

COMMUNITY HEALTH ASSESSMENT

—
Fort Riley, Kansas
September 2024

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Executive Summary

This Community Health Assessment (CHA) provides a comprehensive evaluation of the health needs and challenges faced by the population of Fort Riley, Kansas. Fort Riley, commonly referred to as “Big Red One” and the oldest active-duty division in the U.S. Army, is home to a diverse community that includes active-duty military personnel, their families, civilian employees, and retirees. The assessment aims to identify key health issues, assess the availability and effectiveness of current health services, and provide strategic recommendations to enhance the well-being of the Fort Riley community.

The Fort Riley population is characterized by a younger age demographic, with a significant proportion of individuals under the age of 30. The community is culturally diverse, with a substantial number of military families moving in and out of the area on a regular basis. The assessment identified several prevalent health concerns, including behavioral health challenges, obesity, tobacco and substance use, and key actions that have moved the needle for improvement in maternal and child health services. Mental health, particularly stress-related conditions like adjustment disorders, post-traumatic stress disorder (PTSD), depression, and anxiety, emerged as a significant concern, exacerbated by the unique stressors associated with the dynamics of military life. Moreover, the social determinants that were found to significantly impact the health of Fort Riley residents were housing stability, access to healthy food, and the overall financial challenges attributed by an array of socioeconomic factors.

Fort Riley benefits from a robust healthcare infrastructure, services primarily offered at Irwin Army Community Hospital (IACH). During this assessment, identified gaps were found in the innovative utilization of behavioral health services, specialized care for chronic conditions, and continuity of care for transient military families. Additionally, access to care in rural and remote areas surrounding Fort Riley also presents challenges.

Engagement with community members through surveys, focus groups, and interviews revealed a strong desire for enhanced mental health resources, better support for military families, and increased health education and preventive services. The focused priorities of leaders based on the findings of this CHA include expanding modernized mental health initiatives, promote healthy lifestyles through various social activities or events, strengthen family support, improve access to care, and collaboration with community partners to address broader social determinants of health, such as housing and food security.

The CHA for Fort Riley is based on the Mobilizing for Action through Planning and Partnership (MAPP) model that provides a roadmap for improving the health and well-being of the community. By addressing the identified health challenges and implementing targeted recommendations, Fort Riley can better support the health of warfighters and their families, ultimately enhancing the readiness and resilience of a winning force. Continued collaboration with community stakeholders and sustained commitment to enabling community health will be critical in achieving the set goals.

Background and Purpose

The Fort Riley Department of Public Health (DPH), along with others, work together to collect, analyze, and use data to prioritize issues and make decisions. Although DPH falls under the operational guidance of Irwin Army Community Hospital (IACH), it receives technical guidance from the Defense Centers for Public Health-Aberdeen (DCPH-A). DPH works in tandem with DCPH-A through data and information sharing to foster evidence-based practices for best outcomes. Most notably, DCPH-A offers current guidance and provides a broader view of Army Public Health care to all military treatment facility (MTF) Public Health entities.

Prevention and education are two of the foundational functions that DPH offers. DPH is organized into six different sections: Armed Forces Wellness Center (AFWC), Army Hearing Program (AHP), Army Public Health Nursing (APHN), Environmental Health (EH), Industrial Hygiene (IH), and Occupational Health (OH). Moreover, IACH proudly sponsors the Women Infant and Children or WIC clinic from Riley County as a functioning component under DPH. WIC is embedded in IACH and integral to Fort Riley beneficiaries. These seven sections work in unison to protect and empower the health of the Fort Riley community.

The CHA is further viewed as a systematic examination of the health status for a given population that is used to identify key problems and strengths in a community. The ultimate goal of the CHA is to develop strategies to address the community's unique health needs. A CHA identifies and describes factors that affect the health of a community and the factors that determine available resources to address those factors.

Objectives of the CHA include:

- Accurately depict the installation community's health status
- Gather input from installation community members on installation community health status and environment
- Identify installation community strengths, resources, forces of change and issues that will inform prioritization of health and quality of life focus areas and strategies for implementation

In addition to achieving these objectives, the Fort Riley DPH's purpose for completing the CHA is: 1. develop and improve partnerships with local organizations and community members, 2. establish and promulgate the department's identity, and 3. prepare for the development of a Community Health Improvement Plan (CHIP).

