

JOINT BASE LEWIS-MCCHORD COMMUNITY
HEALTH IMPROVEMENT PLAN



Public Health
Prevent. Promote. Protect.

Joint Base Lewis-McChord

Completed: 1 December 2023

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Executive Summary

In coordination with our partners in prevention, the Joint Base Lewis-McChord (JBLM) Department of Public Health (DPH) built on the data and recommendations from the 2023 Joint Base Lewis McChord Community Health Assessment (CHA) to create a community health improvement plan (CHIP) for JBLM. In serving our Joint Base, JBLM DPH and its partners created a community driven and transparent CHIP aligned with community and leader values.

JBLM 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 32 installation stakeholders to identify the following key health priorities for action:

- Alcohol Misuse
- Tobacco Abuse
- Sexual Health

In collaboration with various stakeholders, JBLM 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 JBLM 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 JBLM community coming together to improve individual and community well-being. Soldier/Airman 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 JBLM community. This is achieved by creating a culture of wellness and personal health responsibility through data and evidence-based strategies ensuring readiness and empowering Soldiers, Airman, DOD civilians, families and retirees to choose healthier lifestyles.

To assist in this culture shift, the JBLM Department of Public Health led a comprehensive community health improvement planning effort to improve the health and quality of life at JBLM. The plan is a result of contributions from a variety of community stakeholders and agencies invested in the wellness of the Joint Base Lewis-McChord 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 8 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 Joint Base Lewis-McChord'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 JBLM community.

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. Joint Base Lewis-McChord Community Health Status Assessment 2022
2. Joint Base Lewis-McChord Community Needs Assessments 2022
3. Joint Base Lewis-McChord Local Public Health System Assessment 2022
4. Joint Base Lewis-McChord Forces of Change Assessment 2022
5. Disease Reporting System Internet (DRSi)
6. Tacoma Pierce County Health Department
7. Thurston County Health Department
8. Army Health of the Force Report 2022
9. Community Commons
10. Madigan Army Medical Center (MAMC)
11. Washington State Center for Health Statistics

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 Community Health Improvement Plan

The 2023 JBLM Health Improvement Plan (CHIP) is aimed at synchronizing installation assets and resources that support the JBLM community in order to influence behavior change and improve health. This 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 Joint Base Lewis-McChord community and a blueprint for installation agencies to use in making that vision a reality.

How to use the CHIP

A CHIP is designed to be a broad, strategic framework for community health and should be modified and adjusted as conditions, resources and external environmental factors change. It is developed and written in a way that engages multiple perspectives so that all community groups and sectors can unite to improve the health and quality of life for all people who live, learn, work and play on an installation community. We encourage you to review the priorities and goals, reflect on the suggested strategies and consider how you can participate in this effort, in whole or in part.

Alignment between the CHIP and Other Guiding Documents and Initiatives

The CHIP was designed to complement and build upon other guiding documents, plans, policies, initiatives, and coalitions already in place to improve the health, readiness and resiliency at Joint Base Lewis McChord. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants of the CHIP development process identified potential partners and resources to collaborate with wherever possible.

Identifying Community Assets and Resources

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

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| Community Strengths |
| Strong relationships with installation and local community agencies |
| Leaders that support Public Health Accreditation |
| Engaged Community Members |
| Pierce County Veterans Assistance |
| South Sound Parent to Parent |
| Brain Injury Alliance of WA |
| JBLM Spouses Page of Facebook |
| Community Resources (Garrison and Local Community) |
| Madigan Army Medical Center |
| Embedded Behavioral Health |
| Patient Advocacy |
| Army Community Services |
| Army Substance Abuse Program |
| Installation Directorates (DPW, DES) |
| Better Opportunities for Single Soldiers (BOSS) |
| Military One Source |
| Financial Readiness |
| Military and Family Life Counseling program (MFLC) |
| Sexual Harassment and Assault Response Prevention (SHARP) |
| American Red Cross |
| JBLM Center for Autism Resources, Education, and Services (CARES) |
| Legal Services |
| Health and Holistic Fitness |
| New Parent Support Program |
| Army Education Center |
| Shuttle (GO Transit) |
| Family Advocacy Program (FAP) |
| Hawk Career Center |
| Survivor Outreach Services |
| Base Thrift Shops |
| Employee Assistance Program (EAP) |
| VA- VA/American Lake |
| Child, Youth and School Services |
| Children's Museum of JBLM |
| Women, Infants and Children (WIC) |

