Regional Health Command – Pacific

LTC Derek Licina
G3 Global Health Engagements

25 JUL 2017
“Na Koa Imua - Warriors Go Forth”
Purpose: To present an overview of the U.S. Army Regional Health Command – Pacific (RHC-P) and how we leverage Global Health Engagements to generate a Ready Medical Force and support Combatant Command Theater Campaign Plan Objectives.

Outline:

1. Who We Are…
2. Who We Support…
3. US Army Pacific GHE FY02-15
4. GHE Guidance (Strategic to Tactical)
5. Medical Functional Area Approach
6. Assessment, Monitoring, and Evaluation
7. Resourcing Challenges
8. Ongoing Activities
MISSION: With allies and partners, U.S. Pacific Command is committed to enhancing stability in the Asia-Pacific region by promoting security cooperation, encouraging peaceful development, responding to contingencies, deterring aggression, & when necessary, fighting to win.
VISION: A joint combatant command directing, integrating and employing ready, credible military capability in peace, crisis or war to advance U.S. interests as an active partner in pursuit of a secure, prosperous and democratic Asia-Pacific community.

P R I O R I T I E S:
War Fighting Readiness
Regional Engagement
Force Presence And Posture
Quality Of Life

MISSION: USARPAC postures and prepares Army forces, sustains and protects those forces in theater, supports the development of an integrated Joint force across domains, and builds military relationships that develop partner defense capacity IOT contribute to a stable and secure Pacific Command area of responsibility.
VISION: One Team – America’s Theater Army in the Indo-Asia-Pacific enabling the Joint Force to assure security, stability, and strategic options. A Ready, Responsive Team!

P R I O R I T I E S:
Readiness
Responsiveness in the Pacific
Taking Care of Soldiers, Civilians and Families

MISSION: Army Medicine provides sustained health services in support of the Total Force to enable readiness and conserve the fighting strength while caring for our Families, civilians and Soldiers for Life.
VISION: Army Medicine is the Nation’s premier expeditionary and globally integrated medical force ready to meet the ever-changing challenges of today and tomorrow

P R I O R I T I E S:
Readiness & Health
Healthcare Delivery
Force Development
Take Care of Ourselves, Soldiers for Life, DAC & Families

MISSION: To provide Combatant Commanders with medically ready forces and ready medical forces conducting health service support in all phases of military operations.
VISION: To be the premiere health force that is the best-trained and equipped to support the Nation’s call.

P R I O R I T I E S:
Enable Readiness and Health
Healthcare Delivery
Develop Organizations, Leaders, and Soldiers
RHC-P serves as the single US Army medical mission command authority and represents the entire AHS in the Indo-Asia-Pacific.
Of 2,925 U.S. Army engagements entered into Overseas Humanitarian Assistance Shared Information System (OHASIS) from FY02 – FY15, 23.0% (673) were USARPAC engagements, with a total amount of $96.4M spent.

Out of the 673 engagements across 26 PACOM countries, 31.2% (216) were considered Health, 34.2% (230) were related to Disaster, and 35.5% (239) were Infrastructure.

*Darker color indicates a greater number of engagements*
**National Security Strategy (Feb 2015):**
- Increase Global Health Security
- Advance our Rebalance to Asia and the Pacific
- End extreme poverty
- Lead international coalitions to confront acute challenges posed by disease
- Protect our citizens and interests, preserve regional stability, and render humanitarian assistance and disaster relief
- Enhance pandemic preparedness
- Lead with capable partners
- Lead in science, technology, and innovation

**Quadrennial Defense Review (2014):**
- Build Security Globally; Project Power and Win Decisively
- Strengthen key alliances...build new and innovative partnerships
- Deter aggression through forward presence and engagement

**Joint Publication 3-0, Joint Operations (2011)**
"Ideally, security cooperation activities lessen the causes of a potential crisis before a situation deteriorates and requires coercive US military intervention."

