



Airborne Hazards and Burn Pits Center of Excellence

Airborne Hazards and Open Burn Pit Registry Efforts

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Disclosures

Contents of this presentation do not represent the views of the U.S.
 Department of Veterans Affairs or the United States Government

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 - DoD CDMRP:
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• The Airborne Hazards and Burn Pits Center of Excellence (AHBPCE) was designated by Congress and the President in Public Law 115-929 as a VA Center of Excellence (VHA Directive 1215).

• In meeting VHA Directive 1215, the AHBPCE has 4 priority areas:



Burn Pit Registry













Clinical Exam



Self-Reported Data



Research Findings



Key Collaborations



Active Research



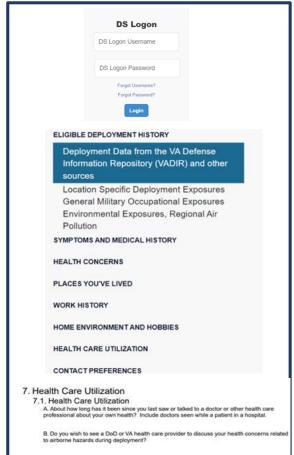
Future Efforts

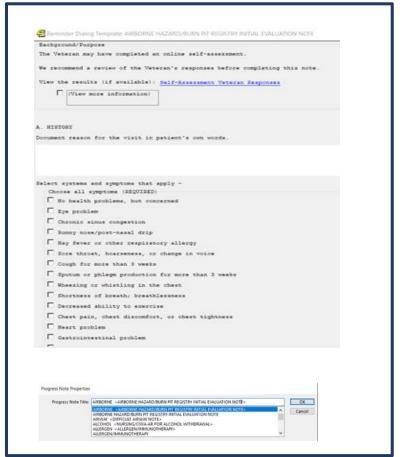


















The registry includes an ordine questionnaire and an uphonal health evaluation.

Part I: Health Questionnaire

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- . You can have your progress and come back to complete the questionness later Enseded.
- Guestions include information about your deployments, heads history, Meclula, and other factors.

Part II: Health Evaluation

- . The optional evaluation will be performed by a Villar military health provider
- . The evaluation is completely solution; and is separate from compensation and barwills.
- . Note: from your evaluation will be used to Ruspierl research.

allow refer to this hands beforence sheet.

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- 2. Save or print your quantomains responded for your receds. You can also come back to popers your responses at any time.
- 3. Contact your local VA environmental health coordinator to schedule your sphoros medical evaluation of your convenience**.

