

**Minutes of
DoD Sexually Transmitted Diseases Prevention Committee (STDPC)
Meeting of 7 October 99**

Attending

LCDR Josephine Brumit, BUMED
Bill Calvert, NEHC, Co-Chairman
CAPT Bob Murphy, USN
COL Kelly McKee, USAMRIID
LCDR Sharon Ludwig, USPHS/USCG
Joel Gaydos, MD, WRAIR
Terry Trobaugh, Navy HIV Program

Attending by Phone

Bob MacDonald, NEHC
Steve Heaston, NEHC
Dr. Gombah-Alie, NEHC
Capt Mark Gilday, USMC
Major Kevin Stephan, USAF, Wilford Hall Medical Center
CDR Richard Shaffer, Naval Health Research Center (NHRC)

1. Bill Calvert convened the meeting at 0945 at the Navy Bureau of Medicine and Surgery (BUMED). The telephone conference began at 1000, with attendees calling in per above.
2. Beginning at 1000 with the telephone conference, the minutes of the 9 September 99 meeting were reviewed and approved.
3. Bill Calvert welcomed CAPT Bob Murphy, Chair, Alcohol Abuse/Tobacco Use Reduction Committee.
4. CAPT Murphy provided a briefing on the DoD Prevention Safety and Health Promotion Council (PSHPC). The Council was directed by the Under Secretary of Defense for Personnel and Readiness(USD/R&R) in June 1998; Assistant Secretary of Defense (Health Affairs) (ASD/HA) was named as Executive Agent and the Surgeon General of the Air Force (SG/AF) was named Chair of the Council in September 1998; Charter and Action Plans were provided in November and revisions coordinated in December 1998; Council staffed for final approval in May 1999; Charter and Action Plans reviewed by USD/P&R, DoD General Counsel and Legislative Affairs; and Charter signed by Secretary of Defense on 28 July 1999. The Surgeon General of the Air Force, General Roadman, who is retiring, chairs the PSHPC. The USD/P&R has determined that the incoming Surgeon General of the Air Force, General Carlton, will continue to chair the PSHPC for the duration of the term ending in January 2001.

CAPT Murphy discussed the vision of the PSHPC, which is to develop a community within DoD that embraces shared goals, rewards healthy lifestyles and encourages healthy lifestyle training, recognizes the human weapon system as needing routine maintenance and adopts a businesslike approach to these goals. The PSHPC purpose is to advance health and safety promotion and injury/illness prevention, and to think“ outside the box” to develop policy and practices. PSHPC proposes to deliver a fit and ready force DoD wide while building healthy communities at home and abroad in all scenarios.

PSHPC will develop routine surveillance, throughout DoD, of targeted health risk behaviors and evaluate progress toward reducing those behaviors. PSHPC will develop healthy life cycle training, from accession to retirement, for all military personnel and beneficiaries: in basic training, by beginning early to emphasize choices; technical, by showing that one can't be technically competent if not medically and emotionally competent; and professional, by showing that a professional career can be ruined by poor lifestyle choices, e.g., HIV infection, alcohol abuse, chronic lung disease from tobacco). PSHPC will provide public affairs marketing to deglamorize risky behaviors while encouraging healthy choices.

PSHPC recognizes the importance of role models and will expect military members of all ranks to lead by example. PSHPC will work with military recreation and resale activities to promote health and fitness, protect against injury, price merchandise to encourage healthy choices and provide services and market products which are consistent with PSHPC goals.

PSHPC will develop and provide effective behavior change interventions including outreach, effective research and private-sector involvement. The interventions will be available at both medical facilities (MTFs) and in the workplace, recognizing that MTFs should not be the primary location of lifestyle education.

Ultimately, PSHPC goals reinforce prevention over intervention. PSHPC will identify best practices in clinical preventive services, motivation strategies and making safety and prevention practices into habits.

PSHPC has two committees which have been chartered to date: Alcohol Abuse/Tobacco Use Reduction Committee (7 July 99) and Injury/Occupational Illness Committee (28 July 99). Other committees, waiting charter signature, are Self-Reporting Tools (SRT), Joint Preventive Medicine Policy Group (JPMPG), Put Prevention into Practice (PPIP) and Sexually Transmitted Diseases Committee (STDPC). After review of Charters and Action Plans, the review for acceptance for these committees is planned for April 2000.