**National Military Strategy (May 2015):**
- Deter, deny, and defeat state adversaries
- Conduct military engagement and security cooperation
- Strengthen our global network of allies and partners
- Advance Globally Integrated Operations
- Produce creative, adaptive leaders
- Conduct humanitarian assistance and disaster response
- Developing flexible, interoperable capabilities

**AMEDD 2017 Campaign Plan (2016):**
- Army Medicine recognized as a national and international health leader to advance Army values, interests and objectives
- IP#2 Improve Joint and Global Health Partnerships and Engagements
- Develop and Strengthen Partnerships
- Increase allied/partner capacity
- Increase interoperability

**OSD Policy Global Health Engagements (GHE) Cable (2013):**
- GHE is conducted in support of the National Security and Military Strategy
- Means to partner with other nations to achieve security cooperation
Explicit GHE Guidance (2017)

Joint DOTmLPF-P Change Recommendation for Global Health Engagement (GHE)

DoD INSTRUCTION 2000.30
GLOBAL HEALTH ENGAGEMENT (GHE) ACTIVITIES

Originating Component: Office of the Under Secretary of Defense for Policy
Effective: July 12, 2017
Releasability: Cleared for public release. This instruction is available on the Directives Division Website at http://www.esd.whs.mil/DD/.
Approved by: Robert S. Karem, Performing the Duties of the Under Secretary of Defense for Policy

Purpose: In accordance with the authority in DoD Directive (DoDD) 5111.1 and the November 30, 2006 Deputy Secretary of Defense Memorandum, this issuance:

- Establishes policy, assigns responsibilities, and prescribes procedures for the conduct of GHE activities with partner nation (PN) entities.
- Establishes the DoD GHE Council, and prescribes council functions, responsibilities, membership, and procedures.
- Establishes the definition for GHE and is distinguished from the Global Health definition in accordance with the May 15, 2013 DoD GHE policy guidance; integrates health engagement language in the GHE definition consistent with Section 715 of Public Law 112-239.

Sponsor: Deputy Assistant Secretary of Defense, Health Readiness Policy & Oversight (DASD[HRP&O])

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Proposed Lead Organization: Center for Global Health Engagement

This document contains pre-decisional information for deliberative use during the Global Health Engagement (GHE) Capabilities-Based Assessment (CBA) sponsored by the Deputy Assistant Secretary of Defense, Health Readiness Policy & Oversight (DASD[HRP&O]). As such, the information in this report is exempt from public disclosure in accordance with Title 5 USC § 552(b)(5) (Freedom of Information Act (FOIA) Exemption b(5)).
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Health TSC Guidance
- Focus on Mil-Mil, Mil-Mil-Civ
- Caution on Direct Patient Care
- Build Capability, Capacity, & Interoperability
- Synchronize with USG Interagency
- Optimize Multilateral Opportunities
- Support TCP IMOs

Health Lines of Effort (HLOE)

HLOE: Operational Medicine
- Aeromedical Evacuation
- Dive/Undersea Medicine
- Trauma Casualty Care

HLOE: Public Health/Force Health Protection
- Preventive Medicine
- Emerging Infectious Diseases
- Malaria Elimination

HLOE: Health System Support
- Blood Safety Program
- Health Admin/Logistics
- Maternal/Child Health

Example:

Health Lines of Effort (HLOE)

Vietnam Health LOE and Functional Areas

Primary
- Operational Medicine
  - Medical Support to PKO
  - Dive/Undersea Medicine
  - Shipboard Medicine
  - Aerospace Medicine and Physiology
  - Tactical and Rotary Wing Patient Evacuation
  - Aeromedical Evacuation
  - Humanitarian Mine Action

Secondary
- Public Health/Force Health Protection
  - EID/Tropical Medicine
  - Malaria
  - Achievement of IHRs
  - One Health

Tertiary
- Health System Support
  - Blood Safety Program
  - Educational Exchanges/SMEs

