

FORT WAINWRIGHT COMMUNITY HEALTH IMPROVEMENT PLAN



Fort Wainwright, AK



Completed: 29 Feb 2020

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Executive Summary

In coordination with our partners in prevention, the Ft. Wainwright Department of Public Health (FWA DPH) built on the data and recommendations from the 2020 Ft. Wainwright Community Health Assessment (CHA) to create a community health improvement plan (CHIP) for Ft. Wainwright. In serving our Arctic Warrior Family, FWA DPH and its partners created a community driven and transparent CHIP aligned with community and leader values.

FWA DPH utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide development of the CHIP. CHIP development was a stakeholder driven process that engaged more than 30 installation stakeholders to identify the following key health priorities for action:

- Mental Wellbeing
- Social and Personal Responsibility
- Injury Prevention

In collaboration with various stakeholders, FWA DPH developed goals and objectives for each priority as well as related measures and strategies that will lead to an improved environment making the healthier choice the easier choice. The FWA DPH and partners plan to conduct a CHA/CHIP process every three years in alignment with Army Regulation and Public Health Accreditation standards.

Background

A healthy and fit community is the catalyst for a Ready Now Force. This end state is not achieved by one entity alone. It takes the entire Ft. Wainwright community coming together to improve individual and community well-being. Soldier and family touchpoints beyond the military treatment facilities are critical in creating an environment that promotes health. When leaders invest in prevention the benefits are broadly shared – we improve health readiness, conserve resources and fulfill our commitment to the Arctic Warrior Family. This is achieved by creating a culture of wellness and personal health responsibility through data and evidence-based strategies ensuring readiness and empowering Soldiers, DA civilians, families and retirees to choose healthier lifestyles.

To assist in this culture shift, the Fort Wainwright Department of Public Health led a comprehensive community health improvement planning effort to improve the health and quality of life for the Arctic Warrior Family. As a result, we present to you the 2020 Fort Wainwright Community Health Improvement Plan. The plan is a result of contributions from a variety of community stakeholders and agencies invested in the wellness of the Fort Wainwright community. This document was developed by following an evidence-based process focused on establishing an action plan to improve the health of our community. It was developed over a period of 12 months using information and data collected from a variety of local, state and military health sources. When synthesized, these data can guide discussions and leader decisions regarding Fort Wainwright's health priority areas.

MOVING FROM ASSESSMENT TO PLANNING

The intent of this process is to align efforts of stakeholders inside and outside of the fence focused on promoting an environment where the right choice is the easy choice. The prioritized needs of the community outlined in this document were determined by the Community Health Assessment (CHA) and other installation specific data collected over the past 12-18 months. The CHA is mandated by DA PAM 40-11 (Preventive Medicine), Section III (Family and Community Health), 7-8 (Community Health Needs Assessment).

The CHA is a comprehensive analysis of public health data which provides a “snap shot” of the current health status of our community. This information allows leaders and decision-makers to prioritize and develop strategies and interventions to improve the overall health of the Total Arctic Warrior Family. These improvements will be monitored by the Commander's Ready and Resilient Council (CR2C) and supported by the Department of Public Health and other “Partners in Prevention”.

Mobilizing for Action through Planning and Partnerships (MAPP) was the strategic method used for the development of the CHIP. MAPP is a six step interactive process that results in the development of shared community-wide vision with an established action plan to get us there.

Population based data was gathered from the following sources and provided indicators of health in our community:

1. **Ft. Wainwright Community Health Status Assessment 2017 and 2020 update**
2. **Ft. Wainwright Community Strengths and Themes Assessment Tool Results FY 18**
3. **Ft. Wainwright Un-intended Injury Report 2019**
4. **MEDCOM/PH 360**
5. **Command Management System (CMS)**
6. **Disease Reporting System Internet (DRSi)**
7. **Centers for Disease Prevention and Control:** Behavioral Risk factor Surveillance System (BRFSS), Selected Metropolitan/Micropolitan Area Risk Trends (SMART), Youth Risk Behavior Surveillance System (YRBSS), Breastfeeding Report Card, Flu Vaccination, Lead Data.
8. **Kids Count Data Center**
9. **Alaska Department of Health and Social Services**
10. **TRICARE**
11. **CarePoint**

The MAPP process is driven by participation. Developing a strategic plan to address public health issues allows stakeholders ideas to be heard and ensures the community drives and assumes ownership of the outlined plan. A higher degree of collaboration and coordination is needed for public health to be successful as we continue to operate in a resource constrained environment.

