Fort Carson Community Health Improvement Plan Annual Progress Report Year 2022-2023



Effective: 20 December 2023

COMMUNITY HEALTH IMPROVEMENT PLAN ANNUAL PROGRESS REPORT

HISTORY: This is the first iteration of this document.

SUMMARY: This document provides this year's progress of the comprehensive community health improvement plan with the purpose of determining if the goals, measures, and strategies for the community health improvement initiatives are being implemented and if revisions are required.

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

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

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Report Overview:

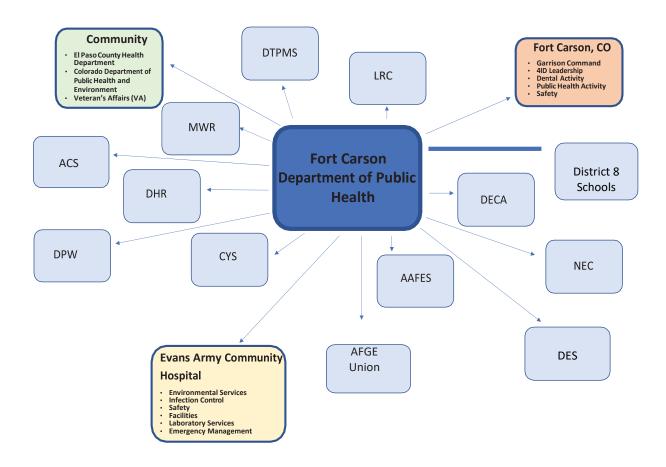
This report is the 2022-2023 Fort Carson Community Health Improvement Plan (CHIP) Annual Report. The report details the past year's efforts made by the Fort Carson Department of Public Health (DPH) and their community partners. The Fort Carson Department of Public Health provides administrative contributions to track and communicate the progress of the CHIP's strategic initiatives to Community Stakeholders as well as revision recommendations.

CHIP Overview for the Annual Report:

Efforts to revise the 2019 Fort Carson CHIP started in early 2022. The Fort Carson Department of Public Health collaborated with various community partners to develop a call-to-action plan detailing the specific efforts for making lasting improvements to the health of the community. Fort Carson's CHIP addresses three focus areas aligned into one priority, called reducing chronic diseases through healthy living and working. The priority was created utilizing the Mobilizing for Action through Planning and Partnership (MAPP) process. The current MAPP phase is Phase 6, Action Cycle, which comprises the implementation and evaluation of the action that the group takes to achieve its goals. Action is continually evaluated and adjusted to achieve greater effectiveness and these actions are driven upon evidence-based practice or research. DPH and its partners will continually work to implement strategies and capture data in support of the performance measures and measures of effectiveness.

Partners and Stakeholders:

The CHIP requires a collaboration with installation, military, and neighboring community partners and stakeholders. These partners contribute a great deal to community health and are important in the success of the public health process as contributing members of the Community Health Working Group and Commander's Ready and Resilient Council (CR2C) as well as other steering organization and committees. The actions of these partnerships ensure the review and feedback on community health related reports, products, and plans. Below is a diagram of all Fort Carson stakeholders and community partners.



CHWG Committee Members:

Public Health Nursing, DPH	Ready and Resilient, Fort Carson
Environmental Health, DPH	Chaplain, 4 th Infantry Division (4ID)
Industrial Hygiene, DPH	Division Surgeon, 4ID
Communicable Disease Clinic, DPH	Commissary, Fort Carson
Armed Forces Wellness Center (AFWC), DPH	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	

Fort Carson Community:

The Fort Carson Community includes Tricare beneficiaries residing within a 40-mile catchment area starting at the center of Fort Carson. It includes individuals and families residing on and off military installations within El Paso County, Colorado to include the U.S. Air Force Academy, Schriever Space Force Base, Peterson Space Force Base, and Cheyenne Mountain Space Force Station. El Paso County has the 3rd highest veteran and military retiree population in the country, which is around 109,000 individuals (Military OneSource, 2023). Approximately, 57% of active-duty soldiers and their dependents live off post within El Paso County (U.S. Army, 2022). The community is Armed Forces Active-Duty members and their dependents to include Department of Defense (DOD) retirees and their families. The number of community members based on Tricare enrollment within the Fort Carson Community is 170,688 members (Hickman, 2021). The current number of Active-Duty members assigned to Fort Carson is 26,530 (Military OneSource, 2023).