Support CSCP Capabilities
- HADR
- Interoperability
- Access
- Int’l Cooperation
- PKO
- Defense Reform

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RHC-P GHE Guidance

RHC-P Campaign Plan (2015)
  - Tab A. GHE Long Range Training Calendar (2015)
  - Tab B. Intellink SOP (Pending)
  - Training Packages (Pending)
- Appendix 4. RHC-P 5 year Country Health Engagement Strategies (2016)
- Appendix 5. FY17 GHE Execution Order (2016)
- Appendix 6. RHC-P Senior Leader Engagement Order (2016)
RHC-P GHE Approach

**MEANS**
- Health System Support
- Health Service Support
- Force Health Protection
- RHC-P (P) ICW Service Components, ARNG, and Interagency

**WAYS (Mil-Mil and Mil-Civ)**
- **Shape:** Building Partner Capacity, SMEEs, International Military Education and Training
- **Posture:** Humanitarian Assistance and Disaster Preparedness activity sets
- **Ready:** Exercises (e.g. Pacific Pathways, Pacific Partnership and Pacific Angel) and Operations
- **Communicate:** Sustained SLE, SMEEs, and Conferences (e.g. APMHE)

**ENDS**
- PACOM Campaign Plan
- USARPAC TCSP & TSCP
- Army Medicine Campaign Plan 2017
LOE & Functional Areas
Army Health System Support
  Mission Command
  Medical Intelligence
  Combined Information Data
    Medical Support to PKO*

Lead for Playbook Development
  18th MEDCOM

Health Service Support
  Medical Treatment
  Hospitalization
  Dental Services
  Behavioral Health
  Clinical Laboratory Services
  Medical Evacuation
  Medical Logistics
    Humanitarian Mine Action*
    Maternal/Child Health*

  TAMC
  TAMC
  DENCOM
  RHC-P
  TAMC
  18th MEDCOM
  TAMC

Force Health Protection
  Preventive Medicine
  Veterinary Services
  Combat and Operational Stress Control
  Laboratory Services (Area Medical Lab)
    EID/Tropical Medicine*

  PHC-P (ICW AFRIMS and NEPMU-6)
  PHC-P
  RHC-P
  PHC-P (ICW AFRIMS and NEPMU-6)
  PHC-P (ICW AFRIMS and NEPMU-6)

*Indicates USPACOM HLOE
Functional Area Playbooks

- Health System Support
  - Medical Support to PKO
    - Basic First Responder
    - Medical First Responder
    - UN Level 1 Clinic
    - UN Level 2 Deployable Hospital
    - UN Level 3 Deployable Hospital
    - UN Level 4 Fixed Facility

- Health Service Support
  - Behavioral Health
  - Clinical Laboratory Services
  - Dental
  - Logistics
  - Nutrition Care
  - PAD
  - Pharmacy
  - Physical Therapy
  - Radiology

- Force Health Protection
  - Preventive Medicine
  - Veterinary Services
Veterinary Services - Food Protection
(Just One Example)
Capability Definition (U.S. ARMY ATP 4-02.8) Food Protection ensures that food ingredients and food products are safe, wholesome, free from unintentional or intentional contamination/adulteration, and meet quality standards. The food safety, protection, and quality assurance mission is conducted during all stages of procurement, storage, and distribution.

