

Community Health Improvement Plan
Fort Carson, Colorado
2022-2027



COMMUNITY HEALTH IMPROVEMENT PLAN

HISTORY: This is the third iteration of this document. It replaces the 2019 Fort Carson CHIP.

SUMMARY: This document provides the results of a comprehensive community health improvement plan with the purpose of determining goals, measures, and strategies for community health improvement initiatives.

APPLICABILITY: This improvement plan applies to the entire Fort Carson Community.

SUGGESTED IMPROVEMENTS: For revisions and updates to this document, contact the Fort Carson Public Health at usarmy.carson.medcom-each.list.fcph@health.mil.

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SUMMARY OF CHANGE

Fort Carson 2022-2027 Community Health Improvement Plan

This iteration dated 19 August 2022

- This revision is to update the progress notes within the Line of Effort section to track the implementation and achievement of strategies (**see pages 20, 21, & 23**).
- This revision is to update the Monitoring and Evaluation Section with information outlining specifications for quarterly tracking of strategy implementation and the addition of Appendix A for CHIP Monitoring and Evaluation reporting (**see page 25 & 28**).

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Introduction

Fort Carson, “the Best Hometown in the Army”, is a premier military installation located on the Front Range of Southern Colorado whose most imperative population health outcome is to provide a mission ready force capable of rapid deployment. The Fort Carson Military Health System or the Colorado Military Health System, under the Defense Health Agency, works with on and off-post community health partners to provide services to ensure a mission ready force while promoting healthy living within the Fort Carson community.

In early 2022, The Fort Carson Public Health collaborated with community partners to develop the Community Health Working Group (CHWG) and create an action plan to improve the health of the community. The community health improvement planning process included two major components: the community health assessment (CHA) and the community health improvement plan (CHIP). The community health assessment is a presentation of data and trends identifying health-related needs and strengths within the Fort Carson community. The CHIP is a long-term, systematic effort to address the CHA related health concerns and is a plan of action detailing the specific efforts for making lasting improvements to the health of the community.

The CHWG chose three focus areas encompassed into one priority or “Line of Effort” (LOE), called reducing chronic diseases through healthy living and working. The LOE was developed utilizing the Mobilizing for Action through Planning and Partnership (MAPP) process. MAPP is a comprehensive, community-driven strategic planning process framework used across the United States in state and local public health departments for community strategic planning efforts.

Methodology used to develop these strategies is driven upon evidence-based practice or research with time-framed targets, measures of performance, and measures of effectiveness. With the collaboration of the Fort Carson Community, we hope to implement this plan over the next five years. We also welcome and encourage you to read this plan and take-action in promoting the plan’s initiatives to better improve our community, achieve our goals, and be Mountain Post READY!

Executive Summary

The Fort Carson CHIP was developed based on the issues identified within our comprehensive Community Health Assessment. The CHA found Fort Carson as one of the healthiest military posts within the continental U.S. with low injury and obesity rates. However, our community has health issues that could be addressed to make it a healthier community to live and work. Chronic and sexually transmitted diseases, substance abuse, and behavioral health conditions in general were identified as the key health issues in nearly all assessments. Food insecurity, LGBT member needs, and healthy lifestyle were noteworthy community needs. All data and professional opinions suggested all these community health issues and needs are present in our community, concerns for members, and were deemed important and manageable by our public health (PH) professionals.

The public health concerns addressed within the CHA and developed with the MAPP strategic process, identified three focus areas that aligned into one Line of Effort, reducing chronic diseases through healthy living and working. The LOE was developed after the CHA data was presented to CHWG members and the top community health issues were voted on. The community health issues were then grouped into a Line of Effort utilizing an Affinity Diagram. CHWG members then arranged the health issues under the LOE. Most CHWG members voted on the same arrangement and a final vote was cast to confirm the selected priorities.

The CHWG and community partners will continue to monitor the goals and objectives through the measures of effectiveness and performance for the Line of Effort. The Line of Effort includes the following community health issues: Obesity, Injuries, and Food Insecurity. From the above community health issues, three goals were developed; reduce obesity rates amongst Fort Carson's active-duty population from 14% to 12% by 2027; reduce the incidence of Musculoskeletal (MSK) injuries amongst active-duty population by 10% by 2027 (from 1,459 to 1,315 Rate per 1,000 person-Years); and reduce food insecurity among Fort Carson families from 17% to 10% by 2027.

On an annual basis, a progress review and assessment will be accomplished detailing progress made thus far, future implementation plans, monitoring, and evaluation activities.

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 (American Public Health Association, 2021). 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 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 Health?

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1998).

What is Community Health?

Community Health is the health status of defined group of people and the actions and conditions, both private and public, to promote, protect, and preserve their health (Encyclopedia.com, n.d.).

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

Army Public Health Center (APHC) is a distinguished department of the U.S. Army Medical Command that provides public health services to its Army and Department of Defense customers around the world. The APHC mission 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. APHC 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.



Fort Carson, CO

What is Fort Carson Public Health (FCPH)?

FCPH is located on Fort Carson, an Army installation encompassing three counties within the state of Colorado. The department provides services to active duty, federal employees, retirees, and their family members. Our mission is to ensure force health protection by preventing disease and promoting health in the workplace and community. We safeguard the health of Fort Carson by reducing the risk of injury and disease, identifying treatable conditions at an early stage, and promoting a healthy personal lifestyle. FCPH consists of eight sections: Army Wellness Center, Occupational Health Clinic, Hearing Readiness Clinic, Communicable Disease Clinic, Army Public Health Nursing, Environmental Health, Industrial Hygiene, and Radiation Safety. Each section is important in implementing effective public health services across the Fort Carson community.

Fort Carson Community

Fort Carson is considered the “Best Hometown in the Army” and is commonly described as the “Mountain Post”. Fort Carson has a long history of military prowess dating back to the 1940’s and was originally called “Camp Carson” after, General Christopher “Kit” Carson (U.S. Army Fort Carson, 2022). Fort Carson supports various U.S. national objectives and operational requirements by providing a trained and ready force (U.S. Army Fort Carson, 2022).