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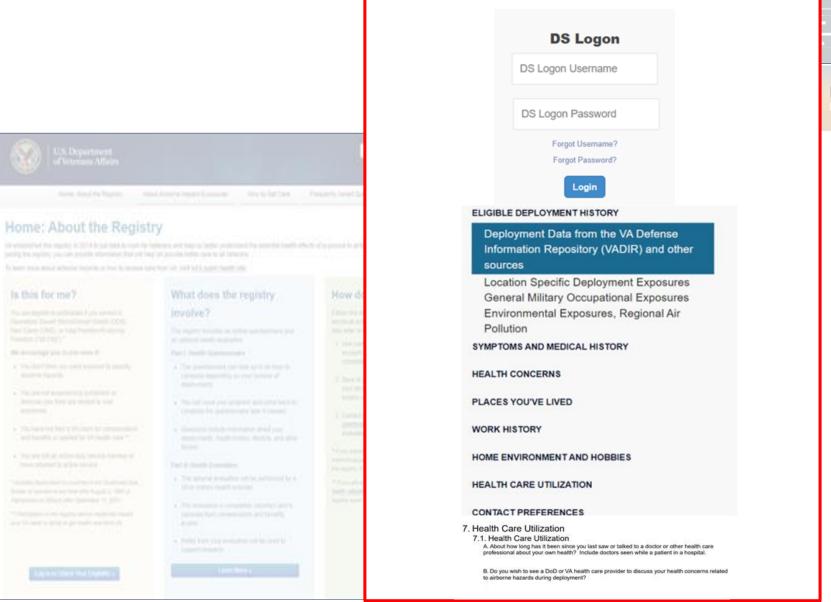
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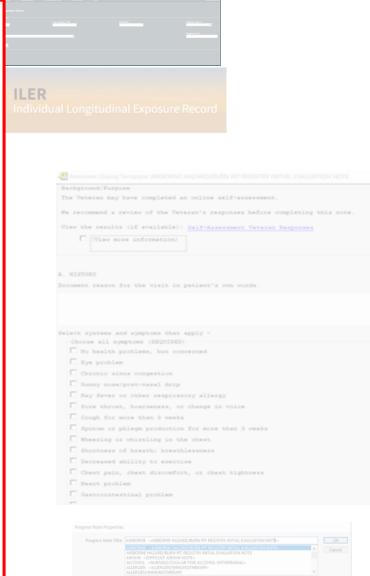
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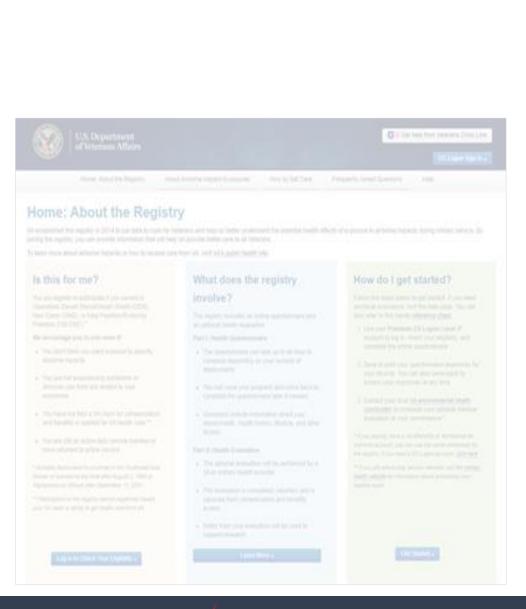