Potential US Army units/organizations available for engagement:
1. Active Duty: Public Health Activities; Medical Detachments (Veterinary Service Support)
2. National Guard: PTs
3. Reserves: Medical Detachments (Veterinary Service Support)
4. School house: AMEDD C&S
5. Other: USAPHC, USUHS

IMET Courses:
1. Veterinary Food Inspector Specialist: 321-68R10; MASL: B175239; Location: Ft Sam Houston, TX; Course Length: 8 Weeks 0.0 Days
2. Veterinary Service Technology WO: 6G-640A; MASL: B175300; Location: Ft Sam Houston, TX; Course Length: 5 Weeks 0.0 Days
3. Veterinary Corps Officer Basic (BOLC): 6-8-C20(VC64); MASL: B175712; Location: Ft Sam Houston, TX; Course Length: 5 Weeks 0.0 Days
4. Veterinary Food Inspectors ALC: 321-68R30-C45; MASL: B175240 (Phase 3); Location: Ft Sam Houston, TX; Course Length: 2 Weeks 0.0 Days
<table>
<thead>
<tr>
<th>Capability</th>
<th>None</th>
<th>Minimal</th>
<th>Moderate</th>
<th>Significant</th>
<th>End State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctrine</strong></td>
<td>No food safety or procurement doctrine exists.</td>
<td>Doctrine exists at the strategic level only</td>
<td>Doctrine exists at the tactical, operational and strategic level but is not implemented</td>
<td>Military doctrine is substantially implemented, benchmarked against national and/or international standards</td>
<td>Fully functioning doctrine and a process for improvement</td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td>No military organizational structure to ensure food safety</td>
<td>Organizational structure for food safety only exists at the strategic level</td>
<td>Organizational structure exists at the strategic and tactical level Less than 50% effective</td>
<td>Organizational structure exists at all levels Less than 75% effective</td>
<td>Fully functioning organizational structure dedicated to food safety</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>No standardized Food Safety Training programs exist</td>
<td>Training programs exist for personnel but may not be formalized or standardized. Insufficient number of qualified instructors &lt; 25% of those requiring training are trained</td>
<td>Standardized training programs exist Insufficient number of qualified instructors &lt; 50% of those requiring training are trained</td>
<td>Standardized training programs exist Adequate number of qualified instructors that may lack other training resources &lt; 75% of those requiring training are trained</td>
<td>Fully mature training programs exist at all levels</td>
</tr>
<tr>
<td><strong>Material</strong></td>
<td>No supplies available or provided. No needs assessment No funding</td>
<td>Less than 50% of equipment fully mission capable Necessary supplies &amp; equipment identified, but not always available or funded</td>
<td>50-75% of equipment fully mission capable Budgeted and funding available some of the time</td>
<td>76-89% of equipment fully mission capable</td>
<td>90-100% of equipment fully mission capable</td>
</tr>
<tr>
<td><strong>Leadership &amp; Education</strong></td>
<td>Leadership lacks basic food safety training or education Leadership does not emphasize food safety</td>
<td>Leadership has minimal food safety knowledge but may lack formalized education</td>
<td>Leadership has basic food safety knowledge and minimal formalized education</td>
<td>Leadership has advanced knowledge and formal food safety training</td>
<td>Trained and effective leadership exists at all levels Advanced food safety and public health education programs are fully implemented Dedicated organizational structure ensuring implementation of food safety programs</td>
</tr>
</tbody>
</table>
### Food Protection Evaluation DOTMLPF-P (2 of 2)

#### Capability

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Minimal</th>
<th>Moderate</th>
<th>Significant</th>
<th>End State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Facilities</td>
<td>No facilities for the performance of food safety inspections</td>
<td>Inadequate infrastructure to support the personnel or the program</td>
<td>Adequate infrastructure exists, but it may be aging, damaged, etc.</td>
<td>Adequate space to support all personnel and execute all components and phases of the program</td>
<td>Adequate environmental controls, design, ergonomics, maintenance, and funding to sustain</td>
</tr>
<tr>
<td>Policy</td>
<td>No supporting food safety Policies</td>
<td>Existing policies provide minimal guidance</td>
<td>Existing policies provide adequate guidance</td>
<td>Policies, protocols and guidance are implemented, maintained and updated</td>
<td>Policies, protocols and guidance are implemented, maintained, updated, enforced and distributed</td>
</tr>
</tbody>
</table>