CAPT Murphy discussed the Alcohol Abuse/Tobacco Use Reduction Committee (ATTURC) action plan and timelines. His recommendation for STDPC is to proceed with pursuing the first goal of the proposed action plan while waiting for final charter signature. ATTURC wishes to work closely with STDPC, since our efforts overlap

and complement each other. CAPT Murphy discussed letters from USD/P&R and from General Roadman. The letters were sent a couple of weeks ago and the PSHPC has not yet taken up the recommendations. They will address these recommendations at their next meeting.

CDR Shaffer suggested DoD policy, when implementing any action item at the local level, should involve civilian counterparts. They usually have good insight into the community and often have ongoing programs that complement military efforts. CAPT Murphy replied that, while we can't mandate specific community cooperation, we will heavily encourage cooperation and adaptation of local efforts wherever possible (as long as they don't disobey federal guidelines).

CAPT Murphy recommends the book Population Health by Dr. Kindig (about 180 pages). He feels that managed care is only one step toward integrated community healthcare, and that the time will come when military and civilian healthcare facilities work together.

Bill Calvert brought up the issue of staffing the STDPC more fully from all services and adding non-medical representatives. Terry Trobaugh asked specifically how we can encourage non-medical representation. CAPT Murphy suggested that the STDPC continue working the issues in our proposed Action Plan. We should concentrate on the items we feel are priorities and feed the information to the PSHPC, not wait for official approval of the Action Plan. He suggested contacting and briefing flag officers, such as CINCLANT and CINCPAC, and asking for help with representation. General Carlton may be able to help us with contacts.

5. The STDPC committee broke at 1050 to allow the conference calls to continue on another telephone line. CAPT Murphy departed.
6. Bill Calvert has been getting calls about our draft charter and action plan regarding directives and specific metrics
7. There was much discussion regarding the issue of specific metrics in the Action Plan. When the plan was first drafted, we felt that the goals/metrics section required quantitative measurements. After looking at several of the metrics, Bill Calvert decided to look again at the AATURC Action Plan (the template for STDPC) and see if we should be less specific about quantifying our goals. The Action Plan is, after all, a fluid process and stated goals may change often, depending on other factors. If the AATURC Action Plan has also changed along these lines, Bill may present different metrics for discussion.
8. Apparently other groups are working issues similar to ours, but information is not getting out about cross-research efforts. COL Dale Carroll, USA, Preventive Medicine/Family Practice in San Antonio, TX, is chairing a working group to develop plans for chlamydia screening in recruits and the active force. According to Rick Shaffer, Stephanie Brodine, CAPT (Ret), USN, now with UCSD, and LTC Naomi

Aronsen, Walter Reed, were unaware of the STDPC and its efforts. We need to get information about our committee out to the DoD medical community and ask for other research input.

9. Bill encouraged initial work on goal A.1, Action Plan, which is "Identify and evaluate existing surveillance tools". CAPT Murphy had earlier suggested the STDPC go forward with appropriate subcommittees per our Action Plan. We can always adjust the focus of the subcommittees as necessary. An agenda item for the next meeting will be establishing subcommittees for surveillance, education, clinical preventive medicine services, etc., and begin work in these areas. We can provide reports to PSHPC periodically.
10. Another agenda item for November is to identify STDPC non-participants and encourage membership. Bill Calvert will look into obtaining letters of participation for STDPC members from an appropriate level to support continued and new participation on the STDPC.
11. Other information provided: Bill Calvert has some surveillance information from various services here, This information will be posted on the STDPC Home Page currently being developed. He also has a draft of the US Navy HIV Instructor Course (which will be online) for anyone interested.
12. The STDPC will meet at BUMED again for the November 1999 meeting with telephone conferencing for out-of-town members. We will skip December 1999 and hold the next meeting in January 2000, in San Antonio, TX. The letters of mandate mentioned earlier will also make travel arrangements easier for many of the members.
13. The STDPC members present have set the next 2 dates to meet:
 - Tuesday, November 16, 1999 at BUMED, Building 7, 0930 EST. NOTE: This has changed from November 18th.
 - Friday, January 14, 2000 at Wilford Hall Medical Center, San Antonio, TX, 0930 CST. A site visit of facilities will follow the morning meeting.

The purpose of setting 2 dates in advanced was to encourage attendance by booking meeting well in advance. The STDPC is hopeful that maintaining dates 2 months in advance will facilitate attendance. The STDPC is willing to travel to sites such as San Antonio, Baltimore or San Diego to support our members in those locations. Our goal is to encourage and support as much participation as possible!

14. The meeting adjourned at 1300.

Minutes taken by: Terry Trobaugh, Secretary, STDPC