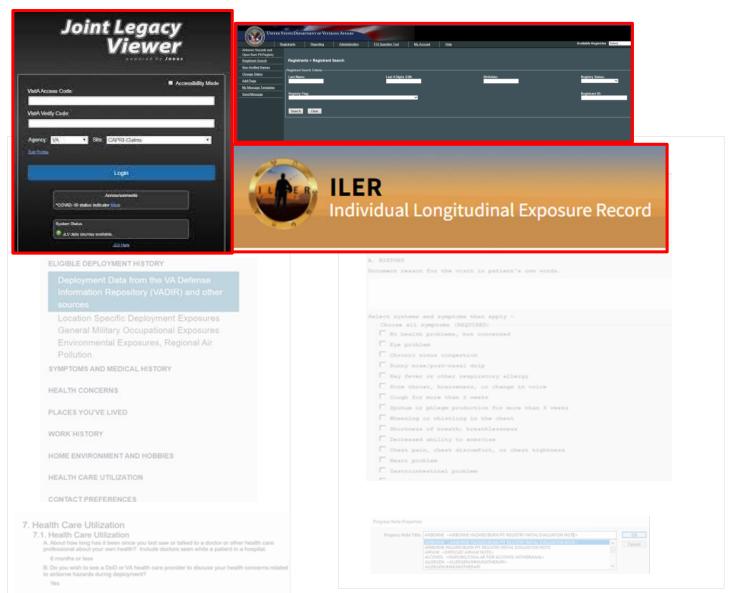






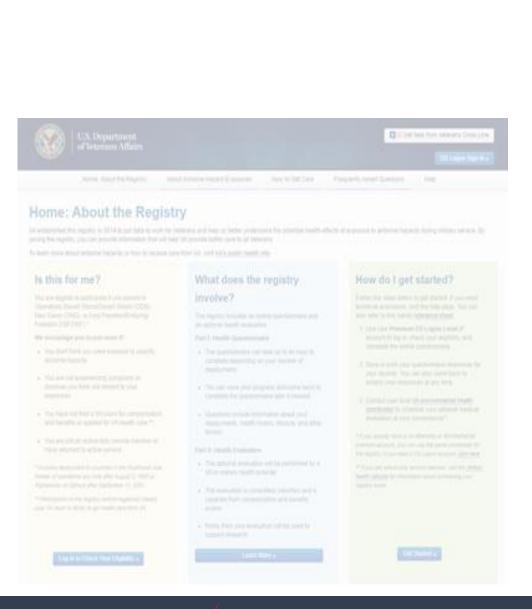
Joint Legacy

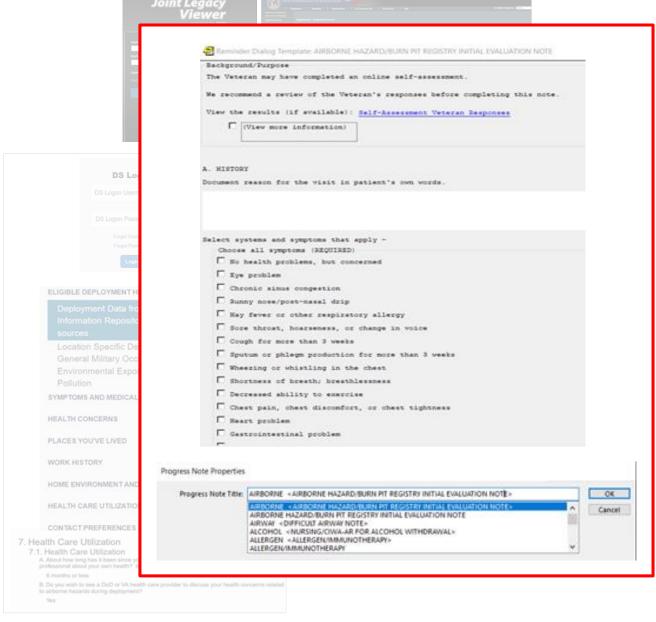
















Airborne Hazard Clinical Exam

Health Factors – Documented chief concerns

- Shortness of Breath
- Gastrointestinal Problems
- Chronic Sinus Infection
- Runny Nose
- Decreased Exercise Ability

Airborne Hazard Clinical Exam



Airborne Hazard Exams 22,560



74% (16,709/22,560) requested in SAQ



99.6% (22,473/22,560) were Eligible for VHA





Airborne Hazards Clinical Exam Data

Strengths

- Consistency
- Healthcare provider
- Obtain data not captured in SAQ

Limitations

- Self-selection bias
- Utilization of notes template
- Accessibility/Availability of data







Clinical Exam



Self-Reported Data



Research Findings



Key Collaborations



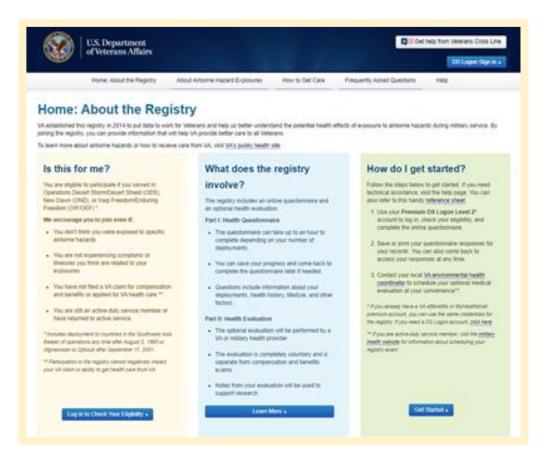
Active Research



Future Efforts



Self-assessment Questionnaire



- 245,801 Participants (June 1, 2021)
- Male 86%; Female 11%
- Service Branch (%)
 - Army: 59
 - Air force: 23
 - Marine: 11
 - Navy: 7.4
- Age
 - Range 19-96 years
 - Mean 43.3 years





Operational Data Analysis

- Routine Reporting
 - Weekly summary
 - Monthly clinical exam
 - Adhoc
 - Covid-19
- Data Quality
 - General: weekly and monthly
 - Variable specific





