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# Fort Carson Department of Public Health

## COMMUNITY HEALTH ASSESSMENT 2019

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Evans Army Community Hospital at the Base of Cheyenne Mountain



Evans Army Community Hospital entrance



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## List of Abbreviations

4ID	4 <sup>th</sup> Infantry Division
AAFES	Army and Air Force Exchange Services
ACS	Army Community Services
AFB	Air Force Base
AFGE Union	American Federation of Government Employees
APHN	Army Public Health Nursing
ASAP	Army Substance Abuse Program
BAAF	Butts Army Air Field
BMI	Body Mass Index
CDC	Centers for Disease Control and Prevention
CDPHE	Colorado Department of Health and Environment
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
CHPC	Community Health Promotion Council
CHSA	Community Health Status Assessment
CO	Colorado
CR2C	Community Readiness and Resilience Council
CRWG	Crime Reduction Working Group
CSTA	Community Strength and Themes Assessment
CYS	Child and Youth Services
DECA	Defense Commissary Agency
DES	Directorate of Emergency Services
DHR	Departments of Human Resources
DPH	Department of Public Health
DPTMS	Department of Plans, Training, Mobilization, and Security

DPW	Department of Public Works
EACH	Evans Army Community Hospital
EPCPH	El Paso County Public Health
ESF	Emergency Support Function
FoC	Forces of Change
FORSCOM	US Army Forces Command
HCC	Healthy Community Collaborative
HEDIS	Healthcare Effectiveness Data and Information Set
IPT	Installation Prevention Team
LER	Law Enforcement Report
LPHA	Local Public Health Agencies
LPHSA	Local Public Health System Assessment
LRC	Logistics Readiness Center
MAPP	Mobilizing for Action through Planning Partnerships
mNEAT	Military Nutrition Environment Assessment Tool
MPL	Mountain Post Living
MWR	Morale, Welfare, and Recreation
NACCHO	National Association of County and City Health Officials
NEC	Network Enterprise Center
OEPR	Office of Emergency Preparedness and Response
PCMH	Patient Centered Medical Home
PH	Public Health
PPHR	Project Public Health Ready
RPR	Risk Reduction Program
SCMH	Soldier Centered Medical Home
SRC	Soldier Readiness Center

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STI's	Sexually Transmitted Infections
USAFA	United States Air Force Academy
USPSTF	U.S. Preventive Service Task Force
VA	Veterans Affairs
WHO	World Health Organization

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## Introduction

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The Fort Carson Department of Public Health (DPH) is located near Colorado Springs, CO, situated within three counties: El Paso, Pueblo, and Freemont. Services are offered to Active Duty Soldiers, family members, retirees, and civilian employees. The DPH provides a multitude of services from the following sections: Public Health Nursing, Occupational Health, Epidemiology and Disease Control, Biological and Chemical Surety, Army Wellness Center, Environmental Health, Industrial Hygiene, Hearing Program, and Radiation Safety.

The 2019 Fort Carson Community Health Assessment (CHA) includes the following:

- Data sources utilized for the CHA
- A snapshot of our community providing information on demographics, socioeconomic factors, and social determinants of health
- Military units served and an overview of health behaviors and lifestyle influences
- Results from the Community Strengths and Themes Assessments (CSTA)
- A description of the Forces of Change Assessment (2014)
- An installation overview including community partners and resources available

The Fort Carson community's tobacco use rate (29%) is higher than the United States (18.9%), but lower than the U.S. Army (43.4%). The rate of both Chlamydia and Gonorrhea is higher amongst the Fort Carson population for both males and females, compared to the U. S. Army rates. Among Active Duty service members, 34.9% of females and 20.9% of males experience behavioral health disorders.

Our community was defined as the number of beneficiaries (Active Duty Service Members, Air Force, National Guard, Reservists, Retirees, and dependents) residing within the 40-mile catchment area from the center of Fort Carson, Colorado. Fort Carson has roughly 37,289 service members and total beneficiaries population is approximately 166,195.<sup>1</sup>

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<sup>1</sup> Data Source: Ms. Barbara Hickman, Clinical Support Division, EACH October 2018, U.S. Census Bureau 2017

# Vision of Fort Carson Public Health

## Mission of Army Public Health Center

“Our mission is to enhance Army readiness by identifying and assessing current and emerging health threats, developing and communicating public health solutions, and assuring the quality and effectiveness of the Army’s Public Health Enterprise.”

The Fort Carson Department of Public Health Strategic Plan for 2019 to 2021 will guide the department’s strategic directions and priorities over the next two years. This strategic plan was created over the course of several months (November 2018 through February 2019) during weekly or biweekly working group meetings.

## Mission

In union with USAMEDDAC – Fort Carson (also known or referred to as Evans Army Community Hospital), our mission is to ensure force health protection by preventing disease and promoting health in the workplace and community. We safeguard the health of the Fort Carson community by reducing their risk of injury and disease, identifying treatable conditions at an early stage, and promoting a healthy personal lifestyle.

## Vision

Make the Fort Carson community a healthy and safe place to live, learn, work, and play through a broad focus on health promotion.



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## Background and Purpose

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A Community Health Assessment (CHA) is a comprehensive examination of the health status of a targeted region and population. Completing a CHA requires partnerships with civilian and military stakeholders. Health surveillance data is continually collected and reviewed annually by military and civilian public health entities. Multiple years of this data is utilized for the CHA. Every three years Army Public Health departments are required to complete a CHA that includes region specific data provided by local stakeholders. Those stakeholders include local military public health of both the Army and the Airforce here in El Paso County Colorado, State of Colorado and El Paso County civilian public health agencies, Evans Army Community Hospital (EACH) – Public Health (PH), Army Public Health Nursing (APHN), Population Health and Garrison resources that support and impact public health or may collect data that is applicable to the CHA process. EACH PH staff collaborate regularly with and participate in community coalitions focused on public health issues

and initiatives. This more formal compilation of data often reveals trends, strengths and health risks.

A well-executed CHA can be used to identify public health needs and resources or to provide a sound basis for interventions that may improve health outcomes. A CHA must include information on myriad of health topics which requires input from multiple sources. An Army CHA is initiated at the military installation level and then must expand beyond the gates of that installation with a typical scope of a 40 mile radius. The Army post community is both unique from and a part of the community that surrounds it.

An Army post is also a subset of the U.S. Army. Therefore, national Army trends may be included or referenced in the CHA and compared to the local county, state and national trends. Data and information from the following areas may be included in a CHA: demographics, socioeconomic characteristics, quality of life, local military and civilian resources, **behavioral** factors, the natural and built environments, **morbidity, mortality** and other social determinants of health. The purpose of the CHA is to provide a detailed snapshot of the current health status of a community and its members. Review of the amassed data in a CHA affords the opportunity to prioritize health issues to develop strategies and interventions that support the goal of improving the health of the selected population. The CHA is the basis of a Community Health Improvement Plan (CHIP). A CHA is a presentation of data and trends while the CHIP is a plan of action detailing the specific efforts which will be mobilized to make lasting improvements to the health of the community.

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## Methods

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Fort Carson APHN utilized multiple data sources to create this CHA. The Mobilizing for Action through Planning and Partnerships (MAPP) model was utilized as a framework. Over the three year period to collect data for this CHA, DPH utilized input from the Installation Prevention Team (IPT) and the Community Health Promotion Council (CHPC) as our Fort Carson stakeholders located on the post. Our numerous community partners, with whom we met regularly, were primarily assembled at the Healthy Community Collaborative (HCC) which was specifically created to collect and share county data for the CHA and to provide a forum for all participating entities to advance a CHIP. The HCC is comprised of representatives from local hospitals, the library district, the county health department, health care professionals and specialist who practice in the local area, representatives from Cigna and Kaiser Permanente, school district representatives, providers and administrators from mental health facilities located in Colorado Springs, representatives from community recreation programs, and foodbanks. In addition, this collaborative is open to the public and encourages public attendance and participation. This is not an exhaustive list and the group continues to grow. The HCC provides an abundant and unique forum for public health entities to pool information and resources directly related to a community health assessment and improvement plan.

A challenge that arose during this three year assessment was the changes in the CHPC structure at Fort Carson which occurred in 2017. In previous years, a representative from that council created and administered a Community Strengths and Themes Assessment (CSTA). The CHPC became the Community Readiness and Resilience Council (CR2C) and then Mountain Post Living (MPL) which is described later in this document and appears to be in flux again as it returns to the CR2C platform. The most current Community Strengths and Themes Assessment is from 2014 and is utilized in this CHA. Per the Public Health Accreditation Board's *Acronyms and Glossary of Terms*, "The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation." Through our community engagement and adapting to the CHPC changes, we at Fort Carson PH believe we have accomplished that ultimate goal.

## The model typically includes six distinct phases:

1. Partnership development and organizing for success
  - Hospital partners, Local Public Health Agencies (LPHA), Army Public Health Center
2. Visioning
3. The Four MAPP Assessments
  - Community Health Status Assessment (CHSA)
  - Community Strengths and Themes Assessment (CSTA)
  - Local Public Health System Assessment (LPHSA)
  - Forces of Change Assessment (FoC)
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

## Process Overview

In 2016, Fort Carson PH APHN staff initiated significant relationships with local civilian and military public health stakeholders. A quarterly Public Health Coalition meeting was organized and led by Fort Carson APHN which brings together public health program managers from the United States Air Force Academy (USAFA), Peterson Air Force Base (AFB); Schriever AFB, Fort Carson Public Health and El Paso County Public Health. All members of the coalition voiced strong support for such a group while sharing their experiences of deficits previously incurred due to a lack thereof. The buy-in for an enduring coalition was unanimous. Each one of these military installations is housed in El Paso County. Although Fort Carson has land that crosses into two other Colorado counties, those areas are training lands free of businesses or residences. An abundance of important information and opportunity has resulted from this strategic partnering which directly informs this CHA. In support of the MAPP model, Fort Carson PH became a founding member of the county's Healthy Community Collaborative (HCC). Being a part of this group while El Paso County Public Health completed their 2017 CHA, allowed Fort Carson DPH to utilize a massive partnership to advise its own CHA.

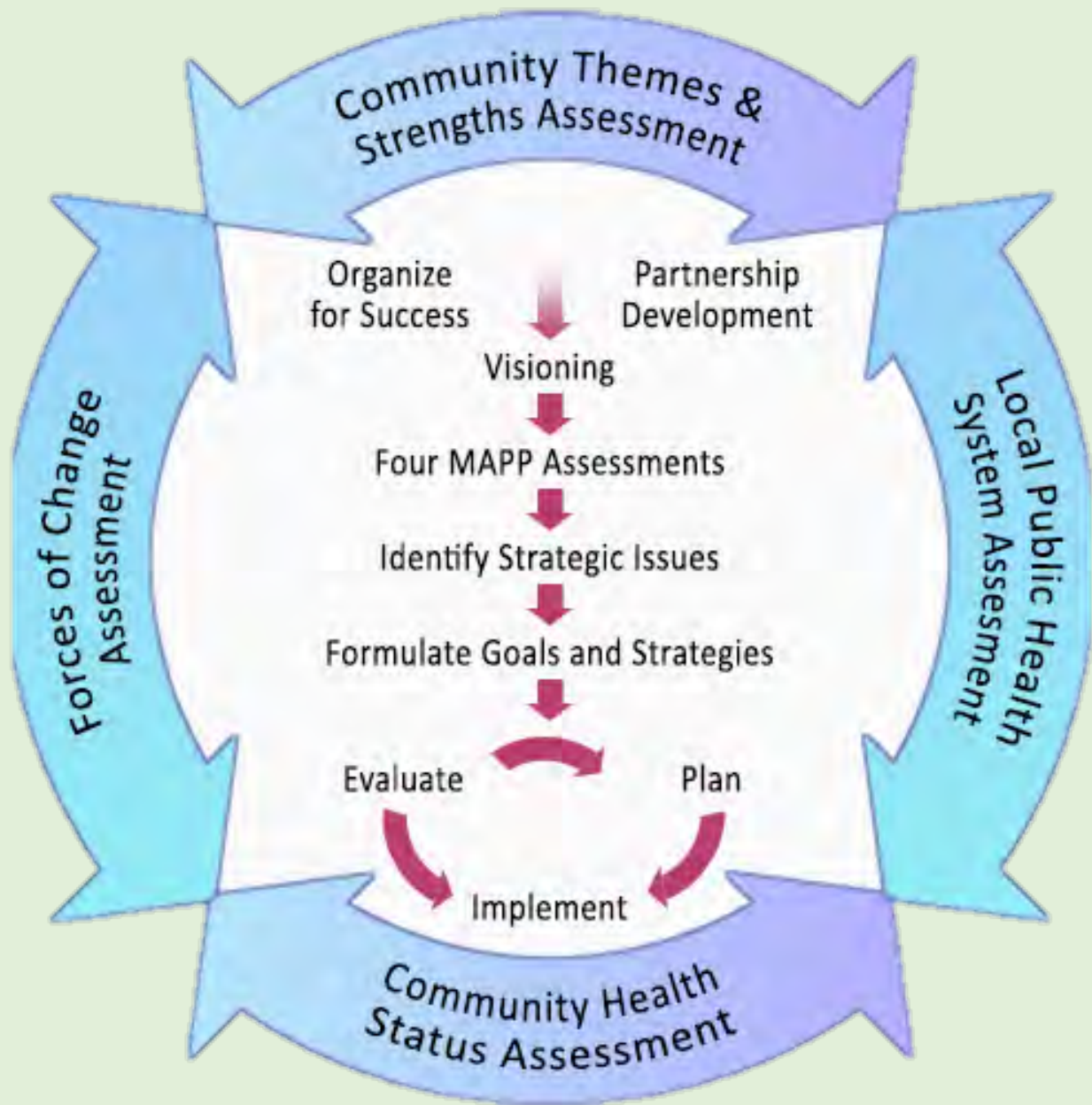


Figure 1 MAPP Cycle<sup>2</sup>

<sup>2</sup> National Association of County and City Health Officials, (2015) *Mobilizing for Action through Planning and Partnerships (MAPP) Handbook*, NACCHO.

# Partners

Within the Fort Carson Strategic Plan, key stakeholders have been named. These partners for community health and wellbeing have contributed a great deal in the accountability of our public health process. Fort Carson has stakeholders within the El Paso County health care community, military community, recreation community, and outdoor/wildlife community. All these partners make sure our public health execution plans are ethical and accurate by evaluation of our policies. These relationships with our community can be complex, especially with the security within a military installation, but Fort Carson is still held accountable for engaging all people and organizations within the strategic plan. Stakeholders for Fort Carson public health assist us with understanding roles within public health mission and care listed in the table below.



Fort Carson developed a survey to give to stakeholders, so they may be able to give perspective to the public health programs they understand we have. This is an important process of stakeholder evaluation because the perspective of many outside agencies may have insight to a more effective and appropriate way to collect data and implement change. Please see below for the Fort Carson Public Health Stakeholder Survey for 2019.

## Fort Carson Public Health Stakeholder Survey 2019

<b>Survey Question</b>
I understand the mission/services provided by Fort Carson Department of Public Health?
I am satisfied with the services provided by Fort Carson Public Health?
What services can the Department of Public Health add or improve?
Fort Carson's Department of Public Health is a capable partner for my organization's mission and needs?
How can Fort Caron's Department of Public Health better partner with your organization?
Please provide any additional feedback.

Table 1<sup>3</sup>

<sup>3</sup> Source: Center for Disease control and Prevention. Program Performance and Evaluation Office (PPEO). 2012. <https://www.cdc.gov/eval/guide/step1/index.htm>. [Accessed 13 Feb 2019].

## Data Sources



USAMEDDAC - Fort Carson  
Population Health  
mNEAT data



Colorado Department of Health and Environment -  
VISION data tool :  
Disease Surveillance data  
Birth and Death Data



El Paso County Public Health  
2017 Community Health Assessment  
2017 Community Health Improvement Plan



Community Commons



Army Public Health 360



Health Community Collaborative  
El Paso County Colorado

**Technical Notes:** this is not an exhaustive list of all data sources used for this report. Citations are provided at the end of each section as well as by tables and graphs. Some data sources only supplied state level or county level information due to sampling limitations, and those values are used as surrogate measures where Fort Carson specific data was not available. In some instances, particularly the Flu Clinic Survey, data is only from one year and does not show an average over time. USAMEDDAC – Fort Carson may also be known or referred to as Evans Army Community Hospital.



## Assessment Results

There are several factors that affect the health of people and communities. This is determined by circumstances and the environment. Such factors that may affect our health may include where we live, the state of our environment, genetics, our income and education level, our relationships with family and friends and access to health care services. Per the World Health Organization (WHO), the determinants of health include:

- Social and economic environment
- The physical environment
- Person's individual characteristics and behaviors

### The Social Determinants of Health

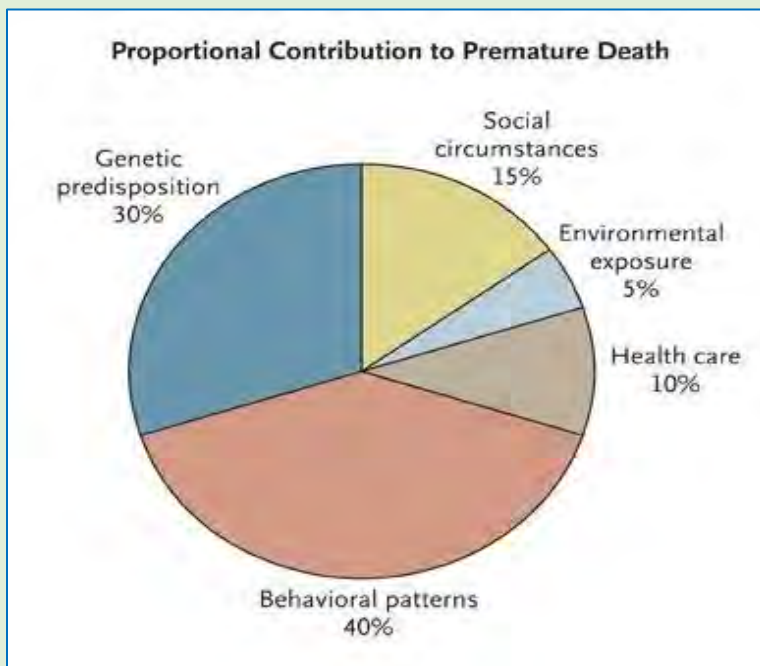


Figure 2 Determinants of Health and Their Contribution to Premature Death<sup>4</sup>

### SOCIAL DETERMINANTS

Figure 2 illuminates the impact of social determinants on our health and well-being. Genetic predisposition accounts for 30 percent of a person's health trajectory. A goal of Fort Carson Public Health is to educate and influence Behavioral Patterns, limit negative Environmental Exposures and evaluate Social Circumstances. There is an opportunity to affect 5 to 60 percent of those determinants

- Education about healthy behaviors regarding food choices
- Surveillance of water and food supplies
- Assessment of air quality
- Mosquito surveillance
- Education and counseling to prevent sexually transmitted infections
- Reportable conditions surveillance and case management

<sup>4</sup> Schroeder, MD, Steven A: We Can Do Better – Improving the Health of the American People: N Engl J Med; 2007; 357: 1221-1228; Sept 20, 2007

