Call to Action to Promote Walking and Walkable Communities. This is an exciting and potentially tremendously impactful initiative to improve the nation's health by decreasing the burden of several chronic diseases and improving the quality and quantity of life for millions of Americans. It puts a new twist on other walking and physical health initiatives by including the focus on community design, which has collateral benefits for multiple species.

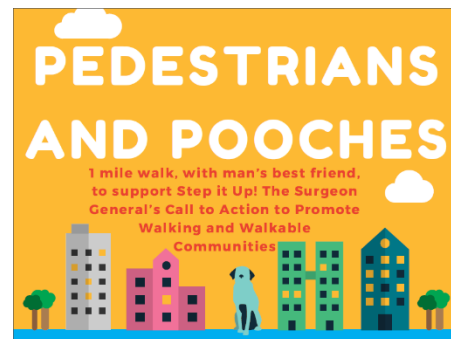


The Surgeon General's *Step It Up!* initiative promotes walking and walkable community design.

PHS officers have been leading the way in promoting health and engaging communities in physical activity across the nation through multiple initiatives for many years. Public Health Service Athletics: The Surgeon General's Fitness Team, an official initiative of the Office of the Surgeon General, has a mission to promote health through fitness for all Americans and was founded in 2014 by Veterinary Category officers. Also, the Junior Officer Advisory Group (JOAG) Public Health and Community Service Committee and Officer Health and Fitness Promotion Team, as well as Pedestrians and Pooches are just some of the ways veterinarians and other officers have been engaging officers and communities in physical activity. The newest Office of the Surgeon General initiative *Step It Up!* provides a new opportunity to improve physical activity AND build communities that support these goals.

By promoting smart community design, improved access to safe walking infrastructure, walking as a means of transportation, and walking as a means of leisure activity, *Step It Up!* also has the potential to improve animal and ecosystem health as well. One Health is the recognition that human, animal, and environmental health are all interlinked, and that greater health outcomes are seen when different disciplines work together. Although many agencies focus on zoonotic disease aspects of One Health, One Health is much more than veterinary public health. One Health includes physical and mental health benefits that we as humans get from healthy ecosystems and animals. One Health is also the environmental sustainability that and green space preservation that smart community design brings. In this regard, *Step It Up!* should be seen as a true One Health initiative, and we hope all categories will engage for greater health outcomes.

The One Health aspects of the *Step It Up!* Call to Action provide another excellent opportunity for officers in the Veterinary Category to be leaders and promote this important initiative, but opportunities exist for every category. The Veterinary Category has promoted *Step It Up!* in different ways, including efforts for [National Pet Week](#), a Pedestrian and Pooches Walk at the National Walking Summit, and more efforts are in the works this spring through the National Park Service's biodiversity discovery program and National Park week.



A Pedestrians and Pooches walk was held at the National Walking Summit to promote the public health benefits of walking and pet ownership.

We are reaching out to physicians to promote the mental and physical health benefits of physical activity in green spaces through the ParkRx program. Similarly, there are opportunities for therapists to promote the mental health benefits of nature exposure, engineers to promote healthy community design and ecosystem services for clean air and water, and many others.

Walkable communities differ from less pedestrian-friendly communities in many important ways, with important consequences for both humans and many other species. Walkable communities are designed to promote walking by creating safe, well-maintained sidewalks and locating schools, businesses, parks, and other attractions within walkable distance of each other. Walkable communities promote the creation and cultivation of green spaces and parks, as people with more access to green spaces walk more than those with limited access (Wells & Yang 2008). The creation and cultivation of green spaces can provide habitat for wildlife, improve air and water quality in surrounding areas and watersheds, and reduce noise and light pollution (both factors that can negatively impact wildlife) (Sadeghian & Vardanyan 2013; Gaston et al. 2012). For this reason, green aspects of walkable communities can improve ecosystem health. The reduced dependence on fossil fuels for transportation seen in walkable communities has obvious and significant implications for carbon emissions, climate change, and therefore ecosystem health, one of the most significant aspects but most often neglected aspects of One Health.

Both pets and owners benefit from living in a walkable community as physical activity is beneficial for companion animals for many of the same reasons it benefits humans. Dog ownership is correlated with increased physical activity for owners (Christian et al 2013). The National Institutes of Health found that dog owners who walk their dogs are significantly more likely to meet physical activity guidelines and are less likely to be obese than non-dog owners or dog-walkers. By providing motivation and social support, pets make it easier for owners to adopt long-term behavior changes that lead to weight loss/maintenance and other positive health outcomes (Westgarth et al 2014). Pet ownership is associated with key indicators of cardiovascular health such as lower blood pressure, cholesterol, and triglycerides (Levine et al 2013). Pet ownership has also both been linked to improved mental health outcomes, resilience, and overall well-being (McConnel et al 2011).

Green spaces and parks have tremendous positive health outcomes for humans. Outdoor exercise has better outcomes on both mental and physical health compared to indoor exercise, and has particularly large outcomes for children with attention deficit hyperactivity disorder (Coon et al. 2011; Taylor & Kuo 2009;). Children living within walking distance of a green space have higher levels of physical activity and are more than 5 times more likely to have a healthy weight (McCurdy LE et al 2010; Cleland et al. 2008). Exposure to nature has been proven to improve mental health in adults as well. Nature exposure has been linked to decreased incidence of depression, anxiety, and mood disorders (Berman et al 2012; Maller et al. 2006; Wells & Evans 2003; White et al 2013). The affect seems to be maintained even after the walk. Walking in nature, as compared to a walk in a high-traffic urban setting, is associated with decreased activity in the subgenual prefrontal cortex, an area of the brain linked to depression and other mental illness (Bratman et al. 2015).

Although the field of community design and walkability is still in its infancy from a research perspective and other aspects of social and environmental justice are often hard to dissect from community design, preliminary work suggests that more walkable communities also benefit from increased community cohesion, social support, and interaction, which has significant implications for mental health, individual wellbeing, and even longevity. Pet ownership has been shown to influence these social and mental health factors as well

(McConnell et al 2011). Future research into potential synergistic effects of pet ownership and community design could identify additional areas for prevention efforts.

Whether increased physical activity for humans and pets, improved habitat, air, and water quality for the local ecosystem, or improved community cohesiveness and mental health, walkable communities have true One Health benefits, offering sustainability for physical health, ecosystem health, and communities alike. Through healthy community design, *Step It Up!* provides an avenue to improve the health of multiple species and the spaces that we share.

PHS officers have been community leaders in promoting physical activity for years. Stay tuned next month for more information on how PHS officers have led the way in promoting physical activity in their communities.

For more information and resources on the *Step It Up!* initiative and the benefits of walkable communities, visit <http://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/>.



Learn more about the Surgeon General's *Step It Up!* Initiative by watching a brief introductory video at <http://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/>.

About this Edition

QUESTIONS OR PREVIOUS EDITIONS

For questions on this document please contact CDR Luis Rodriguez at ved8@cdc.gov. For previous editions please visit our website at <https://dcp.psc.gov/osg/paccg/>.

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