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# INTRODUCTION

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The Army Wellness Center (AWC) Quarterly Program Monitoring Report (QPMR) provides detailed program monitoring data for all AWCs within the enterprise program. These data inform whether AWCs are meeting established benchmarks, reaching their intended population, and delivering high-quality, standardized services to facilitate the fitness and readiness of our Force.

The following metrics are included in this report:

- ❖ **Demographics:** A summary of AWC clients' gender, age, and status to describe who is participating in AWC services, and determine if AWCs are reaching the intended target population. The primary population for AWCs is Active Duty Soldiers; however, the mission is also focused on supporting the Health of the Total Force, which includes Family Members, Retirees, Spouses, and Department of Defense (DoD) Civilians. This metric helps to ensure AWCs are meeting that expectation as an enterprise and at the local installation.
- ❖ **Number of Unique Clients:** A count of each individual who participates in at least one AWC service, including metabolic testing, fitness testing, body composition analysis, biometrics, biofeedback, health coaching, and health education classes. This metric helps to ensure that AWCs are seeing a variety of unique clients across each installation per quarter.
- ❖ **Number of Client Visits:** A count of the overall number of AWC visits during the reporting period. This metric helps to ensure clients are utilizing health and wellness services.
- ❖ **Utilization Rates:** A measure of staff efficiency to determine whether AWCs are meeting identified performance standards. Health Educators at fully implemented AWCs (i.e., open for 1 year or longer) are expected to see 8.5 visits per day. This metric helps to ensure that AWC staff is focused on the quantity, as well as the overall quality of appointments.
- ❖ **Musculoskeletal (MSK) Injury Risk:** A measure to determine the extent to which Active Duty Soldiers who visit the AWC for the first time meet the 2-mile run-time criteria for MSK injury risk. Reducing MSK injury rates among Soldiers remains a priority of Senior Leaders, and the 2-mile run time criterion was established in order to systematically utilize AWC services to improve Soldier injury risk and enhance readiness.
- ❖ **Client Satisfaction:** A summary of AWC clients' satisfaction survey data after participating in AWC services to ensure AWCs continue to deliver high-quality, standardized services. Client satisfaction rates are associated with the likelihood of clients returning for additional services within the AWC, and the likelihood that they will refer other program beneficiaries.

# OVERALL QUARTERLY SUMMARY FOR FY22Q2

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*Note: Although there are currently 35 Army Wellness Centers (AWCs) in operation, this report includes only AWCs that have been operational for at least 2 full fiscal quarters.*

## Utilization

- **17,242** unique clients served by 33 AWCs.
- **33,879** visits to 33 AWCs.
- Overall ratio of **2.0** visits per unique client.
- Overall ratio of **2.0** services per visit.
- The overall utilization achieved for fully implemented AWCs was **78%**.
  - *Target (100% utilization) = 8.5 visits per Health Educator per day for fully implemented AWCs (operational for ≥ 1 year).*
  - *The measure of staff efficiency for fully implemented AWCs changed in FY21Q4 (8.5 visits per day) from previous quarters, where Health Educators were expected to see 10.5 visits per day. This revised formula will be used to measure staff efficiency for AWC Health Educators at fully implemented AWCs for the foreseeable future.*

## Utilization by Active Duty (AD) Soldiers Meeting Army Physical Fitness Test (APFT) 2-mile Run Time Criteria for Musculoskeletal (MSK) Injury Risk

- **52%** of AD Soldiers who visited the AWC for the first time during this reporting period met the criteria for MSK injury risk based on 2-mile run time.

## Client Satisfaction Ratings

- Overall client satisfaction was high (**98%**).