Primary Data Sources

Data Sources

- Self-assessment AHOBPR Questionnaire
- AH clinical exam
- VHA medical records

SAQ

- Deployment
- Exposure
- Self reported diagnosis
- Self reported symptoms







Clinical Exam



Self-Reported Data



Research Findings



Key Collaborations



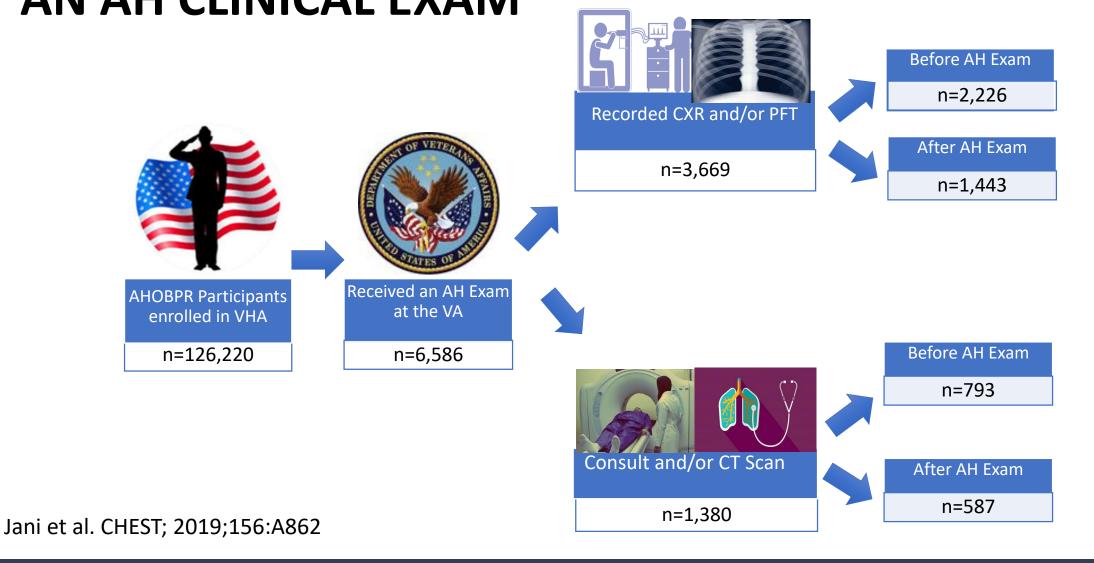
Active Research



Future Efforts



PULMONARY EVALS AMONG VETERANS WITH AN AH CLINICAL EXAM







SELF-REPORTED MILITARY OCCUPATIONAL EXPOSURES AND CHRONIC RESPIRATORY DISEASE AMONG



Occupational Exposure

Were you in a convoy or other vehicle operations?

Performed refueling operations

Performed aircraft, generator/large engine maintenance

Performed construction activities



Respiratory

Asthma

Chronic Obstructive Pulmonary Disease (COPD)

Chronic Bronchitis

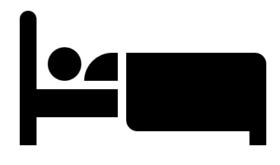
Emphysema

Jani et al. 2020, American Public Health Association Annual Meeting





Sleep related disturbances



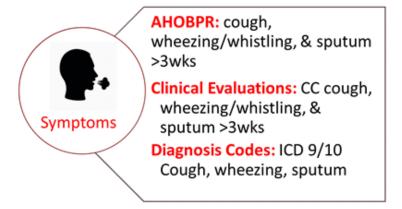
- Sleep-related disturbances in AHOBPR participants:
 - **78.1%** reported snoring
 - 40.5% reported sleep-disordered breathing
 - 46.3% reported chronic sleep-deprivation
 - **81.0%** reported insomnia or trouble-sleeping
- Self-reported sleep apnea in female AHOBPR participants:
 - 20.0% of all female participants
 - Pre-menopausal = 41%
 - Post-menopausal = 56%

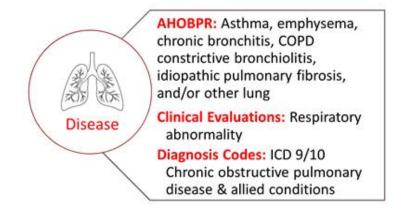
Jani et al. Amer J Resp Care Crit Med; 2020;201:A4342, A4339





Concordance of Lower Respiratory Symptoms and Conditions in Three Modalities of Assessment among Veteran Participants in the Airborne Hazards and Open Burn Pit Registry





Objective

To examine concordance among of three modalities of data

Data sources

Self-reported information from the AHOBPR (n=124,591) Medical records from VHA (n=124,591) AH Clinical exam (n=2,653)