The community of Fort Carson is both culturally and geographically diverse. The community includes all Tricare beneficiaries residing within the 40-mile catchment area from the center of Fort Carson. It includes individuals and families residing on and off military installations located within El Paso County to include U.S. Air Force Academy as well as Schriever and Peterson Space Force Bases. The community encompasses Armed Forces Active-Duty members and their dependents as well as Department of Defense (DOD) retirees and their families. The total number of community members is based on Tricare enrollment in the Colorado Military Health System market. In 2021, Fort Carson community had 170,688 members with an increase of population since 2019 by 2.7% (Hickman, 2021).

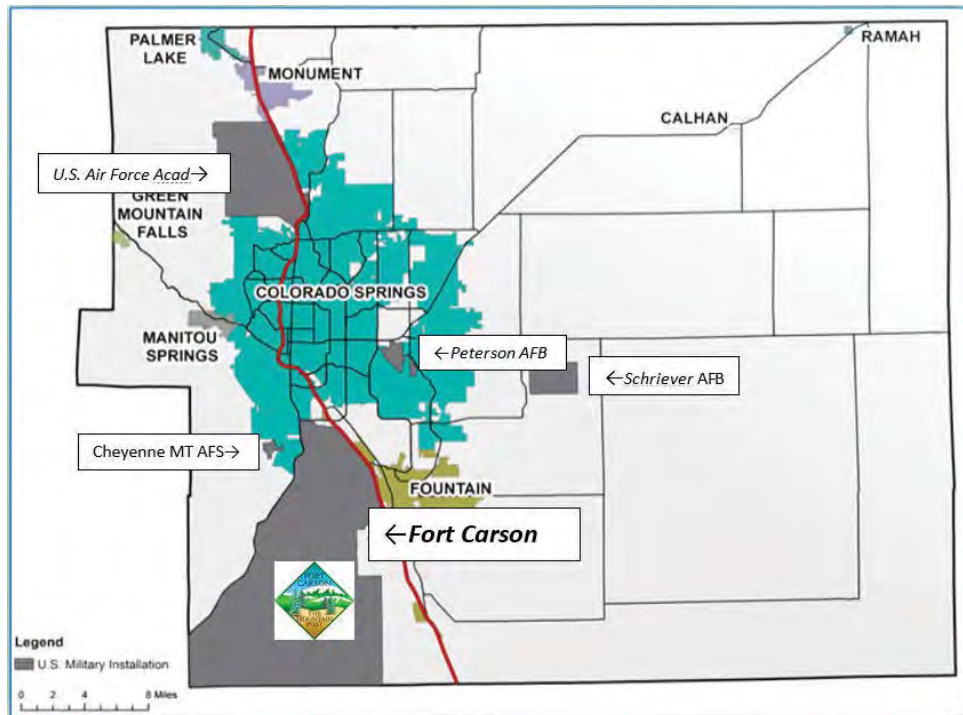


Figure 1. Colorado Military Health System

Community Health Working Group

A healthy community requires a collaborative effort to mobilize all relevant public health resources and ensure community perspectives. The FCPH utilizes the Community Health Working Group (CHWG) under the auspice of the installation Commander's Ready and Resilient Council (CR2C) to achieve a community effort. The working group consists of representatives of CR2C member organizations as well as other experts in promoting community health. Based on CHA findings, the CHWG also includes representatives of populations with an inequitable share of poor health outcomes or populations with higher health risks.

The FCPH personnel, in cooperation with the CR2C Coordinator, conducts periodic data gathering and trend analysis for CHA and the CHIP. This information is then presented with recommendations to the CHWG for review. CHWG meets at least quarterly to discuss any new data or trends as well the results of on-going community health efforts. If the new information is deemed significant enough to warrant a change or update the current CHIP, the CHWG meets monthly until the necessary changes and updates have been developed and incorporated.

Once the CHWG members approve an updated version of the CHIP, the CHWG Chair presents the new CHIP results to installation commanders and CR2C members and provides a copy of the report via email to APHC Army Public Health Center. The FCPH personnel then post the final CHIP report on the FCPH website for the community-at-large to access and use and distribute by e-mail to partners and stakeholders.

Table 1. The CHWG Organizations.

Public Health Nursing (Chair), FCPH	Ready and Resilient, Fort Carson
Environmental Health (Recorder), FCPH	Chaplain, 4 th Infantry Division (4ID)
Industrial Hygiene, FCPH	Division Surgeon, 4ID
Communicable Disease Clinic, FCPH	Commissary, Fort Carson
Army Wellness Center, FCPH	Sexual Harassment/Assault Response and Prevention Office, Fort Carson
Behavioral Health, Evans Army Community Hospital	Installation Housing Office, Fort Carson
El Paso County Public Health Department	Safety Office, Fort Carson
Better Opportunities for Single Soldiers, Fort Carson	Army Substance Abuse Program, Fort Carson
Morale, Welfare, and Recreation, Fort Carson	Child and Youth Services, Fort Carson
Army Community Services, Fort Carson	Emergency Services, Fort Carson
Family Assistance Program, Fort Carson	

Partners and Stakeholders

Completing a comprehensive CHIP requires collaboration with installation, military community, and neighboring community partners and stakeholders. These partners for community health and wellbeing contribute a great deal in the accountability and success of our public health process. Most partner organizations and key stakeholders contribute as members of CHWG; others by reviewing and providing their feedback to CHWG-developed reports and products. 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 our community. Below is diagram of all Fort Carson stakeholders and community partners.

