

# Community Health Improvement Plan

## Fort Carson, Colorado

2019-2022



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PRIORITY 1

## List of Abbreviations

4ID	4 <sup>th</sup> Infantry Division
ACS	Army Community Services
AFB	Air Force Base
APHN	Army Public Health Nursing
ASAP	Army Substance Abuse Program
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
DA	Department of the Army
DPH	Department of Public Health
EACH	Evans Army Community Hospital
EPCPH	El Paso County Public Health
FCPH	Fort Carson Public Health
FORSCOM	US Army Forces Command
IPT	Installation Prevention Team
MWR	Morale Welfare & Recreation

PH Public Health  
STI's Sexually Transmitted Infections  
USAFA United States Air Force Academy  
USAMEDDAC United States Army Medical Activity

## Executive Summary

On behalf of the Fort Carson Department of Public Health (FCPH), we would like to thank everyone in the community who has assisted in the creation of the Community Health Improvement Plan (CHIP). Without this support, the CHIP would not be possible. We are all part of the “Public Health System” working together to assure the community receives public health services that are unique to a military post like Fort Carson. The CHIP is a long-term, systematic effort to address public health concerns identified by the public health Community Health Assessment, the command’s CR2C (previously the Community Health Promotion Council (CHPC) and the Installation Prevention Team. This plan is executed with community stakeholders that prioritize the identified health concerns and assist with coordinating resources. A CHIP develops policies and defines actions within the scope of the collaborating partners. The goal of the CHIP is to enhance the health of the community.

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 to support each Installation, Commander, and Soldier in the Readiness Mission that requires a healthy community. For many years the CHPC was a major factor in the foundation of this policy. Formulation of this CHIP began in 2016 -2017 when the CHPC was active. Health issues tracked by that council focused on a “top 15” bullseye dashboard that was reviewed each quarter. FCPH, as a part of that council, participated in the on-going review of recognized health issues and the processes to address them.

In 2018 a significant change occurred regarding the CHPC. This installation adopted a policy that stands in the place of the CHPC, it is called Mountain Post Living (MPL) as defined in the CR2C charter. Mountain Post Living is a dynamic 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 will interact with the helping agencies on post. Each quarter the Mountain Post Living comes together to work as a larger team with all working groups and any other interested parties on the installation. In this larger forum decisions are made on which events will facilitate Soldiers and the broader community of dependents, retirees, and Department of the Army DA Civilians to acquire skills that lead to greater health. The aforementioned U.S. Army policy AR 600-63, holds leaders on Fort Carson accountable for supporting the mission of Mountain Post living 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, in this way the Army has institutionalized the spirit of a CHIP.

Upon completion of the 2019 CHA, FCPH determined that a smaller venue, with specific focus on the health concerns the 2019 CHA identified, was needed. The objective for our more selective group is not one of events that promote health but a focused effort to relieve prioritized health concerns. FCPH began defining key stakeholders in the community in and around Fort Carson. This group of stakeholders are Fort Carson community partners that