**NOTE:**
- The table above outlines the evaluation of food protection capability across different levels of performance (None, Minimal, Moderate, Significant, End State) for personnel, facilities, and policy aspects. Each level describes the adequacy of personnel, facilities, and policies in ensuring food safety across the military structure.
- For **Personnel**, increasing levels allow personnel to ensure food safety across different percentages of the military structure.
- For **Facilities**, increasing levels provide adequate infrastructure, progressing to support all personnel and executing program components.
- For **Policy**, increasing levels ensure implementation, maintenance, and distribution of policies and guidance, with metrics for readiness development.
Food Protection SMEE Package

Three courses corresponding to three SMEEs depicted on the Idealized Engagement Strategy

Food Protection Playbook overview and corresponding background material
Food Protection
SMEE #3 Package

SMEE #3 Course Overview

Power point classes corresponding to the Course Overview
Mitigating Risk at Food Establishments

Task: To conduct a “Mitigating Risk at Food Establishments” Subject Matter Expert Exchange (SMEE)

Purpose: To exchange information and ideas with attendees in order to build U.S. and partner nation (PN) capacity to mitigate foodborne risks associated with food preparation operations at food establishments.

Description: This exchange leverages didactic exchange, structured scenario-based practical exercises, facilitated discussions, and a facility walk-through to cover: food supply and procurement; food safety and defense; hazard analysis, risk assessment and risk communication; and planning and conducting an assessment. The SMEE is designed to develop qualified assessors able to identify, assess, and communicate food-borne illness risks associated with food preparation operations (i.e., hotel kitchens, restaurants, caterers, and military feeding operations, and military dining facilities). Participants in the course will be able to provide commanders, planners, and decision-makers with realistic and practical risk mitigation recommendations to reduce food borne risks within troop feeding operations.

Learning objectives for U.S. participants:
1) Compare and contrast fundamental food safety knowledge, practices and troop feeding operations used by PN and U.S. militaries
2) Describe the PN’s local, national, and/or national food safety standards and regulations
3) Describe endemic diseases and diseases of concern in the PN

End-state outcomes for U.S. military:
1) Increased readiness to perform food protection missions
2) Increased interoperability and professional relationships with the PN

Learning objectives for PN participants:
1) Apply the basic principles of risk-based food protection
2) Identify, assess, mitigate, and communicate food and water-borne hazards in the overall troop feeding plan
3) Develop a food protection program to mitigate risk at food establishments

End state outcomes for the PN military:
1) Trained assessors capable of training and executing the program
2) Increased Force Health Protection and increased military readiness.

Lesson Plans
- MRFE LP1 Introduction to VS FP Programs
- MRFE LP2 The Global Operating Environment
- MRFE LP2.1 PE: OCONUS Food and Water Threats
- MRFE LP3 A Virtual Walkthrough
- MRFE LP4 Foodborne Hazards
- MRFE LP4.1 PE: Foodborne Hazards (case study review)
- MRFE LP5 Risk Management
- MRFE LP6 (part1) Assessing Food Establishment Operations
- MRFE LP6 (part2) Assessing Food Establishment Operations
- MRFE LP7 Food Defense
- MRFE LP8 Scoring Exercise
- MRFE LP9 Water Sampling & Field Micro
- MRFE LP10 Risk Communication
- MRFE LP11 Lessons Learned – Ethiopia Case Study

Handouts
- Risk Management Handout.docx
- Scoring Exercise Worksheet
- Assessment Checklist

Culminating Activity
1) Facility Walk-thru
2) Scoring Exercise
3) Command Brief

Potential topics for the PN to exchange with U.S. military
1) Troop feeding plans and policies
2) Local, military, and/or national food safety standards
3) The organizational structure within the PN military responsible for food protection
4) Programs, policies and procedures implemented by the PN in support of food safety
5) Endemic diseases and diseases of concern (i.e. recent foodborne outbreaks) within the PN
Purpose: A tool for Service Components to coordinate health engagements across Compos; Interagency; Partner Nations; International Partners; and the Host Nation. This standardize approach facilitated by a Component tasked by the COCOM via the Theater Campaign Order increases efficiencies and effectiveness and enables objective MOP & MOE.

