

Social Work Professional Advisory Group
Meeting Minutes
5 March 2014

Leadership Present: CDR Buckingham, Chair
 CDR Scottie Epler, Chair Elect and Policy Chair
 LCDR Christine Nemeti, Secretary
 CDR Todd Cesar, Readiness/Deployment
 CDR Malaysia Gresham, Mentorship Chair
 LCDR Kedall Bolton, Membership Chair
 LCDR Tricia Booker, Communications Chair
 LCDR Sonjia Howard, Recruitment & Retention

Membership Present:

CAPT Laura Aponte	LCDR Holly Berilla
CAPT Marinna Banks-Shields	LCDR William Bolduc
CAPT Julia Dunaway	LCDR Jennifer Bornemann
CAPT Brenda Gearhart	LCDR Marion Collins
CAPT Cynthia Spells	LCDR Valarie Gardner
CAPT Elise Young	LCDR Gina Ligonde
	LCDR Renee Pleasanton
CDR Deloris Caldwell	LCDR Dan Stanley
CDR Tarsha Cavanaugh	LCDR John Stanson
CDR Janet Cochran	LCDR Chad Wheeler
CDR Sonsy Fermin	LCDR Aimee Williams
CDR Robert Garcia	
CDR Erich Kleinschmidt	LT Cara Alexander
CDR Todd Lennon	LT Tyson Baize
CDR Jerry Mahlau-Heinert	LT Lorener Brayboy
CDR Julie Niven	LT Stephanie Felder
CDR Jennifer Nussbaum	LT Israel Garcia
CDR Barbara Olaniyan	LT Elliott Hill
CDR Jamie Seligman	LT Mariah Lombardo
CDR Januett Smith-George	LT Marvin Mitchell
CDR Brooke Wallace	LT Marlene Nicholson
	LT Nicole Pascua
	LT Tigisty Zerislassie

I. Chair Report, CDR Buckingham

- A. The focus for 2014 will be retention issues.
- i. This directly correlates with the lack of promotion potential for social workers in the Corps.
 - ii. CDR Watkins has developed a MOA/MOH retention questionnaire that will be sent out. All officers are asked to please complete and submit it.

- B. Change in role of PHS Social Workers within the DOD
 - i. 61 DOD social workers are currently impacted.
 - ii. These billets can be downgraded or deleted all together.
 - iii. LCDR Nelson has been working hard to make sure all officers have at least 12 months to prepare.

- C. Establishment of SWPAG Voting Membership
 - i. SWPAG vote results: 26 respondents: Yes: 24 No: 2
 - ii. The by-laws establishing a SWPAG voting membership will be forwarded to HSPAG for approval.
 - iii. Thank you to CDR Gresham and LCDR Bolton for writing these by-laws and helping this voting membership come to fruition.

- D. Thank you to CAPT Jay Seligman and LCDR David Hunt who will be presenting on non-traditional social work career duties. This is a very timely presentation.

II. Subcommittee Reports

- A. Career Development (CDR Fields)
 - i. Will coordinate professional development component of SWPAG meetings.
 - ii. Researching the possibly of offering CEUs for the professional development component of SWPAG meetings.

- B. Mentorship (LCDR Gresham)
 - i. Have established a career mentoring tool that will be presented at a round table discussion during this year's COF.
 - ii. Meet & Greets are scheduled and will highlight one leader or senior officer at each meeting. The goal is to offer them nation- wide. They can be formal or informal, can include civilians, and should provide mentorship and programming.
 - iii. SAMSHA will host the upcoming Meet & Greet with ADM Delaney as guest leader. LCDR Grehsam is seeking suggestions for the type of token to give ADM Delaney for speaking.

- C. Communications (LCDR Booker)
 - i. She has received all submissions for the upcoming newsletter and it will be distributed within 2 weeks.
 - ii. Please send all entries for the newsletter to LCDR Booker at: tricia.h.booker.mil@mail.mil

- D. Policy (CDR Eppler)
 - i. The committee did a great job getting voting membership by-laws drafted.
 - ii. No projects pending as they have passed by-laws to chair for submission to HSPAC.

- E. Awards (CDR Todd Johnson)
 - i. The announcement for Junior and Senior Social Worker of the Year nominations will be made on March 19.
 - ii. Nominations are due by April 4.

- F. Readiness (CDR Todd Cesar)
 - i. New subcommittee chair, CDR Cesar.
 - ii. Looking for new committee members (3 open spots)
 - iii. 4 goals for this year
 - a. Certificate of achievement presented to all social work officers who are basic ready.
 - b. Group award/ unit award for all social workers that are mission ready.
 - c. Submitting a readiness article into social work newsletter quarterly.
 - d. Post an exercise guide to assist officers in increasing their level of fitness.

- G. Membership (LCDR Bolton)
 - i. 164 current officers.
 - ii. Social Work PAG roster maintained by LCDR Dan Stanley.
 - iii. New officers should contact LCDR Dan Stanley at:
daniel.l.stanley18.mil@mail.mil
 - iv. Preparing for voting membership if it is approved by HSPAC. They will process nomination packets.
 - v. Thank you to the policy subcommittee and CDR Pappalardo for help with by-laws.

- H. Recruitment & Retention (LCDR Howard)
 - i. Have completed welcome packet and received approval. It will be posted on the website.
 - ii. A team member connected with three new social workers recently.
 - iii. A call for volunteers was placed in last newsletter and, as a result, the committee has two new members
 - iv. Seeking permission to conduct official meet & greets with new social workers in person.

III. Presentation, CAPT Seligman and LCDR Hunt

Exploring Non-Traditional Social Work Career Duties in Advancing the Health of the Nation.