Community Health Priority "Line Of Effort" (LOE) 2022-2027:

The community health priority or LOE, (Reducing Chronic Diseases through Healthy Living and Working) was voted upon by CHWG and community members as the top priority for improvement for the Fort Carson CHIP 2022-2027. The health issues that comprise this LOE include obesity, musculoskeletal injuries, and food insecurity. From these three health issues the following 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.

CHIP Progress Implementation:

The following status description and tables provide the results of the community health improvement planning process for each goal, describing the working group lead, objectives, intervention strategies, performance measures, and measures of effectiveness. The status update description for each item is also included.

Status Update Descriptions:

Below are the color-coded status update descriptions utilized to represent general progress of respective performance measures, measures of effectiveness, and intervention strategies.

On Track = objective, intervention strategy, performance measure, or measures of effectiveness is on the right trajectory of performance at this time.

In Progress = objective, intervention strategy, performance measure, or measures of effectiveness performance is on-going, and more actions or information is required.

Completed = objective, intervention strategy, performance measure, or measures of effectiveness actions are complete.

Not Started = No actions have been taken on the objective, intervention strategy, performance measure, or measures of effectiveness.

CHIP Progress Implementation Tables:

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

Community Health Working Group Lead: Army Wellness Center

Priority Area (Obesity Rates)	Measures of Effectiveness/ Performance Measures	Baseline/Percentage or Numbers (August 2022-2023)	Status Update	Progress Description	Implications of CHIP/Revision Required
Objective 1.1: Increase the percentage of Soldiers meeting Performance Triad (P3) Nutrition Goals by 10% by 2027.	 Measures of Effectiveness: 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 soldier meeting the goal of 2+ servings of vegetables per day increased from 40.1% to 50.1%. (Data source: Health of the Force Report). 	29% Carson 40% Carson	In Progress		Revision not required.
Intervention Strategies:					
1.1.1. Conduct screening of dietary habits.	Performance measure(s): Increase number of soldiers screened for dietary habits.	8820 Soldiers	On Track		Revision not required.
1.1.2. Conduct metabolic testing.	Performance measure(s): Increase number of soldiers that underwent metabolic testing.	577 Soldiers	On Track		Revision not required.
1.1.3. Provide education and coaching on healthy nutrition habits.	Performance measure(s): • Increase number of soldiers that attended nutrition class.	1086 Soldiers	On Track		Revision not required.

Priority Area (Obesity Rates)	Measures of Effectiveness/ Performance Measures	Baseline/Percentage or Numbers (August 2022-2023)	Status Update	Progress Description	Implications of CHIP/Revision Required
Intervention Strategies (Continued): 1.1.4. and 1.2.4 4 th ID Army Body Composition Program Administration Policy		(August 2022-2023)	On Track	Policy updated which states that every soldier flagged for height and weight must visit the Armed Forces Wellness Center (AFWC) for Bod pod and metabolic testing per CG Memo. AFWC records the number of Soldiers flagged monthly and performs health coaching on each soldier that is flagged for body composition.	Required
				They then ensure the soldier voluntarily reports for testing and continually follow-ups with the soldier until off the program.	

Priority Area (Obesity Rates)	Measures of Effectiveness/ Performance Measures	Baseline/Percentage or Numbers (August 2022-2023)	Status Update	Progress Description	Implications of CHIP/Revision Required
Objective 1.2: Increase the percentage of Soldiers meeting P3 Activity Goals by 5% by 2027.			On Track		
Intervention Strategies:					
1.2.1 Conduct screening for exercise habits	Performance measure(s): • Increase number of soldiers screened for exercise habits.	8820 Soldiers	On Track		
1.2.2. Conduct VO2 testing.	Performance measure(s): ● Increase number of soldiers that underwent VO2 testing.	200 Soldiers	On Track		Revision not required.
1.2.3. Provide physical fitness coaching and education.	Measure(s) of Effectiveness: • 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).	73%			
	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).	88%	In Progress		
	 Percent of soldiers with obesity decreased from 14% to 12% (Health of the Force Report) by 2027 	18%			
	Performance measure(s): Increase number of soldiers attended physical fitness coaching and education.	1073			

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).

Community Health Working Group Lead: Army Wellness Center

Priority Area (MSK Injuries)	Measures of Effectiveness/ Performance Measures	Baseline/Percentage or Numbers (August 2022-2023)	Status Update	Progress Description	Implications of CHIP/Revision Required
Objective 2.1: Reduce MSK injuries among active-duty population injuries 20% by 2027.	 Measure of Effectiveness: Increase number of soldiers with a 20% improvement VO2. Reduce MSK injuries by 20% (Data source: Health of the Force Report). 	54 Soldiers with a 20% improvement VO2.	In Progress		Revision not required.
Intervention Strategies:					
2.1.1. Conduct screening for susceptibility to MSK injuries.	Performance measure(s): Increase number of soldiers screened via the health and wellness tracker.	700 Soldiers	In Progress		Revision not required.
2.1.2. Assess the physical fitness of active-duty members.	Performance measure(s): Increase number of soldiers assessed for VO2.	54 Soldiers	In Progress		Revision not required.
2.1.3. Provide one-on- one physical fitness coaching and education to active-duty members.	Performance measure(s): Increase number of soldiers seen for 1 on 1 coaching.	894 Soldiers	In Progress		
2.1.4. Develop MSK Injury Screening Plan.	Performance measure(s): Increase performance triad class attendance among soldiers.	30 Soldiers	In Progress		

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

Community Health Working Group Lead: Fort Carson Department of Public Health

Priority Area (Food Insecurity)	Performance Measures/Measures of Effectiveness	Baseline/Percentage or Numbers (August 2022-2023)	Status Update	Progress Description	Implications of CHIP/Revision Required
Objective 3.1: Increase Fort Carson Community WIC referrals by 10% 2027.	Performance measure(s): Increase number of community members that attended food security education classes on Fort Carson. Measure of Effectiveness: Increase number of tracked WIC referrals collected.	WIC Referrals- 175 CIE Brief- 120 1st Shirt- 9 Fort Carson- 26 Total = 330 # of WIC Referrals- 175	In Progress	Item is in progress; however, more food insecurity education classes needed. Also, the food briefing and pamphlet need to be updated.	Revision not required.
Intervention Strategies:					
3.1.1. Engage OBGYN and Pregnancy & Post-Partum Training (P3T) community members to promote food security resources.		# of OBGYN engagements- 1 # of Pregnancy & Post Partum Training engagements- 9 with a total of 130 community members	On Track		Revision not required.
3.1.2. Develop Food Resource Presentation and Pamphlet.			On Track	Initial Food Resource Presentation and Pamphlet created Sept 2022 with last update March and April 2023. Updates are needed for Winter and Spring food insecurity events and programs.	Revision not required.

Priority Area (Food Insecurity)	Performance Measures/Measures of Effectiveness	Baseline/Percentage or Numbers (August 2022-2023)	Status Update	Progress Description	Implications of CHIP/Revision Required
Objective 3.2: Increase utilization of Fort Carson Warriors Warehouse by 10% by 2027.	 Measure of Effectiveness: % Increase in Warrior Warehouse Food Pantry utilization. 		In Progress	Awaiting data from Jan 2023-August 2023.	May need to revise objective, performance measure, and measure of effectiveness.
Intervention Strategies:					
3.2.1. Promote food security resources through Soldier Family Readiness Group (SFRG) events.	Performance measure(s): Increase number of SFRG events attended.		Not Started		Intervention strategy and performance measure may need to be revised.
3.2.2. Develop Food Resource Presentation and Pamphlet.			On Track		Revision not required.

Priority Area (Food Insecurity)	Performance Measures/Measures of Effectiveness	Baseline/Percentage or Numbers (August 2022-2023)	Status Update	Progress Description	Implications of CHIP/Revision Required
Objective 3.3: Increase use of off-post food resources to include Mount Carmel Veterans Service Center, Care & Share, and Pikes Peak United Way by 10% by 2027.	Performance measure(s): Increase number of unit-level education regarding off-post food resource engagements. Measure of Effectiveness: Neasure of Effect	# of unit level education regarding off-post food resource engagements-14. # of military affiliated members utilizing Mt Carmel's food pantry, 200 monthly. # of military affiliated members who attended Mt Carmel "Patriot Day" Food Event-172 families and 1,275 individuals. # and % of military affiliated members utilizing Pikes Peak United Way food distributions. Approximately, 23 food distributions with 28% or 1,404 families being military affiliated with an average family size of 4.7 persons per family approximately 6,599 individuals.	In Progress	Need the number of military affiliated members utilizing Mount Carmel Veterans Service Center food pantry from August 2022-2023. Also, need number of military affiliated individuals utilizing Care & Share food resources.	Revision not required.

Intervention Strategies:				
3.3.1. Conduct unit-level engagements to promote food security resources.	# of Unit level engagements- 14	In Progress	Item is in progress; however, more unit level engagements are needed.	Revision not required.
3.3.2. Develop Food Resource Presentation and Pamphlet.		On Track	Initial Food Resource Presentation and Pamphlet created Sept 2022 with last update March and April 2023. Updates are needed for Fall food insecurity events and programs.	Revision not required.

Summary:

The Fort Carson Community Health Improvement Plan Annual Report 2022-2023 is the coordination and collaboration of agencies and stakeholders that our community serves. Our community needs and health status are ever changing, due to this, the CHIP will be revised as needed to address these needs. The progress of the CHIP will continually be evaluated to determine if strategies, performance measures, and measures of effectiveness need to be updated or changed. Overall, some progress has been made in getting the word out about WIC referral programs and food resource programs within the Fort Carson Community. Food insecurity briefings and pamphlets have been provided but need to be updated to reflect the current status of food resource programs, events, and dates. Progress has been made on implementing dietary and exercise habit screening; MSK injury susceptibility screening; physical fitness and VO2 assessments; and educational programs for nutrition habits, physical fitness, metabolic testing, and performance triad classes.

This report will be made available to the Public via social media outlets such as Fort Carson Facebook, Share point, and e-mail. We would like to thank everyone for their participation with this process and if anyone is interested in assisting with CHIP activities or implementation, please feel free to contact the Fort Carson Department Public Health at usarmy.carson.medcom-each.list.fcph@health.mil. Below are the recommended revisions that will be voted on for the

next CHWG meeting to ensure the revisions are warranted. The CHWG Chair will have final decision-making authority in the event that consensus cannot be achieved. Every five years, a comprehensive review will occur to update the CHIP.

CHIP Revision Recommendations:

- a. Change Line of Effort to Priority with the CHIP.
- b. Update the CHIP to reflect the actions taken by the respective working group and stakeholders that correlate to the one line of effort or priority.
- c. Consider adding a tracker to the line of effort or priority.
- d. Update Army Public Health Center (APHC) to Defense Centers for Public Health (DCPH) with new mission, vision, and services provided.
- e. Remove What is Public Health in U.S. Army section and replace with What is Public Health in the Department of Defense?
- f. Remove Hearing Conservation Clinic from Fort Carson Department of Public Health due to it no longer being a part of the Department and update Stakeholders.
- g. Update CHIPs Monitoring and Evaluation Section to remove CHWG and add CR2C subcommittee(s) for CHIP revision approvals.
- h. Remove Appendix A from CHIP and update Progress Notes under each respective Goal.
- i. Update Summary of Change Section when revised actions are complete.
- j. Change objective 1.3 to 2.1 with intervention strategies 2.1.1, 2.1.2, 2.1.3, and 2.1.4.
- k. Update objective 1.1 and intervention strategy 1.2.3 measures of effectiveness to current Health of the Force numbers.

I. Update Fort Carson Community Section to reflect current community numbers and add Cheyenne Mountain Space Force Station to the list of military installations within the Fort Carson Community.

m. Add Military Nutrition Environment (MNE) recommendations, strategies, and Military Nutrition Environmental Assessment Tool (Mneat) data as an objective for Goal #1 focusing on nutritional fitness.

n. The priority and areas for improvement are continually changing and are currently not managed by the CR2C. The Department of Public Health is not involved in all the different working groups. In order for the CHIP to be successful, it must be managed through the working groups and the CR2C.

Approved By:

KENNETH D. KUHN, MD, MPH

CIV, GP-15

Director, Department of Public Health

Created: 11 Dec 2023

Signed: 20 Dec 2023

References

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