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| School Support Services/School Liaison Officer |
| Leisure Travel Center |
| Camp Lewis/Shali USO Center |
| Emergency Food Assistance |
| Army Emergency Relief |
| McChord and Grandstaff Library |
| Child and Family Behavioral Health Services |
| Army Wellness Center |
| Exceptional Family Member Program (EFMP) |
| Waller Hall |
| Family and Morale, Welfare and Recreation (MWR) |
| Automotive Skills Center |
| Physical Fitness Centers |

Community Engagement

The JBLM Department of Public Health Accreditation Team collaborated with various community partners to complete the 2024 CHIP. Initial coordination was established through the DPH accreditation team in the form of bi-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 Community and Leadership Information Forum (CLIF) for buy-in and support. As a result, it was recommended that continued efforts on the CHIP be supported within the Public Health Working Group. This ensures continued oversight from the DPH while promoting additional engagement with installation stakeholders.

CLIF attendees include Commanders and Command Sargent Major/Chief Master Sargent of units located on JBLM and other organizations are invited as indicated by topic.

JBLM Units/Tenants:

1-2 Stryker Brigade Combat Team
16th Combat Aviation Brigade
17th Field Artillery Brigade
189th Infantry Brigade
1st Special Forces Group
2-2 Stryker Brigade Combat Team
22D Corps Signal Brigade
2D Ranger Battalion
4-160th Special Operations Aviation Regiment
404th Army Field Support Brigade
446th Airlift Wing
555th Engineer Brigade
593rd Expeditionary Sustainment Command
5th Security Forces Assistance Brigade
627th Air Base Group
62nd Airlift Wing
66th Theater Aviation Command

6th Military Police Group
7th Infantry Division
8th Brigade Army ROTC
I Corps
U.S. Army Medical Research Directorate-West
Washington National Guard
Western Air Defense Sector
Madigan Army Medical Center

Public Health Working Group members include:

C, PH
C, Army Public Health Nursing
C, Industrial Hygiene
C, Occupational Health
C, Environmental Health
C, Armed Forces Wellness
Center
C, Army Hearing Program
C, Epidemiology
C, Health Physics
Program Director, Public
Health Residency

Community Partners Include:

Air Force Public Health
Sexual Assault Prevention Response (SAPR)
Nutrition Care
MAMC Command Sargent Major
Olympia Soldier Care Medical Home
Puyallup Soldier Care Medical Home
Holistic Health and Fitness (H2F)
USO-Lewis & McChord
Family Advocacy Program
Community Leadership Information Forum
MAMC Social Work
MAMC Ministry and Pastoral Care
Okubo Soldier Care Medical Home
Allen Soldier Care Medical Home
Winder Soldier Care Medical Home

Spouses Club Lewis-McChord
Exceptional Family Member Program (EFMP)
Financial Readiness
MAMC Wellness Committee
Army Behavioral Health Programs
MAMC Department of Pediatrics
MAMC Physical Therapy
Families Overcoming Under Stress (FOCUS)

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

In May 2023 the PHWG went through the process of reviewing several sources of population-based data (Community Health Status Assessment, Community Strengths and Themes Assessment, etc.) in order to develop a list of strategic health issues.