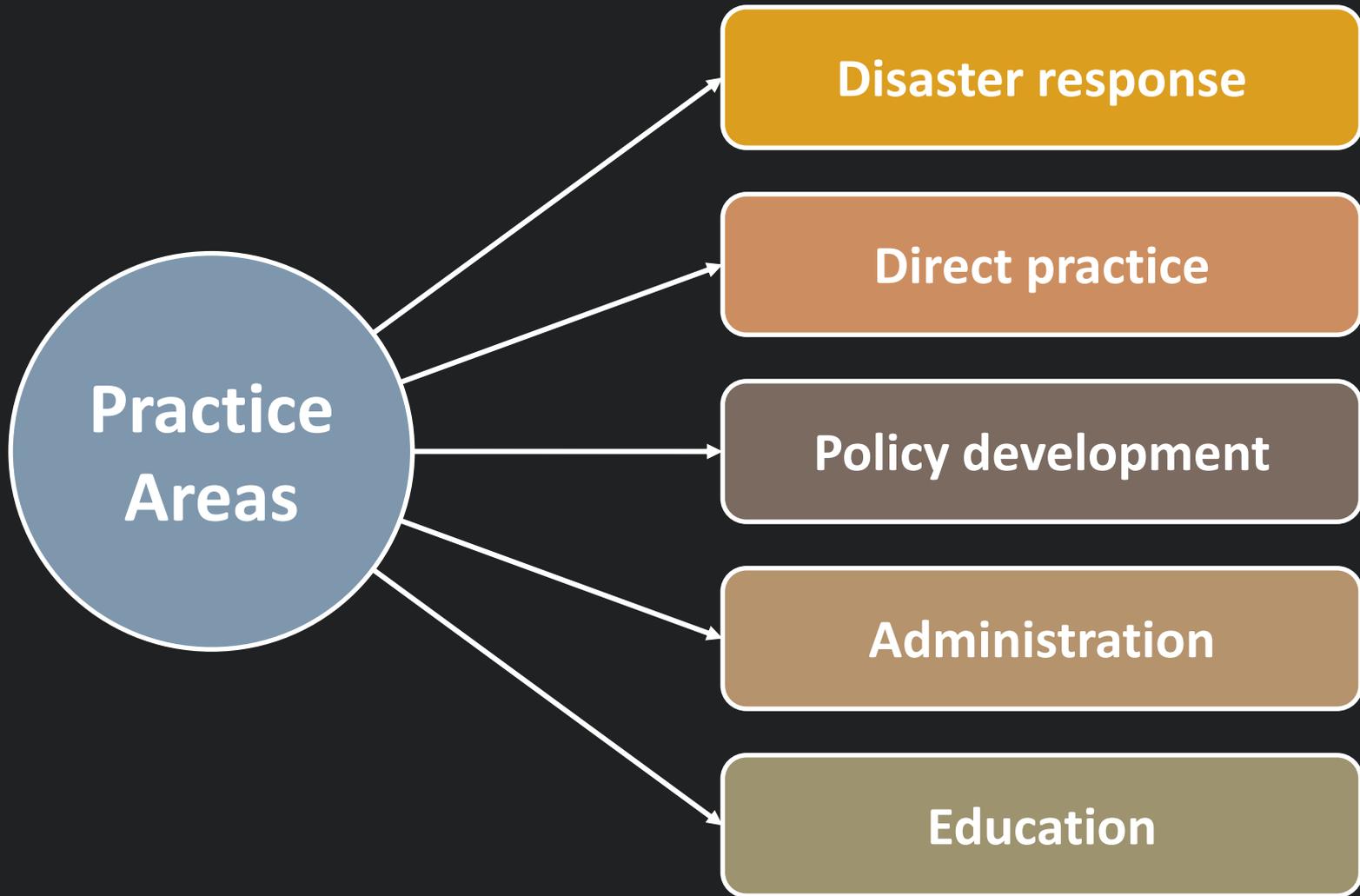
Powerpoint attached.

IV. Next Meeting: 18 June 2014 at 2:30 EST

Exploring Non-Traditional Social Worker Career Duties in Advancing the Health of the Nation



March 5, 2013



Caring for Incarcerated Populations

Duties



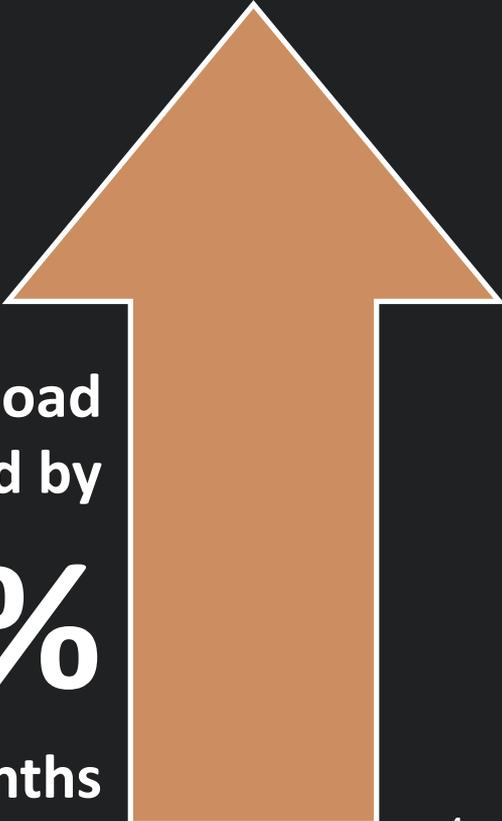
- Managed 15-bed Hospice Program
- Rendered grief counseling to individuals and groups
- Developed psycho-social assessments
- Provided client care
- Secured financial, medical, and psychological services for medical and terminally ill inmates

- Obtained compassionate release for 8 inmates, saving \$1.5 million
- Drafted the BOP Medical Discharge Planning Section for the Social Work Technical Manual

Supporting Increasingly Underserved Communities

Safe-T Counseling Center Services

- Individual and group psychotherapy
- Assessments
- Crisis counseling
- Case management