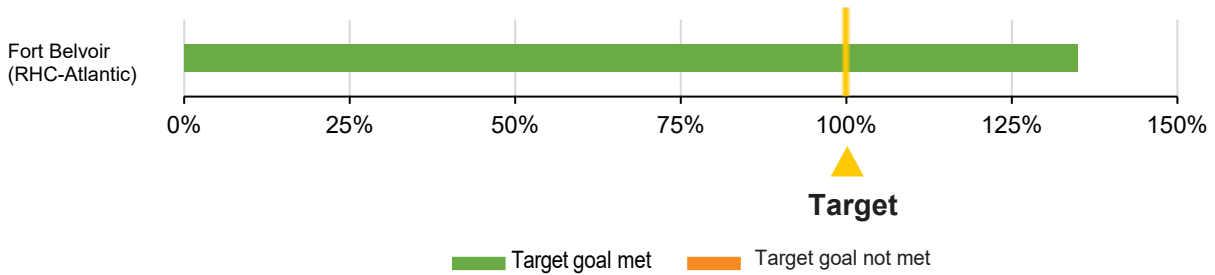
## Demographics

- Majority of clients were male (**66%**), AD (**77%**), and most were between the ages of 26 and 35 (**37%**), or 18 and 25 (**31%**).

**NOTE:** The AWCs continue to experience significant shifts in service delivery because of the Coronavirus 2019 (COVID-19) pandemic. This Quarterly Program Monitoring Report (QPMR) summarizes the FY22Q1 data, and demonstrates the AWCs' continued flexibility to adjust services, resume operations during the pandemic, and improve AWC utilization.

### Utilization Achieved for Newly Implemented AWCs (open for < 1 year)

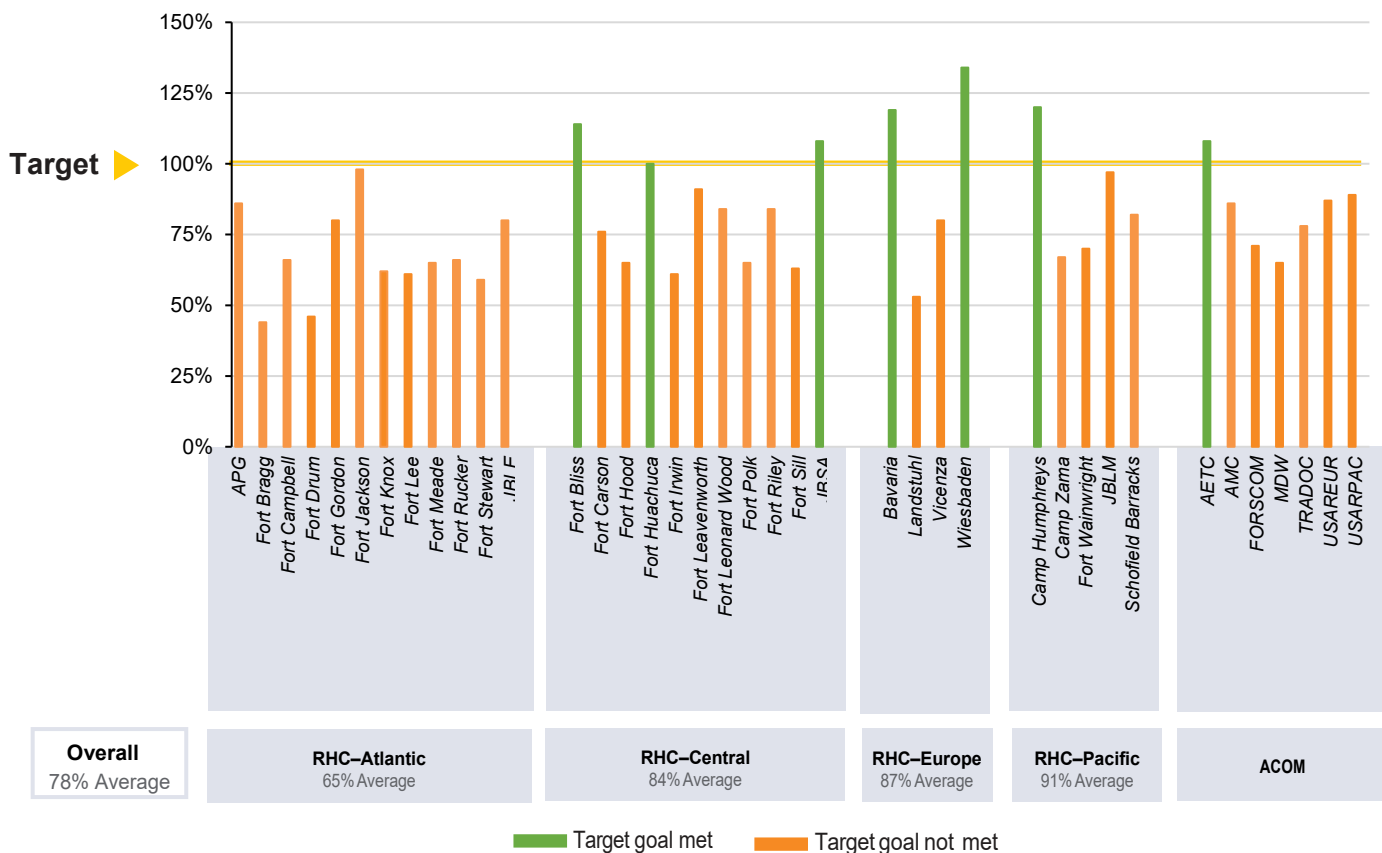
(Target (100% Utilization) = 6.3 visits per health educator per day)