- Air quality
- Alcohol abuse
- Drug Abuse
- Tobacco Use
- Sexually Transmitted Infections
- Domestic abuse/violence
- Child abuse
- Suicide
- Chronic Pain/ other medical issues
- Difficulty sleeping
- Language barrier in healthcare and JBLM services
- Limited hours of operation for JBLM services
- Childcare
- Transportation
- Personal Relationship problems
- Feeling isolated
- Separation from family d/t to mission requirements (tdy/deployment)
- Relocation/PCS
- Barrier to JBLM services
 - Fear of impact on military career
 - Limited service hours
 - Unsure where to go
 - Childcare
 - Language
 - Transportation
 - Internet/computer access

In June 2023, the Department of Public Health working group along with other community partners reviewed and discussed the nineteen-community health related areas of concern. The nineteen areas were narrowed and summarized to the top ten utilizing a multi-voting prioritization technique.

1. Alcohol/Tobacco Abuse
2. Cost of Housing/Relocation
3. Strained Personal Relationships

4. Suicide
5. Domestic Violence/Child Abuse
6. Feelings of Isolation
7. Sleep Difficulties
8. Barriers to Utilizing JBLM Services
9. Sexually Transmitted Infections
10. Chronic Pain/Medical Conditions
11. Workplace Issues

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?
- **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?
- **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?
- **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?

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>Actionable</i> | <i>Community Impact</i> | <i>Resources</i> | <i>Total Points</i> |
|--|----------------|-------------------|-------------------------|------------------|---------------------|
| <i>Alcohol/Tobacco Abuse</i> | 1.9 | 2.1 | 2.4 | 2.5 | 8.8 |
| <i>Cost of Housing/ Relocation</i> | 2.5 | 1.9 | 2.4 | 1.5 | 8.3 |
| <i>Strained Personal Relationships</i> | 2.5 | 2.1 | 1.9 | 2 | 8.5 |
| <i>Suicide</i> | 2.6 | 2.3 | 2.5 | 2.9 | 10.3 |
| <i>Domestic Violence/Child Abuse</i> | 2.7 | 2.4 | 2.6 | 2.5 | 10.3 |
| <i>Feelings of Isolation</i> | 2.2 | 2.2 | 2.1 | 2.3 | 8.7 |
| <i>Sleep Difficulties</i> | 2 | 1.9 | 2.3 | 1.8 | 8 |
| <i>Barriers to Utilizing JBLM Services</i> | 1.6 | 1.9 | 2 | 1.8 | 7.4 |
| <i>Sexually Transmitted Infections</i> | 2 | 2.3 | 2.1 | 2.2 | 8.5 |
| <i>Chronic Pain/ Medical Conditions</i> | 2 | 2.1 | 2.3 | 1.9 | 8.3 |
| <i>Workplace Issues</i> | 1.9 | 2 | 2 | 1.9 | 7.8 |

CHIP Goals and Strategies

The development of goals and strategies took place for the course of several PHWG meetings. 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.

ESTABLISHING PRIORITY AREAS

Results from the survey were discussed at the 2 October 2023 Public Health working group meeting. Although areas such as domestic violence/ child abuse and suicide were the highest ranked priorities, it was determined that there are numerous resources available within the JBLM community to address those needs. The priorities wherein the Public Health Department can make the largest impact would be alcohol abuse, tobacco abuse, and sexual health. Resources and support will be delegated to the community members who lead the charge on efforts surrounding domestic violence/ child abuse and suicide.

Top Priorities:

- Tobacco Abuse
- Alcohol Misuse
- Sexually Transmitted Infections

Supporting Initiatives

- Domestic Violence/Child Abuse
- Suicide

Priority #1 – Tobacco Abuse

The stressors of military life can strongly influence the action military members and their families take, including adopting unhealthy coping mechanisms. The 2018 DOD Health Related Behaviors Survey found 36.2% of soldiers reported any current tobacco or nicotine use, 18% were current cigarette smokers, and 14.7% current smokeless tobacco users. Similarly, the survey found 31.2% of airmen reported any current tobacco or nicotine use, 11.9% were current cigarette smokers, and 8.6% current smokeless tobacco users.