Case load
increased by
28%
over 3 months

Providing Care for Prisoners in Custody of the US Marshals

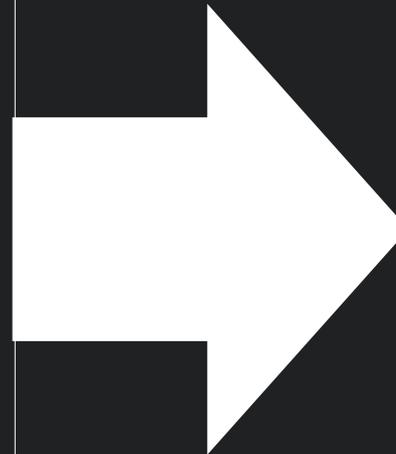
Program Administration

Medical and mental health consultations

Case management

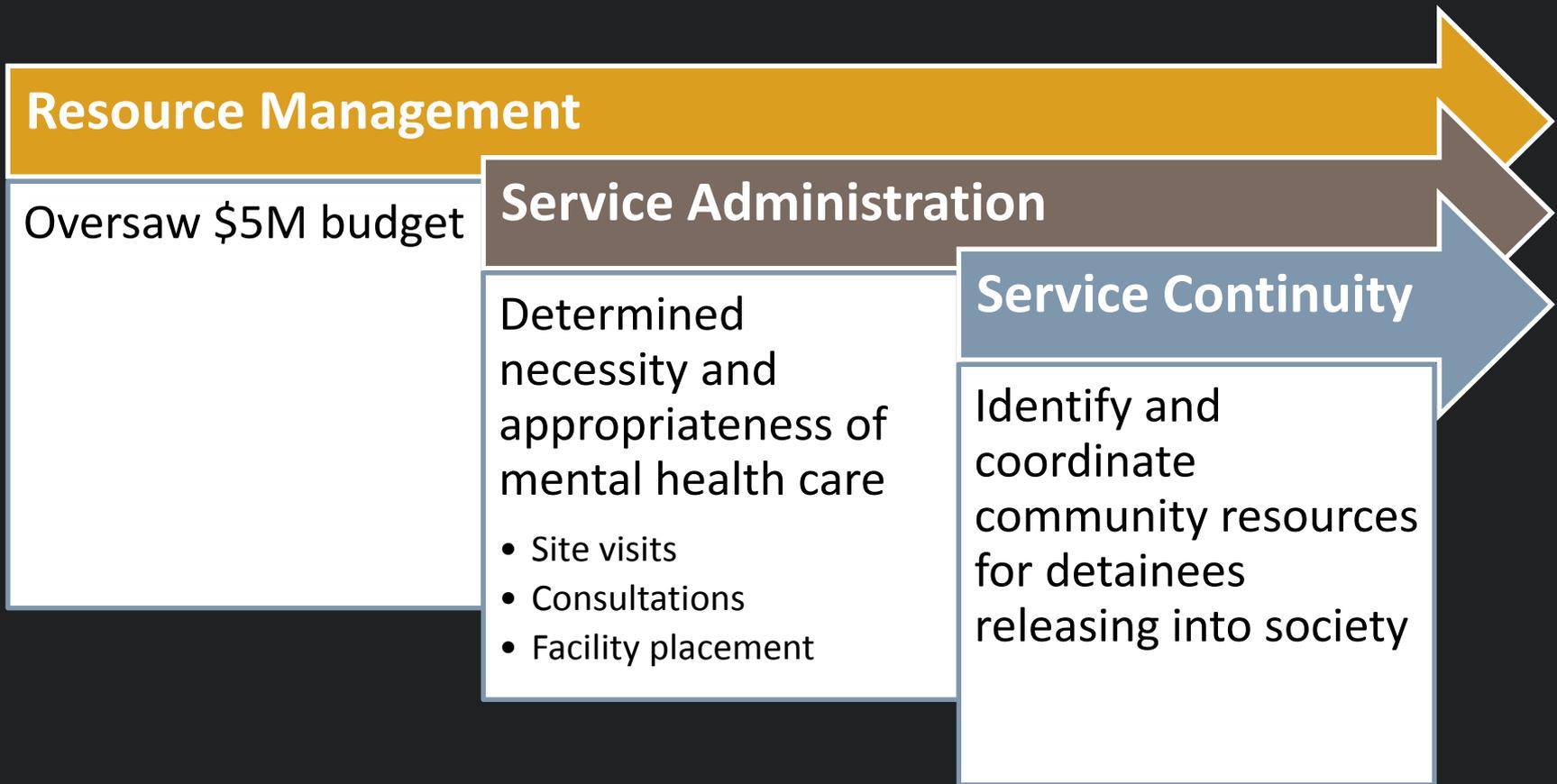
9 health care providers

\$60M budget

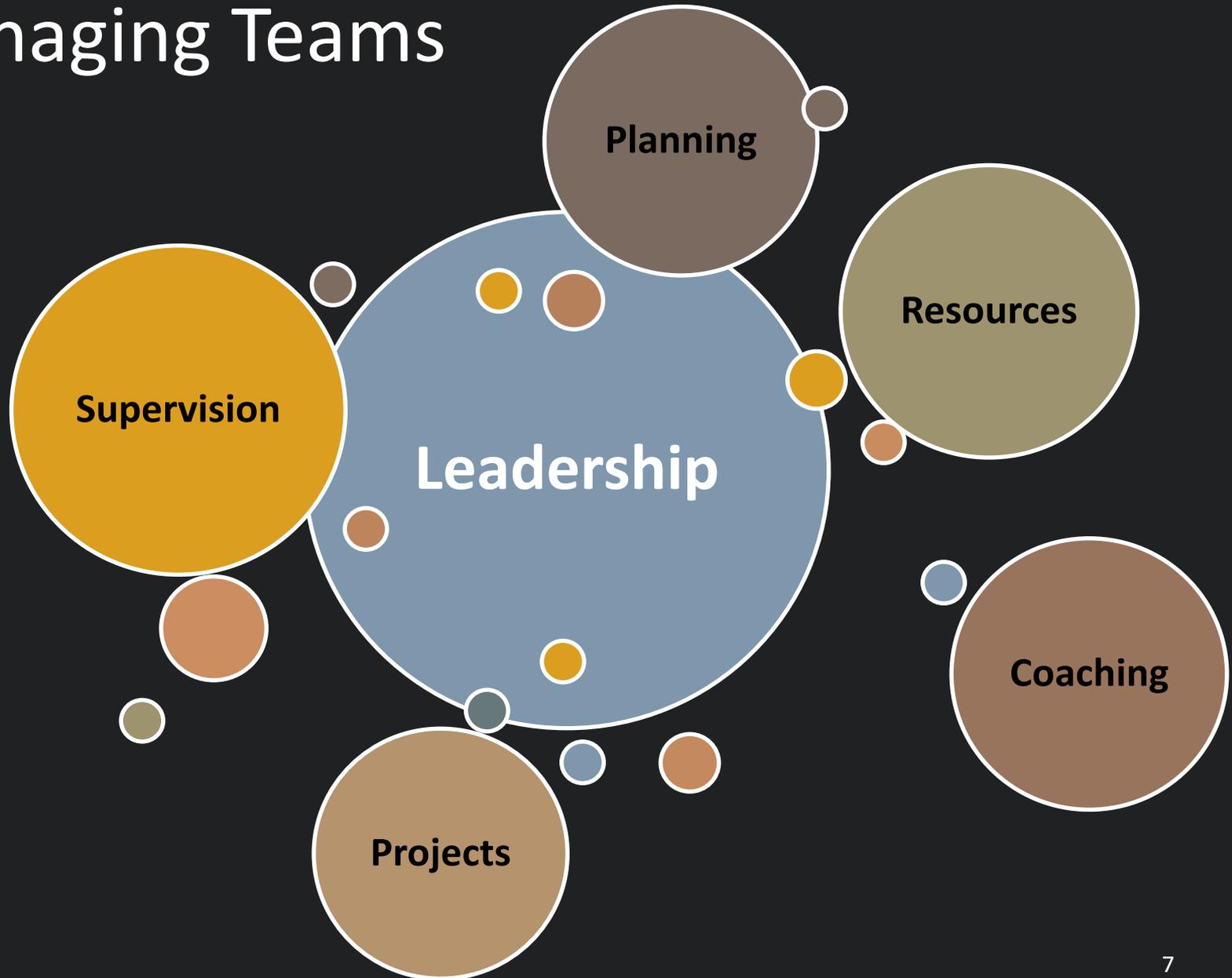


60,000
prisoners

Immigration Health Services



Managing Teams





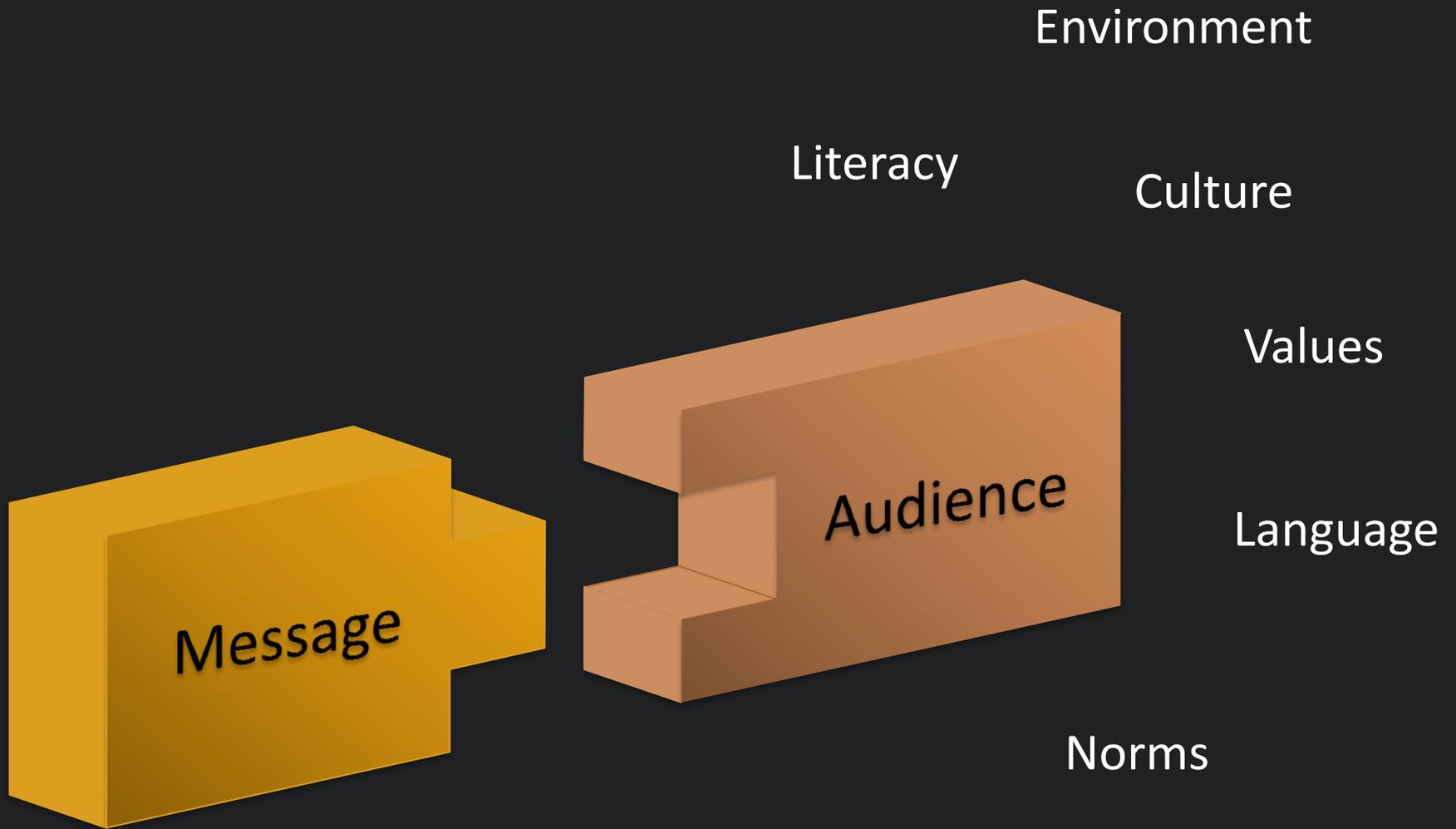