Endstate: Health Engagements assure our allies and partners, prepare them to assume multinational leadership roles, enhance partner capacity to participate in multilateral crisis response, open lines of communication, and sustain access to countries with limited capacity to contribute toward regional and international security.
Potential GHE Assessment, Monitoring and Evaluation

US DoD GHE MOP & MOE
- MOE #1 - Readiness
- MOE #2 - Interoperability
- MOE #3 - Partnership
- MOE #4 - PN Capacity (DOTMLPF and 5 year strategy tools)
- MOP #1-3 - Level of engagement (count data tool)

Data Analysis and Dissemination
- USU CGHE – Database management, data analysis, report generation and dissemination to GHE COI
- OSD HA, OSD Policy, Joint Staff – Policy and guidance adjustments based on GHE MOEs and lessons learned

Data Validation and Distribution
- COCOM – Data validation and distribution to Joint Staff / USU CGHE via USU CGHE system
- Service Components – Data validation and distribution to COCOM via USU CGHE system

Data Collection
Unit Executing GHE Operation, Activity, or Action
- Readiness, Interoperability, Partnership (Pre/Post Survey instrument): Survey instrument based on METL and UJTL task as well as a valid/reliable partnership theoretical framework. Administered to participants pre and post GHE OAA. Reported via USU CGHE system upon mission completion. MOE #1-3.
- PN Capacity (DOTMLPF, survey instrument, 5 year strategy tools): Provides a standardized tool to baseline partner nation capabilities and track capacity building over time. Reported via USU CGHE system upon mission completion. MOE #4.
- Level of engagement (Count data tracking tool): By year, country, missions conducted (MOP 1), type (2), number of personnel involved (3). Reported monthly via USU CGHE system. MOPs #1-3.
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MOP #1 RHC-P
Personnel Supporting GHE

Number of Personnel

128 PAX, 7 Units
85 PAX, 6 Units
53 PAX, 3 Units

Fiscal Year

18th MEDCOM
DHC-P
MAMC
PHC-P
RHC-P
RHC-P
SBHC
TAMC

53 PAX, 3 Units
85 PAX, 6 Units
128 PAX, 7 Units

Number of Personnel

31
53
35

18th MEDCOM
DHC-P
MAMC
PHC-P
RHC-P
RHC-P
SBHC
TAMC

53 PAX, 3 Units
85 PAX, 6 Units
128 PAX, 7 Units

Fiscal Year
Timeframe: mid 2015 to 2017

• Total missions: 125 (recall 216 for USARPAC from FY02-15)
• Total mission types: 12
• Total personnel deployed: 264
• Total units: 7 of 7 plus HQ Staff (excludes MEDDAC J & K)
• Total number of countries engaged: 22 within PACOM AOR
Knowledge of PN among U.S. military personnel

Results supported by the following Universal Joint Tasks:
- Understanding of Partner Nation Health (8 tasks)
- Cultural Competency (11 tasks)
- Global Health Experience and Training (to include working with other USG agencies, working with NGOs and IOs, and understanding the strategic and diplomatic aspects of GHEs) (16 tasks)

### Initial US Military Readiness Results

<table>
<thead>
<tr>
<th>Readiness Measure</th>
<th>Pre-Engagement Mean* (95% CI)</th>
<th>Post-Engagement Mean (95% CI)</th>
<th>diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of PN military ranks and insignia</td>
<td>1.2 (0.6-1.8)</td>
<td>2.6 (2.1-3.0)</td>
<td>+1.4</td>
</tr>
<tr>
<td>Relationship building</td>
<td>1.8 (1.0-2.5)</td>
<td>2.9 (2.3-3.5)</td>
<td>+1.1</td>
</tr>
<tr>
<td>Interoperability</td>
<td>2.2 (1.5-2.8)</td>
<td>3.3 (2.8-3.8)</td>
<td>+1.1</td>
</tr>
<tr>
<td>Cultural awareness</td>
<td>2.2 (1.6-2.8)</td>
<td>3.3 (3.0-3.6)</td>
<td>+1.1</td>
</tr>
<tr>
<td>Knowledge of PN's health and healthcare system</td>
<td>1.9 (1.3-2.4)</td>
<td>2.9 (2.5-3.4)</td>
<td>+1.0</td>
</tr>
<tr>
<td>Interaction with other institutions</td>
<td>0.9 (0.5-1.4)</td>
<td>1.7 (1.2-2.3)</td>
<td>+0.8</td>
</tr>
<tr>
<td>Self-efficacy to assess and adapt</td>
<td>3.1 (2.8-3.5)</td>
<td>2.9 (2.4-3.4)</td>
<td>+0.2</td>
</tr>
<tr>
<td>Communication with PN members</td>
<td>3.4 (3.1-3.6)</td>
<td>3.2 (2.7-3.7)</td>
<td>+0.2</td>
</tr>
<tr>
<td>Awareness of strategic goals and objectives</td>
<td>2.6 (2.0-3.3)</td>
<td>2.8 (2.2-3.4)</td>
<td>+0.2</td>
</tr>
<tr>
<td>Public communication</td>
<td>3.1 (2.6-3.6)</td>
<td>3.1 (2.6-3.5)</td>
<td>0</td>
</tr>
<tr>
<td>Use equipment not common to the U.S.</td>
<td>2.7 (2.2-3.2)</td>
<td>2.6 (2.0-3.1)</td>
<td>-0.1</td>
</tr>
<tr>
<td>Operational autonomy</td>
<td>3.6 (3.3-3.9)</td>
<td>3.3 (2.8-3.8)</td>
<td>-0.3</td>
</tr>
<tr>
<td>Engagement satisfaction</td>
<td>--</td>
<td>2.8 (2.4-3.2)</td>
<td>--</td>
</tr>
</tbody>
</table>

*Mean scores on scale of 0 to 4, with 0 = strongly disagree to 4 = strongly agree

**Bolded and highlighted measures have p-values statistically significant at the p<0.05 level
The DoDI for GHE must come with dedicated funding; otherwise, policy without resources is rhetoric.

Only 2 of 22 USARPAC FY18 GHE SMEE proposals funded via Security Cooperation Funding Sources
- 0 for PACAF, 0 for PACFLT, 1 of approximately 20 for NEPMU6
- Similar to FY17 results for GHE proposals

This process is not achieving results
- OSD HA must champion effort to modify DHP authority and funding enabling GHE to support security cooperation efforts
- OSD HA allocate 1% of DHP budget through the Joint Staff SG for COCOM SG implementation would be a good start
Ongoing GHE Activities

• **Internal**
  - Refine 5 year health engagement strategies for priority countries in the region and working with USARPAC to inform FY19 CONOP submissions (Ex Pacific Pathways)
  - Expand engagement assessments (USU Center for Global Health)
    - Measures of Performance (near term 1 year) – tool developed and implemented
    - Measures of Effectiveness (long term >3 years)
      - initial assessments completed for GHE in Mongolia, Nepal, Palau and Thailand
      - scale up efforts across all COCOMs to increase sample size

• **External**
  - Explore the development of Programs of Instruction and SMEE packages for certain Functional Area Playbooks ICW USU Center for Global Health
  - Support US Army Pacific and US Pacific Command Security Cooperation Community in achieving strategic objectives by leveraging the RHC-P capabilities
  - Work with MEDCOM to address DOTMLPF gap analysis informed by RAND study and GHE CBA to support Army GHE Policy and RHC health engagement implementation
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