The development of the CHA utilized the critical components of the Commander's Ready and Resilient Council (CR2C) efforts, also known as Operation Victory Wellness (OVW) Council, to focus on the needs and priorities of the Fort Riley community. The Working Groups of the CR2C consist of key stakeholders across the installation that include representatives from IACH, Fort Riley Garrison, as well as leaders and members of the 1st Infantry Division (1ID) units. The CR2C collaborative team members are outlined in the following table and may include additional members of the community not listed.

Table 1: CR2C/OVW Council Members

11D Commanding General	CG/Chief of Staff or Designee
Brigade (BDE) Level Commanders	Commanders or Designees
IACH Commander	Commander or Designee
Integrated Prevention Advisory Group (IPAG)	Director or Deputy
Human Resources	Director or Designee
11D Staff Judge Advocate (SJA)	SJA or Designee
<i>Fort Riley Army Community Service (ACS), e.g. Exceptional Family Member Program (EFMP)</i>	Director or Designee
<i>Fort Riley Morale, Welfare, Recreation (MWR), e.g. Better Opportunity for Single Soldiers (BOSS) programs</i>	Director or Designee
Alcohol Substance Abuse Program (ASAP)	Director or Designee
Garrison Chaplain Office	Director or Designee
Suicide Prevention Program Manager	Program Lead or Designee
Public Affairs Office (PAO)	Director or Designee
Department of Public Health (DPH)	Director or Designee
Armed Forces Wellness Center (AFWC)	Director or Designee
<i>IACH/ Women Infant and Children (WIC)</i>	Lead or Designee/Dietitian
Health and Holistic Fitness (H2F)	Chief or Designee
Fort Riley Installation Prevention Team (IPT)	Chief or Designee

Populations that include WIC families, single soldiers of junior ranks and family members with special needs are strongly represented by CR2C/OVW council members noted below:

Better Opportunities for Single Solders (BOSS). Fort Riley Morale, Welfare, and Recreation (MWR) manages the Better Opportunities for Single Soldiers or BOSS program. The BOSS program is committed to meeting the needs, enhancing the quality of life, community service, and recreation and leisure activities for single soldiers of all ranks.

Exceptional Family Member Program (EFMP). The Exceptional Family Member Program or EFMP is under Fort Riley Army Community Service (ACS). EFMP is designed to assist family members who have special needs. This is done to ensure soldiers and their families are assigned to locations which have specialized services needed by their exceptional family members. Enrollment in the EFMP is mandatory.

Women, Infant, and Children (WIC). WIC services and program is located in IACH and designed to support the health and well-being of low-income pregnant women, postpartum women, breastfeeding mothers, infants, and children up to age five who are at nutritional risk.

Methods

The Fort Riley DPH chose to use the Mobilizing for Action through Planning and Partnerships (MAPP) model as a framework for completing its CHA and CHIP. MAPP is a strategic approach to community health improvement. There are several benefits to using the MAPP model:

- Create a healthy community and better quality of life
- Increase visibility of public health within the community
- Anticipate and manage change
- Create a stronger public health infrastructure
- Engage the community and create community ownership for public health issues

Although this iteration of the Fort Riley CHA will not include the local public health system assessment, the following steps were used to provide a synopsis of the outcome and results from the MAPP assessments. MAPP typically includes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP Assessments
 - Community Health Status Assessment (CHSA)
 - Community Strengths and Themes Assessment (CSTA)
 - Local Public Health System Assessment (LPHSA)
 - Forces of Change Assessment (FoC)
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)



Process Overview

In order to adequately capture the health status and needs of the community, DPH has developed collaborative relationships with local community partners over time. These partners included the health departments of the three surrounding counties, military command teams and various other military organizations on Fort Riley. The following MAPP framework was used to complete the CHA.