Emergency Operations Center

24/7/365

**Supporting
federal, state,
and local
partners**

**Deploying
personnel
and assets**

**Providing
scientific and
logistic
expertise**



Compounded Difficulty of Reaching the Audience

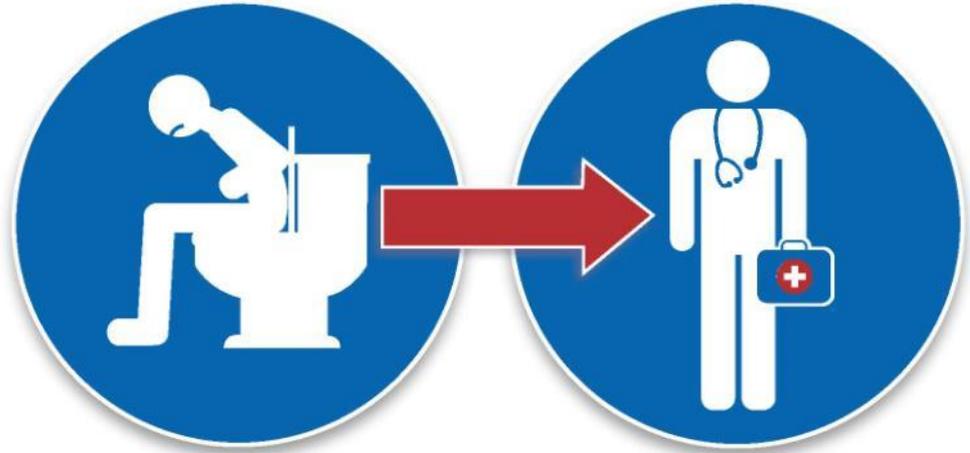
Language
Values
Culture
Literacy Norms
Environment



Fatigue
Irritability
Long waits
Fear
Confusion
Short time

Examples

Been to HAITI? Venez-vous d'HAÏTI? | Ou fèk sòti AYITI? ¿Ha estado en HAITÍ?



If you get DIARRHEA, see a DOCTOR!
Si vous avez la DIARRHÉE, consultez un MÉDECIN!
Si ou gen DYARÉ, ale wè yon DOKTÈ!
¿Si tiene DIARRREA, visite un MÉDICO!

You may have CHOLERA.
Vous avez peut-être contracté le CHOLÉRA.
Ou ka petèt pran KOLÉRA.
Puede haber contraído CÓLERA.

www.cdc.gov/cholera



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Travel Health Alert Notice
Cholera

Information for Travelers
 Cholera germs can live in food or water, if you have been in a country where there is cholera (like Haiti), you may have picked up cholera germs. Cholera gives you watery diarrhea. You can lose a lot of water from your body very fast.
Please watch for diarrhea and get medical help quickly. If you do not get medical treatment, cholera can kill you.

If you, your children, or fellow travelers have diarrhea now or in the next 5 days:

- See a doctor or go to a hospital (right away)
- Show your doctor this notice.
- Tell your doctor that you have been in a country where there is cholera.

Information for Doctors
 Take these actions for all suspected cholera cases:

- Rehydrate according to guidelines at <http://www.cdc.gov/haiticholera/consider-cholera.htm>
- Specify 'Vibrio cholerae suspected' when submitting stool specimens for culture
- Report case immediately to your local or state health dept.

For more information:

- Call 800-CDC-INFO (232-4636) or
- Go to www.cdc.gov/cholera/notice
- Or contact your local or state health department

Avis d'alerte sanitaire à l'intention des voyageurs
Le choléra

Informations à l'intention des voyageurs
 La bactérie du choléra peut vivre dans la nourriture ou l'eau. Si vous vous êtes rendu dans un pays touché par le choléra (comme Haïti), il est possible que vous ayez été en contact avec la bactérie du choléra. Le choléra vous donne une diarrhée liquide. Votre corps peut perdre beaucoup d'eau très rapidement.
Veillez surveiller toute apparition de diarrhée et obtenir une assistance médicale rapidement. Si vous ne recevez aucun traitement médical, le choléra peut vous tuer.

Si vous, vos enfants ou d'autres voyageurs avez la diarrhée maintenant ou dans les 5 prochains jours :

- Consultez un médecin ou rendez-vous immédiatement à l'hôpital
- Présentez cet avis à votre médecin.
- Dites à votre médecin que vous vous êtes rendu dans un pays touché par le choléra.

Informations à l'intention des médecins
 Suivez les instructions suivantes pour tous les cas présumés de choléra :

- Réhydratez selon les recommandations indiquées sur <http://www.cdc.gov/haiticholera/consider-cholera.htm>
- Indiquez « Vibrio cholerae présumé » lorsque vous soumettez des échantillons de selles en vue de culture
- Signalez immédiatement le cas à votre département de santé local ou au Ministère de la Santé

Pour tout renseignement complémentaire :

- Appelez le 800-CDC-INFO (232-4636) ou
- Rendez-vous sur www.cdc.gov/cholera/notice
- Ou contactez les autorités sanitaires locales ou nationales dont vous dépendez

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Examples of Policy Documents