## Demographic & Socioeconomic Data

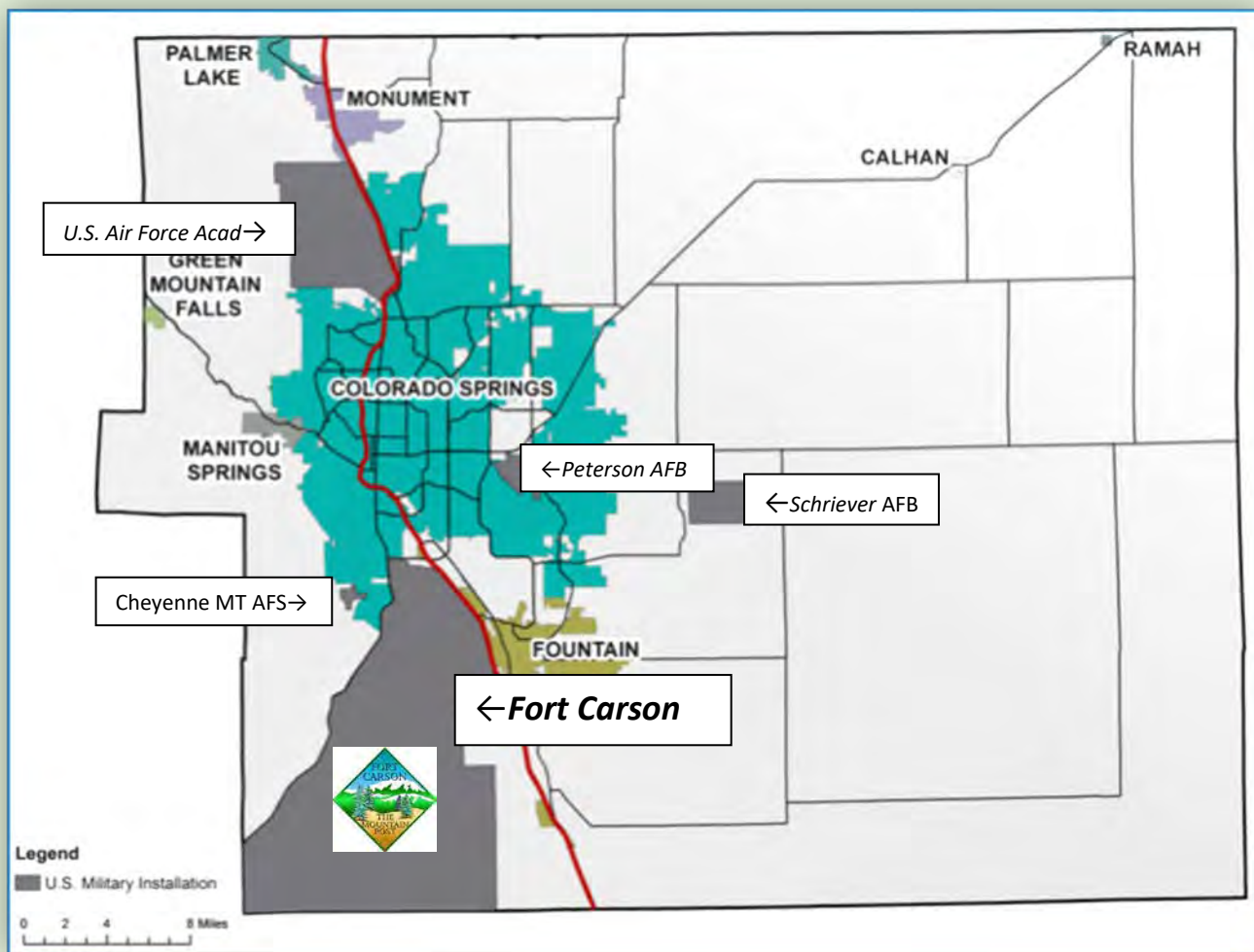


Figure 3 El Paso County MAP

- This map details the area of El Paso County CO. The majority of Fort Carson's land resides in El Paso County. All personnel and post services are contained within El Paso County.
- Three Air Force Bases and one Air Force Station also reside in El Paso County.
- USAMEDDAC – Fort Carson is the only military hospital in the county.

## Fort Carson Boundaries

This map details the expanse of Fort Carson and the fact that it sits in three different Colorado counties:

1. El Paso County
2. Pueblo County
3. Fremont County

The main post and housing are located within El Paso County.

A wilderness complex, an airfield and extensive training grounds extend into Pueblo and Fremont counties.

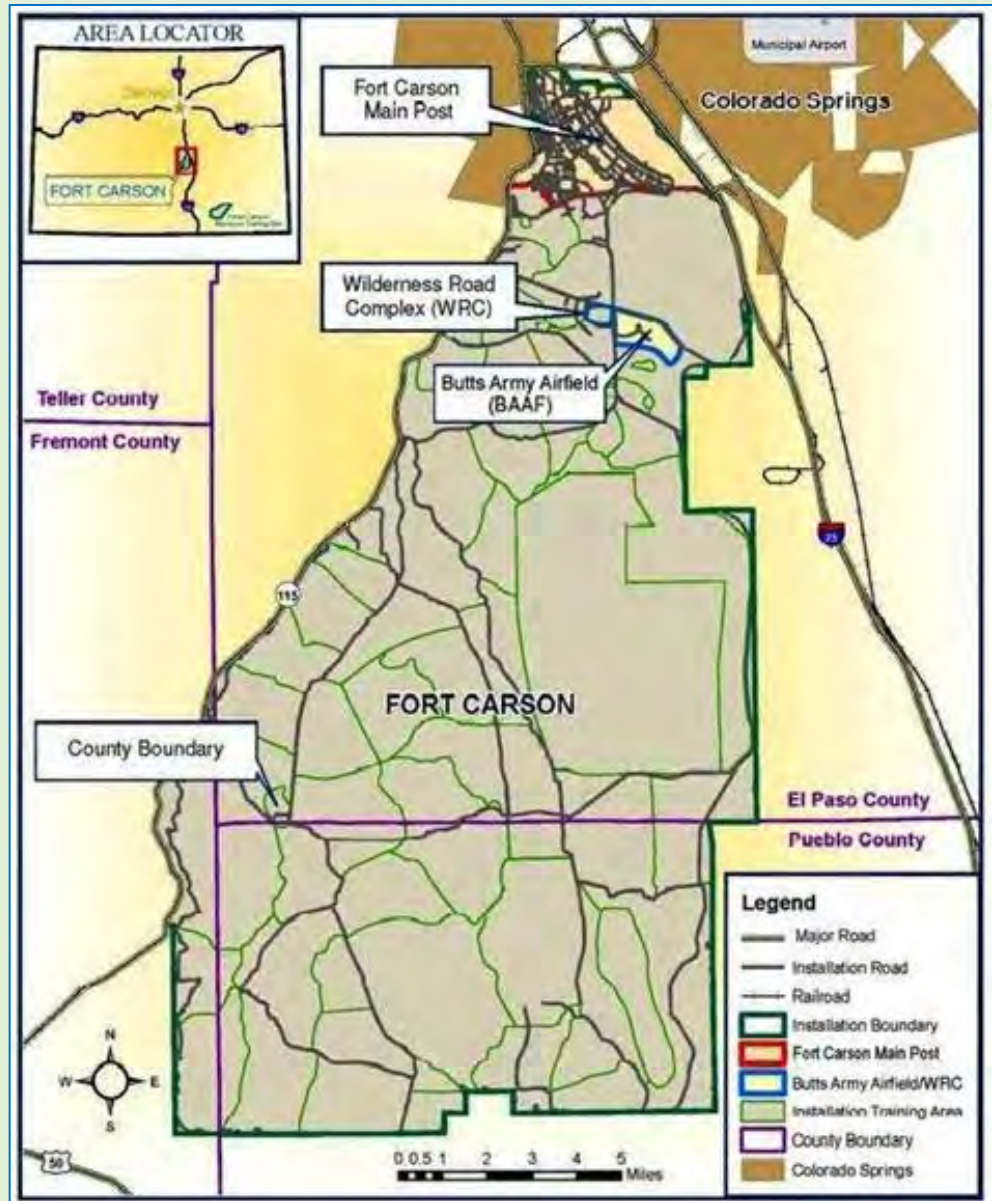


Figure 4

Fort Carson is a United States Army installation located in unincorporated El Paso County, Colorado, near the city of Colorado Springs. The 137,000 acre installation extends southward into Pueblo and Fremont counties.

- **Total Population El Paso County:** 699,232 (US Census Bureau, July 1, 2017). Change in population percent change - April 1, 2010; 12.4%
- **4.21%** of El Paso County residents are military beneficiaries<sup>5</sup>

<sup>5</sup> (Data Source: Ms. Barbara Hickman, Clinical Support Division, EACH October 2018, U.S. Census Bureau 2017)

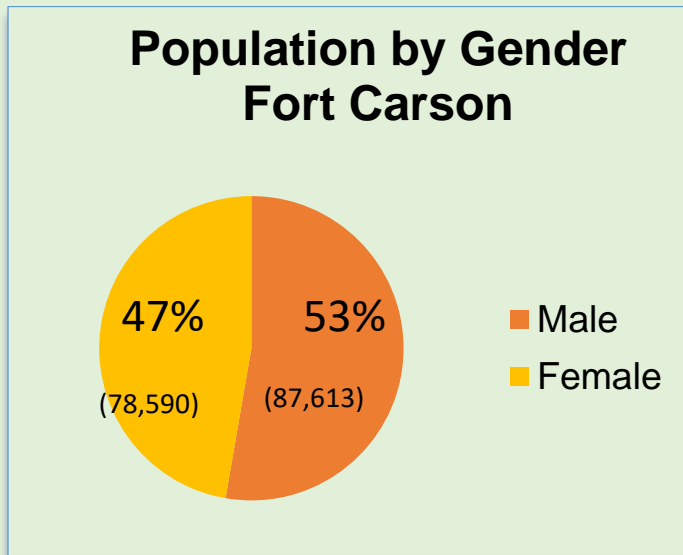


Figure 5<sup>6</sup>

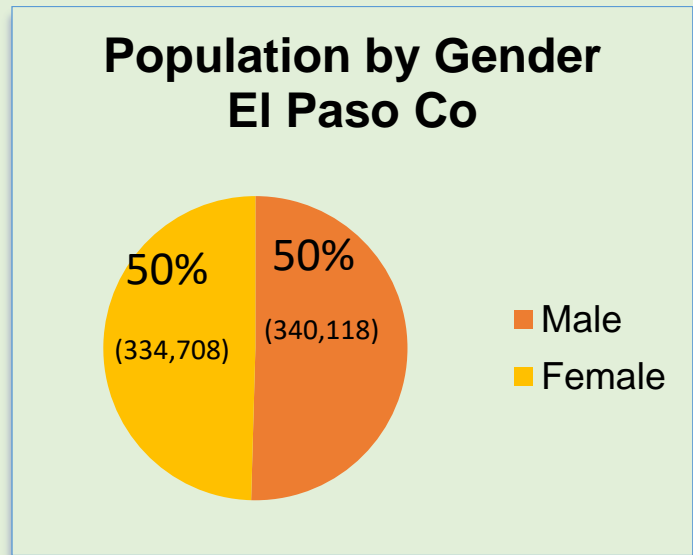


Figure 6<sup>7</sup>

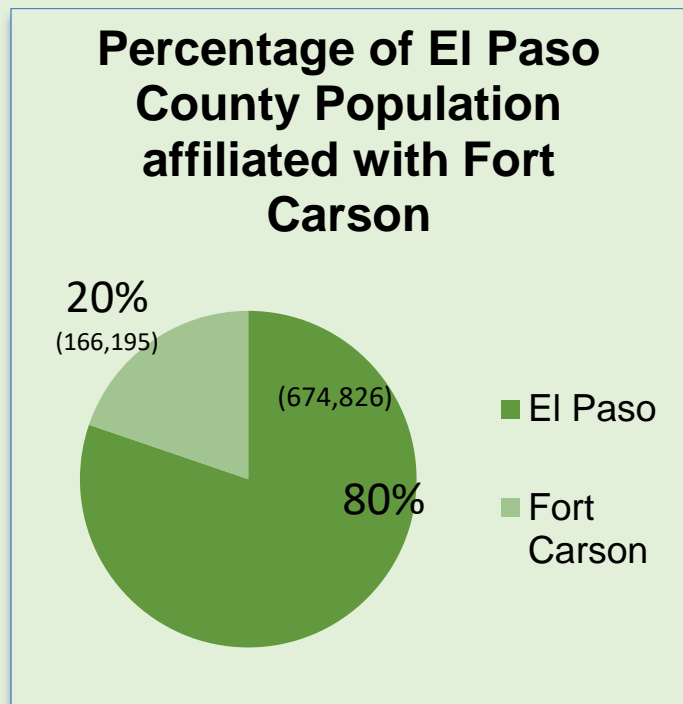


Figure 7<sup>8</sup>

<sup>6</sup> Fort Carson Population (Data Source: Barbara Hickman, RMD EACH Oct 2018, U.S. Bureau Census 2010)

<sup>7</sup> Data via US Census (2017 ACS 5-Year Survey): [Table S0101](#)

<sup>8</sup> (Data Source: Barbara Hickman, RMD EACH Oct 2018, U.S. Bureau Census 2010)

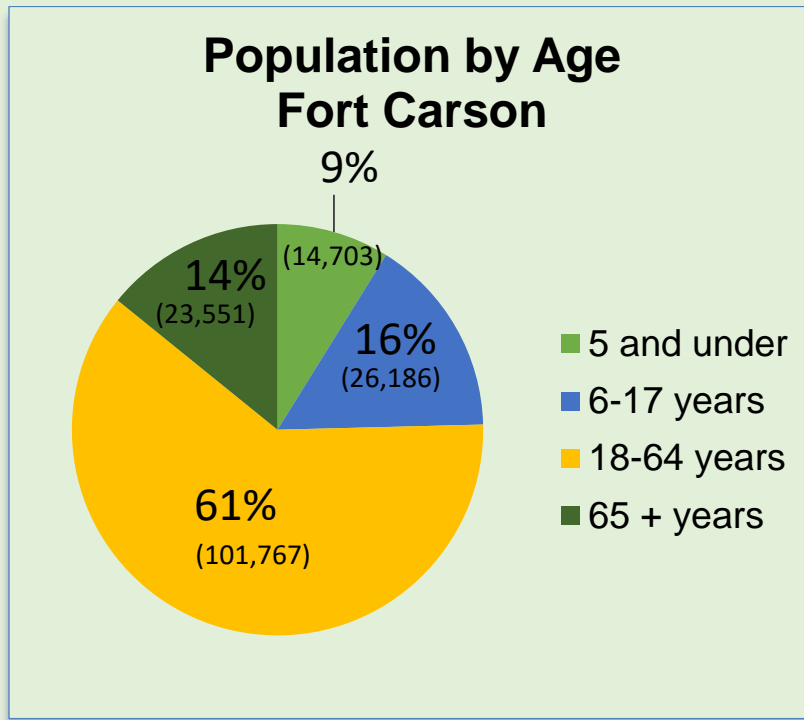


Figure 8<sup>9</sup>

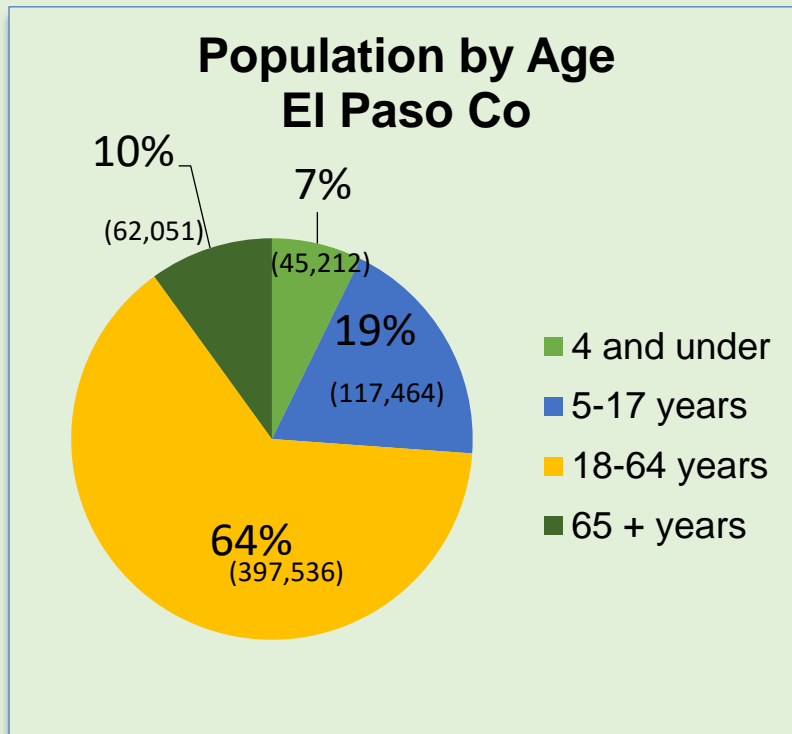


Figure 9<sup>10</sup>

<sup>9</sup> (Data source: Lonny R. Sharp, CW3, AG, Division G1/HROC, FT Carson Jan 2019)

<sup>10</sup>(Data Source: Barbara Hickman, RMD EACH Oct 2018, U.S. Bureau Census 2010)

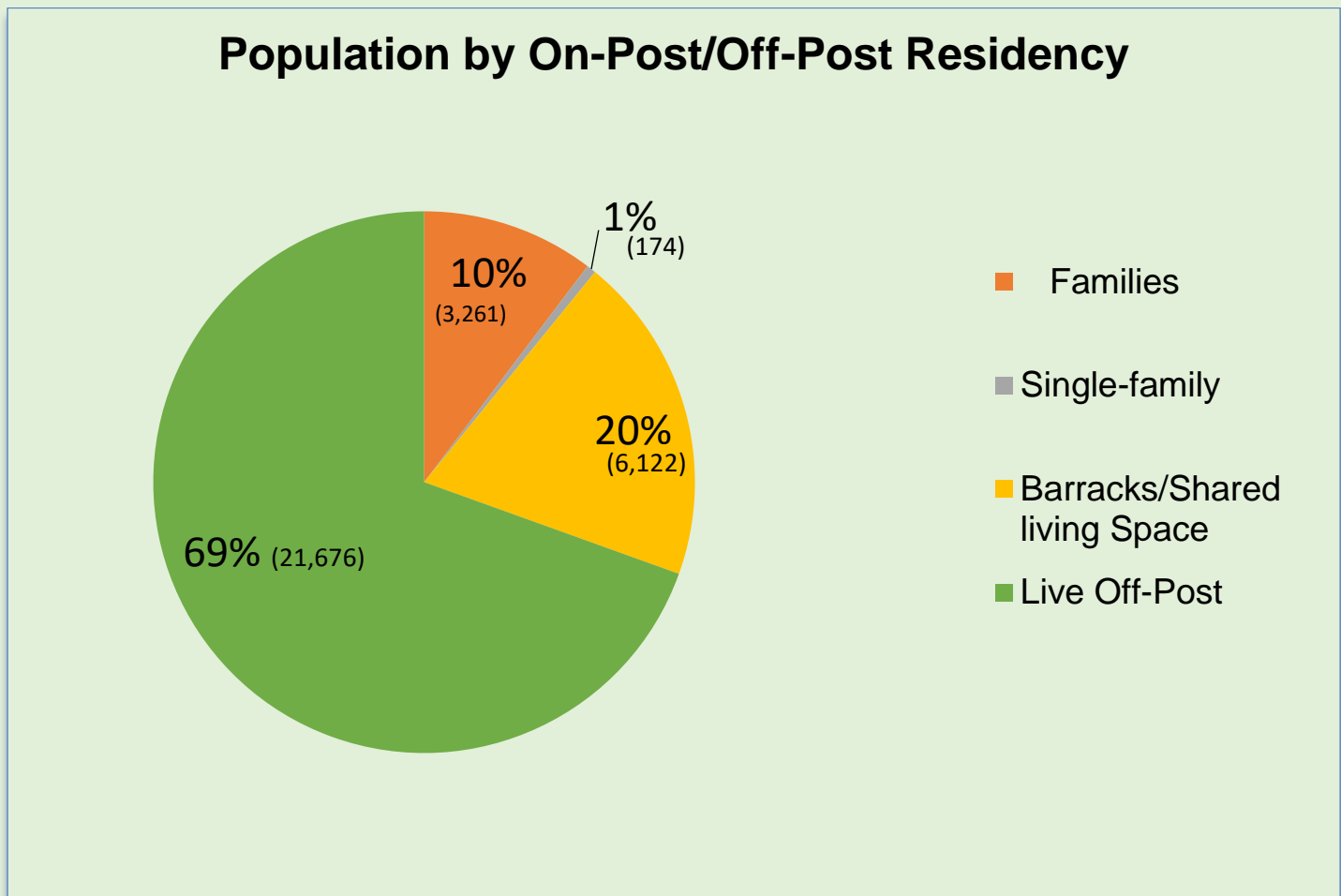


Figure 10<sup>11</sup>

<sup>11</sup> (Data Sources: Jeremiah J. Stafford, Housing Chief, DPW Housing Office January 2019)

## Fort Carson Units

### Garrison

627 <sup>th</sup> Hospital Center	U.S. Army Dental Activity (DENTAC)
World Class Athlete Program	10 <sup>th</sup> Special Forces Group
71 <sup>st</sup> EOD Group	759 <sup>th</sup> Military Police Battalion
440 <sup>th</sup> Civil Affairs Battalion	13 <sup>th</sup> Air Support Operations Squadron (US Air Force)
Army Field Support Battalion-Carson	U.S. Medical Department Activity (MEDDAC)
1 <sup>st</sup> Space Brigade	4 <sup>th</sup> Engineer Battalion
4 <sup>th</sup> Security Force Assistance Brigade	US Army Garrison Fort Carson

### 4<sup>th</sup> Infantry Division

1 <sup>st</sup> Stryker Brigade Combat Team	4 <sup>th</sup> Sustainment Brigade
2 <sup>nd</sup> Infantry Brigade Combat Team	4 <sup>th</sup> Infantry Division Band
3 <sup>rd</sup> Armored Brigade Combat Team	4 <sup>th</sup> Division Artillery
4 <sup>th</sup> Combat Aviation Brigade	Headquarters and Headquarters Battalion

**Total Service Members on Fort Carson: 37,289**  
(Active Duty Army/Air Force, National Guard, and Reserves)<sup>12</sup>

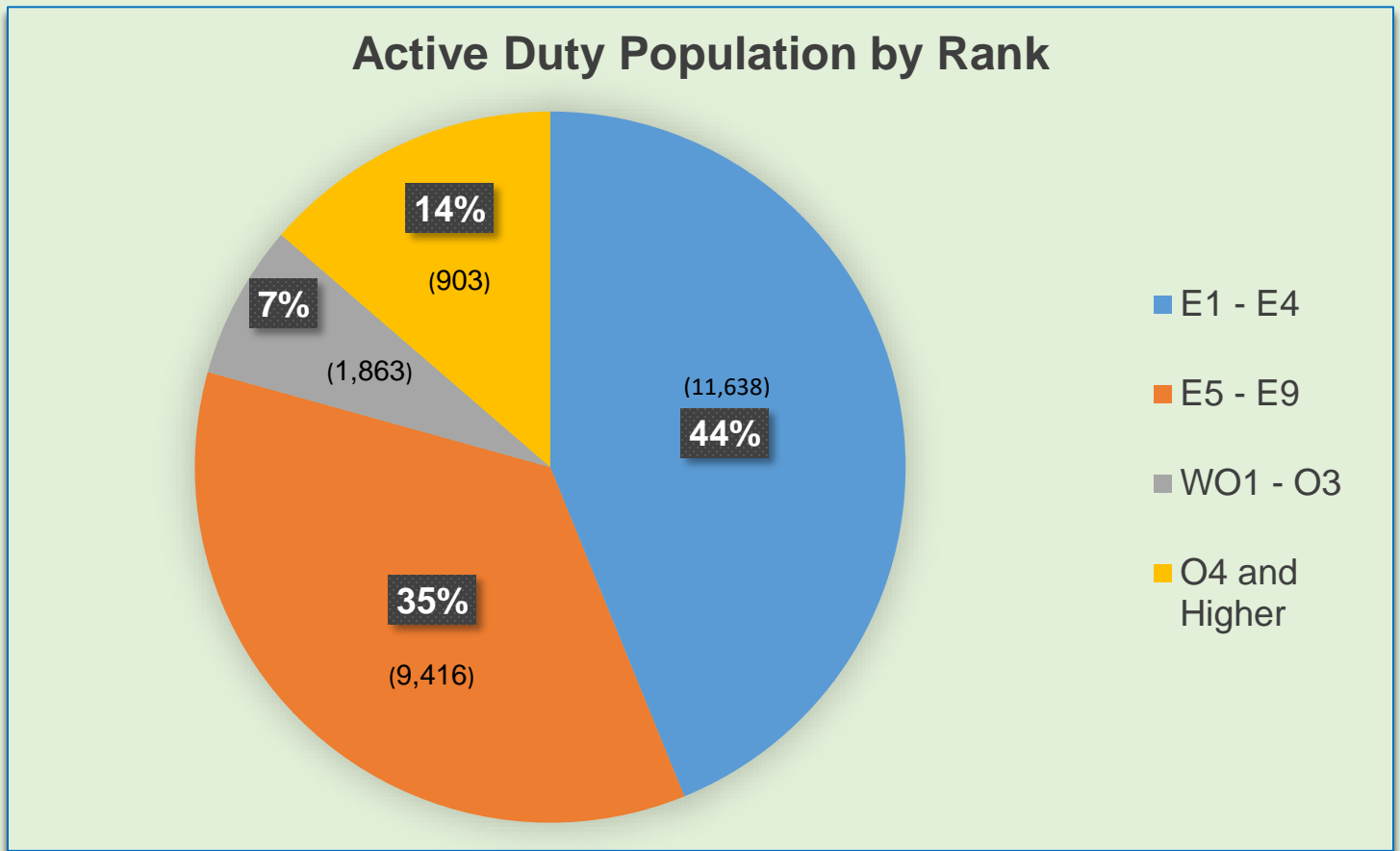


Figure 11<sup>13</sup>

<sup>12</sup> Data Source: Ms. Barbara Hickman, Clinical Support Division, EACH October 2018, U.S. Census Bureau 2017

<sup>13</sup> (Data source: Lonny R. Sharp, CW3, AG, Division G1/HROC, FT Carson)



## Poverty, Unemployment and Single Parent Households

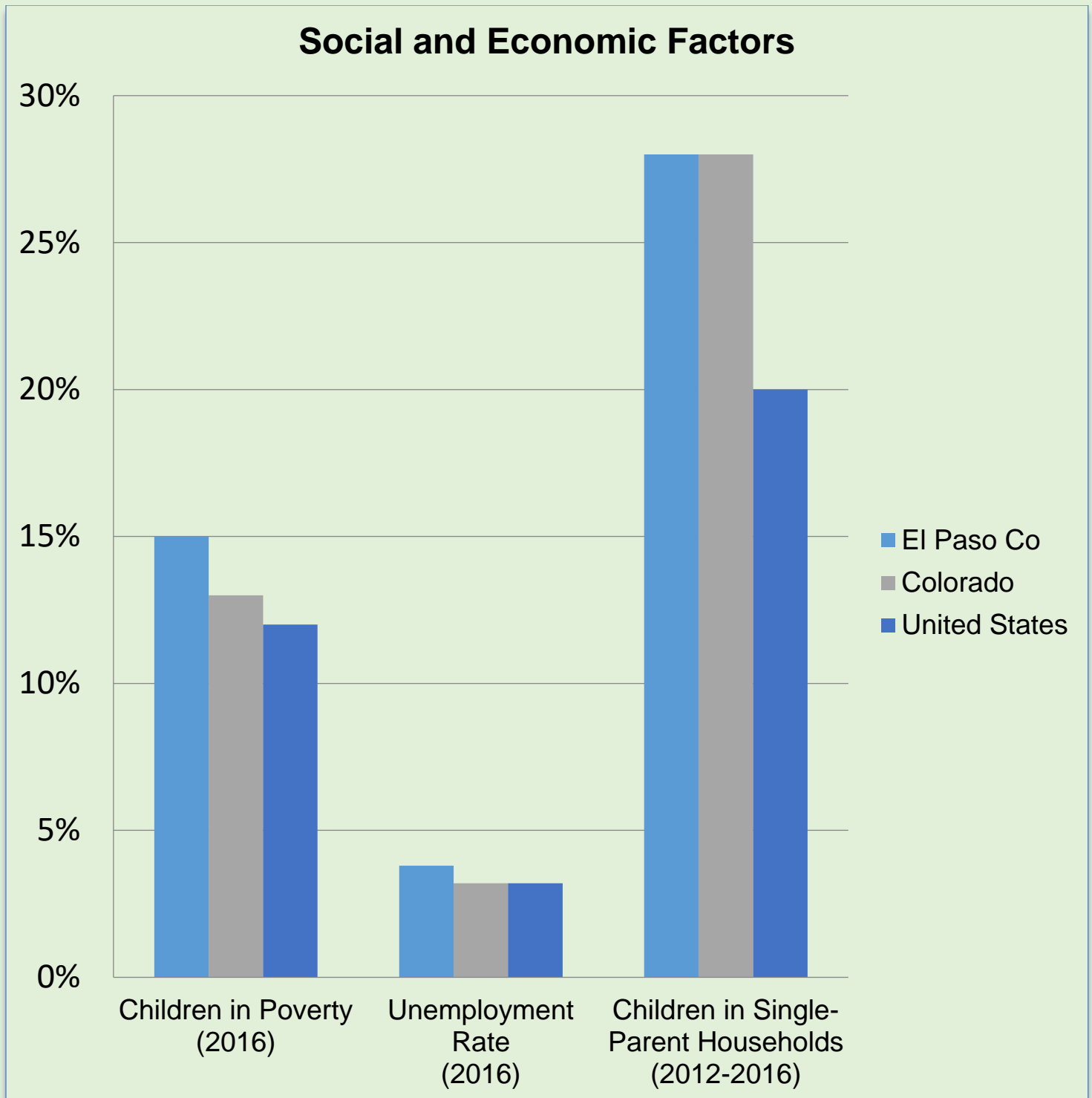


Figure 12<sup>14</sup>

<sup>14</sup> County Health Rankings & Roadmaps. (2012-2016). <http://www.countyhealthrankings.org/app/colorado/2019/rankings/el-paso/county/outcomes/overall/snapshot>. [Accessed 12 Feb 2019].

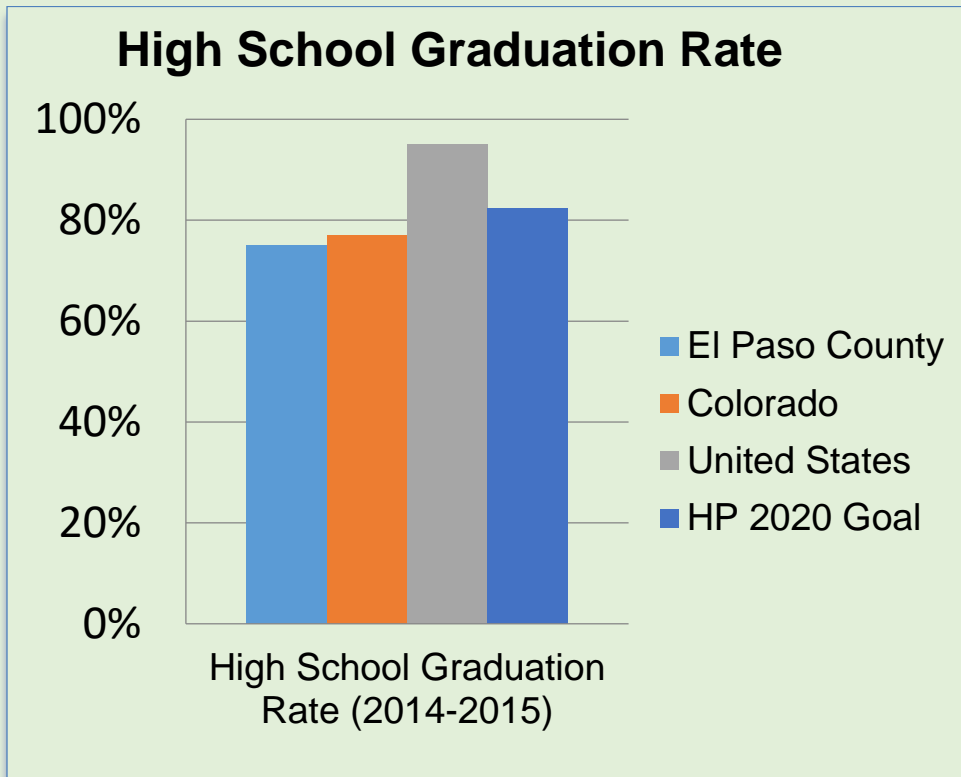


Figure 13<sup>15</sup>

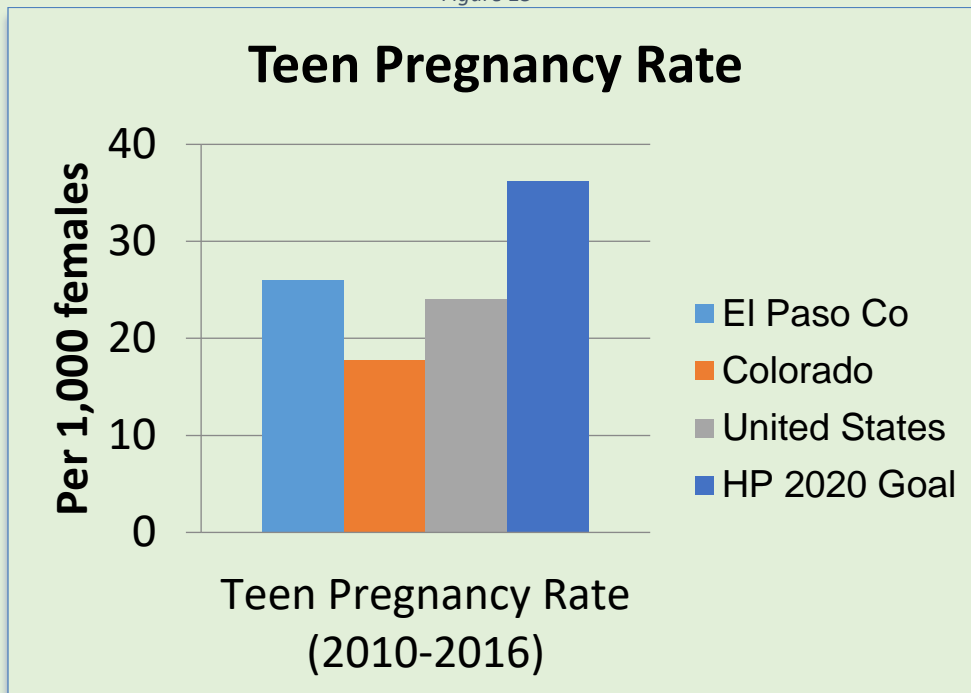


Figure 14<sup>16</sup>

<sup>15</sup> County Health Rankings & Roadmaps. (2012-2016). <http://www.countyhealthrankings.org/app/colorado/2019/rankings/el-paso/county/outcomes/overall/snapshot>. [Accessed 12 Feb 2019].

<sup>16</sup> County Health Rankings & Roadmaps. (2012-2016). <http://www.countyhealthrankings.org/app/colorado/2019/rankings/el-paso/county/outcomes/overall/snapshot>. [Accessed 12 Feb 2019].

## Environmental Data

### Air

#### Physical Environment

Number of days the Air Quality Index (AQI) exceeds 100 - AQI [Alternate Measure: Air pollution particulate matter (PM2.5)]	15 Days
Percent of children under 5 years of age who are tested and have blood lead levels exceeding 5ug/dL (Colorado uses the CDC reference level of 5ug/dL).	1.2% <6yo
Proportion of state public health agencies that can convene, within 60 minutes of notification, a team of trained staff who can make decisions about appropriate response and integration with partners	Variable

#### Air Quality Index<sup>17</sup>

**Geographic Area:** El Paso County, CO

**Year:** 2018 (Annual statistics for 2018 are not final until May 1, 2019)

County	# Days with AQI	Number of Days when Air Quality was...					AQI Statistics			Number of Days when AQI Pollutant was...					
		Good	Moderate	Unhealthy for Sensitive Groups	Unhealthy	Very Unhealthy	Maximum	90th Percentile	Median	CO	NO2	O3	SO2	PM2.5	PM10
El Paso County, CO	365	233	124	8	.	.	119	84	46	.	.	302	.	62	1

**Year: 2017**

County	# Days with AQI	Number of Days when Air Quality was...					AQI Statistics			Number of Days when AQI Pollutant was...					
		Good	Moderate	Unhealthy for Sensitive Groups	Unhealthy	Very Unhealthy	Maximum	90th Percentile	Median	CO	NO2	O3	SO2	PM2.5	PM10
El Paso County, CO	365	239	123	3	.	.	116	71	46	.	.	322	2	41	.