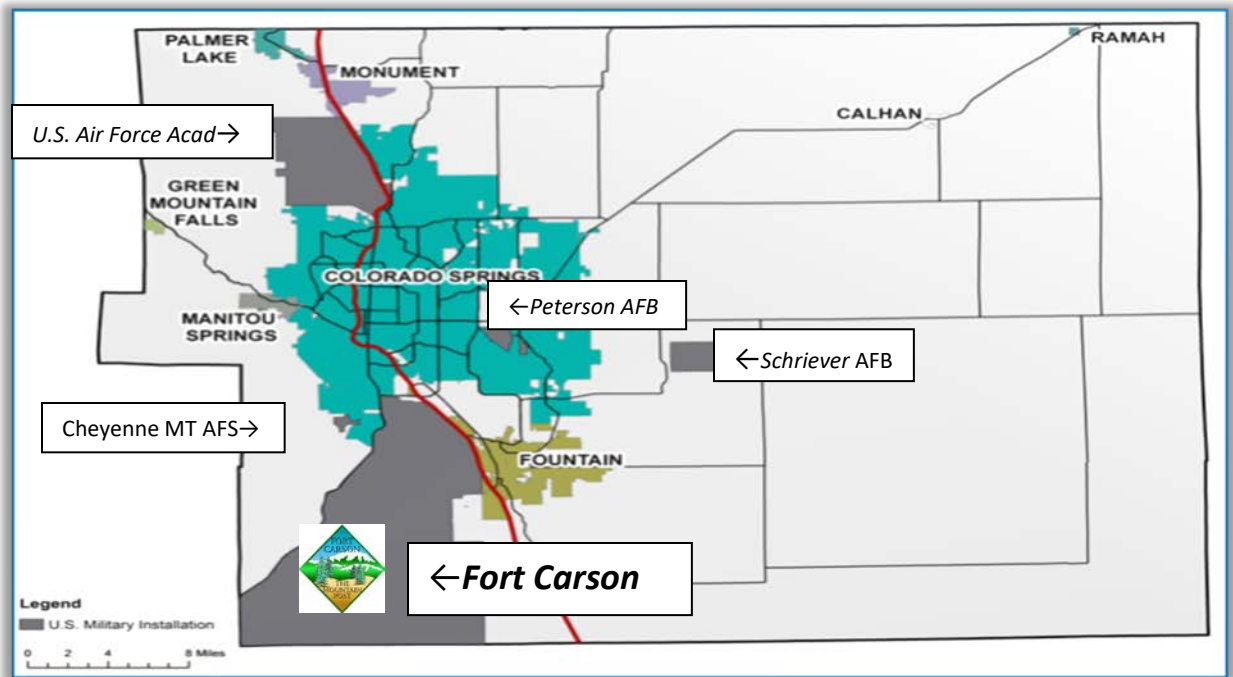
consist of representatives from U.S. Army leadership, 4<sup>th</sup> Infantry Division Units, Evans Army Community Hospital (EACH), Family Advocacy Program (FAP), Suicide Prevention Program, Fort Carson Health Promotion Activity, Military Police, Morale Recreation & Welfare (MWR), U.S. Army Garrison Fort Carson, Safety Office, Army Community Service (ACS), Army Substance Abuse Program (ASAP), Fort Carson Families, and the entire FCPH to include the Army Wellness Center. FCPH is proud to be a key stakeholder among this list of agencies who plan, develop, implement and evaluate this public health process on Fort Carson.

Stakeholders on Fort Carson have chosen *Access to Care for Readiness: such as physical therapy, performance nutrition, un-intentional injury & sexually transmitted infections*, as its focus for the CHIP, targeting the stakeholder resources and knowledge that can be utilized to increase readiness among Soldiers and their Families. Stakeholders in the U.S. Army system has the primary mission to prepare Soldiers for deployment. The term used to describe a fully prepared Soldier is “Readiness”. This term signifies that a Soldier is able and prepared to go into battle at a moment’s notice. To achieve the standard of “Readiness” the Soldier must be physically fit and uninjured, their mental health must be stable and equipped to endure extreme stressors, they must have an optimal nutrition status, with the intention to perform, and their risk behavior must negligible. Soldiers may have nothing on their mind except for battle. That standard defines a perfect scenario without human nature at play. U.S. Army Soldiers are humans with flaws, but each health agency on Fort Carson is required to facilitate *Readiness*. Readiness is the core mission of all support agencies.

The CHIP on Fort Carson is a local effort, yet we have a continuous collaborative relationship with our local health department, agencies in Colorado, such as El Paso County Department of Public Health, Colorado Department of Public Health and Environment (CDPHE) and other organizations throughout both the U.S. Army and the country to share public health expertise and experiences to enhance the health of our military community.