The Community Health Status Assessment (CHSA)

The CHSA provides a holistic understanding of the health challenges and strengths of Fort Riley's community through trending health data, allowing for targeted interventions and planning. The assessment helps to identify prevalent health issues, such as chronic diseases, mental health concerns, or environmental health risks. Most notably, it enables public health and community leaders to prioritize resources and interventions to address the most pressing needs.

The relevant health data that informed the CHSA was primarily sourced from the M2 public domain query performed by Irwin Army Community Hospital's Resource Management Division. Additional resources that helped inform the CHSA are listed in the reference section of the CHA.

The Community Strengths and Themes Assessment (CSTA)

The CSTA is an opportunity for the members of the Fort Riley population to directly provide insight into the issues that are important to the community. The CSTA was administered online, made accessible through a web link or scanning a QR code, and marketed to the entire Fort Riley community (those who live, work, and play on the installation). The survey was available from April 2023 through June 2023 to all Fort Riley Service Members, Families, Department of Army (DA) Civilians, and DoD Contractors. The initiative was supported by a written directive socialized to all unit Commanders for their Soldiers to provide individual input in the CSTA survey. The completed assessment was published and released in October 2023.

The overall construct of the CSTA is spearheaded by the Defense Centers for Public Health-Aberdeen (DCPH-A) Health Promotion and Wellness department that developed a standardized framework to assist installations with evaluating the community's perceptions on quality of life, health, safety, and satisfaction of like services on the installation. Furthermore, the review of the community needs was used to assist in the identification of priorities for the CR2C process and the results were incorporated in the strategic plan highlighting the top issues to be addressed through the CR2C line of efforts.

A sample size of completed assessments at Fort Riley was 747. Feedback about the quality of life, perceptions of health and wellness in the community and community assets are outlined later in this assessment. This information leads to a picture of the community as seen through the eyes of those that live, work and/or utilize services here.

Forces of Change Assessment

The Forces of Change Assessment (FoC) focuses on identifying forces such as legislation, policy, technology and/or other impending changes that affect the context in which our community and public health system operate. The FoC describes Fort Riley trends (patterns that happen over time), factors (specific elements in the community like the age or type of population stationed there (new recruits, largely civilian population, etc.) and events (one-time occurrences like a clinic or school closure).

In 2024, the DPH team, consisting of representatives from each section of DPH, evaluated the FoC of the Fort Riley Community. This assessment, the fourth assessment in the MAPP process, identifies trends, factors, and events that occur in the community which affects the health of those who live and work on Fort Riley, Kansas. This assessment answers the questions, “what is occurring or might occur that affects the health of our community or the local public health system?” and “what specific threats or opportunities are generated by these occurrences?”

The Health Pyramid Challenge Survey

The Army Public Health Nursing (APHN) team designed and conducted a focused health needs assessment called the Health Pyramid Challenge tool. The survey was administered and accessible between the months of April to June 2024. The Health Pyramid Challenge survey findings were used to collect data to help in identifying areas that require attention in establishing specific, measurable health community goals, tailor health programs or interventions to meet the specific needs of Fort Riley.

Community Health Assessment Team

To conduct the CHA, the Fort Riley DPH along with Fort Riley’s CR2C or OVW Council formed a CHA workgroup consisting of individuals representing, among others, Garrison and 1st Infantry Division, Irwin Army Community Hospital, Fort Riley Installation Prevention Team, Riley County Health Department, and Geary County Health Department. The entities were chosen as each hold valuable perspectives and access to information pertinent to the health of the Fort Riley Community. Fort Riley faces unique challenges in identifying these individuals consequent of our large transient population.

Partners

In addition to the key partners listed above, the organizations below have invested time and resources and have been a vested interest in this process. This process is only as strong as the energy and commitment from the community. Thank you for your support!