Defining a Community Health Improvement Plan

The 2019 Ft. Wainwright Community Health Improvement Plan (CHIP) is aimed at synchronizing installation assets and resources that support the Arctic Warrior Family in order to influence behavior change and improve health. This is a community-wide, collaborative strategic plan that sets priorities for health improvement and engages our various partners in prevention to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of the Arctic Warrior community and a blueprint for installation agencies to use in making that vision a reality.

How to use the CHIP

The CHIP is the community's roadmap to making and sustaining a positive health impact across the Lifespace – where our Warfighters and Families live, work, and play. The CR2C Physical Health Work Group will leverage the CHIP to garner support, resources and program implementation for the identified community priorities. The group will also facilitate cross-talk among the other CR2C work groups to ensure all the right people are at the table to address the identified priorities. The work group will also share the CHIP priorities improving transparency on the health issues impacting the Arctic Warrior Family. We encourage everyone to review the priorities and goals and reflect on the suggested strategies. We want you to identify where you fit in the plan and how you can support so we achieve our population goals. Making the right choice the easy choice is a TEAM effort. We need you as a PARTNER in Prevention!

Alignment between the CHIP and Other Guiding Documents and Initiatives

The CHIP will inform the CR2C and be utilized in conjunction with the USARAK CR2C Strategic Plan to create the conditions setting the Ft. Wainwright community on a path to maximize Soldier readiness and enhance community resiliency. The CHIP is nested in the CR2C Strategic Plan through its inclusion of human performance optimization and Resiliency – both of which are integrated in identified priorities. The Ft. Wainwright Department of Public Health Strategic Plan also focuses on promoting a “Safe, Health and Ready Now” Community by addressing several identified gaps such as tobacco-free living, un-intentional injury prevention and lack of programming addressing performance triad elements. These gaps were identified in the 2020 Ft. Wainwright Community Health Assessment which is the main driver in addressing the public health needs of our community.

Identifying Community Assets and Resources

The following table is a list of health related strengths and resources identified through the Community Health Status Assessment.

Community Strengths
Strong relationships with installation and local community agencies
Leaders that support the Performance Triad
Leaders that support Public Health Accreditation
Engaged Community Members
Community Resources (Garrison and Local Community)
Bassett Army Community Hospital
Army Community Services
Army Substance Abuse Program
Installation Directorates (DPW, DES)
Better Opportunities for Single Soldiers (BOSS)
Careline Crisis Helpline
Military and Family Life Counseling program (MFLC)
Sexual Harassment and Assault Response Prevention (SHARP)
American Red Cross
Army Education Center
Employment Readiness Program (ERP)
Military Spouse Employment Partnership Program
VA Vet Center
Child, Youth and School Services
Women, Infants and Children (WIC)
School Support Services/School Liaison Officer
Army Family Team Building
USO Alaska, Ft. Wainwright
Interior Alaska Center for Non-Violent Living
Emergency Food Assistance
Army Emergency Relief
Fairbanks Wellness Coalition
Fairbanks Rescue Mission
Army Wellness Center
Exceptional Family Member Program (EFMP)
Fairbanks VA Community Based Outpatient Clinic
Family and Morale, Welfare and Recreation (MWR)
Automotive Skills Center
Physical Fitness Center

Melaven Gym
Fort Wainwright Library
Outdoor Recreation
Northern Light Chapel
Interior Public Health Partners
Fairbanks Wellness Coalition

Reviewing and Updating the CHIP

Progress in achieving objectives and goals set forth in the CHIP will be monitored through the CR2C Physical Health Working Group. This group will report quarterly to the CR2C Board of Directors with progress updates. This process promotes accountability and provides a mechanism to reach out for support if barriers inhibit steady progress. A comprehensive report and review of priorities will be conducted annually. Recommendations for revisions will be directed through the Physical Health Working group. Once approved, revisions will be disseminated through the CR2C channels. Every three years, a complete review of metrics and update of the CHA and CHIP will be completed.