Guidelines and recommendations

Reports and briefs

Plans and procedures

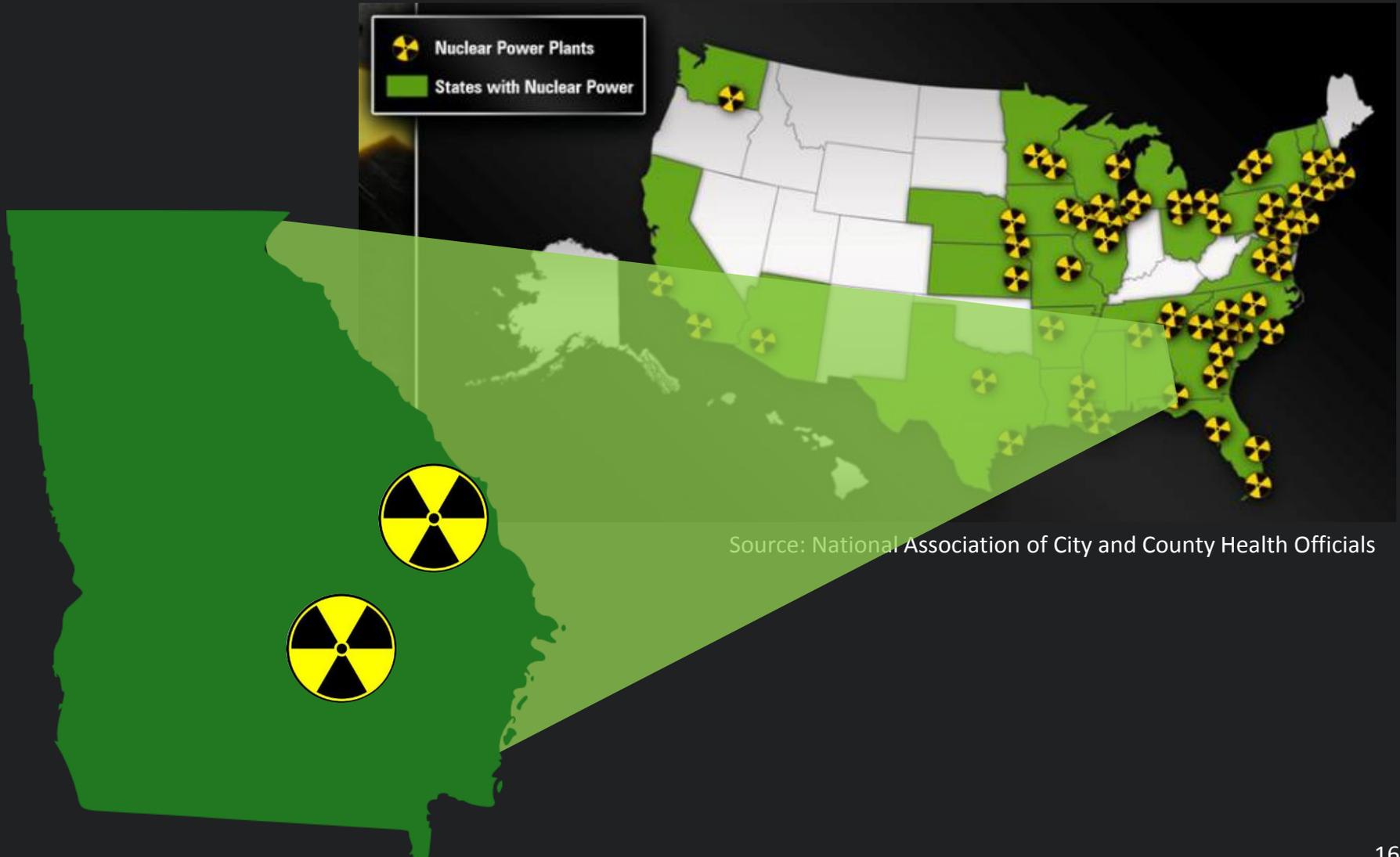
Regulations and policy directives

Cooperative agreements, contracts, and memoranda of agreement

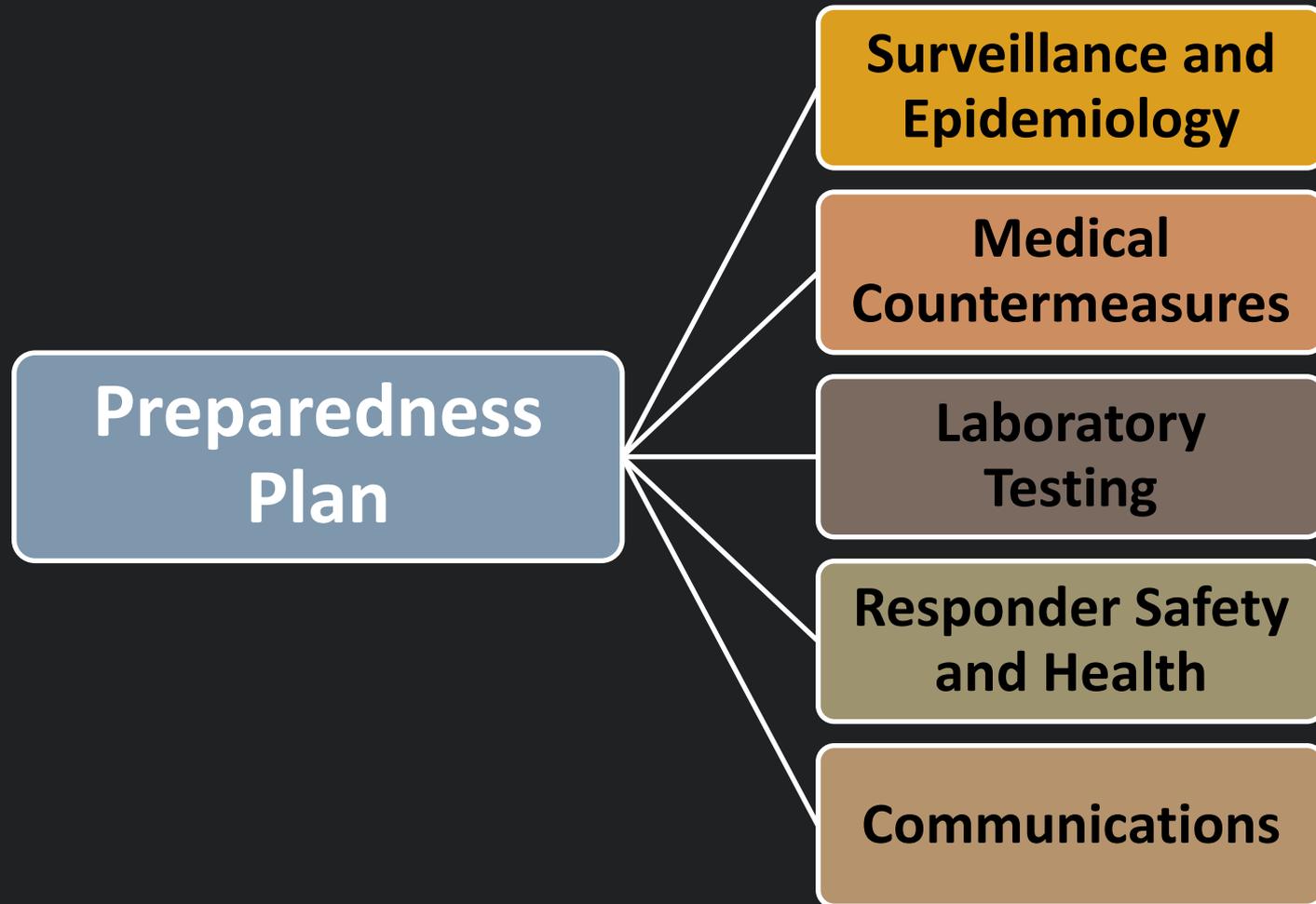
Developing Plans and Policies



Nuclear Power Plants in the United States

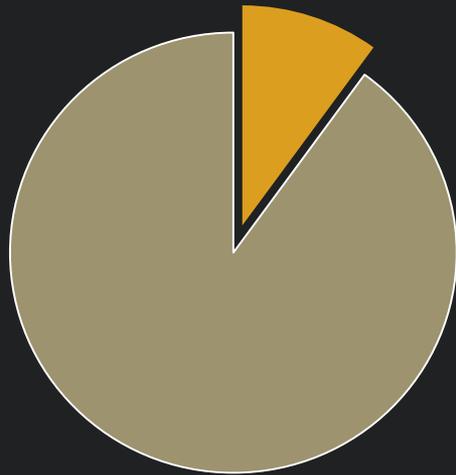


Example Components for Radiation Preparedness Planning



In Brazil, scavengers found radioactive material in an abandoned hospital resulting in...