Jani et al. 2019, American Thoracic Society Annual Meeting





COVID-19 Infection Among Airborne Hazards Open Burn Pit Registry Participants Utilizing the VA

Examination of cases of COVID-19 and patient characteristics among deployed Veterans who have participated in the AHOBPR and utilize VHA care

Data Sources

- AHOBPR Questionnaire
- VHA Medical Records

Data Elements

- Demographic
- Testing
- Hospitalization
- Comorbidities

Observations

- 13.8% of participants who received testing within VHA tested positive for COVID-19
- Characteristics of these cases reflect those of the broader VA

Jani N, Falvo MJ, Arjomandi M, Krefft SD, Osterholzer JJ, Hines SE, Shuping E, Sotolongo AM. COVID-19 Infection Among Airborne Hazards Open Burn Pit Registry Participants Utilizing the VA." pp. A3086-A3086. American Thoracic Society, 2021.







Clinical Exam



Self-Reported Data



Research Findings



Key Collaborations



Active Research



Future Efforts





AHBPCE IQuESt Military Exposure Surveillance (AIMES) Collaboration

Purpose: Accelerate knowledge harvesting from the AHOBPR and related data to improve the care and health of Veterans with airborne hazards concerns.











• Organize

- Data documentation
- Statistical analysis
- Operations reports
- Innovate
 - Integration of clinical and AHOBPR data
- Support
 - Evaluating and improving analytical datasets
 - Provide support for data use and governance

Specific Aims: Data



Identify

 Identify metrics and criteria to evaluate sites with best practices

Implement

Establish and apply toolkit of best practices

Evaluate

Baseline and post-implementation assessment

Specific Aims: Implementation







- Curated merged database of AHOBPR and Corporate Data Warehouse (clinical) data
- Creation of standard reports from merged database and regular production of these reports
- Completion of ad hoc report requests
- Policies and procedures for internal/external research analyses
- Up to 24 analytic datasets created

Products: **Data**



- Identification and evaluation of sites with best practices
- Written summary of best practices
- Tool Kit for implementation of best practices
- Dashboard of AHOBPR implementation and sustainment metrics for all VAMCs
- Facilitated implementation of AHOBPR exam at 45 VAMCs

Products: Implementation







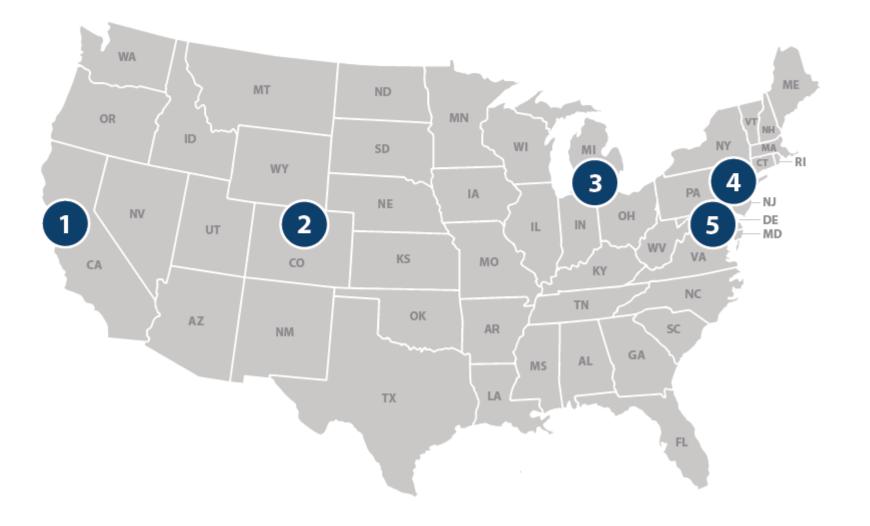
Post-Deployment Cardiopulmonary Exposure Network (PDCEN) Collaboration

Purpose: Provide in-depth clinical evaluations for Veterans with specific health concerns who have evaluated as part of the AHOBPR.