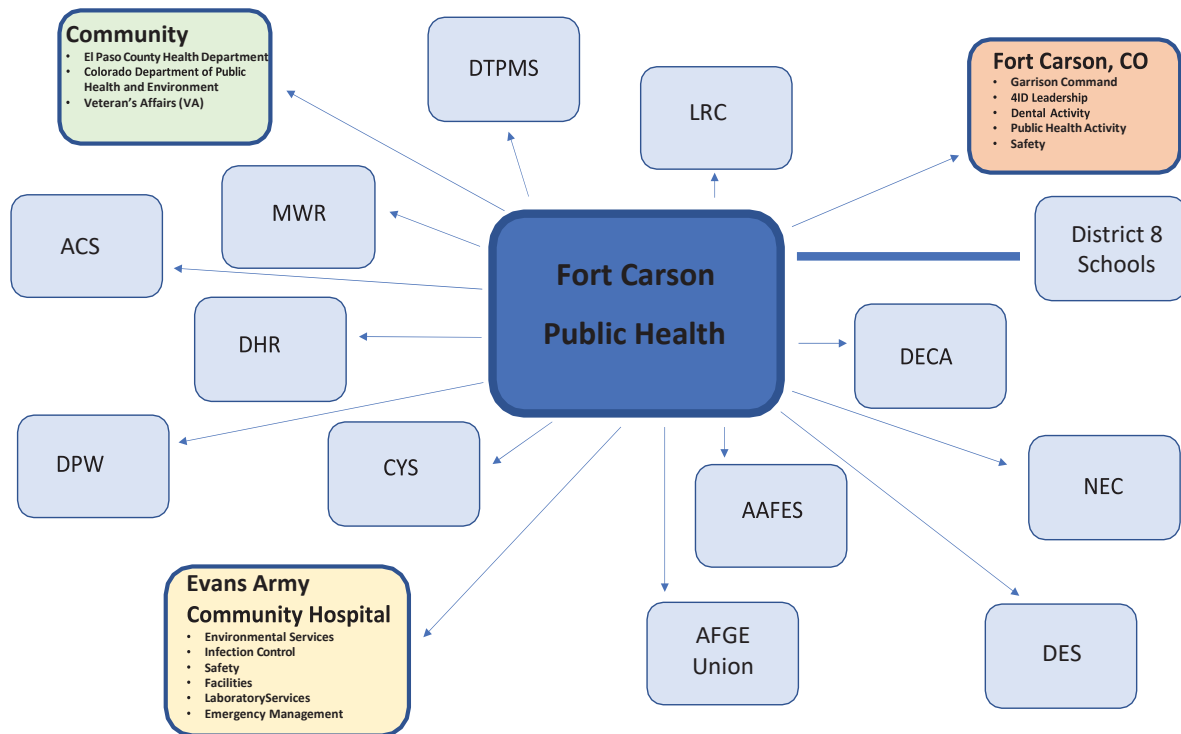


Figure 2. Fort Carson community partners and stakeholders.

Methodology

The CHIP is part of the Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is a comprehensive, community-driven strategic planning process framework used across the United States in state and local public health departments for strategic planning efforts. MAPP includes seven underlying principles and six phases (Department of the Army (DA), 2020).

The six phases provide the structure for the MAPP process and described as follows:

Phase 1. Organize for Success/Partnership Development. In this phase, a core group and an inclusive steering committee are recruited, and the process is organized and planned out.

Phase 2. Visioning. The community and the committee work together to develop an overall, shared vision of health in the community that will guide the planning and action to follow.

Phase 3. The Four Assessments. These four assessments comprise the CHA and will be discussed in detail later.

- Community Themes and Strengths Assessment (CTSA)
- Local Public Health System Assessment (LPHSA)
- Community Health Status Assessment (CHSA)
- The Forces of Change Assessment (FoC)



Figure 3. The MAPP process (University of Kansas, n.d.)

Phase 4. Identify Strategic Issues. Using a participatory approach, the community and the committee examine the data collected in the previous phase to identify the key issues that must be addressed in order to realize the shared vision.

Phase 5. Formulate Goals & Strategies. Once the strategic issues are identified, the group sets goals for each, based on the vision and assessment data, and formulates strategies for reaching those goals. These goals and strategies map the route from the current circumstances of the community to the future laid out in the vision.

Phase 6. Action Cycle. This phase comprises the planning, implementation, and evaluation of the action that the group takes to achieve its goals. Action is continually evaluated and adjusted to achieve greater effectiveness. The planning/implementation/evaluation cycle continues until the community achieves its vision, which enables a new vision to be achieved.

Community Health Improvement Planning Process

In late 2021, FCPH initiated a review to its 2019 CHA report. The purpose of the review was to examine and incorporate the new data from the latest assessments as well as to adjust the CHA and CHIP development process to meet the national accreditation requirements. Between November 2021 and July 2022, FCPH conducted activities aligned with MAPP phases 1 thru 5, effectively developing its 2022 CHA report and CHIP 2022-2027.