## Community Assessment: Fort Carson, Colorado

Fort Carson, Colorado is located in the south central region of Colorado and within El Paso County, CO. The map below details the area of El Paso County, CO that Fort Carson resides. The majority of Fort Carson's land resides in El Paso County. All personnel and post services are contained within El Paso County. USAMEDDAC – Fort Carson is the only military hospital in the county.



A Community Health Assessment (CHA) was completed by FCPH April 2019. 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. FCPH's CHA included information on a 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. Furthermore, 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 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.

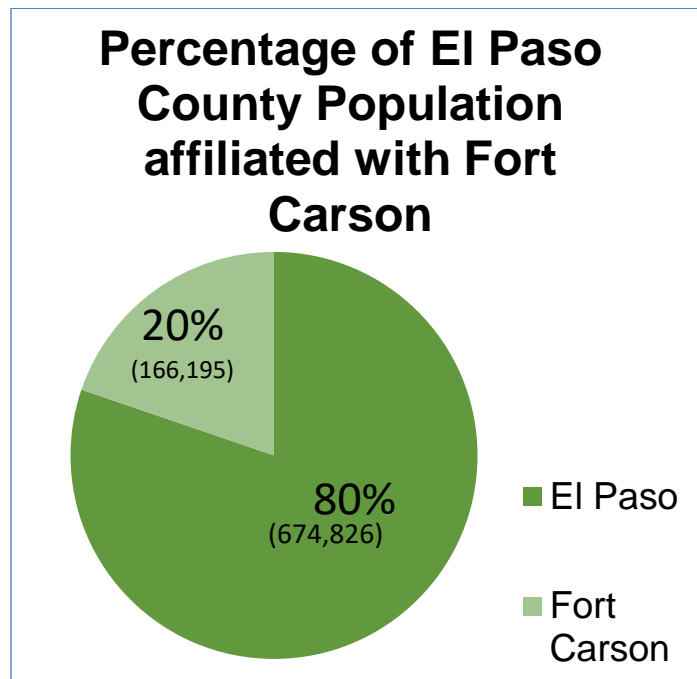
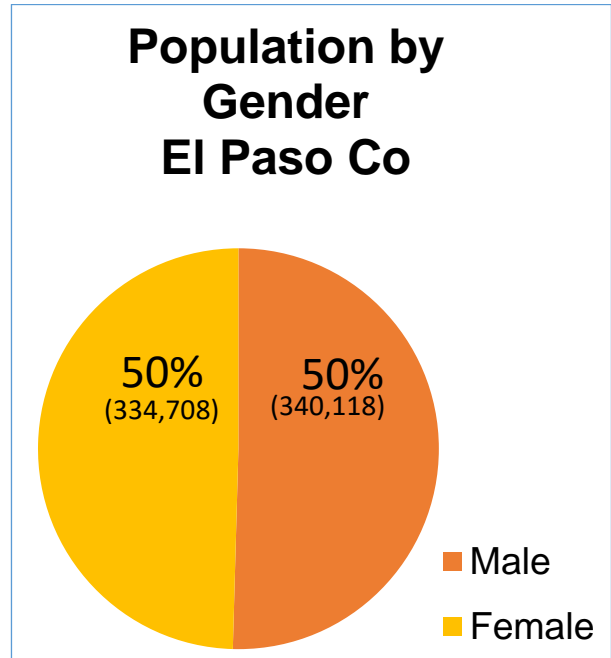
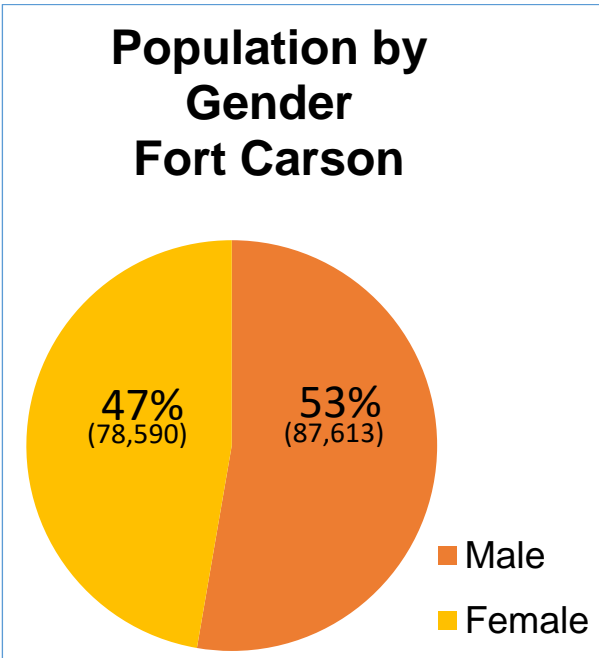
Within the Fort Carson Strategic Plan, key stakeholders have been named. These partners for community health and wellbeing have contributed a great deal in the accountability of our public health process. Fort Carson has stakeholders within the El Paso County health care community, military community, 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 Department of Public Health assist us with understanding roles within public health mission and care listed in the table below.