VA Post-Deployment Cardiopulmonary Evaluation Network



- Mehrdad Arjomandi, M.D.
 San Francisco VA Health Care System
 University of California at San Francisco
- 2 Silpa Krefft, M.D., M.P.H.
 Rocky Mountain Regional VA
 Medical Center
 University of Colorado
 National Jewish Health
- John Osterholzer, M.D.

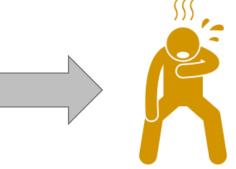
 VA Ann Arbor Health Care System
 University of Michigan Ann Arbor
- 4 Anays Sotolongo, M.D.
 Michael Falvo, Ph.D.
 VA New Jersey Health Care System
 Rutgers New Jersey Medical School
- 5 Stella Hines, M.D., M.S.P.H.
 Baltimore VA Medical Center
 University of Maryland School
 of Medicine

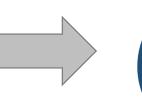






Airborne Hazards and Open Burn **Pit Registry**







Self-reported respiratory condition(s)

VA Post-Deployment Cardiopulmonary Evaluation Network

















PDCEN Core Clinical Evaluation







Clinical Exam



Self-Reported Data



Research Findings



Key Collaborations



Active Research

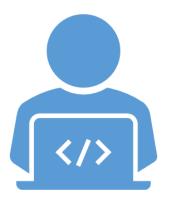


Future Efforts





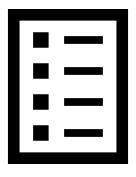
Challenges and Opportunities



Self-Reported Exposures



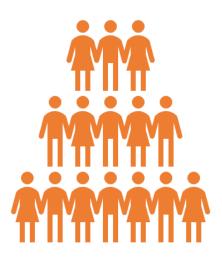
Enhanced Exposure Metrics



Survey Questions



Merging with Health Records



Participation Rate