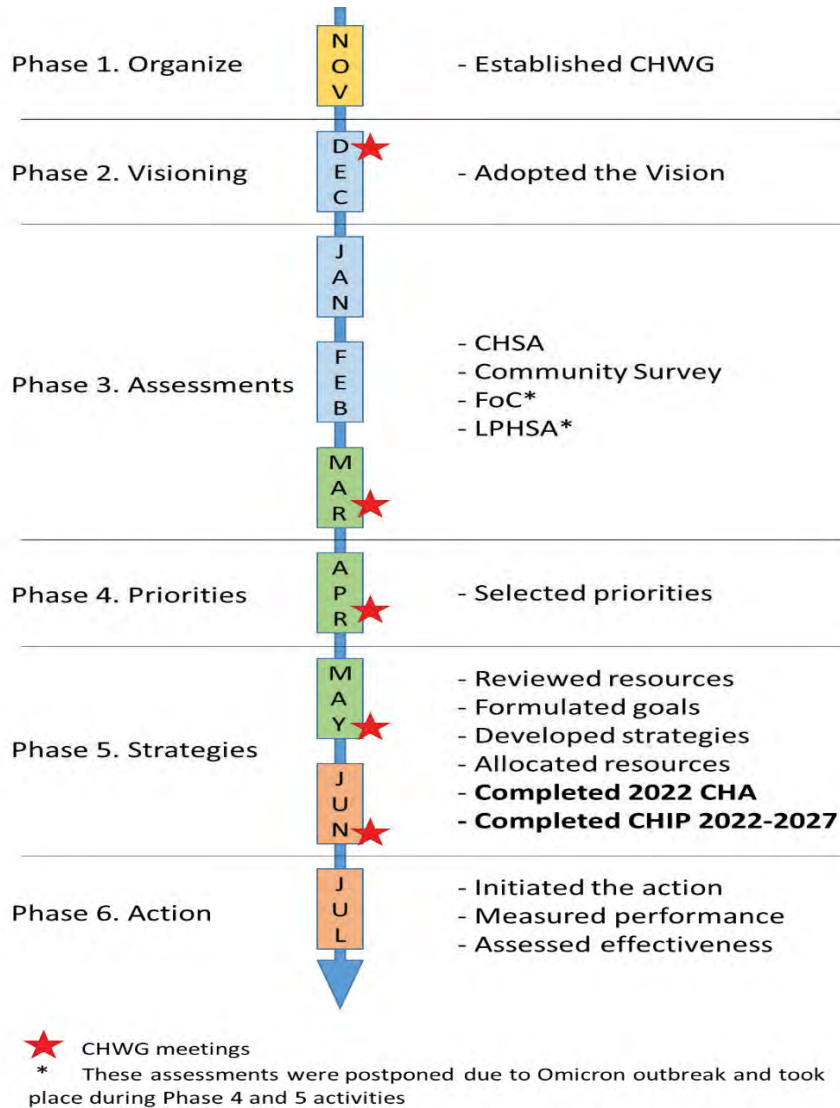


Figure 4. CHA and CHIP development timeline.

Phase 1. Organize for Success/Partnership Development. In November 2021, FCPH expanded its Public Health Working Group to include other key community member and representatives, forming a new group, the Community Health Working Group (CHWG). Within a month, the CHWG adopted a Vision for Fort Carson's community health efforts.

Phase 2. Visioning. From January to March 2022, the CHWG, began collecting and analyzing data in support of the four assessments that comprise the CHA: Community Themes and Strengths Assessment, Local Public Health System Assessment, Community Health Status Assessment, and the Forces of Change Assessment.

Phase 3. The Four Assessments. For eight months, the CHWG conducted four main assessments that provided data to draw conclusions and recommendations. The Community Health Status Assessment (CHSA) examined objective data from available databases and systems of record. The Community Health Survey gathered community members' concerns and perceptions about current public health issues in alignment with the idea of the Community Themes and Strengths Assessment (CTSA). The Local Public Health Systems Assessment (LPHSA) reviewed existing public health components, activities, capabilities, and capacities. The Forces of Change (FoC) assessment analyzed present and potential effects of political, economic, and social environment on community members and public health operations. Despite several limitations, the data obtained from these assessments built a detailed snapshot of the current health status of our community and its needs.

In general, the four assessments indicated that our community is one of the healthiest military posts within the continental United States. According to the 2020 Health of the Force report, Fort Carson is in the top three of the healthiest Army installations with low obesity and injury rates (U.S. Army Public Health Center, 2021). However, the assessments still indicated that there still are health issues that should be addressed to make Fort Carson a healthier place to live and work. Amongst these, chronic and sexually transmitted diseases, substance abuse, and behavioral health conditions in general were identified as the key health issues in nearly all assessments. Food insecurity, LGBT member needs, and healthy lifestyle were noteworthy community needs. Both objective and subjective data as well professional opinions – all three indicated that these community health issues and needs are present in our community, concern its members, and were deemed important and manageable by our PH professionals (see Figure 5).

At the conclusion of MAPP Phase 1-3 activities, CHA findings were presented to the CHWG for review and input during its meeting in March 2022. Once all four assessments were aggregated in CHA report, the FCPH posted a draft version of 2022 CHA on its website for the community-at-large review and to receive feedback. At the end of the 30-day public review period, the FCPH incorporated the community feedback into the final version of its CHA and published the final report on its website and via email to all partners and stakeholders. This marked the end of CHA completion and

transition to CHIP development and implementation, which took place during MAPP Phase 4-6 activities.

Phase 4. Identify Strategic Issues and Priorities. During the March CHWG meeting, working group members were asked to pick the top five community health issues based off of the CHA findings specifically, data from the 2020 Health of the Force Fort Carson, Community Health Survey, FCPH Internal Survey, and CHWG members health-related concerns. Following the presentation of the CHA data and the voting of the top community health issues, the CHWG met again in April 2022 to select and approve priorities for improvement. During the meeting, the CHWG reviewed CHA findings and began grouping the identified community health issues into a Line of Effort (LOE) utilizing an Affinity Diagram. The CHWG also ensured that the identified themes proposed, reflect and align with state, county, federal, and Army priorities as shown within the LOE section.

The working group members voted to adopt the LOE (Reducing Chronic Diseases through Healthy Living and Working) as the top priority for improvement for the next five-year period. The health issues comprising the LOE laid the ground for goals and strategies development for Phase 5. Below are the community health issues identified during the April 2022 CHWG meeting.