- **4 deaths**
- **249 individuals contaminated**
- **112,000 persons seeking medical evaluation**



**10% of area population
sought medical care**

Process Integration



1-800-CDC-INFO

DECLARE THESE:

これらの生物や物品を国内に持ち込む際は、必ず申告してください。

Did you know infectious diseases can be imported by certain animals and items? These may pose a risk to public health.

ある種の生物や物品が病気の感染源になりうることをご存じでしたか？ これらは公衆衛生上のリスクをもたらす場合があります。

Animals

動物



Dogs
犬



Cats
猫



Civets
ジャコウネコ



Birds
鳥



Turtles
カメ



African Rodents
アフリカげっ歯類



Nonhuman Primates (Chimpanzees, etc.)
ヒト以外の霊長類 (サルなど)

Animal Products

動物製品



Meat from Wild Animals
野生動物の肉



Hunting Trophies
狩猟した獲物



African Rodent Products
アフリカげっ歯類製品



Ganku Drums
ヤギ皮の太鼓



Bat Products
コウモリの製品



Nonhuman Primate Products
ヒト以外の霊長類製品

Scientific Specimens and other items

標本およびその他の物品



Mosquitoes
蚊



Ticks
ダニ



Human Remains
人骨



Biologic Specimens
生物標本



Cultures of Microorganisms
微生物の培養物



Blood and Blood Products
血液および血液製品



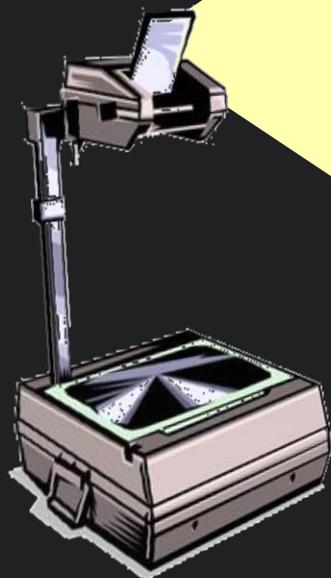
For more information go to: www.cdc.gov/quarantine

詳細については www.cdc.gov/quarantine をご覧ください

The animals, animal products, and scientific specimens shown on this poster are regulated for public health reasons. These items, as well as other animals and animal products, may be regulated or restricted by other agencies, such as the US Department of Agriculture (USDA) and the US Fish and Wildlife Service (USFWS). このポスターに示されている動物、動物製品、標本は公衆衛生上の理由により規制されています。これらの動物および動物製品は、米国農務省(USDA)や米国漁業野生動物庁(USFWS)などの他の機関によって規制または制限されている場合があります。



Reaching Diverse Audiences: Emergency Risk Communication



Key Components of Communicating



*with the Media and the Public
during a Pandemic*



SAFER • HEALTHIER • PEOPLE™



Educating Partners



INFORMATION ON THIS SAMPLE FORM IS NOT REAL AND IS TO BE USED FOR TRAINING PURPOSES ONLY

U. S. Department of State
MEDICAL EXAMINATION FOR IMMIGRANT OR REFUGEE APPLICANT
 TB Technical Instructions 2007 and the DS-3030

OMB No. 1405-0113
 EXPIRATION DATE: 06/30/2010
 ESTIMATED BURDEN: 10 minutes
 (See Page 2 - Back of Form)

Name (Last, First, Middle Initial) Galon, Abaya
 Birth Date (mm-dd-yyyy) 02-03-1961 Sex: M F
 Birthplace (City/Country) Manila, Philippines
 Present Country of Residence Manila, Philippines Prior Country Ukraine
 U.S. Consul (City/Country) Manila, Philippines
 Passport Number 567-301-779 Alien (Case) Number 355555555
 Date of Medical Exam (Date of TB physical exam or date of lab report of final TB culture results, if cultures performed) (mm-dd-yyyy) 12-13-09
 Date Exam Expires (3 months if Class A TB, Class A HIV, or Class B1 TB, otherwise 6 months) (mm-dd-yyyy) 6-13-10
 Date (mm-dd-yyyy) of Prior Exam, if any _____ Exam Place (City/Country) Manila, Philippines
 Panel Physician Dr. Rivera Radiology Services Manila Health Clinic
 Screening Site Manila Health Clinic Lab (Name for HIV/syphilis/TB) Manila Health Clinic

(1) Classification (Check all boxes that apply):
 No apparent defect, disease, or disability (See Worksheets DS-3025, DS-3026, and DS-3030)

Class A Conditions (From Past Medical History and Physical Examination Worksheets)
 TB, active, infectious (Class A, from Chest X-Ray Worksheet) Human immunodeficiency virus (HIV)
 Syphilis, untreated Hansen's disease, untreated multibacillary
 Chancroid, untreated Addiction or abuse of specific* substance without harmful behavior
 Gonorrhea, untreated Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur
 Granuloma inguinale, untreated Sustained, full remission of addiction or abuse of specific* substances
 Lymphogranuloma venereum, untreated

Class B Conditions (From Past Medical History and Physical Examination Worksheets)
 Syphilis (with residual defect), treated within the last year Hansen's disease, treated multibacillary
 Other sexually transmitted infections, treated within last year Treatment: Partial Completed
 Current pregnancy, number of weeks pregnant _____ Hansen's disease, paucibacillary
 Any physical or mental disorder (excluding addiction or abuse of specific* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur Treatment: None Partial Completed
 *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics

Class B1 TB, Pulmonary
 No treatment
 Completed treatment (Check all that apply and attach all laboratory and DOT documents)
 Initial smear positive Initial culture positive
 By panel physician By non-panel physician
 Pre-treatment culture and DST results performed/available Pre-treatment culture and/or DST results not performed/available

Class B1 TB, Extrapulmonary Anatomic Site of Disease _____
 No treatment
 Current treatment
 Completed treatment

Class B2 TB, LTBI Evaluation
 Test for TB infection positive: TST _____ mm; IGRA positive Result _____ mm TST or IGRA Conversion
 No LTBI treatment
 Current LTBI treatment (Indicate treatment in Part 4 of DS-2054 form)
 Completed LTBI treatment (Indicate treatment in Part 4 of DS-2054 form)

DS-2030
 Page 1 of 1

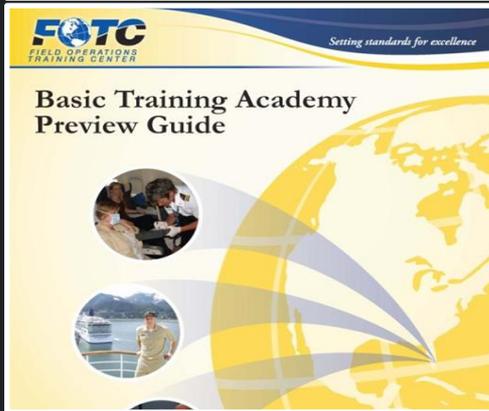
Educating Partners, *cont.*

Materials for Partners

- **Scripts**
- **Job aids**
- **Fact sheets**
- **FAQs**
- **Training**

Educating CDC Staff

Materials



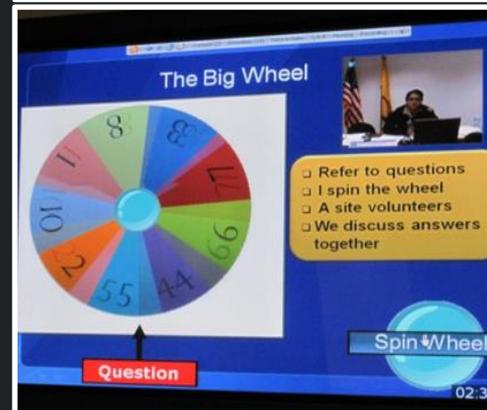
Technology



Instruction

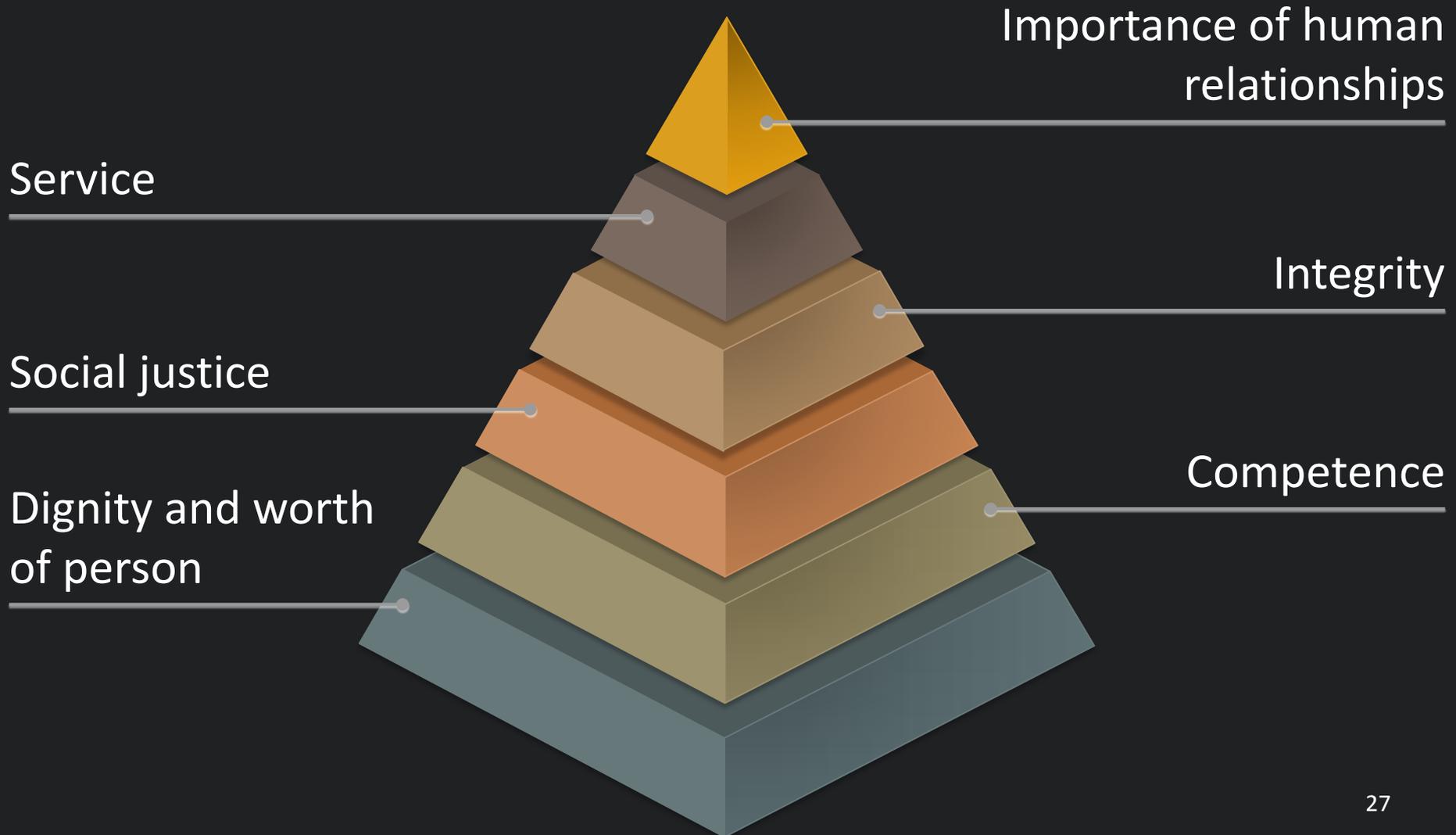


Interactiivitiy



Questions?

Social Work Code of Ethics



Social Work Code of Ethics

Principle	Example
Service	<ul style="list-style-type: none"> • Commitment to the nation's health • Willingness to serve anywhere
Social justice	<ul style="list-style-type: none"> • Service vulnerable populations (prisoners and impoverished) • Linking immigrants and refugees to health services
Dignity and worth of person	<ul style="list-style-type: none"> • Providing counseling services with HIS • Respecting other cultures as different while managing public health risks
Importance of human relationships	<ul style="list-style-type: none"> • Collaboration with far reaching partner organizations to protect the health of communities • Strengthening families through advocacy center
Integrity	<ul style="list-style-type: none"> • Program improvement to be good stewards of public monies • Adherence to the values of the USPHS
Competence	<ul style="list-style-type: none"> • Mobility among work areas to increase professional abilities • Commitment to develop a broad range of capabilities