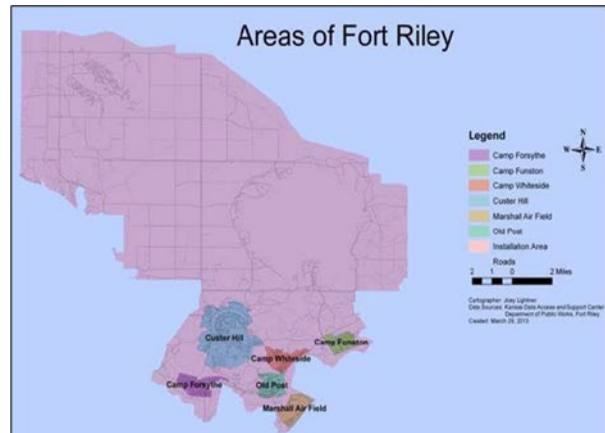
Assessment Results

Fort Riley is a diverse and transient community; Soldiers, along with their families, are constantly moving from place to place. The population total number also shifts as units rotate out for deployments and some of their families leave the installation for additional support in the Soldiers' absence. The DOD Civilian workforce turnover mirrors that of the Soldiers who depart on permanent change of station (PCS) moves. PCS season occurs on an annual basis, typically from May through August.

In order to obtain the best overall view of the Fort Riley population, demographic data from the surrounding counties and the Army were considered in this CHA, in addition to Fort Riley data systems. This section will discuss the geographical area that DPH's community resides in and will accompany its respective demographical data.

The CHSA is included in the thorough synthesis of Fort Riley's demographic, economic and access to care information data as illustrated in trend diagrams throughout the CHA. The second portion of this assessment will then lead into the key findings section of this assessment, providing a synopsis of challenges that align with community health roadblocks, limited resources and/or poor resource utilization.

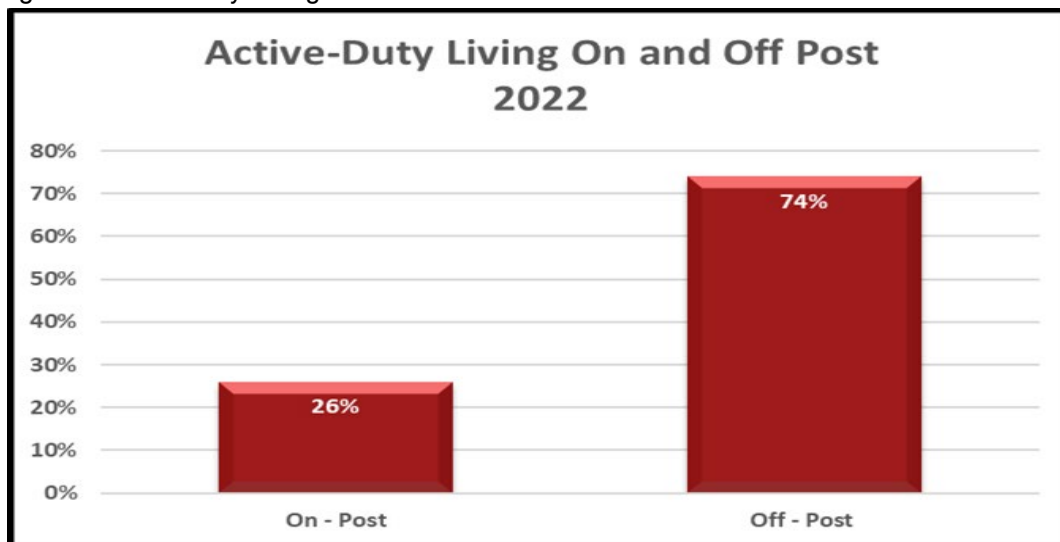
Population composition is an important determinant of the healthcare needs and quality of life of a community. The following figures present information about the size, age, gender, race, rank, and living accommodations of the population of Fort Riley.



Demographics

According to the Garrison Plans, Analysis, and Integration Office, there were 62,683 enrolled TRICARE beneficiaries living within a 40-mile radius of Fort Riley from 2021 to 2022 (most recent data available). Fort Riley Housing office has a record of 10,912 active-duty personnel living off post and 3,826 active-duty personnel living on the Fort Riley post as of September of 2022. There are 8,593 military dependents living on the Fort Riley post.