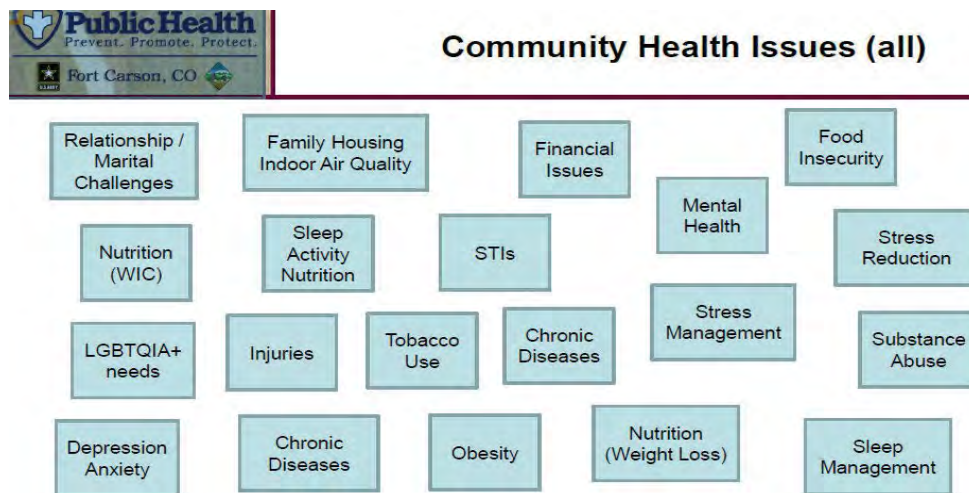


Figure 5. Fort Carson Community Health Issues.

The Line of Effort includes the following community health issues: Obesity, Injuries, and Food Insecurity. From the three community health issues, three goals were developed; reduce obesity rates amongst Fort Carson’s active-duty population from 14% to 12% by 2027; reduce the incidence of Musculoskeletal (MSK) injuries amongst active-duty population by 10% by 2027 (from 1,459 to 1,315 rate, per 1,000); and

reduce food insecurity among Fort Carson community members from 17% to 10% by 2027.

Phase 5. Formulate Goals & Strategies. During the May-Jul of 2022, FCPH personnel, in collaboration with partners and stakeholders, developed goals and strategies for identified community health issues comprising the LOE. The CHWG members reviewed and approved the strategies during its monthly meetings in May and June. Once the Fort Carson CHIP 2022-2027 was drafted, the plan underwent the review and publication similar to the CHA process described earlier.

Phase 6. Action Cycle. Once the CHIP is finalized and approved, FCPH and its partners will begin implementing the strategies and capturing data in support of developed measures of performance and measures of effectiveness.

Line of Effort

Line Of Effort (Priority): <i>Reducing Chronic Diseases through Healthy Living and Working</i>	
Goal #1: <i>Reduce obesity rates amongst Fort Carson's active-duty population from 14% to 12% by 2027.</i>	
Community Health Working Group Lead: Army Wellness Center	
Partner Agencies: Dining Facility, Nutrition, Commissary, Fort Carson Gyms, Human Performance Officer, Primary Care Management, Judge Advocate General, First Sergeants, and Commanders	
Resources: Health & Wellness Tracker, Army Public Health Center, Performance Triad, Army Wellness Center Testing, Dieticians, Army Wellness Center Facility, and (Cosmed) Testing Equipment	
<p>1.1. Objective: Increase the percentage of Soldiers meeting Performance Triad (P3) Nutrition Goals by 10% by 2027.</p> <p>1.1.1. Intervention Strategy: Conduct screening of dietary habits.</p> <p>1.1.2. Intervention Strategy: Conduct metabolic testing.</p> <p>1.1.3. Intervention Strategy: Provide education and coaching on healthy nutrition habits.</p> <p>1.1.4. Intervention Strategy: 4th ID Army Body Composition Program Administration Policy</p> <p>1.2. Objective: Increase the percentage of Soldiers meeting P3 Activity Goals by 5% by 2027.</p> <p>1.2.1. Intervention Strategy: Conduct screening for exercise habits.</p> <p>1.2.2. Intervention Strategy: Conduct VO2 testing.</p> <p>1.2.3. Intervention Strategy: Provide physical fitness coaching and education.</p>	<p>Performance measure(s)-</p> <ul style="list-style-type: none"> ✓ Increase number of soldiers screened for dietary habits. ✓ Increase number of soldiers that underwent metabolic testing. ✓ Increase number of soldiers that attended nutrition class. <p>Measure of Effectiveness- (<i>Measured and Reported Quarterly for each Fiscal Year from 2022-2027</i>):</p> <ul style="list-style-type: none"> ✓ Percent of soldiers meeting the goal of 2+ Servings of fruits per day increased from 29.6% to 39.6% (Data source: Health of the Force Report). ✓ Percent of soldiers meeting the goal of 2+ Servings of vegetables per day increased from 40.1% to 50.1% (Data source: Health of the Force Report). <p>Performance measure(s)-</p> <ul style="list-style-type: none"> ✓ Increase number of soldiers screened for exercise habits. ✓ Increase number of soldiers that underwent VO2 testing. ✓ Increase number of soldiers attended physical fitness coaching and education.

<p>1.2.4. Intervention Strategy: 4th ID Army Body Composition Program Administration Policy</p>	<p>Measure of Effectiveness- <i>(Measured and Reported Quarterly for each Fiscal Year from 2022-2027):</i></p> <ul style="list-style-type: none"> ✓ Percent of soldiers meeting the goal 2+ days per week of resistance training increased from 83.4% to 88.4% (Data source: Health of the Force Report). ✓ Percent of soldiers meeting the goal of 150+ minutes per week of aerobic activity increased from 90.8% to 95.8% (Data source: Health of the Force Report). ✓ Percent of soldiers with obesity decreased from 14% to 12% (Health of the Force Report) by 2027
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TIME-FRAMED TARGETS for active-duty soldier obesity (% of soldiers with obesity) according to the Health of the Force Report

2023	2024	2025	2026	2027
13.6%	13.2%	12.8%	12.4%	12%

BACKGROUND ON STRATEGIES

Source: Community Prevention Task Force Healthy People 2030, Army Public Health Center, and American Journal of Preventive Medicine

Evidence Base:

- Healthy People 2030-Physical Activity: Interventions Including Activity Monitors for Adults with Overweight or Obesity (Community Prevention Task Force)
- Army Public Health Center-Army Body Composition Program