#### El Paso County AQI 2015-2018 <sup>18</sup>

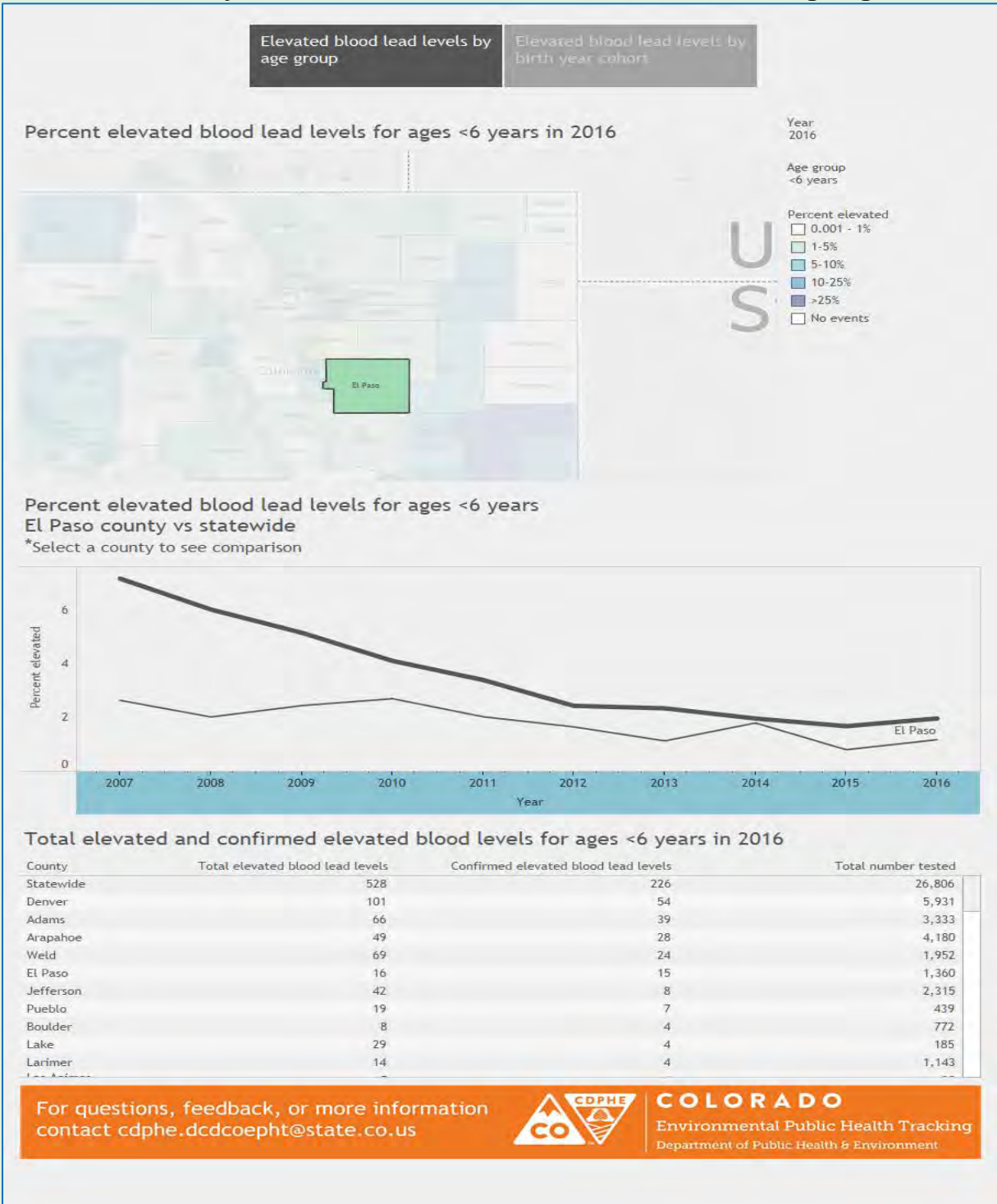
	Good	Mod	USG	U	VU
2018	233	124	8	0	0
2017	239	123	3	0	0
2016	263	101	2	0	0
2015	272	91	2	0	0
Total	1007	439	15	0	0

<sup>17</sup> U.S. EPA Air Data. (2018). [online]. Available at: <https://www.epa.gov/air-data>. [Accessed 18 Feb 2019].

<sup>18</sup> Air quality Index. (2018). El Paso County Colorado annual stats. [online]. Available at: <https://www.epa.gov/outdoor-air-quality-data/air-quality-index-report>. [Accessed 11 Feb 2019].

# Lead

## Children <6 years old who have blood lead levels exceeding 5ug/dL<sup>19</sup>



El Paso County Colorado had 15 confirmed elevated blood levels in 2016 for ages < 6 yrs

<sup>19</sup> Colorado Environmental Public Health Tracking. (2019). *Childhood lead poisoning data*. [online] Available at: <https://www.colorado.gov/pacific/coepht/childhood-lead-poisoning-data> [Accessed 11 Feb. 2019].

## Health Behaviors

Body Mass Index (BMI) measures body fat percentage based on height and weight.  
 Adults with a BMI higher between 25 and 29.9 = Overweight  
 Adults with a BMI of 30 or higher = Obese

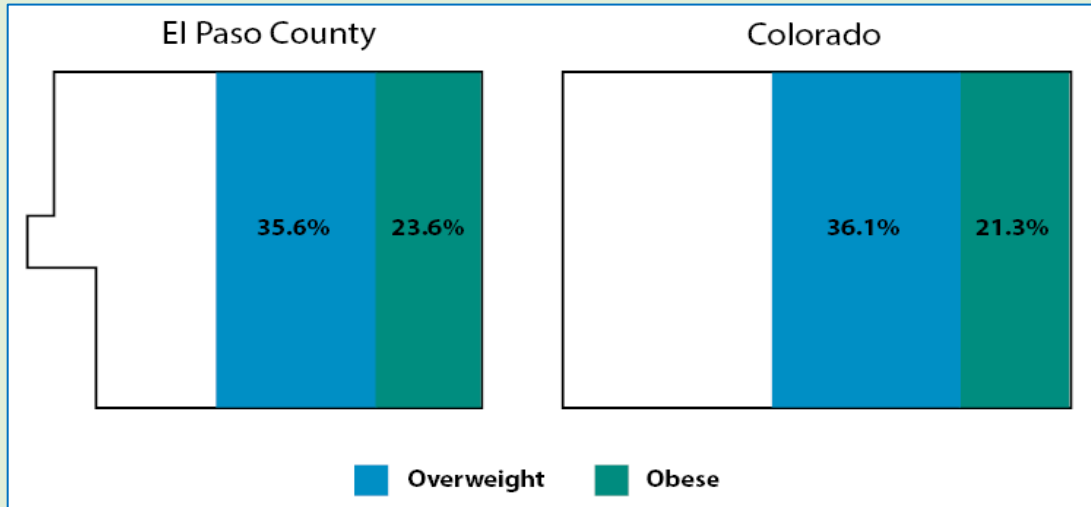


Figure 15 Weight Status, County and State<sup>20</sup>

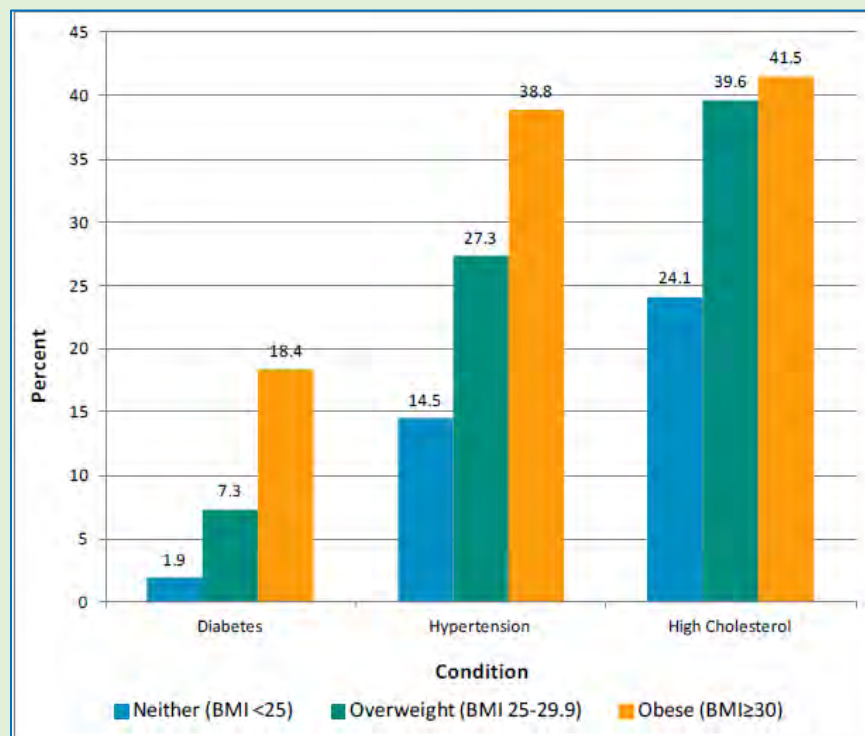


Figure 16 Prevalence of co-occurring conditions<sup>21</sup>

<sup>20</sup> Elpasocountyhealth.org. (2019). Page 25. [online] Available at: [https://www.elpasocountyhealth.org/sites/default/files/CHA%20Report%202017\\_0.pdf](https://www.elpasocountyhealth.org/sites/default/files/CHA%20Report%202017_0.pdf) [Accessed 14 Jan. 2019].

<sup>21</sup> Elpasocountyhealth.org. (2019). Page 27. [online] Available at: [https://www.elpasocountyhealth.org/sites/default/files/CHA%20Report%202017\\_0.pdf](https://www.elpasocountyhealth.org/sites/default/files/CHA%20Report%202017_0.pdf) [Accessed 14 Jan. 2019].

### Obesity is also an issue for children

- El Paso County 13.2% of children 15 and under are at or above the 95<sup>th</sup> percentile for BMI
- Colorado average is 9.2% of children 15 and under are at or above the 95<sup>th</sup> percentile for BMI<sup>22</sup>

### Physical Activity Levels for children<sup>23</sup>

- El Paso County 52% of children 15 years or younger were physically active for a total of at least 60 minutes per day on five or more days of the past seven days
- Colorado average is 54.8 % of children 15 years or younger were physically active for a total of at least 60 minutes per day on five or more days of the past seven days

### Healthy Eating

- El Paso County 28.5 % of students reported eating vegetables 2 + times per day in the past seven days
- Colorado average is 31.2% of students reported eating vegetables 2+ times per day in the past seven days

### Percent of Children Aged 2-14 years at an Unhealthy Weight by Gender - Colorado, 2014<sup>24</sup>

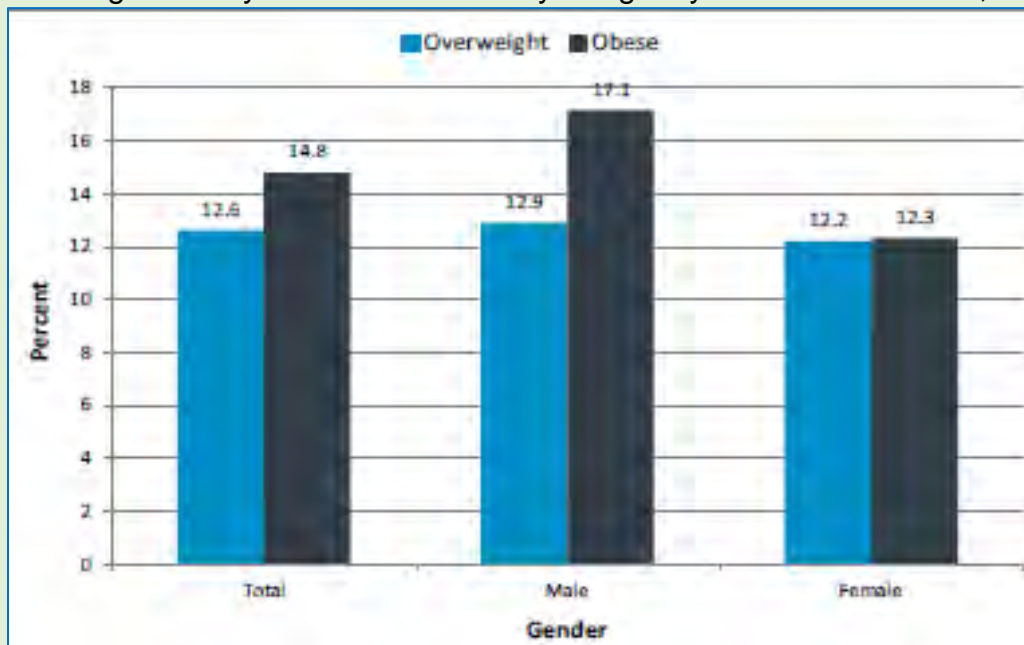


Figure 17

<sup>22</sup> Department of Public Health and Environment. (2019). *Healthy Kids Colorado Survey Data Region Four*. [online] Available at: <https://www.colorado.gov/pacific/cdphe/healthy-kids-colorado-survey-data> [Accessed 08 Feb. 2019].

<sup>23</sup> Department of Public Health and Environment. (2019). *Healthy Kids Colorado Survey Data Region Four*. [online] Available at: <https://www.colorado.gov/pacific/cdphe/healthy-kids-colorado-survey-data> [Accessed 08 Feb. 2019].

<sup>24</sup> Elpasocountyhealth.org. (2019). *Page 27*. [online] Available at: [https://www.elpasocountyhealth.org/sites/default/files/CHA%20Report%202017\\_0.pdf](https://www.elpasocountyhealth.org/sites/default/files/CHA%20Report%202017_0.pdf) [Accessed 08 Feb. 2019].

## Breastfeeding Data

Percent of New Mothers Who Breastfed Their Infants by Duration, El Paso County & Colorado 2014<sup>25</sup>

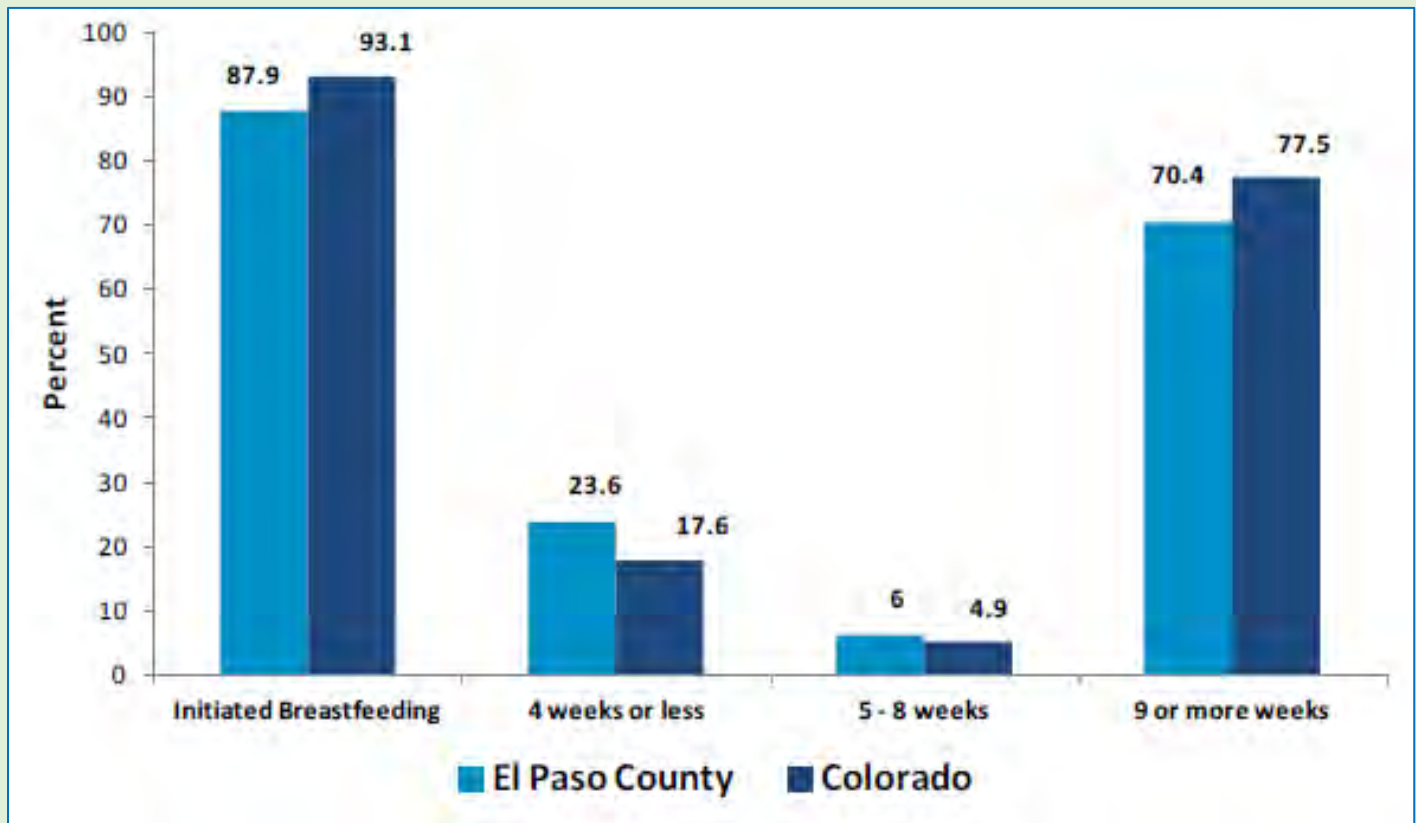


Figure 18

<sup>25</sup> Colorado Department of Health and Environment [Internet]. Colorado Health Information Dataset (CoHID). Pregnancy Risk Assessment monitoring System (PRAMS) – available from El Paso County Health Indicators 2017 Report, El Paso County Public Health

## Tobacco Use

Smoking leads to disease and disability and harms nearly every organ in the body. Smoking is the leading cause of preventable death. Thousands of young people start smoking cigarettes every day. Many adult cigarette smokers want to quit. <sup>26</sup>

	Fort Carson	U.S. Army	United States
Smokers	13%	14.3%	15.5%
Smokeless Tobacco Users	13%	13.7%	3.4%
Dual Users	3%	3%	No data available
Total Use	29%	43.4%	18.9%

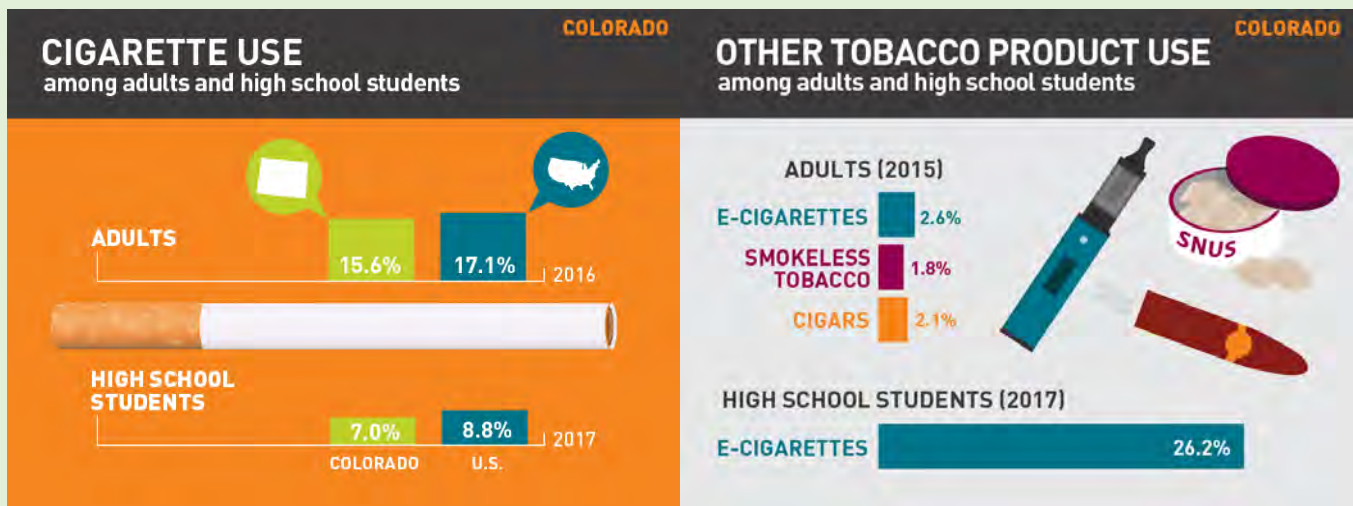


Figure 19<sup>27</sup>

Figure 20<sup>28</sup>

<sup>26</sup> Tobaccofreekids.org. (2019). [online] Available at: <https://www.tobaccofreekids.org/assets/factsheets/0369.pdf> [Accessed 23 Jan. 2019].

Cdc.gov. (2019). *Fast Facts and Fact Sheets | CDC*. [online] Available at: [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/index.htm?s\\_cid=osh-stu-home-spotlight-001](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm?s_cid=osh-stu-home-spotlight-001) [Accessed 23 Jan. 2019]. Walter Reed national Military Medical Center & the National Cancer Institute. Smokeless Tobacco Use in the US Military, <https://health.mil/.../11/01/Smokeless-Tobacco-Use-in-the-US-Military>, (Accessed 2019 January 23).

<sup>27</sup> Truth Initiative. (2019). 2018 Colorado tobacco use fact sheet. [online] Available at: <https://truthinitiative.org/tobacco-use-colorado> [Accessed 8 Feb. 2019].

<sup>28</sup> Truth Initiative. (2019). 2018 Colorado tobacco use fact sheet. [online] Available at: <https://truthinitiative.org/tobacco-use-colorado> [Accessed 8 Feb. 2019].



**Electronic Nicotine Delivery Systems (ENDS)** such as vaping and e-cigarettes are a growing area of public health concern. Initially marketed as cessation tools, they have quickly become an addictive product in their own right.

- A 2014 Twitter content analysis of advertisements for vaping found that vaping companies are using social media platforms for advertisements<sup>29</sup>.
- A 2018 article continued with vaping content analysis on Twitter and noted the use of terms associated with healthy foods that were being used in marketing for ENDS. Juices were advertised as natural, organic, vegan and even gluten free<sup>30</sup>.

Public Health entities, schools and government are working hard to respond to ENDS use. Public education and additions to existing laws and policies are required to address this unregulated industry.

A National Institute on Drug Abuse article stated<sup>31</sup>

- “E-cigarettes are popular among teens and are now the most commonly used form of tobacco among youth in the United States. Their easy availability, alluring advertisements, various e-liquid flavors, and the belief that they're safer than cigarettes have helped make them appealing to this age group.”

Army Public Health is also adapting to include surveillance on ENDS which is not included when assessing soldiers for use of smokeless tobacco. Per the 2018 Health of the Force Report; Health Metrics; Tobacco Use<sup>32</sup>

- Although current stats show a decline in tobacco use of 7.0% from 2013 to 2017 “the increasing popularity of vaping and e-cigarettes may have impacted the observed decline in smoking and tobacco use. “

In January 2019, the El Paso County Colorado Board of Public Health declared youth vaping a public health crisis.<sup>33</sup> A resolution was created detailing actions to address the crisis.

## Surveillance of ENDS is emerging

The 2018 Health of the Force Report<sup>32</sup> defined smokeless tobacco use as chewing or dipping not the use of ENDS

The report also noted that data on ENDS is now being captured on the Periodic Health Assessment (PHA)

In Colorado, youth vaping rates are reported as double the national average<sup>33</sup>

- Youth who vape are four times more likely to start using traditional cigarettes after just one year<sup>33</sup>

- E-juice flavors like cotton candy, banana split, gummy bears appeal to youth<sup>33</sup>

- The vaping industry uses these flavors to draw youth in<sup>33</sup>

<sup>29</sup> Sowles, S. J., Krauss, M. J., Connolly, S., & Cavazos-Rehg, P. A. (2016). A Content Analysis of Vaping Advertisements on Twitter, November 2014. *Preventing chronic disease*, 13, E139. doi:10.5888/pcd13.160274



<sup>30</sup> Basáñez, T., Majmundar, A., Cruz, T. B., & Unger, J. B. (2018). Vaping associated with healthy food words: A content analysis of Twitter. *Addictive behaviors reports*, 8, 147-153. doi:10.1016/j.abrep.2018.09.007

<sup>31</sup> NIDA. (2018, June 6). Electronic Cigarettes (E-cigarettes). Retrieved from <https://www.drugabuse.gov/publications/drugfacts/electronic-cigarettes-e-cigarettes>. [Accessed 25 Mar. 2019].

<sup>32</sup> Phc.amedd.army.mil. (2019). *Health of the Force- Army Public Health Center*. [online] Available at: <https://phc.amedd.army.mil/topics/campaigns/hof/Pages/default.aspx> [Accessed 25 Mar. 2019].

<sup>33</sup> Retrieved on February 7, 2019 from El Paso County Colorado Public Health website, Teen Vaping, <https://www.elpasocountyhealth.org/teen-vaping>

## Drug Crime Data

 <b>DRUG CRIME DATA REVIEW</b> 		
<b>Drug Info</b>  552 Drug LER's for FY18 455 of 552 were positive UA's 523 of 552 were Service Members <b>FY17 Drug LER's- 492</b>		<b>Types of Drug Use:</b>  Meth- 13 Opiates- 24 Hallucinogens- 21 Cocaine- 133 THC- 348
<b>Ranks:</b> Officer- 6 NCO- 39 E4 & Below- 478 CIV/ DS- 29	<b>Units:</b> 1SBCT- 163 2IBCT- 139 3ABCT- 80 4STB- 38 4EN- 25 4CAB- 26 71EOD- 5 759MP- 19 10SFG- 17 MEDDAC- 7	<b>FY18 YTD- 238</b> <b>FY19 YTD- 171 (28% decrease over FY18)</b>  <b>Location for the offense is generally documented as "orderly room, XXX battalion" where the UA took place.</b>  <b>154 out of 552 Drug LER's had a location other than Orderly room.</b>

Crime Reduction Working Group (CRWG) was initiated late 2018 to begin to shape a holistic understanding of DUIs and efforts the installation can take to reduce incidents. The way forward has become focused on ways 4<sup>th</sup> Infantry Division can create a proactive environment by reducing crime conducive conditions while reinforcing healthy behavior.

# Health Data

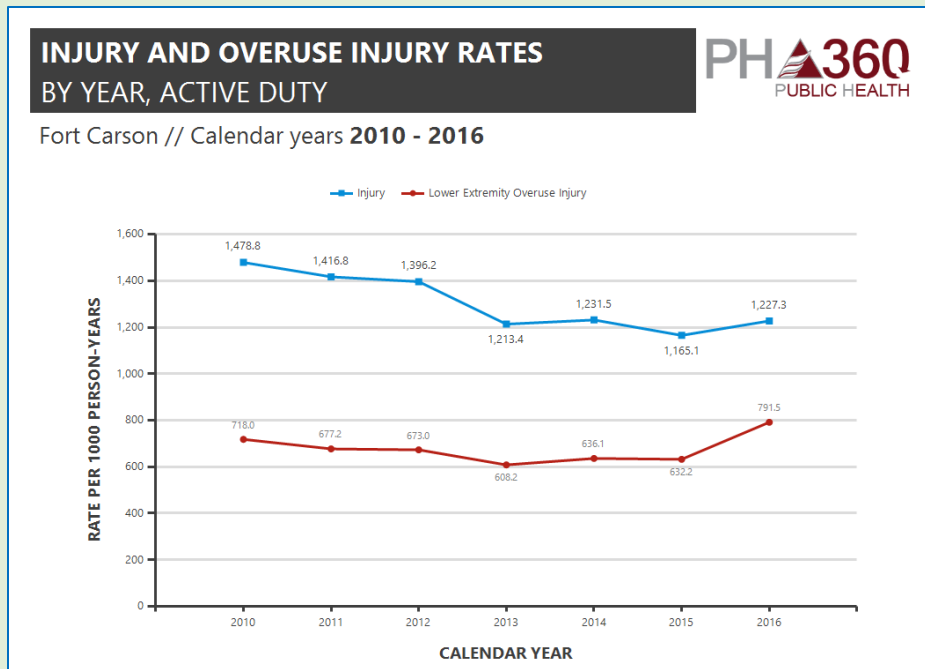


Figure 21<sup>34</sup>

The highest percentages of unintentional injuries on Fort Carson: Falls (24.7%) and Struck by, against (18.9%)

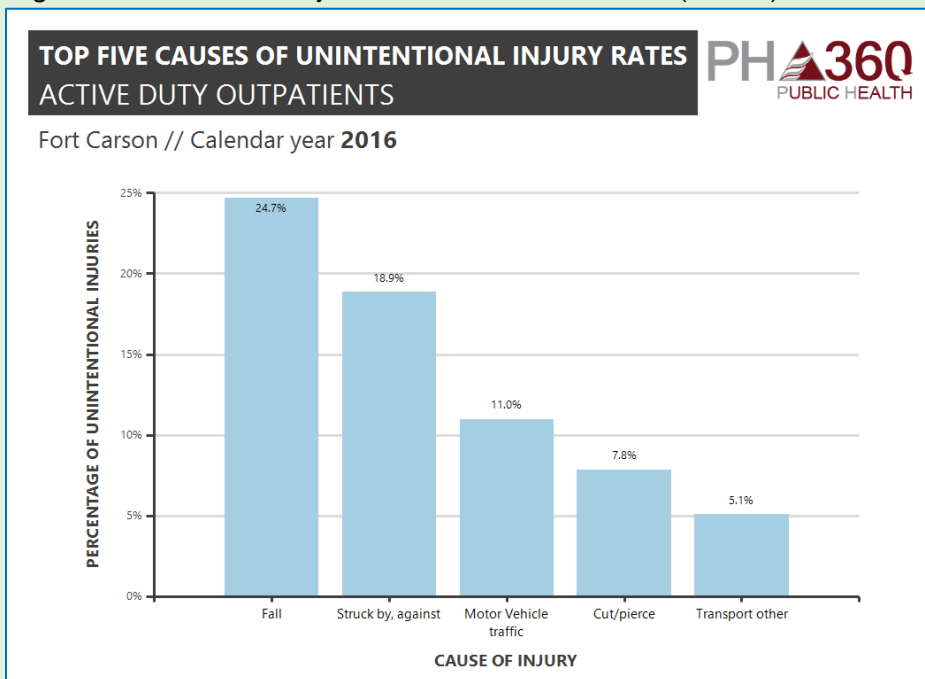


Figure 22

<sup>34</sup> Patient Administration Systems and Biostatistics Activity (PASBA). PH 360, <https://pasba.army.mil/MEDCOM360/Metric/Slide/I502/c7200ace-a1a8-4916-9732-94ded463049a>, [Accessed 24 January 2019].

## Mortality

**Leading causes of Death in the U.S. Military:** The four leading causes of death for U.S. Military personnel are from combat, suicide, traffic accidents and military accidents<sup>35</sup>. For the years 2012/2013, suicide outranked war, cancer, heart disease, homicide, transportation accidents and other causes as the leading killer, accounting for about 3 in 10 military deaths each of those years.<sup>36</sup>

- In Colorado suicide is the leading cause of death for youth ages 10-17yrs.
- In El Paso County, per 2016 data from the County Child Fatality Review Team (CFRT), suicide accounted for > 50% of all child fatalities for youth under 18 years old<sup>37</sup>

### Leading Causes of Death by age in El Paso County 2015 data<sup>38</sup>:

Rank	Infants <1 Year	1-14 Years	15-24 Years	25-44 Years	45-64 Years	65+ Years
1	Short Gestation	Suicide	Accidents	Accidents	Malignant Neoplasms	Heart Disease
2	Congenital Anomalies	Accidents	Suicide	Suicide	Heart Disease	Malignant Neoplasms
3	Accidents	Homicide	Homicide	Malignant Neoplasms	Accidents	Chronic Lower Respiratory Diseases
4	Placenta, Cord, Membranes Complications	Malignant Neoplasms	Malignant Neoplasms	Heart Disease	Chronic Liver Disease and Cirrhosis	Cerebrovascular Disease
5	Complications of pregnancy, labor & delivery	Congenital Anomalies	Heart Disease	Homicide	Suicide	Alzheimer's Disease

<sup>35</sup> Congressional Research Service, 2010

<sup>36</sup> Usatoday.com. (2019). [online] Available at: <http://www.usatoday.com/story/nation/2014/10/31/suicide-deaths-us-military-war-study/18261185> [Accessed 25 Jan 2029]

<sup>37</sup> Elpasocountyhealth.org. (2019). *Teen Suicide Prevention | El Paso County Public Health*. [online] Available at: <https://www.elpasocountyhealth.org/services/teen-suicide-prevention> [Accessed 26 Mar. 2019].

<sup>38</sup> Elpasocountyhealth.org. (2019). *Pg 20*. [online] Available at: <https://www.elpasocountyhealth.org/sites/default/files/CHA%20Report%202017.pdf> [Accessed 26 Mar. 2019].

**Suicide:** The U.S. Army Public Health Center collects and analyzes surveillance data on suicidal behavior among active duty Army soldiers. During calendar year 2016, there were 2,129 Active Duty Army Soldiers engaged in suicidal behavior and of these, 127 Soldiers died by suicide, 532 attempted suicide, and 1,470 had suicidal ideation. The majority of suicidal cases in 2016 were non-Hispanic white, males, between 17 and 34 years of age, and of enlisted ranks. Self-harm actions are beginning to reach an equilibrium, this is starting to show a potential baseline for Fort Carson. This does indicate improvements in the response and intervention efforts, and will assist with creating future improvements and strategies<sup>39</sup>. More detailed information is available through US Army Public Health Center.

**High Risk Behaviors:** The Fort Carson Risk Reduction Program (RRP) is a Commander's Program that addresses prevention among the installation's helping agencies in 9 high risk behavior areas. **The 9 high risk behavior areas for Active Duty Soldiers include: establish and maintain healthy relationship skills, sexually transmitted infection (STI) prevention, enhanced performance, build athletes ready for higher combat, fuel to perform, leader-enforced standardized home visits, alcohol and substance abuse prevention, child abuse prevention, and plan for financial success.** The end state of resilience to these 9 lines of effort is a culture of holistic health and fitness that epitomizes what it means to be a 4<sup>th</sup> Infantry Division and Fort Carson Soldier.

**Sexually Transmitted Infections (STI's):** STI's such as chlamydia and gonorrhea are very common. In 2012, more than 1.4 million cases of chlamydia infection were reported nationwide, and the Centers for Disease Control and Prevention estimates that more than 800,000 people are infected with gonorrhea every year. It is hard to know exactly how many infections occur, because many infections have no symptoms and do not get tested. The U.S. Preventive Service Task Force (USPSTF) recommends all sexually active women age 24 and younger should be screened for chlamydia<sup>40</sup>.

Fort Carson has a unique opportunity to test for chlamydia and gonorrhea as a Healthcare Effectiveness Data and Information Set (HEDIS) measure. HEDIS is a health screening quality metric that is used as a benchmark for certain health screenings and their effects. Defense Health Agency's "Rational/Reason for Measurement" defines that Fort Carson will screen women ages 16-24 for chlamydia and gonorrhea at least yearly. Fort Carson is in compliance with this HEDIS metric as we have a Soldier Readiness Center (SRC), where all Soldiers pass through on their way in or out processing, exiting the U.S. Army, or pre/post deployment. Fort Carson has captured ~6,000 chlamydia and gonorrhea tests from women processing through the SRC with an average 6%

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<sup>39</sup> Department of Defense Suicide Event Report (DoDSERs). *Fort Carson Self-harm Analysis*. [online]. Available at: [https://www.dsps.mil/Portals/113/Documents/DoDSER%20CY%202016%20Annual%20Report\\_For%20Public%20Release.pdf?ver=2018-07-02-104254-717](https://www.dsps.mil/Portals/113/Documents/DoDSER%20CY%202016%20Annual%20Report_For%20Public%20Release.pdf?ver=2018-07-02-104254-717) [Accessed 25 Jan 2019].

<sup>40</sup> [Uspreventiveservicestaskforce.org](https://www.uspreventiveservicestaskforce.org). (2019). *Final Recommendation Statement: Chlamydia and Gonorrhea: Screening - US Preventive Services Task Force*. [online] Available at: <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening> [Accessed 28 Jan. 2019].

positive rate among those tested, a small percentage of men have volunteered to be tested alongside their female peers at the SRC. Most of the positive lab results that have been explored and treated with Public Health have reported “no symptoms”, thus supporting the effort to uphold the USPSTF recommendation that if a young person is sexually active, they need to be tested, as many never have symptoms of their infection. Please see graphs below to support the effort of Fort Carson STI testing and HEDIS measures.

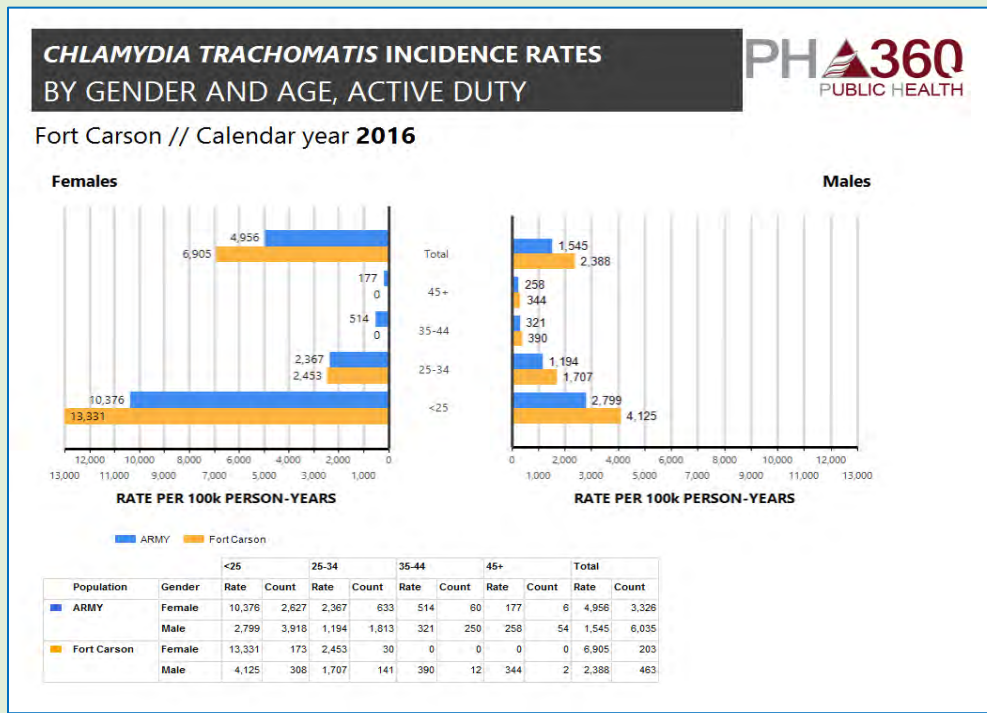
YEAR	2015	2016	2017	2018
CHLAMYDIA	808	952	1148	1004
GONORRHEA	147	139	165	171
SYPHILIS	8	18	12	10
HIV (total assigned)	8-12 (PCS, ETS, etc.)	8-12 (PCS, ETS, etc.)	8-12 (PCS, ETS, etc.)	8-12 (PCS, ETS, etc.)

Fig 15 <sup>41</sup>

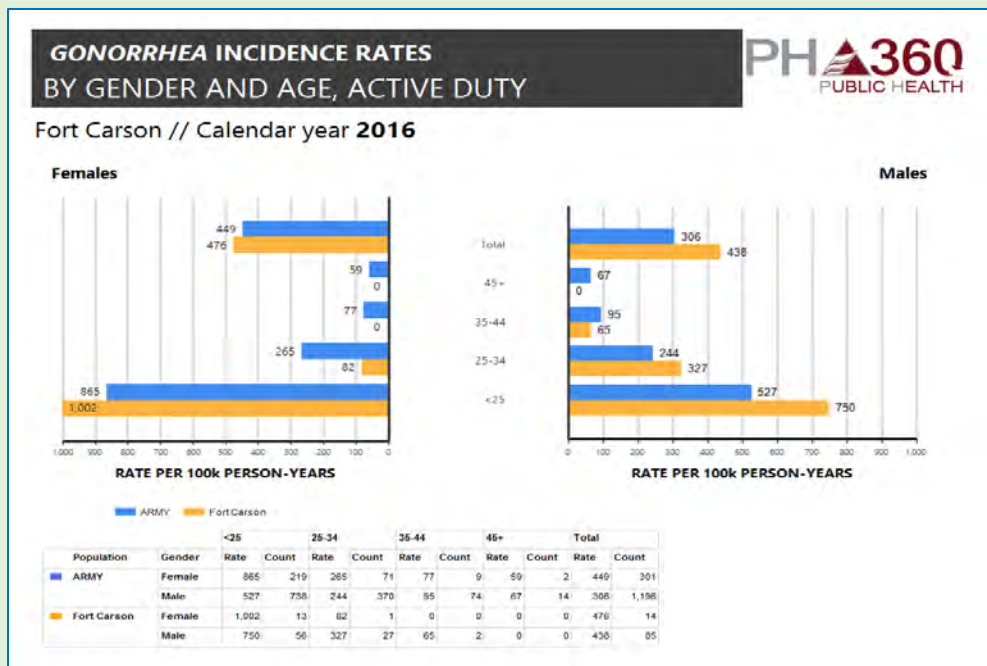
In 2017, the SRC tested HEDIS metric for chlamydia and gonorrhea as follows: 4,612 total tested, 206 + for chlamydia and 5 + for gonorrhea. 2017 had a 4.5% positive rate for STI's. In 2018, the SRC tested HEDIS metric for chlamydia and gonorrhea as follows: 5, 276 total tested, 118 + chlamydia and 10 + gonorrhea. 2018 had a 2.4% positive rate for STI's.

<sup>41</sup> Internal Data from the Composite Health Care System. [Accessed 28 Jan 2019].

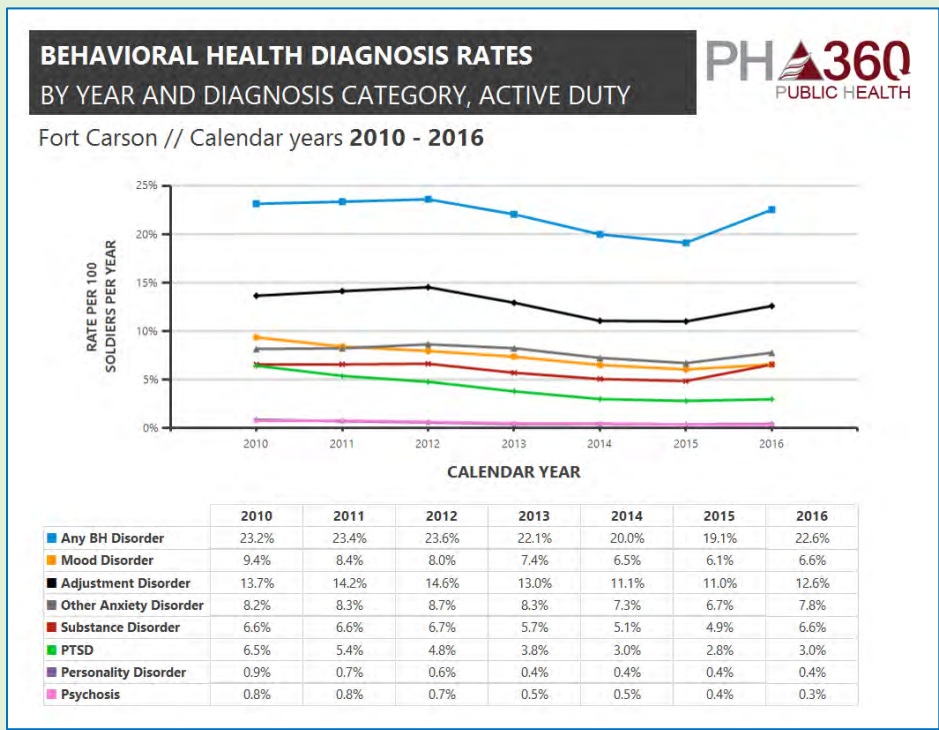
The graph below illustrates the Chlamydia incidence rates by gender and age for Active Duty Soldiers. Fort Carson has higher rates than the U.S. Army, with females having a higher incidence. When broken down by age on Fort Carson, the < 25 years old female population has triple the numbers compared to males, the rate is per 100,000 person (13,331 females to 4,125 males).



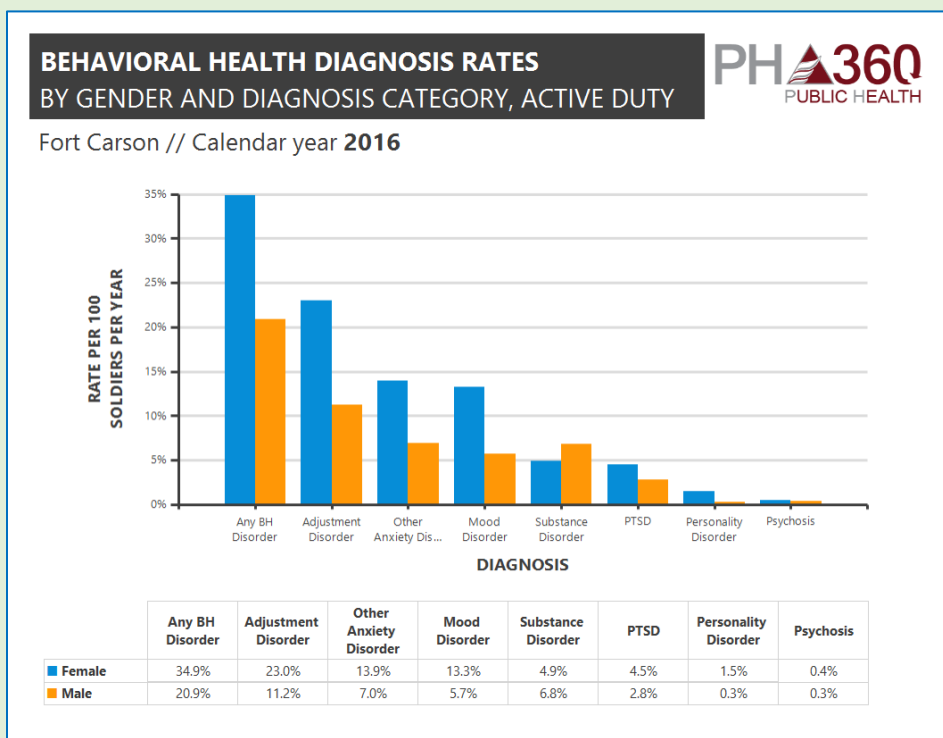
The graph below illustrates the Gonorrhea incidence rates by gender and age for Active Duty Soldiers. Fort Carson has higher rates than the U.S. Army, with females having a higher incidence. When broken down by age on Fort Carson, the < 25 years old female population has higher numbers compared to males, the rate is per 100,000 persons (1,002 females to 750 males).



**Behavioral Health:** Many different behavioral health diagnoses are seen on Fort Carson. The top three behavioral health diagnosis rates for Fort Carson in 2016 were Any Behavioral Health Disorder (22.6%), Adjustment Disorder (12.6%), and Other Anxiety Disorder (7.8%).

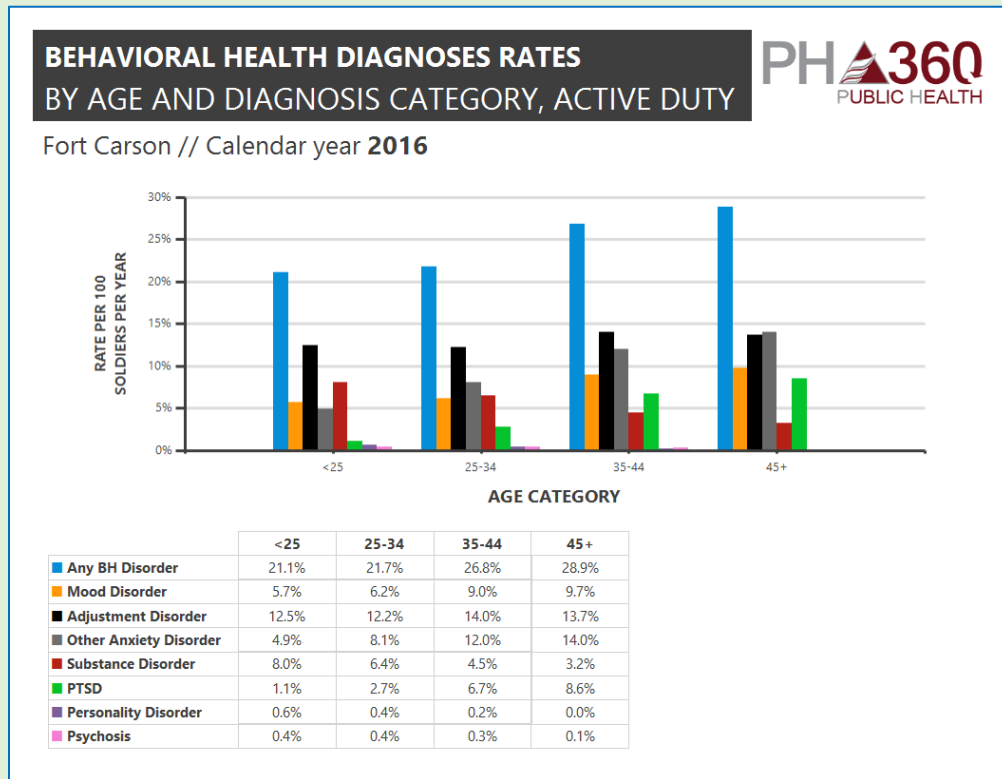


The graph below illustrates behavioral health diagnosis rates by gender and diagnosis category for Active Duty Soldiers of Fort Carson in 2016. Women had higher rates of all behavioral health diagnoses excluding Substance Disorder.





The graph below illustrates behavioral health diagnosis rates by age and diagnosis category for Active Duty Soldiers of Fort Carson in 2016. Any Behavioral Health Disorder was the highest among all the ages (average 24.6%) with Adjustment Disorder being the second highest among all the ages (average 13.1%).



## Most Frequent Diagnoses

### TOP THREE TYPES OF CANCER IN ALL BENEFICIARIES BY AGE GROUP<sup>42</sup>

Type of Cancer	Age Group	Encounters	Count of Patients
<b>Prostate</b>	45-64	166	47
	65 and over	186	53
<b>Breast</b>	45-64	126	55
	65 and over	47	17
	25-34	12	5
	35-44	62	17
	18-24	1	1
<b>Lung</b>	45-64	31	8
	65 and over	16	9
	35-44	27	2

### TOP THREE DIAGNOSIS WITH THE MOST ENCOUNTERS FOR ACTIVE DUTY<sup>43</sup>

Age Group	Diagnosis	Encounters
<b>18-24</b>	Alcohol dependence, uncomplicated	3217
	Adjustment disorder with mixed anxiety and depressed mood	2285
	Low back pain	2248
<b>25-30</b>	Alcohol dependence, uncomplicated	2603
	Low back pain	2355
	Adjustment disorder with mixed anxiety and depressed mood	1599
<b>31-40</b>	Low back pain	2233
	Alcohol dependence, uncomplicated	1832
	Post-traumatic stress disorder	1550

- It is notable that alcohol dependence is the diagnosis with the most encounters for the first two age groups, and the second diagnosis in the eldest age group
- Significant issues related to readiness, impact on healthcare resources, and the secondary effects of alcohol dependence on the community, accompany that diagnosis

<sup>42</sup> M2 for FY2018 run by Cancer Type targeted as the enrollees at EACH and outlying clinics

<sup>43</sup> Universe: MHS MART (M2) FY2018, Last Refresh Date:3/11/19 7:46 AM, USAMEDDAC – Fort Carson, CO

## Nutrition

Part of the CHSA reviews the Fort Carson nutrition environment. Healthy eating is one of the foundations in the U.S. Army performance triad. The performance triad nutrition evaluation assess how the installation food establishments support healthy eating, nutrition guidelines and nutrition education as part of the Mountain Post Living health promotion initiative. Collaborative partnerships with Fort Carson nutrition stakeholders such as AAFES, 4ID, MWR, and EACH is essential to implementing change when necessary. It is a key component to a commander's responsibility in unit health promotion to assess the nutrition environment and support healthy behavior change toward fueling a body for combat readiness.

4ID Surgeon Office conducts a survey called the Military Nutrition Environment Assessment Tool (mNEAT). The mNEAT captures in real time the picture of what each food establishment on post is preparing and feeding people. The survey not only assesses food, it evaluates specific dietary choices (ingredients, menus, demographics of dining facilities, vending machines, training of facility works) the 4ID nutritionists and other nutrition entities base their dietary values by. For example, items in the survey include food policy, food availability, and food labeling/health messaging. The Fort Carson mNEAT assessment was conducted by 4ID nutrition division in 2018. This assessment shows the health promotion activity on Fort Carson is that economics and availability of the food choice on post scored high, meaning that the post population has economical/low cost food items that are highly available throughout the installation. The assessment also showed that food labeling and health messaging scored low on the mNEAT assessment, which tells us that the actual food nutrition demographics is not readily available or absent from food packaging and/or establishments. The mNEAT assessment also provides "best-practice" solutions that the installation may initiate based on specific statistics.

Fort Carson has dedicated 4ID nutrition staff that continue to push for improvement compared to ourselves and other nutrition environments in the U.S. Army. Since nutrition is part of the performance triad and part of MPL, health promotion teams across Fort Carson will work to improve Soldier and Family readiness through survey tools that impact the foundations for performance.

mNEAT Scores from Survey:

Commissary Complied Score

<b>COMMISSARY</b>				
<b>FOOD POLICY</b>	<b>Max</b>	<b>15</b>	<b>Score</b>	<b>10</b>
<b>FOOD AVAILABILITY</b>	<b>Max</b>	<b>50</b>	<b>Score</b>	<b>47</b>
<b>BEHAVIORAL DESIGN</b>				
<b>CHOICE ARCHITECTURE</b>	<b>Max</b>	<b>15</b>	<b>Score</b>	<b>10</b>
<b>FOOD LABELING/HEALTH</b>	<b>Max</b>	<b>15</b>	<b>Score</b>	<b>11</b>
<b>COMMUNITY OUTREACH</b>	<b>Max</b>	<b>5</b>	<b>Score</b>	<b>5</b>
<b>SCORE FOR COMMISSARY</b>			<b>Total</b>	<b>83%</b>
<b>FOOD POLICY</b>	<b>Average Score</b>	<b>10</b>		
<b>FOOD AVAILABILITY</b>	<b>Average Score</b>	<b>47</b>		
<b>BEHAVIORAL DESIGN</b>				
<b>CHOICE ARCHITECTURE</b>	<b>Average Score</b>	<b>10</b>		
<b>FOOD LABELING/HEALTH MESSAGING</b>	<b>Average Score</b>	<b>11</b>		
<b>COMMUNITY OUTREACH</b>	<b>Average Score</b>	<b>5</b>		
<b>SCORE FOR COMMISSARY</b>			<b>Average Total</b>	<b>83%</b>

Fast Food Complied Score

<b>FOOD POLICY</b>	<b>MAX 15</b>	9	11	15	2	5	0	6	2	
<b>FOOD AVAILABILITY</b>	<b>MAX 50</b>	30	21	36	9	12	14	15	6	
<b>BEHAVIORAL DESIGN</b>										
<b>CHOICE ARCHITECTURE</b>	<b>MAX 15</b>	8	11	15	0	4	0	8	0	
<b>FOOD LABELING/HEALTH MESSAGING</b>	<b>MAX 15</b>	9	12	15	8	7	3	11	3	
<b>ECONOMICS</b>	<b>MAX 5</b>	0	3	3	0	0	0	0	0	
<b>SCORE FOR FAST FOOD</b>		56%	57%	84%	19%	27%	17%	40%	11%	
<b>FOOD POLICY</b>	<b>Average Score</b>									
<b>FOOD AVAILABILITY</b>	<b>Average Score</b>									
<b>BEHAVIORAL DESIGN</b>										
<b>CHOICE ARCHITECTURE</b>	<b>Average Score</b>									
<b>FOOD LABELING/HEALTH MESSAGING</b>	<b>Average Score</b>									
<b>ECONOMICS</b>	<b>Average Score</b>									
<b>AVERAGE SCORE FOR FAST FOOD</b>										
<b>FOOD POLICY</b>	<b>MAX 15</b>	9	11	15	2	5	0	6	2	
<b>FOOD AVAILABILITY</b>	<b>MAX 50</b>	30	21	36	9	12	14	15	6	
<b>BEHAVIORAL DESIGN</b>										
<b>CHOICE ARCHITECTURE</b>	<b>MAX 15</b>	8	11	15	0	4	0	8	0	
<b>FOOD LABELING/HEALTH MESSAGING</b>	<b>MAX 15</b>	9	12	15	8	7	3	11	3	
<b>ECONOMICS</b>	<b>MAX 5</b>	0	3	3	0	0	0	0	0	
<b>SCORE FOR FAST FOOD</b>		56%	57%	84%	19%	27%	17%	40%	11%	
<b>FOOD POLICY</b>	<b>Average Score</b>									
<b>FOOD AVAILABILITY</b>	<b>Average Score</b>									
<b>BEHAVIORAL DESIGN</b>										
<b>CHOICE ARCHITECTURE</b>	<b>Average Score</b>									
<b>FOOD LABELING/HEALTH MESSAGING</b>	<b>Average Score</b>									
<b>ECONOMICS</b>	<b>Average Score</b>									
<b>AVERAGE SCORE FOR FAST FOOD</b>										

MWR Complied Score

FOOD AVAILABILITY						
BEHAVIORAL DESIGN						
CHOICE ARCHITECTURE	MAX 15		3	6		3
FOOD LABELING/HEALTH MESSAGING	MAX 15		3	10		0
ECONOMICS	MAX 5		0	0		0
SCORE FOR MWR FOOD FACILITY			23%	39%		18%
FOOD POLICY	Average Score	0.001				
FOOD AVAILABILITY	Average Score	18.33				
BEHAVIORAL DESIGN						
CHOICE ARCHITECTURE	Average Score	4.001				
FOOD LABELING/HEALTH MESSAGING	Average Score	4.334				
ECONOMICS	Average Score	5E-04				
AVERAGE SCORE FOR MWR FOOD FACILITY		0.267				

Express, Snack, G&G Complied Score

FOOD AVAILABILITY						
BEHAVIORAL DESIGN						
CHOICE ARCHITECTURE	MAX 15		3	6		3
FOOD LABELING/HEALTH MESSAGING	MAX 15		3	10		0
ECONOMICS	MAX 5		0	0		0
SCORE FOR MWR FOOD FACILITY			23%	39%		18%
FOOD POLICY	Average Score	0.001				
FOOD AVAILABILITY	Average Score	18.33				
BEHAVIORAL DESIGN						
CHOICE ARCHITECTURE	Average Score	4.001				
FOOD LABELING/HEALTH MESSAGING	Average Score	4.334				
ECONOMICS	Average Score	5E-04				
AVERAGE SCORE FOR MWR FOOD FACILITY		0.267				

Vending Complied Score

<b>VENDING</b>							
<b>FOOD POLICY</b>	<b>Max</b>	<b>50</b>	<b>Score</b>		<b>7</b>	<b>7</b>	<b>46</b>
<b>FOOD AVAILABILITY</b>	<b>Max</b>	<b>40</b>	<b>Score</b>		<b>3</b>	<b>0</b>	<b>36</b>
<b>BEHAVIORAL DESIGN</b>							
<b>CHOICE ARCHITECTURE</b>	<b>Max</b>	<b>5</b>	<b>Score</b>		<b>0</b>	<b>0</b>	<b>5</b>
<b>FOOD LABELING/HEALTH MESSAGING</b>	<b>Max</b>	<b>5</b>	<b>Score</b>		<b>0</b>	<b>0</b>	<b>5</b>
<b>SCORES FOR VENDING Totals</b>					<b>10%</b>	<b>7%</b>	<b>92%</b>
<b>FOOD POLICY</b>	<b>Average Score</b>	<b>12</b>					
<b>FOOD AVAILABILITY</b>	<b>Average Score</b>	<b>8</b>					
<b>CHOICE ARCHITECTURE</b>	<b>Average Score</b>	<b>1</b>					
<b>FOOD LABELING/HEALTH MESSAGING</b>	<b>Average Score</b>	<b>1</b>					
<b>TOTAL SCORE FOR VENDING</b>		<b>Average Total</b>	<b>22%</b>				

## Access to Care

Access to care is important for promoting and maintaining health, preventing and managing disease, reducing disability and promoting health equity across our population. Access to care is important to all people because gaining entry to a health care system may be expensive due to insurance fees, tiered options and/or pre-existing conditions. In addition, an obstacle to access may be the physical location of where the health care is needed. Many community members have limited access to transportation and/or the geographic availability to health care services is extremely limited. Beneficiaries at Fort Carson, although part of a military health care system, do have barriers to health care.<sup>44</sup>

Getting a timely appointment is often a problem for military health care beneficiaries empaneled to Fort Carson. There are a large number of retirees from multiple services living here and depending on healthcare needs Fort Carson may be where they are assigned even if they are not veterans of the Army.