Tobacco use leads to systemic effects and long-term consequences such as cancer, heart disease, stroke, lung diseases, emphysema, and chronic bronchitis. It can also increase an individual's risk for Tuberculosis, eye diseases, and immune conditions. The impact reaches far beyond the individual who is utilizing the tobacco, as secondhand smoke can have negative consequences especially on children such as sudden infant death syndrome, slowed lung growth, severe asthma, etc.

Tobacco Abuse Goal

| Goal | Person/Group Responsible | Timeline | Intervention | Outcome Measure/Evaluation |
|--|---|-----------------------------|--|---|
| Promote a Tobacco Free Living (TFL) Environment on Joint Base Lewis-McChord. | Armed Forces Wellness Center/ Public Health Working Group | January 2024 - January 2027 | <ol style="list-style-type: none"> 1. Create/update an installation policy addressing Tobacco Free Living. 2. Update Madigan Army Medical Centers Tobacco Free Campus Policy. 3. Increase the utilization of tobacco free signage on the installation, and ensure signage is located at designated tobacco use areas. 4. Evaluate Tobacco cessation class and tobacco free living utilization by tracking attendance for at least 6 months. 5. Bolster the tobacco cessation class/program through evaluation of class materials and interactions and improvements based on updated adult learning principles and other PH programs throughout DHA. | <ol style="list-style-type: none"> 1. Complete installation policy by December 2025. 2. Complete MAMC policy update by July 2024. 3. JBLM and MAMC's designated tobacco areas have signage by December 2024. |

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| <p>Educate Joint Base Lewis-McChord community members about Tobacco Free Living initiatives and resources.</p> | <p>Armed Forces Wellness Center/ Public Health Working Group</p> | <p>Jan 2024 -Jan 2027</p> | <ol style="list-style-type: none"> 1. Present information on TFL and the use of E-cigarettes/vaping to the community and JBLM units (upon request) at least quarterly. 2. Provide TFL resource promotion material to MAMC clinics for patient distribution. | <ol style="list-style-type: none"> 1.Track number of TFL and E-Cigarettes/vaping classes given and review program evaluations NLT December 2024. 2. Disseminate TFL resources to all MAMC clinics NLT July 2024. |
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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. The 2018 DOD Health Related Behaviors Survey found 17.8% of soldiers had more than 1 sexual partner in the past 12 months, 33.9% had sex with a new partner without using a condom, 3.0% reported contracting an STI in the past 12 months, and 20.4% were at high risk for Human Immunodeficiency Virus. Similarly, 17.0% of airman had more than 1 sexual partner in the past 12 months, 31.4% had sex with a new partner without using a condom, 3.1% reported contracting an STI in the past 12 months, and 19.2% were at high risk for Human Immunodeficiency Virus.

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.

Sexual Health Action Plan

| Goal | Person/Group Responsible | Timeline | Intervention | Outcome Measure/Evaluation |
|---|---|--------------------|--|--|
| Promote targeted condom access across the installation. | DPH/Army Public Health Nursing Section/Epidemiology | Jan 2024 -Jan 2027 | <ol style="list-style-type: none"> 1. Coordinate with all clinical sections within MAMC (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 by December 2025. |

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| <p>Implement Standardized Screening and documentation for STI.</p> | <p>DPH/Army Public Health Nursing Section/ Epidemiology</p> | <p>Jan 2024 -Jan 2027</p> | <p>1.Gap analysis with outlying clinics to compare clinical standard to current practice. 2.Collect data to quantify impact of incorrect STI screening practices and documentation. 3.Creation of Madigan Screening standard operating procedure. 4.Education for outlying clinics regarding SOP implementation.</p> | <p>1.Post implementation data comparison for incorrect STI screening practices and documentation with a 10% decrease in incorrect STI screening practices by December 2025.</p> |
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| <p>Integration of training within various Soldier touchpoints.</p> | <p>DPH/Army Public Health Nursing Section/ Epidemiology</p> | <p>Jan 2024 -Jan 2027</p> | <p>1.Leverage Epidemiological patterns for current STI's to identify existing installation/unit platforms to integrate sexual health education. 2.Develop training recommendations and frequency of training. 3.Present epidemiological patterns and training examples to the CLIF for Unit commander buy-in. 4.Utilize training evaluation forms to obtain feedback on training. Refine based on customer feedback.</p> | <p>1.Number of Soldiers provided sexual health education.</p> |
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Priority #3 – Alcohol Misuse

Alcohol use disorders is the most common type of substance use disorders experienced by the military. These use disorders highly contribute to behavioral health issues, crimes, suicide risk, and other high-risk behaviors. The 2018 DOD Health Related Behaviors Survey found 30.5% of soldiers had engaged in binge drinking in the past 30 days (5 or more drinks for men and 4 or more drinks for women on one occasion), 8.5% classified themselves as heavy drinkers (binge drinking one or two days a week in the past 30 days), and 26.8% viewed the military culture to be supportive of drinking. In addition, 24.1% of airmen had engaged in binge drinking in the past 30 days, 5.0% classified themselves as heavy drinkers, and 27.3% viewed the military culture to be supportive of drinking.

Alcohol abuse can have almost immediate ramifications due to the increase in participation in high-risk behaviors. Results of this can be injury through motor vehicle crashes, falling, or drowning, violence such as homicide, suicide, or sexual assault, alcohol poisoning, and having unprotected sex. Long term health concerns can affect all areas of the body from high blood pressure to various forms of cancer to learning and memory problems. Social problems are another area of impact that alcohol abuse has including family problems, unable to keep a job, and financial instability.

Alcohol Misuse Action Plan

| Goal | Person/Group Responsible | Timeline | Intervention | Outcome Measure/Evaluation |
|--|-----------------------------|--------------------|---|--|
| Provide youth focused health promotion and prevention of alcohol misuse. | Public Health Nursing | Jan 2024 -Jan 2027 | 1.Provide ongoing educational classes to youth aged 12-17 enrolled in CYSS services. | 1.Show increased knowledge and heightened awareness of the effects of alcohol use and related risks through a pre and post class survey. 2.Track number of youth receiving educational classes. |
| Increase utilization of AUDIT-C screening tool in MHS Genesis. | Public Health Working Group | Jan 2024 -Jan 2027 | 1.Re-train health care staff on AUDIT-C requirements. 2.Standardize follow up care to a positive AUDIT-C score. 3.Create and provide a resource handout for health care providers to handout to patients. | 1.Number of health care staff retrained on AUDIT-C. 2.Standardized guidelines for treatment for positive AUDIT-C score. |

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| <p>Alcohol deglamorization and personal responsibility campaigns targeted towards Soldiers and Airman.</p> | <p>Public Health Nursing</p> | <p>Jan 2024 -Jan 2027</p> | <p>1. Provide deglamorization material through posters and flyers at Barracks. 2. Promote the “Own your limits” campaign throughout JBLM utilizing outreach events and targeting unit activities. 3. Expand AA availability to better accommodate those seeking assistance through their own will.</p> | <p>1. Deglamorizing material will be disseminated to all barracks located on JBLM December 2024 2. Promote “Own your Limits” campaign at 5 events on post/base every year.</p> |
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Monitoring and Evaluation

Priority activities and initiatives will be monitored monthly as topics of discussion during the identified proponents' meetings. The identified proponent will brief updates quarterly at the Public Health Working Group, or as needed if issues arise or assistance needed. Annually, the summary report will be transitioned into a presentation format to brief the CLIF of progress, areas for improvement, and requests for assistance. 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 review will be completed to identify progress and opportunities for improvement. A summary report will be developed to share with senior leaders, stakeholders and community members demonstrating the progress made toward each priority area and recommended modifications to be made to action plans if required.