Policy Change (Y/N): Yes- 4th ID Policy on Army Body Composition Program Administration

Communication/Marketing Approach(es): Chain of Command, Social Media, Safety Day Events, Brochures, and Pamphlets

DETERMINANTS AFFECTING HEALTH OUTCOME

- | | |
|---|---|
| <ul style="list-style-type: none"> -Genetic Factors -Poor Nutrition Choices -Lack of Knowledge -Individual Behavior -Lower Income -Food Selection -Lack of walking trails and biking lanes on post -Higher Prevalence of obesity among Male Soldiers of all ages¹ -Higher Prevalence of obesity among Native Hawaiian and Pacific Islander Soldiers² | <ul style="list-style-type: none"> -Limited/No Access to Healthy Food Options -Food Insecurity -Economic and Social Insecurities -Required unit physical training (PT) -Lack of Support Mechanisms |
|---|---|

¹ “The relationship between BMI and body fat is influenced by age and sex. Among males, especially younger males, BMI is more highly correlated with lean muscle mass than percent body fat.” Obesity, Health of the Force 2020, page 40, 2021.

² Please reference graphs on page 40 of the Health of the Force 2020 report to see data and analysis pertaining to ethnic and race disparities mentioned as determinants affecting health outcomes.

Progress Notes:	Date:
<p>Army Wellness Center started screening soldiers within the Fort Carson Community for exercise and dietary habits. Metabolic testing, VO2 testing, physical fitness education and coaching has started with future appointments scheduled. Also, the 4th ID Army Body Composition Program Administration Policy is in progress.</p> <p>Note: Intervention Strategies 1.1.1., 1.1.2., 1.1.3, 1.2.1, 1.2.2, and 1.2.3. are implemented and 1.1.4. and 1.2.4. are in progress.</p>	<p>18 Aug 22</p>

ALIGNMENT WITH ARMY/LOCAL/STATE/NATIONAL PRIORITIES			
Obj #	Army Medicine Campaign/Ready and Resilient Objectives	El Paso County, Pueblo County, and Colorado Department of Public Health and Environment Community Health Improvement Plans	National Prevention Strategies
1	<i>Invest and Improve the performance of every individual on the team</i>	<i>Improving Healthy Eating and Active Living</i>	<i>Encourage community design and development that support physical activity</i>
2	<i>Build and Maintain Resilience and Readiness in Soldiers and units</i>	<i>Increase access to a variety of healthy food encouraged by the Dietary Guidelines</i>	
3	<i>Refine Policies and Prioritize Resources to Improve Soldier Resilience</i>		

Line Of Effort (Priority): <i>Reducing Chronic Diseases through Healthy Living and Working</i>				
Goal #2: <i>Reduce the incidence of MSK injuries amongst active-duty population by 10% by 2027 (from 1,459 to 1,315, per 1,000).</i>				
Community Health Working Group Lead: Army Wellness Center				
Partner Agencies: Nutrition, Commissary, Physical Therapy, Fort Carson Gyms, Human Performance Officer, Primary Care Management, First Sergeants, and Commanders				
Resources: Army Wellness Center Research, Army Public Health Center, Performance Triad, Army Wellness Center Testing, Dieticians, Army Wellness Center Facility, Health & Wellness Tracker, Health of the Force 2020, and (Cosmed) Testing Equipment				
1.3. Objective: Reduce MSKs injuries among active-duty population injuries by 20% by 2027 1.3.1. Intervention Strategy: Conduct screening for susceptibility to MSK injuries. 1.3.2. Intervention Strategy: Assess the physical fitness of active-duty members. 1.3.3. Intervention Strategy: Provide one-on-one physical fitness coaching and education to active-duty members. 1.3.4. Intervention Strategy: Develop MSK Injury Screening Plan.		Performance measure(s)- <ul style="list-style-type: none"> ✓ Increase number of soldiers screened via the health and wellness tracker. ✓ Increase number of soldiers assessed for VO2. ✓ Increase number of soldiers seen for 1 on 1 coaching. ✓ Increase performance triad class attendance among soldiers. Measure of Effectiveness- (Measured and Reported Quarterly for each Fiscal Year from 2022-2027): <ul style="list-style-type: none"> ✓ Increase number of soldiers with a 20% improvement on VO2. ✓ Reduce MSK injuries by 20% (Data source: Health of the Force Report) 		
TIMED-FRAMED TARGETS for rate of MSK injuries among Active-Duty Soldiers at Fort Carson, per 1000				
2023	2024	2025	2026	2027
1,430	1,400	1,370	1,340	1,315
BACKGROUND ON STRATEGIES				
Source: Army Public Health Center, American Journal of Preventive Medicine				
Evidence Base:				
<ul style="list-style-type: none"> - Army Public Health Center-Army Body Composition Program - American Journal of Preventive Medicine-Military Training-related injuries: Surveillance, research, and prevention - Military Injury Prevention Research to Practice Education Series https://phc.amedd.army.mil/topics/ 				

campaigns/amed2020/Pages/Army2020EducationSeries.aspx. POC: Dr. Michelle Chervak / michelle.c.chervak.civ@mail.mil

Policy Change (Y/N): Y- Develop MSK Injury Screening Plan

Communication/Marketing Approach(es): Chain of Command, Pre-Command Course, Social Media, Army Community Services, Safety Day Events, Brochures, and Pamphlets

DETERMINANTS AFFECTING HEALTH OUTCOME

- Genetic Factors
- Lack of Knowledge
- Individual Behavior
- Soldiers over the age of 45 have higher risk of developing muscular-skeletal injuries
- Unaware of Physical Fitness Coaching and Education Resources
- Mission Requirements (e.g. High Operational Tempo and Ergonomics)
- Individual Complacency during Physical Activities
- Black and African American Soldiers have higher injury rate³

Progress Notes:

Date:

Army Wellness Center started assessing soldiers within the Fort Carson Community for physical fitness and started screening them with MSK screening questionnaires to determine susceptibility for MSK injuries. Also, one-on-one physical fitness coaching and education appointments for these soldiers is scheduled.