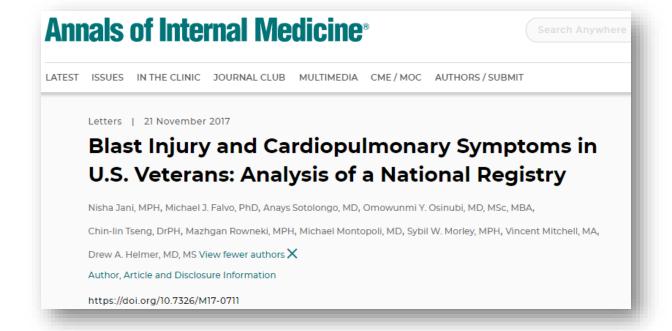
Case-Control Studies





Hypothesis Generation

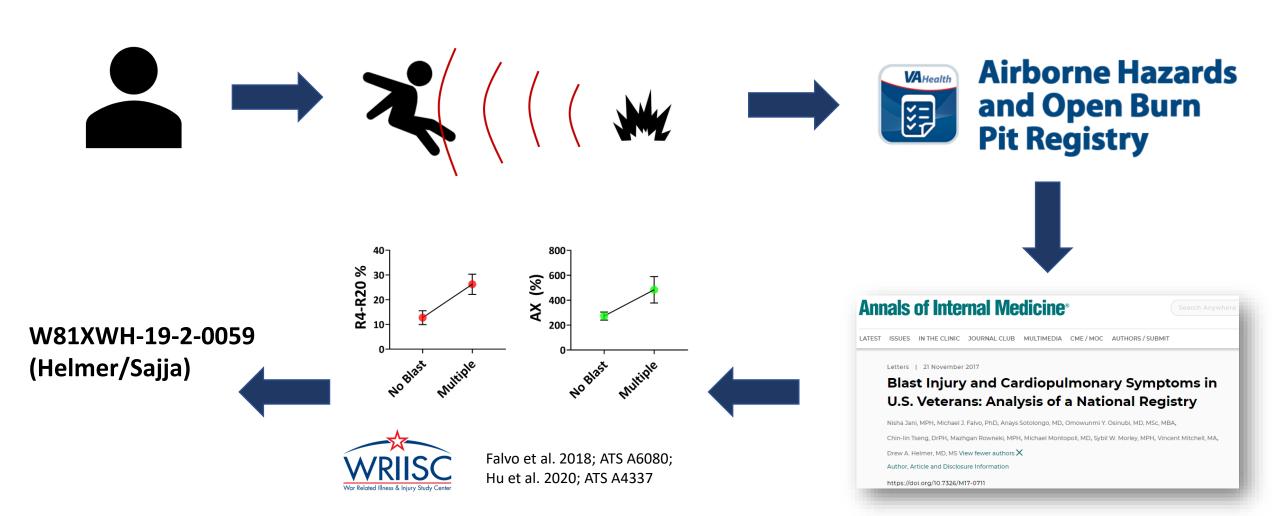








Clinical Suspicion -> Focused Research







AHOBPR – Recruitment Resource





 Lung Injury Etiology, Risk Factors, and Morbidity of Single and Repeated Low-Level Blast Overpressure Injury (W81XWH-19-2-0059)



 COVID-19 in the Airborne Hazards and Open Burn Pit Registry







Clinical Exam



Self-Reported Data



Research Findings



Key Collaborations



Active Research



Future Efforts





Looking Ahead





Registry Enhancements and Development



- Improving the **Veteran** user experience
 - AHOBPR homepage and associated websites
 - Clearer communication on eligibility

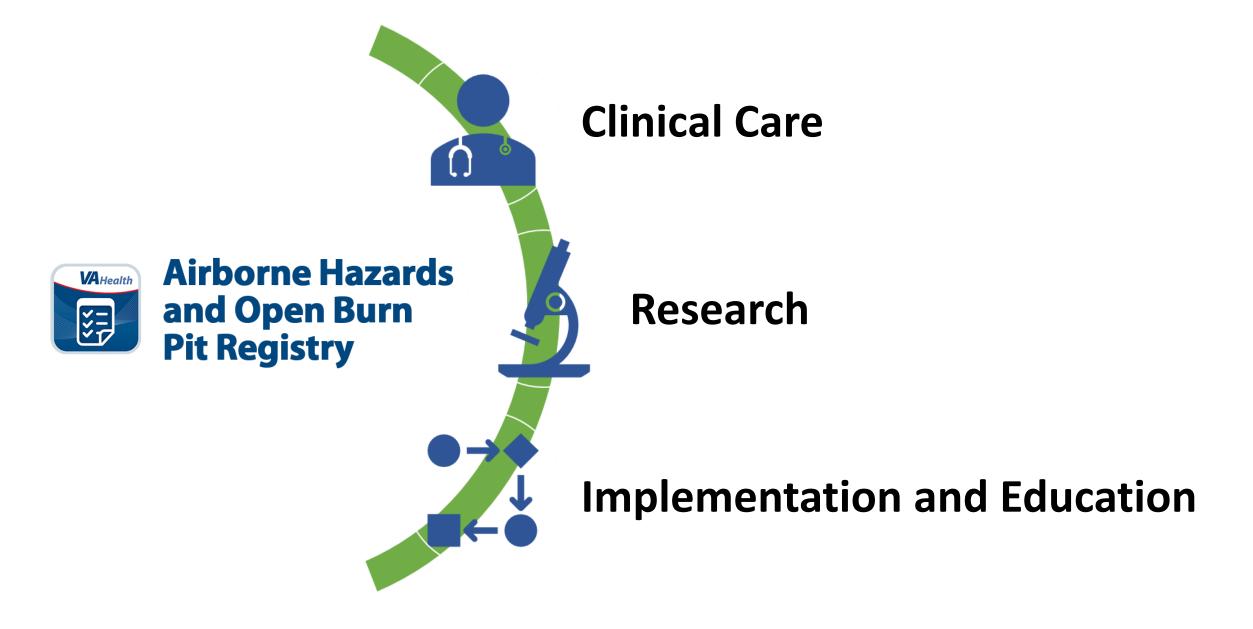


- Improving the **Provider** user experience
 - Based on feedback from the field, revising reports in clinical portal



- Active efforts
 - Adding new deployment segments
 - More accurate address/location matching
 - External contract for questionnaire item review







Acknowledgements

- Dr. Eric Shuping and Post-Deployment Health Services
- Dr. Anays Sotolongo and the WRIISC-AHBPCE Team
- AIMES Collaboration
- Post-Deployment Cardiopulmonary Evaluation Network



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