Data source: Army Wellness Center Health and Wellness Tracker – April 2022 export.  
The AWC facilities with utilization over 100% have exceeded the target for the number of clients seen per Health Educator per day.

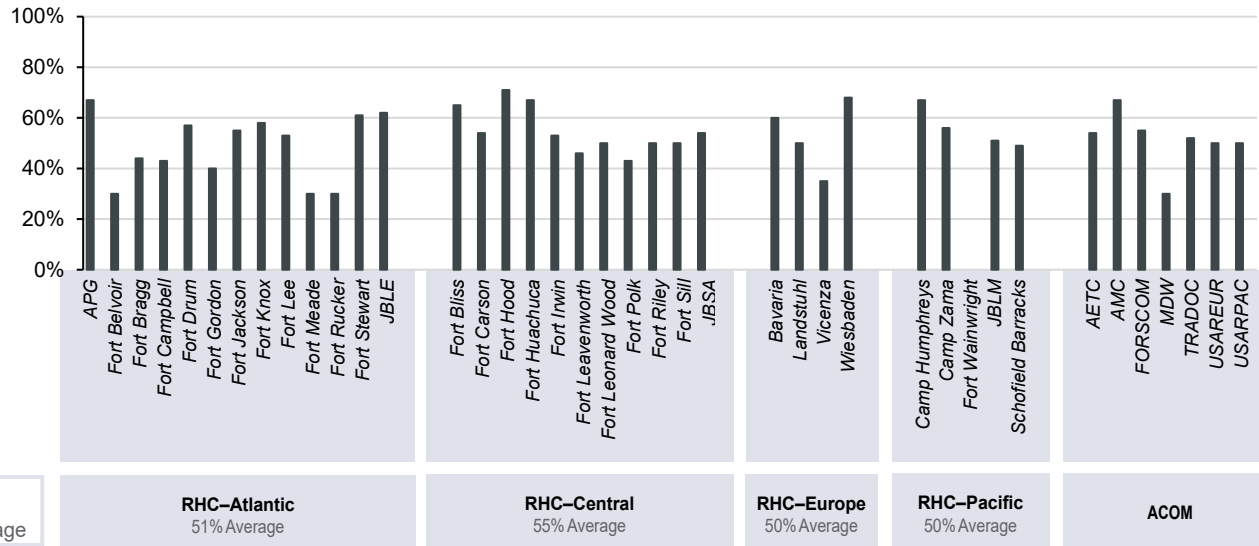
### Utilization Achieved for Fully Implemented AWCs (open for ≥ 1 year)

(Target (100% Utilization) = 8.5 visits per health educator per day)



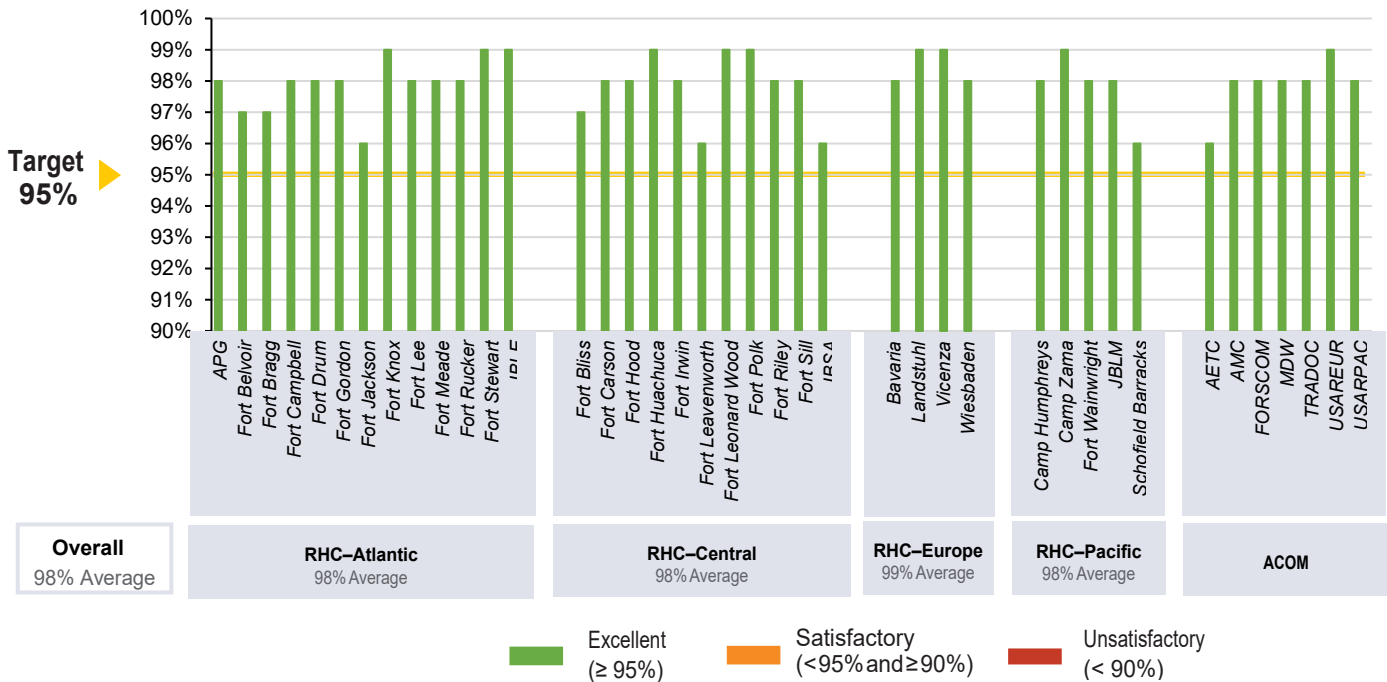
Data source: Army Wellness Center Health and Wellness Tracker – April 2022 export.  
Data not available for Fort Benning and Stuttgart.  
The AWC facilities with utilization over 100% have exceeded the target for the number of clients seen per Health Educator per day.  
Utilization over 100% during and after FY21Q4 may be driven by the revised formula where the number of visits per Health Educator per day changed from 10.5 visits to 8.5 visits.

## Percentage of Total AD Soldiers who Visited the AWC for the First Time during the Reporting Period and Met APFT 2-mile Run Time Criteria for MSK Injury Risk



Data source: Army Wellness Center Health and Wellness Tracker – April 2022 export.  
Data not available for Fort Benning and Stuttgart.

## Client Satisfaction Ratings (%)



Data source: Army Wellness Center Health and Wellness Tracker – April 2022 export.  
Data not available for Fort Benning and Stuttgart.