18 Aug 22

Note: Intervention Strategies 1.3.1., 1.3.2., and 1.3.3, are implemented and 1.3.4. is in progress.

ALIGNMENT WITH ARMY/LOCAL/STATE/NATIONAL PRIORITIES			
Obj #	Army Medicine Campaign/Ready and Resilient Objectives	El Paso County, Pueblo County, and Colorado Department of Public Health and Environment Community Health Improvement Plans	National Prevention Strategies
1	<i>Invest and Improve the performance of every individual on the team</i>	<i>Improving Healthy Eating and Active Living</i>	<i>Encourage community design and development that support physical activity</i>
2	<i>Build and Maintain Resilience and Readiness in Soldiers and units</i>		
3	<i>Refine Policies and Prioritize Resources to Improve Soldier Resilience</i>		

³ Please reference graphs on page 22 of the Health of the Force 2020 report to see data pertaining to ethnic and age disparities mentioned as determinates affecting healthoutcomes.

Line Of Effort (Priority): <i>Reducing Chronic Diseases through Healthy Living and Working</i>	
Goal #3: Reduce food insecurity among Fort Carson Community Members from 17% to 10% by 2027.	
Community Health Working Group Lead: Army Public Health Nursing	
Partner Agencies: El Paso County Women, Infants, and Children (WIC) Program, Fort Carson Obstetrician-Gynecologists Clinic, Warrior's Warehouse, Chaplain, Mount Carmel Veterans Service Center, Care & Share, Pikes Peak United Way, Army Community Service, First Sergeants, and Commanders	
Resources: Food Pantry, Warrior's Warehouse, and APHN WIC Program Referral Data.	
<p>3.1. Objective: Increase Fort Carson Community WIC referrals by 10% by 2027.</p> <p>3.1.1. Intervention Strategy: Engage OBGYN and Pregnancy & Post-Partum Training (P3T) community members to promote food security resources.</p> <p>3.1.2. Intervention Strategy: Develop Food Resource Course Presentation and Food Resource Pamphlet.</p> <p>3.2. Objective: Increase utilization of Fort Carson Warrior Warehouse food pantry by 10% by 2027</p> <p>3.2.1. Intervention Strategy: Promote food security resources through Soldier Family Readiness Group (SFRG) events.</p> <p>3.2.2. Intervention Strategy: Develop Food Resource Course Presentation and Food Resource Pamphlet.</p> <p>3.3. Objective: Increase use of off-post food resources to include Mount Carmel Veterans Service Center, Care & Share, and Pikes Peak United Way by 10% 2027.</p>	<p>Performance measure(s):</p> <ul style="list-style-type: none"> ✓ Increase number of community members that attended food security education classes on Fort Carson. <p>Measure of Effectiveness- <i>(Measured and Reported Quarterly for each Fiscal Year from 2022-2027):</i></p> <ul style="list-style-type: none"> ✓ Increase number of tracked WIC referrals collected. <p>Performance measure(s):</p> <ul style="list-style-type: none"> ✓ Increase number of SFRG events attended. <p>Measure of Effectiveness- <i>(Measured and Reported Quarterly for each Fiscal Year from 2022-2027):</i></p> <ul style="list-style-type: none"> ✓ % Increase in Warrior Warehouse Food Pantry utilization. <p>Performance measure(s):</p> <ul style="list-style-type: none"> ✓ Increase number of unit-level education regarding off-post food resources engagements. <p>Measure of Effectiveness- <i>(Measured and Reported Quarterly for each Fiscal Year from 2022-2027):</i></p>

<p>3.3.1. Intervention Strategy: Conduct unit-level engagements to promote food security resources.</p> <p>3.3.2. Intervention Strategy: Develop Food Resource Course Presentation and Food Resource Pamphlet.</p>	<p>✓ % Increase in off-post food resource utilization to include Mount Carmel Veterans Service Center, Care & Share, and Pikes Peak United Way.</p>			
<p>TIME-FRAMED TARGETS reduce Fort Carson Food Insecurity among Fort Carson Community Members according to the Fort Carson Community Health Survey</p>				
<p>2023 16%</p>	<p>2024 14%</p>	<p>2025 12%</p>	<p>2026 11%</p>	<p>2027 10%</p>
<p>BACKGROUND ON STRATEGIES</p>				
<p>Source: Healthy People 2030, Army Public Health Center (2021 Health of the Force Report), American Journal of Public Health</p> <p>Evidence Base:</p> <ul style="list-style-type: none"> - Healthy People 2030 Social Determinants of Health Literature Summaries: Food Insecurity - Army Public Health Center 2021 Health of the Force Report - Freudenberg, N. & Nestle, M. (2020). A call for a national agenda for a healthy, equitable, and sustainable food system. American Journal of Public Health, 110, 1671-1673. https://doi.org/10.2105/AJPH.2020.305926 <p>Policy Change (Y/N): Y-Develop Food Resource Course Presentation and Food Resource Pamphlet.</p> <p>Communication/Marketing Approach(es): Chain of Command, Social Media, Safety Day Events, Brochures, and Pamphlets</p>				
<p>DETERMINANTS AFFECTING HEALTH OUTCOME</p>				
<p>-Lower Income -Lower Junior Enlisted Members with families more susceptible to food insecurity -Knowledge -PCS Expenses -Lack of Support Mechanisms -Individual Behavior -Lower Educational Achievement -Food Selection -Economic and Social Insecurities -Cultural norms</p>				
<p>Progress Notes:</p>				<p>Date:</p>
<p>APHN developed the food resource pamphlet and presentation with on and off-post food resource information. Monthly engagements with OBGYN and P3T are scheduled for August and September to distribute the information. The presentation and pamphlet were provided during three community engagements on 18 Aug 2022 to military members and civilians from four different military units. The presentation and pamphlet will be provided to other Fort Carson Community Members during the Community Information Exchange on August 24th and at the Baby Expo on September 17th. Also, food donation planning with Warrior Warehouse and SFRG event scheduling is in progress.</p> <p>Note: <u>Intervention Strategies 3.1.1., 3.1.2., 3.2.2., 3.3.1., & 3.3.2. have been implemented and 3.2.1. is in progress.</u></p>				<p>18 Aug 22</p>