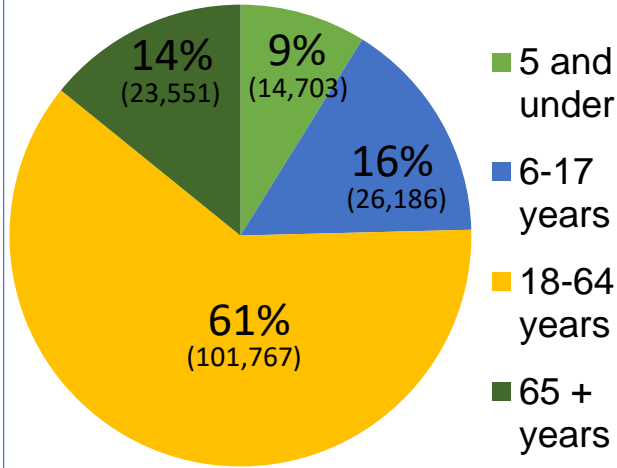


Fort Carson is a United States Army installation located in unincorporated El Paso County, CO, near the city of Colorado Springs. The 137,000 acre installation extends southward into Pueblo and Fremont counties.

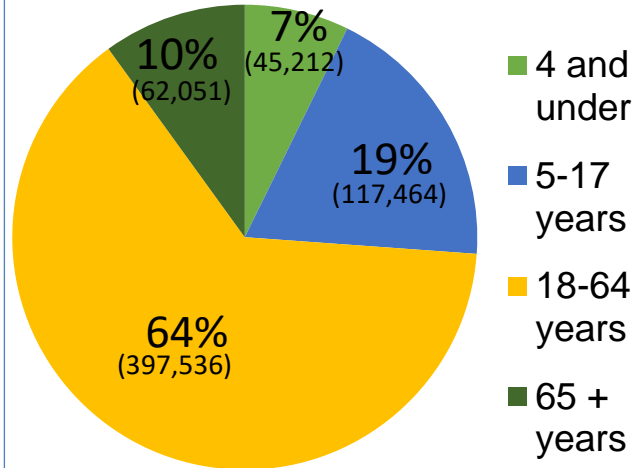
- **Total Population El Paso County:** 699,232 (US Census Bureau, July 1, 2017). Change in population percent change - April 1, 2010; 12.4%
- **4.21%** of El Paso County residents are military beneficiaries



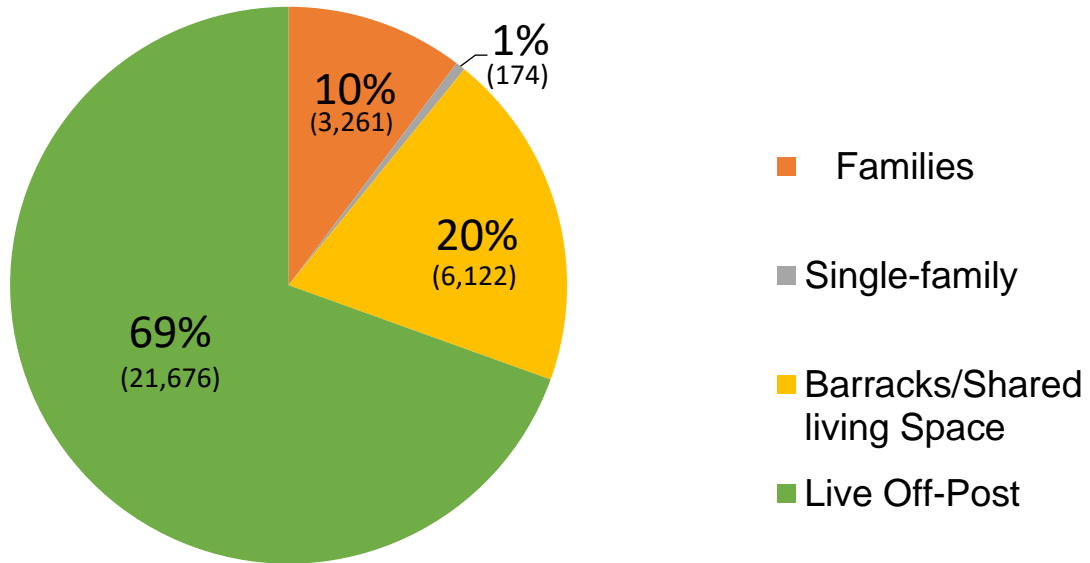
### Population by Age Fort Carson



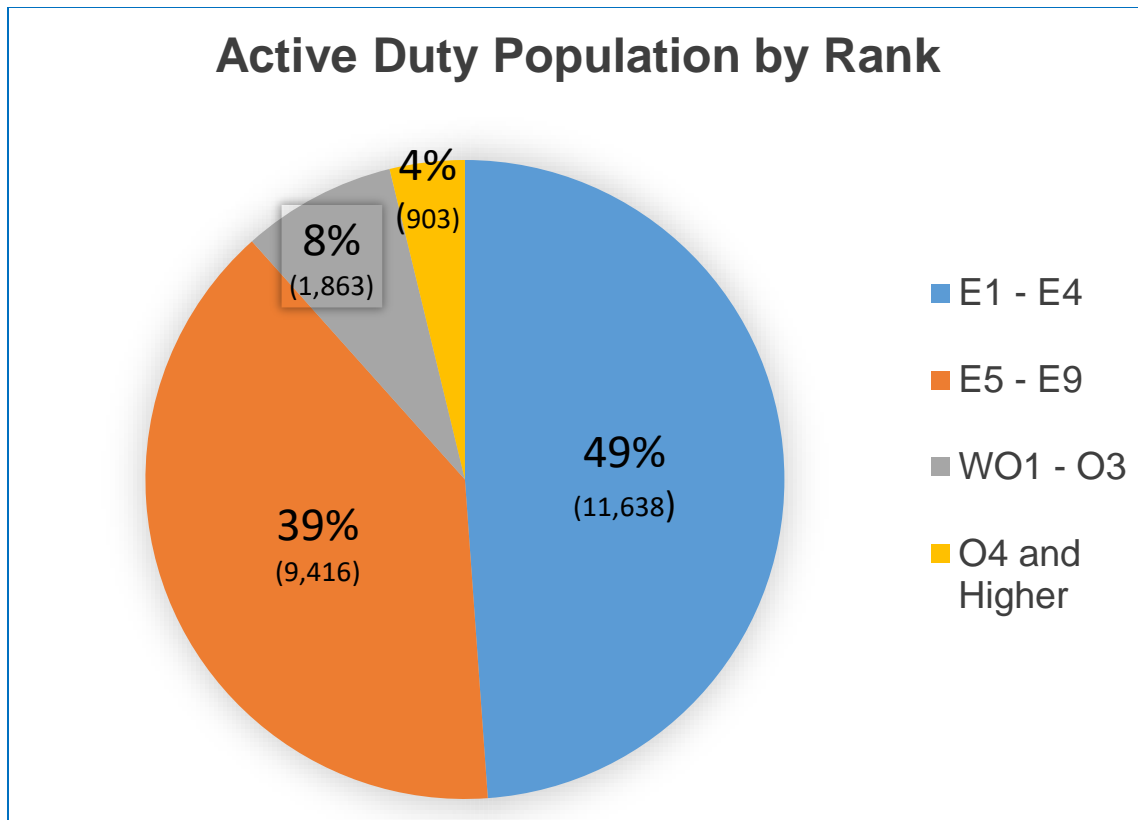
### Population by Age El Paso Co



### Population by On-Post/Off-Post Residency



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



## Public Health

### What is Public Health?

Public health is defined as, the evidence based practice of monitoring and improving the health of a community, by the use of health education, surveillance of communicable diseases, understanding of sanitary measures, and monitoring of environmental hazards. The role of public health is to protect and improve the health of an entire community rather than individuals. Public health identifies and develops ways to limit health disparities, and works toward health care equity for its population. Public health systems are broader than simply the military, local or state public health department. The public health system may include helping agencies such as public or private, and voluntary agencies that strive for equal delivery of public health services to all in a community. Public health services include assessing clean air and water, food safety, health education, prevention of chronic disease, and the investigation of infectious disease outbreaks.

### What is Public Health in the U.S. Army?

Public Health Command is a distinguished department of the U.S. Army that provides public health services to its Army and Department of Defense customers around the world. U.S. Army public health collects occupational health, environmental health, industrial hygiene and communicable disease surveillance data within global operations. With over 70 scientific and

technical disciplines within U.S. Army public health, medical readiness is a focus for promoting healthy people, communities, animals and workplaces. FCPH's mission, in union with EACH, is to ensure force health protection by preventing disease and promoting health in the workplace and community. FCPH safeguards 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.

\*\*Source: U.S. Army Public Health

Center, <https://phc.amedd.army.mil/organization/hpw/Pages/default.aspx>, accessed 2 May 2019.

## Community Health Improvement Planning Process

As FCPH completed the 2019 CHA, the process for the CHIP began. FCPH provided the published CHA to the previously identified stakeholders who were then invited to a forum to discuss the CHA and provide feedback. Participants at this meeting broke out into smaller, non-homogenous, groups to create a list of all the health issues they identified in the CHA and the agencies that might have a part in addressing those issues. This process was both digestion of the CHA data and a brainstorming session for the CHIP. Each group presented the results of their discussion and after those presentations five priorities for the CHIP emerged. After the information was assessed by FCPH, five predominant themes were identified:

- Substance use/abuse/dependence on tobacco, alcohol & illicit drugs
- Decrease of accidents
- Prevention interventions for stressors that impact mental health and behavior issues; preventing suicide
- Investigate possibilities to prevent domestic violence, child abuse & neglect
- Access to care for readiness: such as physical therapy, performance nutrition, unintentional injury & sexually transmitted infections

These five themes were appointed as our winnable battles. A survey was created to allow all stakeholders a vote to prioritize these winnable battles and identify the top three. From that survey the following were ranked as the top three:

- Substance use/abuse/dependence on tobacco, alcohol & illicit drugs
- Prevention interventions for stressors that impact mental health and behavior issues; preventing suicide
- Access to care for readiness: such as physical therapy, performance nutrition, unintentional injury & sexually transmitted infections

A follow-up survey was then sent out to all stakeholders to vote again, this time with only the top three winnable battles as an option. The goal was to further stratify the remaining winnable battles to narrow the focus of the CHIP. It is important to note that the process and actions utilized must be measurable in terms of their community impact, success or lack thereof. Due to the scope of a multi-agency health improvement plan and the need for a formal plan it was necessary to pick one winnable battle and not attempt all five. The results of the second survey determined our focus to be: *Access to care for readiness: such as physical therapy,*

*performance nutrition, unintentional injuries and sexually transmitted infections.* Many resources are already in place in the community to tackle these health issues. The Army paradigm includes oversight and input into the medical and supportive agencies which we believe can effect change and whose representatives we have included in our process. It is not surprising that the number one winnable battle is related to readiness, “Readiness” is a term used widely in the Army setting. The goal of the army population is to be in alignment with the Army mission: “To deploy, fight and win our nation’s wars by providing ready, prompt and sustained land dominance by Army forces across the full spectrum of conflict as part of the joint force.”<sup>1</sup>

**Fort Carson’s Five Winnable Battles**

<p>Priority 1: Access to care for readiness: such as physical therapy, performance nutrition, un-intentional injury &amp; sexually transmitted infections</p>	<p>Priority 4: Decrease of accidents</p>
<p>Priority 2: Substance use/abuse/dependence on tobacco, alcohol &amp; illicit drugs</p>	<p>Priority 5: Investigate possibilities to prevent domestic violence, child abuse &amp; neglect</p>
<p>Priority 3: Prevention interventions for stressors that impact mental health and behavior issues; preventing suicide</p>	

**Priority One: Access to Care for Readiness**

*Such as physical therapy, performance nutrition, un-intentional injury and sexually transmitted infections*

**Keeping Fort Carson, Co Soldiers and their Families ready to fight**

The U.S. Military is unique in many ways, but health care in particular has benefits that enhance access to care. Tricare is the name of the health care program for all military beneficiaries. Tricare’s access to care intent combines resources of military hospitals and clinics with civilian health care networks. Fort Carson, as seen in the map earlier in the CHIP, is just one military instillation among a large footprint of Department of Defense in Colorado Springs, CO. Much of the health care options in the larger community of Colorado Springs, CO accept Tricare as health care coverage, as it meets the requirements for minimum essential coverage under the Affordable Care Act. So, what is the issue with access to care for Fort Carson Soldiers and their Families? As the CHIP stakeholders contemplated this issue, much of the brainstormed conversation centered on the lack of prevention initiatives within the Tricare health network

<sup>1</sup> Source: U.S. Army Command Structure and Mission website <https://www.army.mil/info/organization/>

and Fort Carson military health care. Prevention initiatives specifically mentioned were those listed under the *Priority One* heading above; musculoskeletal injury and rehabilitation, education for proper nutrition, injury due to cold and/or heat, and sexually transmitted infection among single Soldiers and families. All these prevention initiatives are a deciding factor for deployment and readiness for deployment. If one of these health issues are neglected and not assessed in the continuum of the Tricare health system, then the Soldier may not be eligible to deploy. This is why FCPH and the CHIP stakeholders agree that access to health care to support deployment readiness needs to be addressed specifically as an overall improvement process.

\*\*Source: Health.mil, <https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Access-to-Healthcare/TRICARE-Health-Plan>

### **Goals and Measureable, Time-Framed Objectives**

In order to set a strong foundation for the CHIP process, it is important to engage all sectors of the community and create a thoughtful plan that fosters sustainable change further the CHIP goal. During the first year of the CHIP process, FCPH will continue to cultivate relationships with key stakeholders in the Fort Carson community and El Paso County, CO. To assure FCPH is making progress toward its goals, the measureable objectives for the first year will focus on depth of collaboration, action plan creation, and process measures. These foundational steps are critical components of the CHIP planning process.

### **Overarching Goal**

FCPH and stakeholders will build valuable relationships where expertise is harnessed and utilized most effectively. Objectives to improve access to care will be defined and gaps to care will be further clarified. Additions to this CHIP document may be made in the form of appendixes, which will outline the ongoing plan.

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