Community Engagement

The Ft. Wainwright Department of Public Health Accreditation Team collaborated with various community partners to complete the 2020 CHIP. Initial coordination was established through the DPH accreditation team in the form of weekly meetings. In addition, collaborative sharing technology was utilized to maximize opportunities for further team engagement. An initial work plan was established based on key leader feedback and data reported in the Community Health Assessment. This plan was introduced to the CR2C for buy-in and support. As a result, it was recommended that continued efforts on the CHIP be supported within the Physical Health Working Group. This ensures continued oversight from the DPH while promoting additional engagement with installation stakeholders.

CR2C Membership include:

USARAK Commander
USARAK Command Sargent Major
USAG Alaska Commander
USAG Alaska Sargent Major
MEDDAC-AK Commander
All O-6 (COL) Level Commanders
Dental Activity Commander
Community Ready and Resilient Integrator
Suicide Prevention Program Manager
USARAK Personnel Office
USARAK Surgeon
Family Advocacy Program Manager
Ready and Resilient Performance Center Program Manager
Senior Chaplain
Public Affairs Officer
Risk Reduction Program Coordinator
Alcohol/Drug Control Coordinator
Staff Judge Advocate
Other Subject Matter Experts as Required.

Starting in July 2019, the CHIP was added to the monthly agenda items in the Physical Health Working Group (PHWG). This meeting occurs monthly and the invited membership includes the following:

Ft. Wainwright Department of Public Health Staff

C, PH
C, Army Public Health Nursing
C, Industrial Hygiene

C, Occupational Health
Director, Army Wellness Center

Other installation Stakeholders

MEDDAC-AK Nutrition Care Division
MEDDAC-AK Safety
MEDDAC-AK Physical Therapy
1-25 SBCT Physical Therapy
Ready and Resilient - Master Resilience Trainer
Commander's Ready and Resilient Integrator
Ft. Wainwright Morale, Welfare and Recreation (PFC Gym)
USAG Alaska Directorate Offices
Brigade Food Advisor
US Army Dental Activity
USO
Better Opportunities for Single Soldiers (BOSS)

Development of Data-Based, Community-Identified Priorities, Issues and Themes Identified in the Community Health Assessment

Between Oct – Dec 2019 the PHWG went through the process of reviewing several sources of population-based data (Community Health Status Assessment, Community Strengths and Themes Assessment, Un-intended Injury Prevention data, etc.) in order to develop a list of strategic health issues.

1. Injuries
2. Sexual Health and Responsibility
3. Healthy Eating
4. Weight Management
5. Sedentary Lifestyle
6. Tobacco Free Living
7. Sleep Hygiene
8. Substance Abuse
9. Stress
10. Suicide
11. Depression

Process to Set Health Priorities

A prioritization matrix was developed to rank order health issues. Health issues were ranked using the following criteria:

- **Urgency:** Is this a priority issue that needs to be addressed in the next 1-3 years?
- **Community Impact:** Is it likely that addressing this critical issue will have a significant impact on one or more specific populations? Do you have reason to believe you can be successful on this issue?
- **Actionable/Feasible:** Are there opportunities for action to address the issue? Is there room to make meaningful improvement on the issue? Is there opportunity for collaboration to address the issue?
- **Resources:** Are resources (funding, personnel, capability) either readily available or can be obtained to address the issue? Are there resources through outside community agencies? If not, can resources be obtained?
- **Community Relations:** Is this an issue identified as important to the community? Are people in the community interested in the issue? Is there community momentum to move this initiative forward?

Team Members then used a Likert scale to score the five criteria against each health issue.

High = 3 points

Medium = 2 points

Low = 1 point

Results were then calculated and interpreted with the three highest scoring health issues considered as the CHIP's priority. The below matrix depicts the team's mean score by issue.

<i>Health Issue</i>	<i>Urgency</i>	<i>Community Impact</i>	<i>Feasibility</i>	<i>Resources</i>	<i>Community Readiness</i>	<i>Total Points</i>
<i>Injuries</i>	2.4	2.2	2.2	1.8	2	10.3
<i>Sexual Health</i>	2.4	2.6	2.6	2.6	2.2	12.4
<i>Healthy Eating</i>	2	2	2.2	2.2	1.2	9.6
<i>Weight Management</i>	2	2.2	2.2	2	1.4	9.6
<i>Sedentary Lifestyle</i>	1.4	1.8	2.2	2.6	1.2	9.2
<i>Tobacco</i>	1.8	1.8	2.2	2.4	1.2	9.2
<i>Sleep Hygiene</i>	2	2	2	1.8	1.8	9.6
<i>Substance Abuse</i>	1.8	2	1.6	2.4	1.8	9.6
<i>Stress</i>	2.2	2.2	2	2.2	2	10.6
<i>Suicide</i>	2.6	2.6	2.4	2.2	2.4	12.2
<i>Depression</i>	2.6	2.6	2.4	2	2.6	12.2

CHIP Goals and Strategies

The development of goals and strategies took place for the course of four PHWG meetings (Sept –Dec 2019). PHWG members as well other SMEs were invited to take part in the discussion within the monthly meeting and were also included in collaborative review of draft materials in between monthly meetings. PHWG members were asked to complete brainstorming activities prior to monthly meetings and come prepared to discuss and provide input regarding each priority. The group would then discuss input and revise content based on group consensus.

The MEDDAC-AK Deputy Commander for Administration (LTC Dalmar Jackson) provided organization development consultative support in the development of draft goals, objectives and implementation plan and reviewed the final CHIP draft in December 2019.

ESTABLISHING PRIORITY AREAS

Matrix results were reviewed by group members resulting a discussion about the interplay between the stress, suicide and depression issues. It was recommended and agreed upon through group consensus that these three topics should be addressed as one issue which will be described as “Mental Wellbeing”. This would result in the top three priorities being:

- 1) Mental Wellbeing
- 2) Sexual Health
- 3) Injuries

Priority #1 – Mental Wellbeing

The stressors of military life can strongly influence the psychological well-being of Soldiers and their Families. Particularly when unrecognized and untreated, behavioral health (BH) diagnoses can lead to lack of medical readiness, early discharge from the Army, and suicidal behavior. In 2017, 15% of Soldiers had a diagnosis of one or more BH conditions, which include adjustment disorder, mood disorders, anxiety disorders, posttraumatic stress disorder (PTSD), substance use disorder (SUD), personality disorder, and psychosis. Ft. Wainwright ranks slightly below the Army average for reported behavioral health issue, but this is an issue of great community importance.

Anxiety, mood (e.g., depression) and impulse control disorders are associated with a higher probability of risk behaviors (e.g., tobacco, alcohol and other drug use, risky sexual behavior), intimate partner and family violence, many other chronic and acute conditions (e.g., obesity, diabetes, cardiovascular disease, HIV/STIs), and premature death.

Two Healthy Alaska 2020 health priorities are focused on Mental Well-Being:

- Reduce Alaskan Death from Suicide
- Reduce the Number of Alaskans experiencing poor mental health

Activity/Initiative	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator/Evaluation Plan
Activate community leaders to reduce public stigma and promote shared accountability in mental health	PHWG MEDDAC-AK	Jan 2020 – Jan 2021	1. Leverage quality of Life Task for socialize the development of a command emphasis letter supporting the use metal health resources and participation of positive outcome activities to promote mental wellbeing. 2. Staff a draft command emphasis letter and route for approval (recommend signatures from Senior Mission CDR, Garrison Commander and MTD Commander).	1. Completed and approved command emphasis letter supporting the use of mental health services for Soldiers and family members. 2. Established line of communication between PHWG and MEDDAC to share feedback/comments/concerns from community regarding mental health resources, access and needs.

			<ul style="list-style-type: none"> 3. Disseminate command emphasis letter to all Commanders on the installation. 4. Place emphasis letter on USAG Alaska webpage for community access. 5. Utilize the PHWG to provide recommendation feedback to MEDDAC regarding community concerns/issues related to mental health 	
Increase awareness of community on current resources available to support mental wellbeing.	MEDDAC-AK	Jan 2020 – Jan 2021	<ul style="list-style-type: none"> 1. Develop a resource guide for community members and command teams outlining current resources for mental health and overall wellness services. 2. Also develop a training plan that will enhance knowledge and attitudes regarding the value of mental health services 3. Disseminate information throughout installation information channels. 4. Leverage existing meeting venues to reinforce resource guide. 5. Incorporate a media campaign that shares this information in both social (online) and print media for the community. 	<ul style="list-style-type: none"> 1. Complete resource guide. 2. Educational presentation for Command Teams and community members. 3. Inclusion of resource guide in an online format for community access.

Priority #2 – Sexual Health

Healthy reproductive and sexual practices can play a critical role in enabling people to remain healthy, actively contribute to their community. Army STI rates often exceed those reported in the general population, and are also rising. This excess is not surprising given that the Army is skewed towards younger groups who are at higher risk, and Soldiers have greater access to medical screening, which increases the likelihood of detection.

STIs can pose a significant health threat, progressing to reproductive health complications such as pelvic inflammatory disease, infertility, ectopic pregnancy, pre-term birth, and infant death. Additionally, other vaccine-preventable STIs such as human papillomavirus (HPV) can progress to cervical and other forms of cancer. Hepatitis B (also vaccine-preventable) can lead to debilitating conditions such as liver failure, cirrhosis, and liver cancer. These complications negatively impact Soldier health, well-being, and readiness.

Incidence rates of chlamydia in Alaska have been the highest in the nation since 2010. Ft. Wainwright is a significant contributor to this metric.

Healthy Alaska 2020 has also prioritized reducing the incidence of Chlamydia trachomatis per 100,000 population. State Target: Healthy Alaskans 2020 Target - 705.2 per 100,000

Sexual Health Goal

Fort Wainwright active duty incidence of Gonorrhea and Chlamydia (GC/CT) will remain at least 10% lower than the overall Army incidence of GC/CT.

Sexual Health Action Plan

Activity/Initiative	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator/Evaluation Plan
Establish a comprehensive awareness campaign for sexual health	DPH, MEDDAC-AK, BOSS, Fairbanks PH Center, Public Affairs	Jan 2020 – Jan 2022	<ol style="list-style-type: none"> 1. Establish a WG with installation and local community stakeholders that are vested in this issue. 2. Develop a print and social media plan that targets our at risk Soldier population (highlighting personal and social responsibility). In addition, awareness campaign messages will be developed for the general community and adolescent population. 3. Synchronize this plan with Garrison PAO in addition to Fairbanks PH Center for redundancy and consistency in messaging. 	1. A comprehensive sexual health media campaign.
Promote targeted condom access across the installation	MEDDAC-AK, USARAK BDE providers	Jan 2020 – Jan 2022	<ol style="list-style-type: none"> 1. Coordinate with all clinical sections within MEDDAC-AK (and outlying clinics) to offer/have condoms accessible during the outpatient visit. 2. Develop an information package for unit level commander to highlight the importance of targeted condom access and how to order condoms for unit/company areas. 	1. 10% increase of condom access within unit/company areas.

Standardized Training Materials for STI/HIV education	DPH/Army Public Health Nursing Section	Jan 2020 – Jan 2021	<ol style="list-style-type: none"> 1. Perform literature review and review evidence based best practices for sexual health education/training. 2. Review current training produces. 3. Revise training package based on literature review results. 4. Pilot training package during in-processing training time. 5. Utilize training evaluation forms to obtain feedback on updated training products. 6. Refine based on customer feedback and finalize. 7. Ensure there are annual updates to training materials. 	<ol style="list-style-type: none"> 1. A complete standard Sexual Health training package. 2. A process to ensure annual review and updates to the material. 3. Dedicated training time on unit calendars to support social and personal responsibility training.
Integration of training within various Soldier touchpoints	DPH	Jan 2020 – Jan 2021	<ol style="list-style-type: none"> 1. Leverage PHWG to identify existing installation/unit platforms to integrate sexual health education. 2. Develop training recommendations and frequency of training. 3. Present them to the CR2C for Unit commander buy-in. 4. Identify POCs for meeting platforms and coordinate integration of training into these meetings. 5. Utilize training evaluation forms to obtain feedback on training. 	<ol style="list-style-type: none"> 1. List of locations where sexual health is being conducted across the installation. 2. Quarterly training report outlining the number of Soldiers trained in each respective meeting platform.

			6. Refine based on customer feedback.	
Increase access for STI screening within the Department of Public Health	DPH/BOSS	Jan 2020 – Jan 2021	<ol style="list-style-type: none"> 1. Conduct customer assessment of sexual health access barriers. 2. Analyze data and form conclusions/recommendations. 3. Assess current staffing/resources within DPH. Is providing walk-in hours for STI screening a feasible service. 4. Evaluate utilization of service and report findings to the PHWG. 5. Refine access to service as indicated based on utilization data. 	<ol style="list-style-type: none"> 1. Established walk-in hours for sexual health screening/education. 2. Quarterly report with utilization statistics to inform the CR2C.

Priority #3 – Injuries

Injury is a significant contributor to the Army's healthcare burden, impacting medical readiness and Soldier health. Over 1 million medical encounters and roughly 10 million days of limited duty occur annually as a result of injuries and injury-related musculoskeletal conditions, affecting over half of Soldiers each year. It is also the highest rated concern for the Ft. Wainwright Community based on the FY 18 Ft. Wainwright Strengths and Themes Assessment.

Active Duty: In reviewing Active Duty data, Ft. Wainwright is below the Army average for injury incidence and #6 overall amongst all Army installations. Quarterly injury rates at Ft. Wainwright (and RHC-P and USARPAC) have been declining/improving since 2018, and they have been trending below historical means. At Ft. Wainwright, cumulative (chronic) overuse injuries affecting the lower extremity are the number one injury type. Physical training is the leading cause of these injuries. Several key MSK injury risk factors have been identified (i.e. poor aerobic fitness as defined by slower 2-mile run times, physical inactivity, overuse, age 35+, female gender, tobacco use, and obesity). Most of these are modifiable. At Ft. Wainwright specifically, there is a higher prevalence (compared to all Army) of the following risk factors: tobacco use, substance abuse and poor dietary habits. Lastly, many (900) ambulatory medical encounters were linked to prior injuries.

Based on key findings, action plan emphasis areas should target modifiable risk factors:

- Overuse/training parameters to reduce risk of cumulative LE injury (this has been done through USARAK policy spearheaded by brigade physical therapy)
- Performance Triad – namely the Nutrition element
- AWC utilization: BMI management, dietary counseling, aerobic fitness improvement programs, and tobacco cessation
- Prevention of Re-Injury through leader education and proper exercise progressions for SMs going through IRPT.

Civilian: Ft Wainwright civilians had slightly greater lost work time per Army. Slip/trip/fall is the top cause of injury and leading source of money spent on claims. Engineering/architecture employees within DENTAC and MEDDAC units demonstrated highest lost time from work.

Based on Key findings, action plan emphasis should target slip/trip/fall prevention among engineers/industry workers within DENTAC/MEDDAC.

Injury Prevention Goals

Army specific: Leverage existing installation assets and programs to reduce Military Readiness Category (MRC) 3 & 4 classifications by 10% from unit baseline for Fort Wainwright Soldiers NLT 30 Jan 2022.

DoD Civilian specific: Leverage existing installation assets and programs to reduce slip/trip/fall related injuries by 10% from baseline for DoD Civilians NLT 30 Jan 2022.

INJURY ACTION PLAN

Activity/Initiative	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator/Evaluation Plan
Injury Prevention Physical Readiness Training Guidelines USARAK Policy	1/25 SBCT Physical Therapy, Brigade Surgeon Cell	30 Dec 2020	<ol style="list-style-type: none"> 1. Leverage draft 1/25 SBCT policy as the template to expand to a USARAK policy. 2. Complete draft policy and present at PHWG for comment/revisions. 3. Once concurrence is received through the PHWG, present at CR2C for Senior Mission Commander support. 4. Once presented at CR2C, route policy for staffing and approval by Senior Mission Commander. 	1. Approved Injury Prevention Physical Readiness Training Guidelines USARAK Policy
Master Fitness Trainer Sustainment Training	R2, AWC, 1/25 BDE Physical Therapy	Jan 2020 thru Jan 2022	1. Develop curriculum based on Tactical Strength and Conditioning certification (T-SAC) offered through the National Strength and Conditioning Association.	Participant Outcomes: <ol style="list-style-type: none"> 1. Pre and posttest of fitness knowledge of participants 2. Pre and posttest of general performance psychology knowledge of participants.

			<p>2. Teach a bi-weekly course to Master Fitness Trainers.</p> <p>3. Students to generate practical exercises in the course that will result in 6-12 week long training programs that can be rotated and implemented within units.</p> <p>4. Pilot program and complete program and outcome evaluation.</p>	<p>3. Baseline fitness test improvements in participants.</p> <p>Unit Level:</p> <p>1. Unit level improvement in ACFT Scores</p> <p>2. Decrease in unit level MSK Injury rates</p>
IRPT (Injury Reserve Physical Training) Course	1-25 SBCT	Jan 2020 thru 30 Jan 2022	<p>1. All Soldiers on temporary profile greater than 30 days are enrolled.</p> <p>2. The Trainer Program is a 5-day training class providing instruction in proper lifting techniques, rehabilitation based off the Building the Soldier Athlete Reconditioning Supplement. The program also involves guest lectures from the following Departments: Army Wellness Center, Behavioral Health, Dietetics Department, and Ready and Resilient. Profile PT follows work out plans developed from the Building the Soldier Athlete and tailored by PTs and IRPT cadre.</p>	<p>1. Decrease in total number of days Soldier is on profile.</p> <p>2. Improvements in # of MSK profiles per month (per E-Profile data), # of MSKI injuries (per MRAT data), and ACFT scores (upon graduation from the IRPT Program).</p>
Establishing Injury Reserve Physical Training (IPRT)	MEDDAC-AK	Jan 2020 thru Jan 2022	<p>1. Coordinate with the Medical Company to obtain a monthly list of those Soldiers that</p>	<p>1. # of temporary MSK profiles >30 days per month (per E-Profile</p>

			<p>meeting the criteria of enrollment.</p> <p>2. Establish date and location for training.</p> <p>3. Identify physical therapy staff that will be supporting training sessions.</p> <p>4. Report attendance and progress through the MEDDAC-AK Brigade Health Promotion team and PHWG.</p>	<p>data), # of MSK problems (per MRAT data)</p>
Musculoskeletal Sick-Call	MEDDAC-AK Physical Therapy; 1-25 BDE Physical Therapy	Jan 2020 - Jan 2021	<p>1. Establish coordination with Kamish Soldier Center Medical Home to identify space and personnel to support Musculoskeletal sick call operations.</p> <p>2. Develop SOP to outline MSK processes: Soldiers going to medical sick call for primary MSK complaint (onset within 72 hours) are directed to Physical Therapy for immediate injury screening, initiation of a physical therapy plan of care, and profile management. The treating Physical Therapist determines frequency of Soldier attendance for injury treatment.</p>	<p>1. Increase in timely utilization of resource once Soldier is identified with MSK injury.</p> <p>2. Improvement in return time to full duty.</p>

			<p>3. Coordinate with Public Affairs to market new program for Soldiers during sick call.</p> <p>4. Leverage CR2C and other meeting venues to communication with unit Commanders about resource and how to access.</p>	
Army Wellness Center Utilization	Fort Wainwright Army Wellness Center	Jan 2020 – Jan 2022	<p>1. Develop awareness campaign for community marketing AWC services</p> <p>2. Provide Unit level data to Command Teams describing the aggregate number of Soldiers at high risk for injury due to BMI and 2-mile run times.</p> <p>3. AWC Staff to coordinate more outreach events to service community members within the “Lifespace”.</p>	<p>1. Increase in AWC health educator clients seen per day by 15% from baseline.</p> <p>2. 10% Increase in # of services rendered per visit.</p> <p>3. Increase in AWC outreach activities by 15% from baseline.</p>

Monitoring and Evaluation

Priority activities and initiatives will be monitored monthly as topics of discussion as part of PHWG meetings. Quarterly, a priority will be highlighted and presented at the CR2C during the PHWG update. We will also leverage our public affairs officers to keep the community informed of significant progress/updates through the use of social media. An annual report will be developed to share with senior leaders, stakeholders and communities members demonstrating the progress made toward each priority area and recommended modifications to be made to action plans if required. We will also incorporate survey questions to the community through the FY 20 Community Strengths and Themes Assessment about CHIP execution to obtain feedback from the community.

Acknowledgements

Many stakeholders were involved in the development of this improvement plan and for that we are tremendously thankful. We would like to take the time to recognize the various agencies and personnel that participated in our monthly meetings, offered candid feedback and provided valuable subject matter expertise as we developed an action plan to improve the health and quality of life for the Arctic Warrior Family.

Army Community Services

Army Wellness Center

Better Opportunities for Single Soldiers (BOSS)

Community Ready and Resilience Integrators

Ft. Wainwright Department to Public Health Staff

Ft. Wainwright Master Fitness Trainers

Ft. Wainwright Ready and Resilience Performance Center

MEDDAC-AK Nutrition Care Division

MEDDAC-AK Physical Therapy

MEDDAC-AK Public Affairs

MEDDAC-AK Safety Office

USAG Alaska Directorate Offices

USAG Alaska Safety Office

1/25 SBCT Food Advisor

We also greatly appreciate the continued support and collaboration from all of the installation O-6 Commanders as we work to improve the health and quality of life of our Soldiers, family members and civilian workforce.