ALIGNMENT WITH ARMY/LOCAL/ STATE/NATIONAL PRIORITIES			
Obj #	Army Medicine Campaign/Ready and Resilient Objectives	El Paso County, Pueblo County, and Colorado Department of Public Health and Environment Community Health Improvement Plans	National Prevention Strategies
1	<i>Help families effectively navigate the challenges of daily living experienced in the unique context of military service</i>	<i>Reducing household food insecurity</i>	<i>Increase access to healthy and affordable foods in communities</i>
2	<i>Help military families become knowledgeable about the resources available to improve quality of life, support financial readiness, and enrich family relationships</i>	<i>Increase access to a variety of healthy food encouraged by the Dietary Guidelines</i>	

Monitoring and Evaluation

The LOE will be monitored and evaluated through the Community Health Working Group. The CHWG will meet on a quarterly basis to discuss and track the progress of the objectives, intervention strategies, performance measures, and measures of effectiveness. Metrics will be provided during these quarterly meetings to chart the progress on each of the performance measures and measures of effectiveness, as available, and determine if measures or strategies need be adjusted or changed. The progress notes within the Line of Effort section will be used to quarterly track strategy implementation which will specify strategies, responsible agencies, and the status of efforts or results of actions taken. A CHWG member or community partner will be assigned to each specific goal and will have the responsibility of tracking and reporting progress of their assigned goal to the CHWG Below are assigned agencies for each goal.

Table 2. Community Health Concerns with Assigned Agency.

Obesity	AWC
Injuries	AWC
Food Insecurity	APHN

Any coordination on priorities or recommendations for improvement will be directed through the CHWG. The CHWG members will collectively determine whether or not to make the recommended revisions to the CHIP and ensure the CHIP is revised if warranted. The CHWG Chair will have final decision-making authority in the event that consensus cannot be achieved. The CHWG Chair will also determine which agency and/or individuals will be responsible for coordinating and leading the specific revisions to be made. This revised CHIP will then be disseminated to the Fort Carson community through social media outlets, via e-mail, and DPH website. On an annual basis, a progress report on the status of each priority and recommendations for modifications will be provided to the CHWG utilizing the Appendix A worksheet which will be distributed to the Fort Carson community through social media outlets, via e-mail, and FCPH website. Every five years, a comprehensive review will occur to update the CHIP and revisions to the CHIP, as appropriate, will be made then.

Conclusion

The Community Health Improvement Plan is based on the results from the CHA and the community health process and serves as a systematic and coordinated health improvement effort for the Fort Carson Community. The CHIP provides a framework for the chosen LOE and utilizes community partners to coordinate resources and target efforts to promote health. It defines the vision for the health of the community by addressing existing strengths, weaknesses, challenges, and opportunities for improving the community health status.

The public health concerns addressed within the CHA and developed with the MAPP strategic process, helped identify and group three focus areas into one Line of Effort, reducing chronic diseases through healthy living and working. The CHWG and community partners will continue to monitor the goals and objectives through the measures of effectiveness and performance for the Line of Effort.

As the Fort Carson Community continues to grow and new information emerges at the local, state, and federal levels, the CHIP will continue to be reviewed and modified as needed. The CHWG and community partners will play a vital role in this process and will continually measure, monitor, and report on the progress of the goals and objectives within the CHIP. On an annual basis, a progress review and assessment will be accomplished detailing future implementation, monitoring, and evaluation activities. After all, a successful Public Health Department is dependent upon its team and community partners to ensure a safe and healthy community.

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Appendix A

CHIP Monitoring and Evaluation Worksheet

CHIP priority health issue: *Reducing Chronic Diseases through Healthy Living and Working*

Goal #1: *Reduce obesity rates amongst Fort Carson's active-duty population from 14% to 12% by 2027.*

Objective in CHIP	Strategy/action steps written in the CHIP	Strategy/action steps baseline and target (Where did we start? Where do we want to be?)	Progress (Where are we now?)	Revision description	Rationale for revision
Objective 1:	Strategy 1:				
	Strategy 2:				
Objective 2:	Strategy 1:				
	Strategy 2:				
Objective 3:	Strategy 1:				
	Strategy 2:				

Context notes/next steps/other revisions:

CHIP priority health issue: Reducing Chronic Diseases through Healthy Living and Working

Goal #2: Reduce the incidence of MSK injuries amongst active-duty population by 10% by 2027 (from 1,459 to 1,315, per 1,000).

Objective in CHIP	Strategy/action steps written in the CHIP	Strategy/action steps baseline and target (Where did we start? Where do we want to be?)	Progress (Where are we now?)	Revision description	Rationale for revision
Objective 1:	Strategy 1:				
	Strategy 2:				
Objective 2:	Strategy 1:				
	Strategy 2:				
Objective 3:	Strategy 1:				
	Strategy 2:				

Context notes/next steps/other revisions:

CHIP priority health issue: Reducing Chronic Diseases through Healthy Living and Working

Goal #3: Reduce food insecurity among Fort Carson Community Members from 17% to 10% by 2027.

Objective in CHIP	Strategy/action steps written in the CHIP	Strategy/action steps baseline and target (Where did we start? Where do we want to be?)	Progress (Where are we now?)	Revision description	Rationale for revision
Objective 1:	Strategy 1:				
	Strategy 2:				
Objective 2:	Strategy 1:				
	Strategy 2:				
Objective 3:	Strategy 1:				
	Strategy 2:				

Context notes/next steps/other revisions: