



Childhood Obesity Awareness

CDC: decline in obesity of preschoolers in 18 states, Colorado children increase

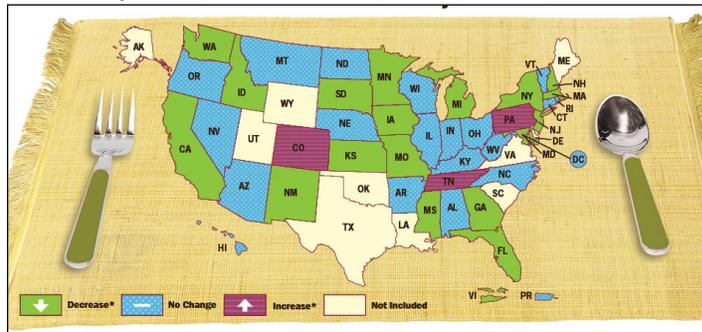
Obesity rates among preschoolers are falling in many states for the first time in decades, the head of the Centers for Disease Control and Prevention said Tuesday.

Small but significant declines in obesity among low-income preschoolers were found in 18 states and the U.S. Virgin Islands from 2008 to 2011, CDC director Thomas Frieden said at a press telebriefing. "This is the first report to show many states with declining rates of obesity in our youngest children after literally decades of rising rates."

The numbers are published in the CDC's latest Vital Signs report. It includes obesity rates from 40 states, the District of Columbia and two U.S. territories. The CDC excluded 10 states because some had changed how they collected data.

Florida, Georgia, Missouri, New Jersey, South Dakota and the U.S. Virgin Islands had the largest absolute decreases in prevalence of obesity, with a drop of at least 1 percentage point, the report says. Obesity rates held steady in 20 states and Puerto Rico. They rose in Colorado, Pennsylvania and Tennessee.

Researchers analyzed weight and height data of about



11.6 million children ages 2 to 4 in federally funded maternal- and child-nutrition programs. The data came from the Pediatric Nutrition Surveillance System.

"Although obesity remains epidemic, the tide has begun to turn for some kids in some states," Frieden says. "While the changes are small, for the first time in a generation they are going in the right direction."

Previous research has shown that about one in eight preschoolers are obese in the USA, the CDC says. Preschoolers who are overweight or obese are five times more likely than their normal-weight peers to be overweight or obese as adults.

"It's great news, but it's too early to say that I feel confident that we are securely on the path to improvement," said James Marks, senior vice president at the Robert Wood Johnson Foundation, a philanthropy devoted to public health.

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Sustaining readiness, resiliency

Valecia Dunbar, D.M
U.S. Army Medicine Public Affairs

FALLS CHURCH, Va. - September is Suicide Prevention Month and the Department of the Army joins our nation and the world in observing National Suicide Prevention Week, Sept. 8-14, 2013 in the U.S., and the World Health Organization's World Suicide Prevention Day, Sept. 10, as part of efforts to promote awareness about

suicide and empower individuals and communities to intervene and save lives by understanding the risk factors, warning signs, protective measures, and to take appropriate intervention actions when needed.

The Army's leadership role in the fight to prevent suicide is to increase awareness of the Army's suicide prevention resources, and continued efforts to educate, empower, and equip

soldiers, families and Department of the Army civilians to seek help for life stressors and intervene to aid others who display at-risk behaviors.

The end state is a more informed and resilient Army family and a climate where soldiers, families, and civilians seek help when needed and are empowered to intervene and act to save lives.

"We call on each of you to act, know

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Collaboration key to burn care innovation

Steven Galvan
U.S. Army Medicine

FALLS CHURCH, Va. -- "We're on the verge of having a new day-to-day world in burn surgery."

Those were the words used by expert Dr. James H. Holmes IV, Wake Forest University Baptist Medical Center's Burn Center's director, at the 2013 Military Health System Research Symposium Aug. 15, in Fort Lauderdale, Fla., as he discussed the state of health care for our country's burn patients.

Holmes was describing two emerging procedures -- both related to skin care -- which he believes will revolutionize burn care.

Holmes shared his thoughts during a roundtable discussion with medical experts from the U.S. Army Medical Research and Materiel Command, including U.S. Army Institute of Surgical Research Director of Research David G. Baer, Ph.D; Director of the Clinical and Rehabilitative Medicine Program Army Col. (Dr.) John Scherer; and Deputy Director of the Combat Casualty Care Research Program Air Force Col. (Dr.) Todd Rasmussen.

Traditional treatment for skin care on burn patients has been to use autografts, which mean taking healthy skin from another part of the body to use

at the damaged location. Issues arise when a patient has a large burned area. Also, if more skin needs to be harvested, the donor site must completely heal before it can be re-harvested. This can leave a patient vulnerable to infection and other complications.

Another option is to temporarily use grafts from cadavers or artificial skin, which could lead to other complications such as the body rejecting it.

"We've invested heavily in ways to engineer and grow skin that can be collected from a small patch between the size of a quarter and a silver dol-

lar, processed and grown in a lab and then returned to the patient," explained Baer. "So a very small donor site can be used to treat a large area."

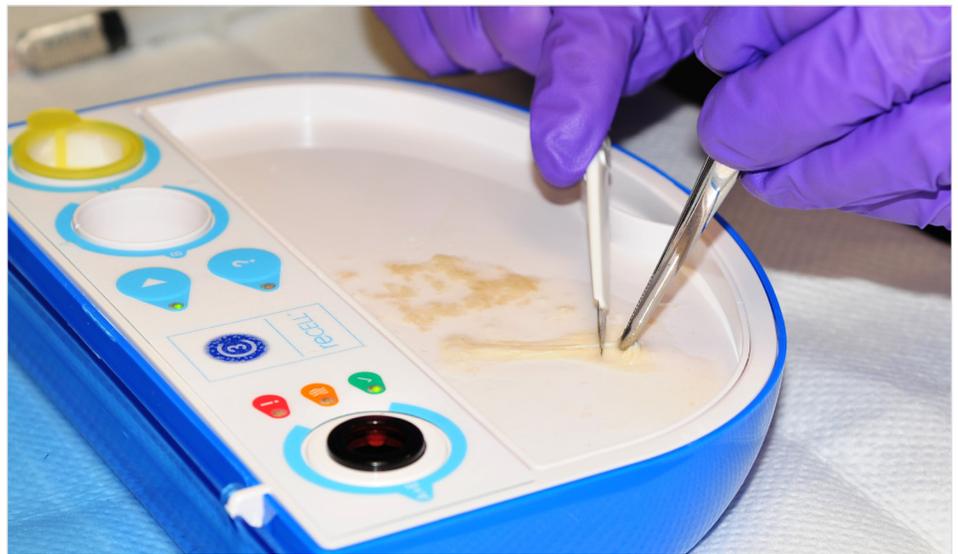
Baer said they are also exploring "spray on" skin.

Holmes credits the advancements in burn care and regenerative medicine to the direct support and collaboration of the military and funding by the Department of Defense.

"We've done a lot to improve burn surgical care," said Scherer. "We are in this business to change the practice of medicine and make the lives of not only those in the military, but those outside the military better."

"We could not have gotten this far without it," said Holmes.

"Collaboration is the secret to innovating in this area," Baer agreed.



Harvested skin requires cell segregation before being suspended in a solution that is sprayed on a wound where it multiplies and creates new skin tissue.

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EBHT clinic opens for 1st ABCT

Spc. Nathan Thome
4th Infantry Division Public Affairs

Soldiers gained a new tool to remain Iron Horse Strong, after a ribbon cutting ceremony officially opened the 1st Armored Brigade Combat Team Embedded Behavioral Health Team 1 clinic on Fort Carson, Aug. 6.

“This building is a symbol; it’s a symbol of the leadership’s commitment to the behavioral health of our Soldiers, and the close-working relationship that we have with all the incredible members of Embedded Behavioral Health Team 1,” said Maj. Collin Brooks, executive officer, 1st Armored Brigade Combat Team, 4th Infantry Division.

The building supports an important function in the Army.

The Fort Carson Embedded Behavioral Health Service began in 2009, with the intention of uniting the medical mission of ensuring the fighting strength, with the command mission of fighting and winning America’s wars, said U.S. Public Health Service Capt. Jennifer Card, EBHT1 chief.

“These combined missions were joined together with the introduction of the Embedded Behavioral Health System of care at Fort Carson,” said Card. “As these services flourished in providing care for all of the 4th Inf. Div. brigades, the Department of the Army determined that the Fort Carson model for behavioral health services would become the standard for the force in 2011.”

The clinic is the latest, and for now, the final freestanding clinic to support the 4th Inf. Div.

“This clinic is strictly for covering 1st Brigade Soldiers,” said Card. “There are five behavioral health teams on post, and this is the fifth and final building.”

Prior to the clinic, 1st ABCT received care out of the Mountain Post Behavioral Health Clinic, and 4th Brigade Support Battalion’s company operations facility.

“This is our lobby, and it’s much bigger than where we were before; it was determined that where we were wasn’t going to be big or sufficient enough for all of us, so we got our own building,” said Card. “There are 13 provider offices in each team building. We have a multi-disciplinary team made up of psychiatrists, psychologists, social workers, nurse case managers and sitebound technicians.”

The new building was a joint effort between the 1st ABCT and the Medical Department Activity, with a placement of the building in the 1ABCT footprint.

Card said the team has already improved behavioral health outcomes, allowing more treatment for Soldiers, and has assisted with the reduction of the stigma of receiving behavioral health care. She said that Soldiers began treatment in the new facility that morning.



Photo by Sgt. 1st Class Jeff Troth

MEDDAC-Fort Carson Commander Col. John McGrath (left to right), Capt. Jennifer Card (Embedded Behavioral Health Team One chief) and Maj. Colin Brooks (1st Brigade Combat Team executive officer) cut the ribbon to officially open the new Embedded Behavioral Health clinic.

Stacey Vowels, medical support assistant, EBHT1, used to work at the Mountain Post Behavioral Health Clinic before getting assigned to the new clinic.

“I’m actually really excited about the move; we finally get our own building, it’s a different environment,” said Vowels. “We work really well together as a team, and we’re right next to our brigade.”

Sgt. Danisha St. Ann, behavioral health noncommissioned officer, Company B, 10th Combat Support Hospital, works with Vowels, and is one of the only Soldiers working at the clinic.

“I screen patients for mental conditions, and help them in any way that I can,” said St. Ann. “I’ve been doing this for two years, and I love doing it. I’ve always done customer service, and this is the best customer service job in the Army.”

St. Ann said the transfer from the main behavioral health building to the clinic she now works at mainly benefits the Soldiers.

“The transfer from the main building to this building is for the Soldiers, to be closer to their area, where they don’t have to drive or find a ride to the main location; it’s convenient,” St. Ann said.

By teaching them coping skills, as well as getting them to admit to what’s going on and seek help, St. Ann said she can affect the lives of Soldiers and their Families.

“I don’t believe in that stigma, because if you’re not healthy both mentally and physically, then how are you going to be able to perform well at your job?” she said. “It doesn’t matter what rank you are, I’ve seen all ranks come in here; it doesn’t matter who you are, if you need help, you should get help.”

Suicide Awareness (Continued from page 1)

your soldier and know the existing prevention resources,” said Lt. Gen. Patricia D. Horoho, Army surgeon general and commander of the U.S. Army Medical Command. “These tools are key to self care and sustainment of our Army family.”

In March 2009, in response to a growing number of Army suicides, the vice chief of staff of the Army released the Army Campaign Plan for Health Promotion, Risk Reduction and Suicide

Prevention, and chartered the Army Suicide Prevention Task Force and the Army Suicide Prevention Council.

Since that time, the Army has invested tremendous effort in investigating the causes of suicide within its ranks and in implementing policies and programs whose sole purpose is to promote resilience, prevent suicides, and enhance the readiness of the force. One such program is the Performance Triad, which focuses

on monitoring one’s activity, nutrition and sleep as a means of fortifying soldiers’ readiness and resilience.

In 2012, the Army doubled its efforts toward reducing the stigma associated with seeking behavioral healthcare. To address this tragic problem, the Army has instituted a multi-disciplinary, holistic approach to health promotion, risk reduction, and suicide prevention that addresses the many challenges our soldiers, families,

and Army civilians face.

“From our individual soldiers and civilians to our units and families, we must be committed to investing in building enduring strength in a holistic way,” said John M. McHugh, secretary of the Army.

With the implementation of the 2020 Army Strategy for Suicide Prevention, the Army will attempt to shift its culture by increasing the emphasis on leader involvement to protect and promote life.

Childhood Obesity (Continued from page 1)

The results are surprising, he said, “because of the speed at which the epidemic appears to be turning around.” The report shows “the highest-risk children in almost half of the states are getting healthier.” Marks, a pediatrician, is the director of the health group of the Princeton, N.J.-based foundation.

Frieden called three trends associated with the declining rates “encouraging.”

The first includes changes in the Women, Infants, and Children (WIC) program, which now aligns more closely with the dietary guidelines for Americans, he says. The second is a steady increase in breast-feeding, even though

its impact on childhood weight is controversial. The third includes changes led by programs such as Let’s Move!, an initiative developed by first lady Michelle Obama to tackle childhood obesity. Those efforts have increased awareness of healthy eating and active living, he adds.

“We know how essential it is to set our youngest children on a path toward a lifetime of healthy eating and physical activity,” Michelle Obama said in a statement. “More than 10,000 child care programs participating in the Let’s Move! Child Care initiative are doing vitally important work on this front.”

CHILDHOOD OBESITY FACTS

- About 1 in 5 (19%) black children and 1 in 6 (16%) Hispanic children between the ages of 2 and 5 are obese.
- Obese children are more likely to be obese later in childhood and adolescence. In these older children and adolescents, obesity is associated with high cholesterol, high blood sugar, asthma, and mental health problems.
- Children who are overweight or obese as preschoolers are 5 times as likely as normal-weight children to be overweight or obese as adults.

TIPS FOR PATIENTS

- Child care providers and parents can:
 - Serve fruits and vegetables and other nutritious foods for meals and snacks.
 - Be role models by eating healthy meals and snacks with preschoolers.
 - Make water easily available throughout the day.
 - Limit the time preschoolers watch TV or use the computer in child care and the home.
 - Support and encourage preschoolers to be physically active every day.

1 in 8
About 1 in 8 preschoolers is obese* in the US.

*Children are considered obese if their BMI is at or above the 95th percentile for children of the same age and sex according to the 2000 CDC Growth Charts

VitalSigns
www.cdc.gov/vitalsigns

Mobile medical care

Melissa Miller
Army Medicine

Every day for deployed troops around the world, hours, minutes, and even seconds can mean the difference between life and death on the battlefield. After over a decade of continuous conflict, hemorrhage control is holding strong as the most important life saving aspect in battlefield medicine today, with approximately 85% of “potentially survivable” deaths attributed to severe blood loss.

Great strides continue to be made in the area of combat casualty care, and the medical system is increasingly moving its resources closer to the front lines to be more responsive to patients’ needs during those crucial moments following injury.

On April 18, ZOLL Medical Corporation made the public announcement that it was entering into an agreement with Reflectance Medical, Inc., in an initiative to develop and market a ruggedized version of the Mobile CareGuide 3100.

The Mobile CareGuide 3100 -- a sensor that now allows medical personnel to obtain tissue measurements of oxygen and pH without a blood sample, and identify patients about to go into shock more quickly than ever before -- was designed with the goal in mind of saving lives and reducing complications that can and do result from inadequate resuscitation.

Since 2009, the RMI team has been working toward the development of this next generation military sensor, with the original CareGuide 1100 receiving clearance from the U.S. Food and Drug Administration in July 2012 and the second-generation CareGuide 2100 following closely behind with clearance in December 2012. The latest version of the device, the Mobile CareGuide 3100 with SmO₂ and pH, received its own FDA clearance most recently on July 19.

“The FDA clearance of the Mobile CareGuide 3100 with non-invasive pH measurement is a major milestone for the company,” said Babs Soller, Chief Executive Officer at RMI.

“For the first time,” continued Soller, “we can provide continuous, non-invasive, real-time assessment of patient acid-base status,” -- bringing ICU level monitoring capability to patients not only in the emergency room but outside of the hospital as well.

Initial development of the CareGuide concept did not come easy, and it certainly did not come without cost.

Groundwork for CareGuide concepts and systems was developed by Soller herself, with help from her post-doctoral research associates and staff, while she was as a professor of Anesthesiology at the University of Massachusetts Medical School. Soller then left UMass in late 2010, together



Initial designs for the Mobile CareGuide 4100 are finished, with the first working prototypes expected to be ready this fall.

with three members of her team, with the sole focus of developing the CareGuide product line.

“The U.S. Army Medical Research and Materiel Command and Combat Casualty Care Research Program funded the development of CareGuides 1100, 2100 and 3100,” noted Soller.

“For the past 8 years, our Human Physiology Laboratory investigators and I have conducted experiments in collaboration with Dr. Babs Soller using our human simulation of hemorrhage in an effort to study the response of tissue oxygen and pH during progressive hemorrhage,” said Dr. Victor Convertino, a senior scientist at the U.S. Army Institute of Surgical Research and manager of the Tactical Combat Casualty Care Research task area, funded by the CCCRP.

The CCCRP, a critical research effort of the US-AMRMC, works day-in and day-out toward the goal of saving the lives and reducing morbidity of troops injured in the line of duty through the development of lifesaving strategies, new surgical

techniques, biological and mechanical products, and the timely use of advanced physiology monitoring.

“We have always worked closely with the CCCRP to make sure that our products meet the needs of the military in caring for casualties from the point-of-injury all the way through definitive care,” said Soller.

According to the CCCRP website, approximately 20% of all combat deaths considered to be “potentially survivable” occur prior to arriving at a combat support hospital, revealing this out-of-hospital, transport from point-of-injury timeframe to be the most significant opportunity for saving lives.

Together with ZOLL, Soller and her team at RMI are moving forward toward making the jobs of combat medics a little easier.

“Our development efforts kicked off earlier this year, by jointly developing the specifications for the Mobile CareGuide 4100, designed to meet military specifications and be certified for use on military aircraft,” said Soller.

FOR YOUR INFORMATION

EACH goes wireless for patients

EACH is pleased to announce FREE Guest Wireless (or WiFi) in 10 patient-centric locations across the main hospital! With free Guest WiFi, patients can use their smart phones, tablets, and laptops.

The goal of our Guest WiFi is not only to bring EACH into the 21st Century, but to improve the health of patients and guests within the Hospital. Providing this simple-to-access service reduces stress on patients who like to be connected and those who simply want to include other remote family members in their patient care experience thus supporting the Hospital's mission of "improving the well being of our Families."

Red Cross Training

The next session of the American Red Cross Dental Assistant Training Program begins January 2014. Participants must be 18 years of age; a military sponsored identification card holder; a U.S. citizen and have a valid high school diploma or GED to be eligible for the program. Applications will be available at the Red Cross office Oct. 1 and must be completed and returned to the Evans' Red Cross Office, room 1033 by the deadline date of Oct. 11 at 4:30 p.m.

The program consists of six months of classroom and clinical experience. Hours are scheduled roughly 7:30 a.m. to 4:30 p.m., Monday-Friday with every other Friday off; participants must also complete a CPR/First Aid course and have current immunizations. Applicants who have any questions or concerns regarding the Dental Assistant Training Program can contact the Red Cross office at 526-7144 or 526-2311.

Birds and Bees and Special Needs

The Exceptional Family Member Program will be holding a Birds and Bees and

Special Needs class for parents of children 5 to 8 years old on Oct. 21 from 4:30 to 5:30 at ACS Building 1526.

Learn why talking about bodies, puberty, and sex is even more important in special needs populations. Learn how to have these difficult conversations, and address common hot topics such as self discovery.

An RSVP is required. Please RSVP to Jessica Brown or Sunny Ginter at 719-526-4590 or jessica.m.brown3.ctr@us.army.mil.

Consultants can help

The Department of Primary Care has clinical pharmacists and Integrated Behavioral Health Consultants that can assist patients with anxiety, depression, smoking cessation, insomnia, weight loss and a number of other common issues. Appointments can be made through your PCMH Core Team.

New gate access procedures

Effective Sept. 4, the access control procedures for visitors entering Fort Carson changed. All personnel not in possession of a Department of Defense issued photo identification card will be required to process through Gate 1 (Nelson Boulevard and CO Highway 115). All visitors 18 years old or older will have their ID electronically scanned and vetted against law enforcement data bases to determine eligibility to enter Fort Carson, and their vehicles are subject to inspection prior to being granted access.

For more information, contact the Directorate of Emergency Services, Security and Access Control Division at 526-5543.

Free Shaving Supplies

The Dermatology Clinic is looking for males 18-40 years of age with a history of "razor bumps" to participate in a research study. The study last 12 weeks and

participants will receive free razors, shaving cream and other shaving supplies. For more information, call 526-7185.

Secure Messaging

Evans Army Community Hospital offers a FREE Secure Messaging service to enrolled hospital patients to allow 2-way electronic communications between you and your assigned Primary Care Medicine Team. Use the secure system to refill medication or review lab tests & to get your medical questions answered. The confidential exchanges between you and your PCM team become part of your permanent electronic record. Enroll at your clinic's reception desk.

EFMP increased hours

The Exceptional Family Member Program office at Evans Army Community Hospital has increased their hours of operation to better accommodate the needs of our service members and families. Their new hours will be:

Mondays to Thursdays 7:30 a.m. to 4 p.m.
Fridays 7:30 a.m. to noon

The EFMP office has moved to Woods Soldier Family Care Center, room 2124.

Help us grow APLSS

What is an APLSS??? It is an Army Provider Level Satisfaction Survey that is sent out after some medical appointments. Not everyone will get one, but if you do we would like to hear about your experience at our facility. Were we courteous? Were you satisfied? Was our facility clean and neat? We care about your comments.

When you return a survey, you help improve your healthcare system. How? Evans earns up to \$800 for each returned survey. That money means we can improve your services. Maybe another pharmacist or an additional pediatrician.

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