The MEDDAC at Fort Carson attempted to spread options for care throughout Colorado Springs. There are two additional Fort Carson clinics outside the gates: Mountain Post Medical Home (MPMH) in the southeast and Premier Medical Home (PMH) in the northcentral areas of El Paso County. These clinics allow families living off post to be enrolled in a medical home in proximity to their residence.

Recently it was announced that both MPMH and PMH will close because the leases could not be renewed. There will be no new spaces allocated. The 7326 patients enrolled at MPMH and the 3739 patients enrolled at PMH are to be “absorbed” into the clinics located on Fort Carson. The majority of the receiving clinics are already close to or at capacity for enrollment. Fortunately, many providers will move to the Fort Carson clinics, but the physical limits of the buildings, including how many exam rooms exist will likely negatively affect the number of available appointments.

In addition Fort Carson provides the only military run emergency department (ED) for both Army and Air Force beneficiaries in this area. With four Air Force bases located here, the demand for resources affects access to care. Wait times at the ED can be many hours long.

Geographic availability does impact Fort Carson Beneficiaries. Incomes vary greatly in the military rank structure and families of junior Soldiers may be single car households. Public transportation in Colorado Springs is not on par with other densely populated cities in the United States. These realities and the closing of outlying clinics can create geographical barriers to care.

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<sup>44</sup> Healthypeople.gov. (2019). *Access to Health Services | Healthy People 2020*. [online] Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services> [Accessed 15 Feb. 2019]

# Community Strengths & Themes Assessments (CSTA) Completed July 2014

The Community Strengths and Themes Assessment (CSTA) is a survey tool where people within the local population assess their community and identify the issues that they feel are important. It is a perception of community health. It is quantitative and qualitative data that represents who the community is and how they describe themselves in the culture, environment, physical and social wellness of the community. The survey is intended to be shared with key stakeholders and the general population and with doing this, the survey answers drive change and local public health policy. The intent is a public health collaboration within the community. Taken directly from the CSTA, Fort Carson Public Health Nursing reported 6 key points that identify the community on Fort Carson.

## 1. Makeup of survey participants:

The CSTA survey respondent demographics include the following:

**Responded:** *454 community members responded.*

- 79.5% were male
- 20.5% were female

**Ages:**

- 46.5% were in the age range of 26-39 years old
- 37% were in the age range of 18-25 years old
- 12.3% were in the age range of 40-54 years old
- 2.9% were in the age range of over 55 years old
- 1.3% were in the age range of under 18 years old.

**Ethnicity:**

- 59.3% identified with being white/Caucasian
- 15.2% identified by being Hispanic/Latino
- 14.1% identified with being African American/Black
- 5.5% identified with being other race
- 4% identified with being Asian
- 2 identified with being Native American

**Marital Status:**

- 67.4% reported being married
- 20.7% reported being never married/single
- 5.9% reported being divorced
- 5.3% reported being separated
- 0.7% reported being widow/widower



**Military Affiliation:**

- 83% reported being an Active Duty Service Member
- 8.8% reported being a Family Member
- 4.6% reported being a Department of the Army Civilian
- 1.5% reported being a retiree
- 1.3% reported being a contractor
- 0.7% reported being a Reserve Duty Service Member

**Rank or Grade:**

- 36.8% reported being E1-E4
- 34.1% reported being E5-E6
- 7.5% reported being O1-O3
- 2% reported being O4-O6
- 1.3% reported being GS 1-11
- 2.2% reported being GS 12-15

## 2. Where was the survey conducted?

The CSTA survey asked the Fort Carson community, “Where did you get this survey”?  
The top three locations were:

1. **50.4% reported they took the survey at the Soldier Unit**
2. **20.7% reported they took the survey via Electronic mail**
3. **19.6% reported they took the survey via “Other” means**

Response	Frequency	Count
Army Community Service	3.7%	17
Church	0.7%	3
Community Meeting/Event	2.6%	12
Electronic mail	20.7%	94
Grocery Store/Shopping Mall	0.4%	2
Post Office	0.4%	2
Unit	50.4%	229
Military Treatment Facility	1.3%	6
Other	19.6%	89
<b>Valid Responses</b>		<b>454</b>
<b>Total Responses</b>		<b>454</b>

### 3. What is important to our community?

The CSTA Survey asked what "...topics would YOU attend educational programming on post if it were available"? The top three are listed below.

1. **35.9% of respondents reported that they would use Nutrition Education**
2. **29% of respondents reported that they would use Stress Management Education**
3. **27.1% of respondents reported they would use Weight Management Education**

Response	Frequency	Count
Aging	11.2%	52
Dealing with Loss	12.9%	60
Child & Parent Education	19.8%	92
Disease Prevention Education	10.1%	47
Injury Prevention Education	13.1%	61
Life-skills Education (classes for self-improvement that teaches individuals to deal effectively with the demands and challenges of everyday life)	21.3%	99
Nutrition Education	37.6%	175
Mental Health Education	14.6%	68
Metabolic Testing (a measurement of the calories an individual uses to maintain basic life functions)	25.6%	119
Physical Performance Education	35.9%	167

<b>Response</b>	<b>Frequency</b>	<b>Count</b>
Substance Abuse Prevention Education	7.3%	34
Safety Awareness Education	7.5%	35
Stress Management Education	29.0%	135
Transitions/Relocations Education	13.8%	64
Weight Management Education	27.1%	126
Other (please specify)	2.4%	11
N/A, I would not attend programming on Post for any of the above topics	17.4%	81
	<b>Valid Responses</b>	<b>465</b>
	<b>Total Responses</b>	<b>465</b>

The CSTA survey asked the Fort Carson community, “What are the...most useful services you received in the last 12 months from your installation”?

The top three are below.

- 1. 45.3% of respondents reported they thought the post Fitness Facilities were most useful.**
- 2. 33.2% of respondents reported they thought the Dining Facilities were most useful.**
- 3. 23.6% of respondents reported they thought the Education Center was most useful.**

Response	Frequency	Count
Community Resource Guides	4.1%	19
Comprehensive Soldier Family Fitness Training Center	3.3%	15
Dining Facilities (DFACs)	33.2%	153
Education Center	23.6%	109
Education Center Computer Lab	15.2%	70
Family Employment Readiness Program	2.8%	13
Family Readiness Support Assistants (FRSA)	3.7%	17
Fitness Facilities	45.3%	209
Free Child Care Opportunities	2.8%	13
Health Clinic(s)	21.5%	99

#### 4. How is quality of life perceived in our community?

The CSTA survey asked the Fort Carson community, what “...best characterizes YOUR perceptions of the people in your community”? (Remember that by “health’ we are talking about all the factors that influence quality of life.) 513 community members responded to the CSTA survey.

Response	Frequency	Count
The people in our community are very unhealthy	5.8%	30
The people in our community are somewhat unhealthy	26.9%	138
The people in our community are somewhat healthy	56.7%	291
The people in our community are very healthy	10.5%	54
<b>Valid Responses</b>		<b>513</b>
<b>Total Responses</b>		<b>513</b>

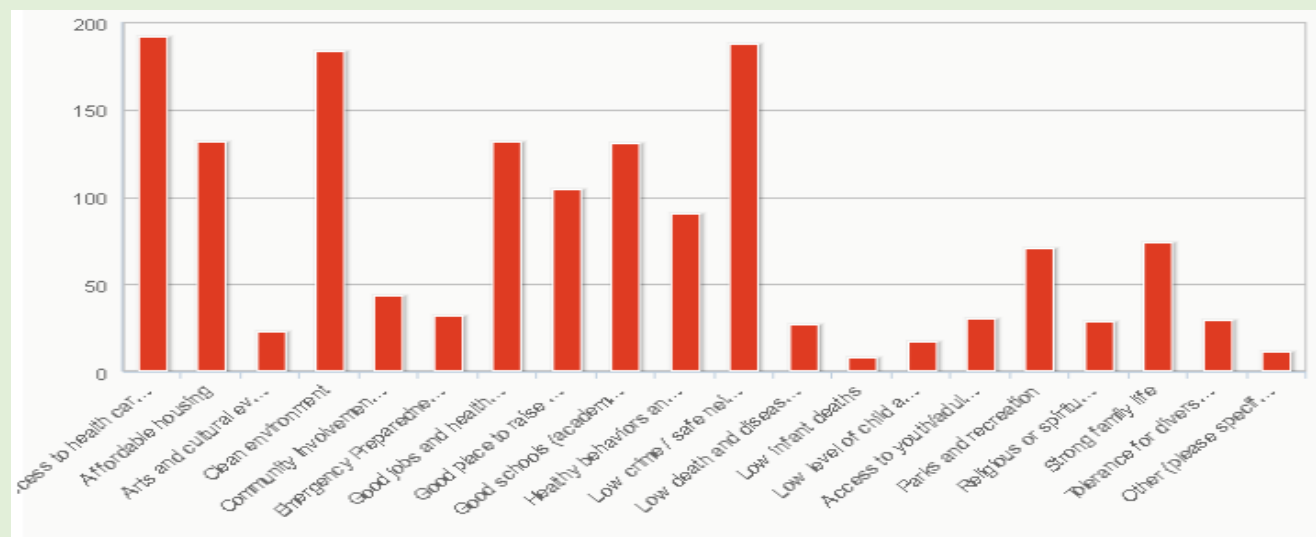
Response	Frequency	Count
Our environment is very unhealthy	5.1%	26
Our environment is somewhat unhealthy	22.8%	117
Our environment is somewhat healthy	56.5%	290
Our environment is very healthy	15.6%	80
<b>Valid Responses</b>		<b>513</b>
<b>Total Responses</b>		<b>513</b>

Response	Frequency	Count
I am in poor health	2.9%	15
I am in fair health	17.2%	88
I am in good health	57.7%	296
I am in excellent health	22.2%	114
<b>Valid Responses</b>		<b>513</b>
<b>Total Responses</b>		<b>513</b>

### 5. What assets does Fort Carson have that can be used to improve community health?

The CSTA survey asked the Fort Carson community, “In general, what do you think are the three most important factors for a “Health Community”? (Those factors which improve the quality of life in a community.) 513 community members responded to the CSTA survey and the top three responses are listed below along with a graph of the other factors that were considered.

- 1. Access to health care – 37.2%**
- 2. Clean environment – 35.7%**
- 3. Low crime / safe neighborhood – 35.5%**



## Data Limitations

Many vibrant helping organizations are present on Fort Carson. Each of these organizations collects data specific to their prevention efforts. The data collected is presented to senior commanders of the 4<sup>th</sup> Infantry Division at the newly assembled Ready and Resilient Council (CR2C). This process is in place to meet the requirements and execution of AR 600-63, Health Promotion.

The intent of the CR2C is to be a comprehensive approach to health promotion, risk reduction, and suicide prevention. The intent is to generate new or change existing policies, programs, resources and training through evaluating population needs, assessing existing programs and coordinating targeted interventions for the well-being of the Fort Carson community.<sup>45</sup> The CR2C engages senior commanders and leaders of community helping agencies to acknowledge high risk behaviors, implement programs to mitigate risk behaviors and maintain positive change. There are three working groups that meet monthly to plan events that may support risk reduction.

The three working groups are; Body Optimization Planning Team, Mindset Optimization Planning Team, and Community Optimization Planning Team. Fort Carson Public Health Nursing (PHN) has a staff member at each of these meetings as prevention subject matter experts. The data that is collected within each program initiated by the CR2C is not formally shared with installation leaders.

In the last two years 4ID senior leaders have changed how much information is shared and with whom. Previously there was an Installation Prevention Team (IPT) which was a working group that met quarterly and was led by the Garrison Commander. This working group included representatives from the Alcohol and Substance Abuse Prevention (ASAP) team, the Family Advocacy Program (FAP), Fort Carson Department of Public Health (DPH), the Army Community Service (ACS) program, the Sexual Assault Prevention and Response Program (SAPR), Army Chaplains and more. The IPT was a venue where data on health risk behaviors was presented and risk reduction strategies were discussed. The stakeholders at the table enjoyed direct access to the Garrison Commander which fostered visibility and crucial support. Prevention plans were assessed real time and stakeholders had a platform to provide feedback and if needed, adjust course collaboratively. Identified barriers to prevention plans were discussed directly with the Garrison Commander which often facilitated rapid resolutions. As of 2018, the IPT was disbanded. The loss of this setting has adversely impacted the joint creation and evaluation of prevention plans.

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<sup>45</sup> Source: 4<sup>th</sup> Infantry Division and Fort Carson Commander's Ready and Resilient Counsel (CR2C) Charter/Standard Operating Procedure. May 2018.



As discussed earlier in this CHA, Fort Carson has implemented Mountain Post Living (MPL), a unique program created to support prevention strategies. MPL is not mentioned specifically in the CR2C as a program to change behavior. The MPL program hosts events for the entire Fort Carson community in an effort to align with the intent of the CR2C. Community events are planned with risk reduction themes. The structure is similar to a traditional health fair, but incorporates a “pop culture” theme. For example, each spring near Fort Carson the community hosts a Spartan race. This race is an obstacle course of various lengths. Spartan races are known for their brutal obstacles which can symbolize the obstacles participants may face in their personal lives. MPL members establish an area at this event with stations similar to a health fair. Helping agencies include subject matter experts in not only physical resilience but also mental, nutritional, and spiritual resilience. In theory, to complete the Spartan race it takes all these aspects of resilience to make it through. Fort Carson helping agencies are there to highlight programs that can cultivate the resilience needed for life outside of the race.

## CSTA Limitations

The CSTA process on Fort Carson has some limitations worth mentioning here. To start with the CSTA is five years old. The latest assessment is from July 2014. Many U.S. Army initiatives have changed since then and the population on Fort Carson has experienced significant turnover. In the last four years, previous personnel and their families have been replaced by new personnel and families due to PCS activity. The data from the 2014 CSTA, although useful for tracking historical trends, is not a current picture of the Fort Carson community. In the last two years there has also been an increase in deployments and stress related to this high OPTEMPO FORSCOM post.

Another limitation is the disjointed approach to risk reduction by current post leadership. The previous structure of the CHPC was discontinued and prevention efforts are now funneled into MWR planned events where MPL participates on the sidelines. The needs of the community, as outlined within the CSTA, and the effort to highlight those community voices can be overcome by the pop culture event. Many stakeholders have limited funding and resources to compete with an MWR sponsored event. Crucial messaging can be buried under efforts to be noticed. For example, Army Substance Abuse Program (ASAP) cannot earn money for an event, cannot accept donations for events, but may only showcase their prevention strategies through talking to people and scheduling training, which may be difficult at an MWR event that serves alcohol or is focused on a fun run.

Additionally, Fort Carson Public Health was not included in administering the CSTA or distributing the CSTA results to the CHPC/CR2C members and other installation and community partners. DPH staffing issues and inconsistencies in the CHPC/CR2C processes resulted in a disconnect between DPH and the CSTA process. This is considered a significant limitation. The dynamic nature of the CHPC/CR2C structure made it difficult to identify the responsible party to lead the CSTA effort, and where to find the most recent results. A priority derived from this CHA is to address this issue. The CSTA can be a useful tool, when applied correctly, to reveal an appropriate picture of the current Fort Carson community. Public Health is a key stakeholder for CSTA planning, processing and evaluating. DPH is committed to be part of the CSTA process which should occur every two years.

## Department of Public Health Assets

### Public Health Nursing

Mission: Promote, protect and restore a healthy and ready force through community health education and services for the Fort Carson and Pikes Peak region populations.

- Child, Youth & School Services
- Influenza Program
- Latent Tuberculosis Program
- Epidemiology Management
- Rabies Program
- Blood Bank Look Back Program
- Emergency Operations Command Team
- Sexually Transmitted Infections Program
- HIV Program
- WIC Program
- P3T Education
- Health Promotion

### Occupational Health

Mission: To provide occupational medicine services in support of operations at Ft. Carson, CO, and comply with medical surveillance requirements for Ft. Carson employees performing various forms of hazardous work.

Vision: Healthy workforce through compliance, prevention, and interagency collaboration.

- Prevention of Injury & Illness from Occupational Hazards
- Occupational Health Education
- Immunization Review & TB Skin Testing
- Pre-placement/Pre-employment Examinations
- Return to Work Evaluations
- Medical Surveillance Examinations
- Certifying Exams-DOT, Fitness for Duty
- Job Site Visits/ Pregnancy Surveillance
- Workers' Compensation Injury/Illness Evaluation & Treatment
- Blood borne Pathogen Exposure Evaluations
- Medical Case Management

### Communicable Disease Clinic

Mission: Epidemiology & Disease Control is concerned with identification, evaluation, control, and reporting of communicable diseases and other conditions of public health significance and command interest.

## Biological & Chemical Surety

Mission: Biological & Chemical Surety is dedicated to ensure continued compliance with all Department of the Army, Major Army Commands, and Community Surety inspections. The Public Health Department's priority is the overall safety and wellbeing of the workers, residents, and local communities surrounding Pueblo Chemical Depot, Tooele Army Depot, and Dugway Proving Ground.

## Army Wellness Center

Mission: To embrace the military community through a world class health experience focused on fitness of mind, body, and spiritual wellness to enhance the self-efficacy of individuals to maintain lifelong healthy behaviors.

Vision: The destination of choice leading to healthy lifestyle changes, performance enhancement and resiliency readiness for life.

- Sleep Education
- Weight Management
- Metabolic Testing
- Exercise Testing and Exercise Prescription
- Stress Management Education and Biofeedback
- Nutrition Education
- Wellness Coaching
- Body Composition Analysis
- Health Assessments

## Environmental Health

Mission: Environmental Health has capabilities and activities necessary to anticipate, identify, assess, and control risks posed by environmental health hazards associated with Army activities and of immediate and delayed-onset disease and non-battle injuries (DNBI) to personnel. The scope of these capabilities addresses issues that impact soldiers, their families, and the civilian work force.

- Hazardous/Regulated Medical/Pharmaceutical Waste Management
- Food Establishment Inspections & Training
- Food Borne Illness Outbreak Investigation
- Drinking Water Surveillance
- Heat & Cold Injury Prevention
- Pest Management & West Nile Virus Surveillance
- Medical Threat Briefings

## Industrial Hygiene

Mission: Industrial Hygiene is devoted to the anticipation, recognition, evaluation, and control of those environmental factors or stresses arising in or from the workplace which may cause sickness, impaired health and wellbeing, or significant discomfort among workers or among the community.

- Health Hazard Evaluations
- Inventory of Work Health Stressors
- Indoor Air Quality (IAQ) Investigations
- Evaluation of Controls
- Building Design Reviews
- Respiratory Protection

## Hearing Program

Mission: The Fort Carson Hearing Program strives to prevent hearing loss and enhance communication for noise exposed personnel. The program has four major elements: hearing readiness, clinical hearing services, operational hearing services, and hearing conservation.

- Audiometric monitoring, diagnosis, and referrals
- Fitting and issue of hearing protection devices
- Treatment of hearing injuries
- Hearing Conservation Health Education and Training

## Radiation Safety

Mission: To protect radiation workers, staff, patients and visitors of Evans Army Community Hospital from unnecessary exposure to radiation by emphasizing the importance of Radiation Safety TRAINING and Radiation Safety Hazard VIGILANCE, while ensuring full compliance with all regulatory requirements.

- Radiation Exposure Monitoring Program (Dosimeters)
- Radiation Safety Training
- Clinic Inspections
- Lead Apron Check Program
- Surveying for Contamination
- Spill/ Decontamination Response
- Compliance Testing of X-ray Machines
- Tracking the Handling of Radioactive Materials/Waste
- NRC License Maintenance
- Radiation Safety Issue Resolution/Consultation
- LASER Safety Program

**Pueblo Chemical Depot Clinic**

Mission: Evans ACH supports our community with a trusted, integrated system for health, wellness, and readiness - responsive and accountable to those entrusted to our care - distinguished by compassion, quality, and safety.

Vision: Lead the way in multi-service, collaborative care, dedicated to the health of our community.

## Evans Army Community Hospital (EACH)

**Mission:** To optimize human performance and health Readiness at the Army's Mountain Post with a professional team dedicated to safe, consistent, accessible, and high quality patient centered care.

**Vision:** The Hospital of Choice transforming positive patient experiences into healthy lifestyles and optimal performance.

The 60-bed Evans hospital serves an enrolled population of over 70,000 and supports about 3,500 outpatient visits every day. Other typical daily statistics include 137 emergency room visits, 6 births, 21 operating room cases, 41 inpatients, and 3,300 prescriptions filled.

The MEDDAC also manages 16 outlying clinics and teams. The two DiRaimondo Clinics, Robinson Clinic and the Butts Army Air Field (BAAF) clinic, are Soldier-Centered Medical Homes (SCMH) which provide healthcare and medical services to Fort Carson's soldiers. The Mountain Post Behavioral Health Clinic and its five embedded BH teams provide a full-range of behavioral health services. Also on Fort Carson are the Robinson Family Medicine Clinic and a public health clinic. The command oversees three occupational health clinics at Army facilities in Pueblo, Colo., and in Utah. The two community-based medical homes, Premier and Mountain Post, closed as of 15 April 2019 and re-aligned to the Hospital, causing some grievances within the community.

Services <sup>46</sup>		
Allergy & Immunology	Family Care Ward	Pediatrics
Audiology	Gastroenterology	Pharmacy
Behavioral Health	Intensive Care Unit	Physical Therapy Services
Cardiology	Internal Medicine	Public Health
Chiropractic	Neurology	Primary Care
<b>Colorado Springs Military Sleep Center</b>	Nutritional Services	Radiology
Dermatology	Occupational Therapy	Surgery
Disease Management	Optometry & Ophthalmology	Urology
Ears, Nose, & Throat (ENT)	Orthopedics & Podiatry	Women's Health Clinic
Emergency Medicine	Pain Management	
Exceptional Family Member Program (EFMP)	Pathology & Laboratory Services	

<sup>46</sup> Evans.amedd.army.mil. (2019). *EACH - Home*. [online] Available at: <https://evans.amedd.army.mil/> [Accessed 21 Mar. 2019].

## Fort Carson Community Services

The Fort Carson community provides an abundance of services for the service members, their family, retirees, and their civilian counterparts. The programs available are intended to provide support for our soldiers and the readiness mission. The military community is faced with unique challenges that can be alleviated with these services.

### Community Support<sup>47</sup>

<b>Army Community Service</b>
<b>Army Emergency Relief (AER)</b>
<b>Army Family Action Plan (AFAP)</b>
<b>Army Family Team Building (AFTB)</b>
<b>Army Volunteer Corps</b>
<b>Community Connection</b>
<b>Community Information Newsletter "Pass It On"</b>
<b>Community Information, Referral &amp; Follow-Up Program</b>
<b>Employment Readiness</b>
<b>Exceptional Family Member Program</b>
<b>Family Advocacy Program</b>
<b>Family Readiness</b>
<b>Financial Readiness</b>
<b>Find ACS Class Dates &amp; Register</b>
<b>Fort Carson Gifts &amp; Donations</b>

<b>Mobilization, Deployment &amp; Stability Support Operations (MD&amp;SSO)</b>
<b>Multicultural Services - Relocation Readiness Program</b>
<b>New Parent Support Program</b>
<b>Newcomers Services - Relocation Readiness Program</b>
<b>Nursing Suite</b>
<b>SHARP (Sexual Harassment/Assault Response and Prevention Program)</b>
<b>Soldier and Family Assistance Center</b>
<b>Transitioning Services - Relocation Readiness Program</b>
<b>Victim Advocacy Program</b>
<b>Waiting Families - Relocation Readiness Program</b>

<sup>47</sup> Carson.armymwr.com. (2019). *Programs*. [online] Available at: <https://carson.armymwr.com/programs> [Accessed 21 Mar. 2019].



## Child & Youth Services

<b>CYS Services - Parent Central Services</b>
<b>Child Development Centers</b>
<b>Deployment Support Services</b>
<b>Kids On Site</b>
<b>SKIES Unlimited-Instructional Programs</b>
<b>School Age Centers</b>
<b>School Support Services</b>
<b>Special Event Childcare Information</b>
<b>Youth Center</b>
<b>Youth Sports and Fitness</b>

### Child Development Centers

\*Full-day care, ages 6 weeks – 5 years

<b>Aspen</b>
<b>Cheyenne Mountain</b>
<b>East</b>
<b>Ivy</b>
<b>Monarch</b>
<b>West</b>

### School Age Centers

\*Before & After School & school's off days, Kindergarten – 5<sup>th</sup> grade

<b>Mesa</b>
<b>Patriot</b>

## Outdoor Recreation

<b>Adventure Programs and Education</b>
<b>Equipment Checkout Center</b>
<b>Iron Horse Park</b>
<b>Mountain Post Outfitters</b>
<b>Outdoor Recreation Complex</b>
<b>Warrior Adventure Quest</b>

## Recreation

<b>Cheyenne Shadows Golf Club</b>
<b>Thunder Alley Bowling Center</b>

## Service Members

<b>BOSS</b>
<b>Unit Funds</b>

## Social & Dining

<b>Ivy Irish Pub</b>
<b>Mulligan's Grill</b>
<b>Strike Zone Snack Bar &amp; Grill</b>
<b>The Hub</b>

## Sports & Fitness

<b>Aquatics</b>
<b>Fitness Center Policies</b>
<b>Fitness Class Schedule</b>
<b>Garcia Physical Fitness Center</b>
<b>Intramural Sports</b>
<b>Iron Horse Sports and Fitness Center</b>
<b>McKibben Physical Fitness Center</b>
<b>Mountain Post Sports Complex</b>
<b>Waller Physical Fitness Center</b>
<b>Youth Sports and Fitness</b>

### Additional Services

<b>Elkhorn Catering &amp; Conference Center</b>
<b>Financial Readiness</b>
<b>Grant Library</b>
<b>Cheyenne Mountain Shooting Complex</b>
<b>Leisure Travel Services (ITR)</b>

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## Health Promotion on Fort Carson

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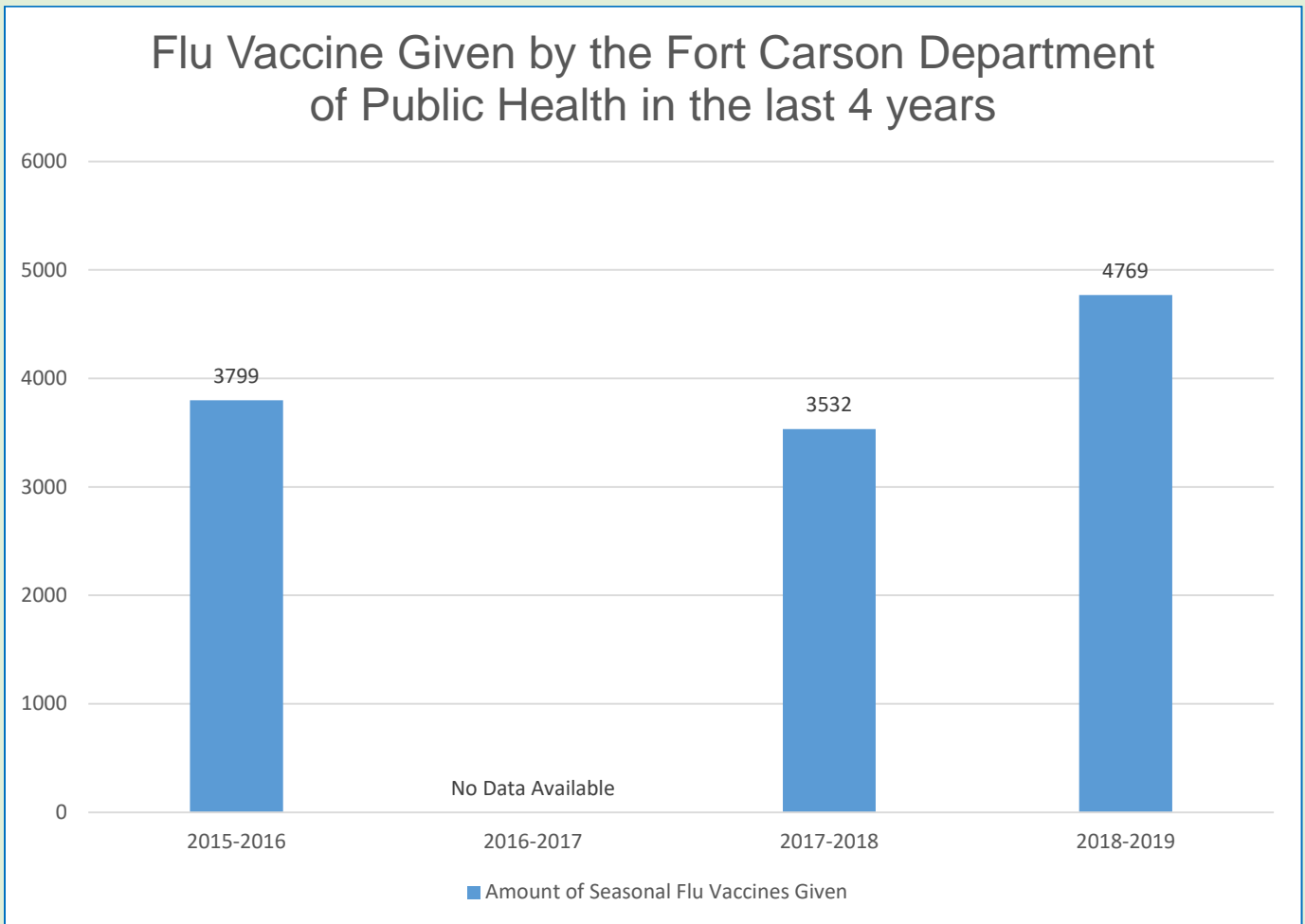
According to AR 600-63, *Army Health Promotion*, health promotion policy is embedded in all aspects of the U.S. Army community. U.S. Army policy is published and well defined as to support each Installation, Commander, and Soldier in the Readiness Mission that supports a healthy community. On Fort Carson, the Installation has adopted a policy that stands in the place of the CHPC, it is called Mountain Post Living (MPL). Mountain Post Living is a living and evolving process where key stakeholders come together each month in small topic specific working groups to brainstorm ideas and events where the Fort Carson Community may benefit from the helping agencies on post.

Each quarter the MPL comes together as a larger team effort, to include all working groups, to decide on what events will ensure that Soldiers and the broader community of dependents, retirees, and DA Civilians will acquire skills to lead a better lifestyle. U.S. Army policy AR 600-63, holds leaders on Fort Carson accountable for supporting the mission of the MPL by appointing helping agency subject matter experts to each working group. With each agency on post represented, efforts are coordinated to address specific issues and needs. For example, finances are typically a concern, based on Unit Risk Inventory (URI) survey's, around the holidays, at the end of the calendar year.

Mountain Post Living key stakeholders may develop an event available to the whole community that focuses on how to spend and save money and still have a healthy life. Stakeholders in this example may include Army Community Service and their Finance University Program, or Public Health Nursing and the link between Women, Infant and Children (WIC) collaboration of the local county health department to give qualified families money to assist with buying food. These events not only help with current issues, but hope to drive the effort of consistent and sustained healthy behavioral changes.

## Seasonal Influenza Vaccination Program

The Fort Carson Department of Public Health is tasked with providing seasonal influenza vaccinations each season. Below is a graph of vaccinations given in the past four seasons:



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## Forces of Change

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Fort Carson has a Commander's Read and Resilient Council (CR2C) that has the purpose to approach health promotion, risk reduction, and suicide prevention with the intent to integrate medical, tactical and garrison programs and helping agencies implement change through programs and events that promote health. The CR2C and the 4ID Commander supports overall unit and installation readiness at all levels, to include the individual, organization and the community. The CR2C with the oversight of AR 600-63, Health Promotion, have come up with 9 priorities that were identified by helping agency subject matter experts, for the 4ID Commander to focus logistical, monetary, physical, and mental support in the effort to promote health behavior change.

The 9 areas are high visibility where change at all of the levels is necessary for a healthy population. Members of the CR2C include:

- 1) Senior Commander
- 2) Division Commander
- 3) Chief of Staff
- 3) SC's AUG TDA Director
- 4) U.S. Army garrison (USAG) Commander
- 5) Evans Army Community Hospital (EACH) Commander
- 6) Community Ready & Resilient Integrator
- 7) Chief, Department of Behavioral Health
- 8) Chief, Public Health
- 9) Division Surgeon
- 10) Division or Installation Chaplain
- 11) Division G1
- 12) Division Assessments Officer (ORSA)
- 13) Division BCT's/CAB Commanders
- 14) Tenant Commanders
- 15) R2 Performance Center Lead
- 16) Public Affairs Officer
- 17) Division Safety Officer
- 18) Director, Family Morale Welfare and Recreation (MWR)
- 19) Director, Army Community Services
- 20) Director, Emergency Services
- 21) Director, Army Wellness Center
- 22) Suicide Prevention Program Manger
- 23) SHARP Program Manager
- 24) Family Advocacy Program Manager
- 25) Risk Reduction Coordinator
- 26) Other SNEs as identified.

Please reference the CR2C charter, dated 18 May 2018, for more information and the chart below for specifics.

CR2C identified the following priority areas to focus on functional change through the guidance of the CR2c members listed above.

1. Be RESPECTFUL of others.	<b><u>Priority 1</u></b> Establish and maintain healthy relationships.	<b><u>Priority 2</u></b> Sexually transmitted infection prevention.	Key stakeholders: -Chaplin -Public Health Nursing -Ready and Resilient (R2) trainers
2. Be EXPERTS in your craft.	<b><u>Priority 3</u></b> Enhanced performance.		Key stakeholders: -R2 -MWR, post gyms
3. Be an ATHLETE.	<b><u>Priority 4</u></b> Build athletes ready for higher combat.	<b><u>Priority 5</u></b> Fuel to perform.	Key stakeholders: -Master Fitness Trainer (MFT) -MWR -Strength coaches -Battalion leaders -Pregnancy PT -4ID Dietitian -Army body composition program
4. Be DISCIPLINED and enforce Army standards.	<b><u>Priority 6</u></b> Leader-enforced standardized home visits.	<b><u>Priority 7</u></b> Alcohol & substance abuse prevention.	Key stakeholders: -Army Community Service (ACS) -Army Substance Abuse Program (ASAP)
5. It's up to YOU. Take initiative-make a difference and be accountable.	<b><u>Priority 8</u></b> Child abuse prevention.	<b><u>Priority 9</u></b> Plan for financial success.	Key stakeholders: -ACS -Evans Army Community Hospital (EACH) -Battalion

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The initiative for implementing the above chart is called the CR2C wellness Journey Campaign or #MOUNTAINPOSTLIVING (MPL). This is another unique way for Fort Carson to develop and execute a campaign that encourages, educates, and inspires a culture of wellness for the entire community and started in April 2018. MPL's mission is to utilize all key stakeholders listed above, and link them to events or activities that promote their wellness and prevention mission. For example, each month MPL plans an event or activity that the Fort Carson community may attend to mind, body and spirit resilience. Each activity has a health fair ambiance where Soldiers and their Families can mingle with helping agencies to learn about and learn how to implement a healthy life style.

<sup>48</sup> Source: 4<sup>th</sup> Infantry Division and Fort Carson Commander's Ready and Resilient Counsel (CR2C) Charter/Standard Operating Procedure. May 2018.

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## CONCLUSION

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The CHA is a vital tool for determining community strengths and weaknesses and identifying process improvements. It is apparent that we have significant gaps in data. Also, leadership accountability and priorities change frequently, interfering with successful prevention strategies. The most cumbersome problems of our community are alcohol dependence, tobacco use, sexually transmitted infections, behavioral health, and the high OPTEMPO of our military units. Overall, the community seems satisfied with the health of their community and quality of life. As Fort Carson continues to grow and missions are added, we are aware these findings will change with the community. The CHA will be continuously reviewed, revised and used for improvement plans moving forward. Key stakeholders and community partners play a vital role in ensuring we are providing appropriate health promotion and prevention strategies. After all, a successful Public Health Department is dependent upon its team and community.

As a military installation, our population encounters a magnitude of stressors and high risk behaviors. The main areas of focus that need improvement are alcohol dependence (most notable), drug and tobacco use, sexually transmitted infection rates, and behavioral health disorders. Some identifiable gaps and barriers are related to change of leadership priorities, constant military missions, and influences from outside the military installation. Being located in Colorado, our community is easily exposed to marijuana which is a legal drug in the state, imposing a problem for soldiers.

*“Steadfast and Loyal”*

*“Care with Honor”*