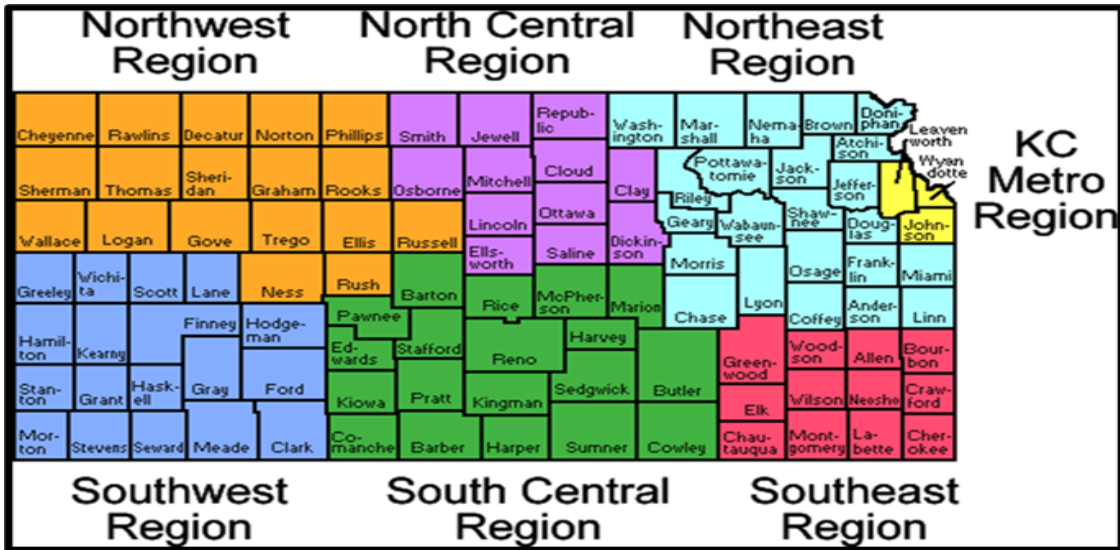
Figure 1: Active Duty Living On and Off Post



Data Source: Garrison Plans, Analysis, and Integration Office, 2022

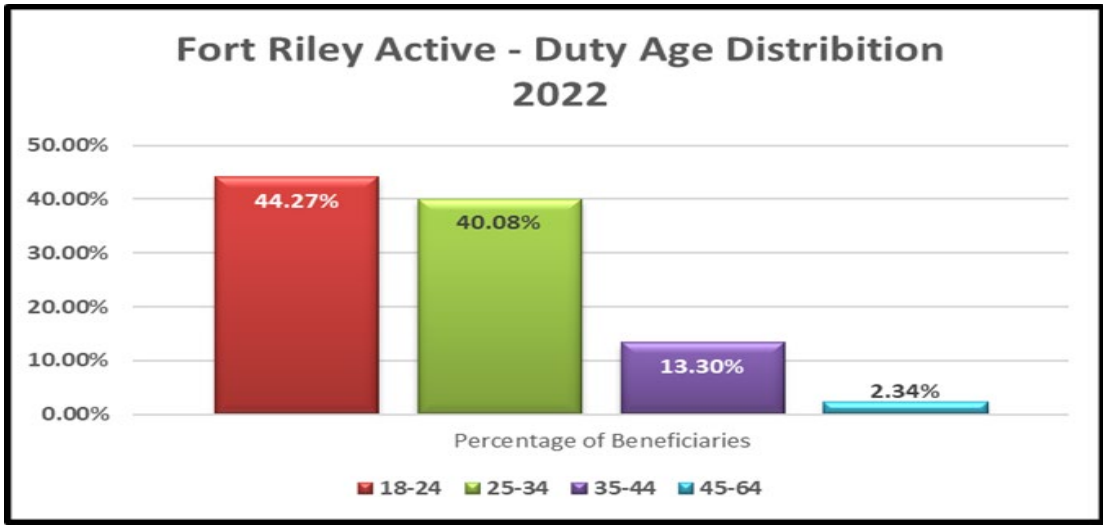
Service members stationed at Fort Riley, their dependents and the civilian workforce of Fort Riley primarily live in three different areas or cities: Manhattan, Junction City and Fort

Riley Installation (in Corvias Housing). The cities are located in Pottawatomie, Riley, and Geary counties, respectively.



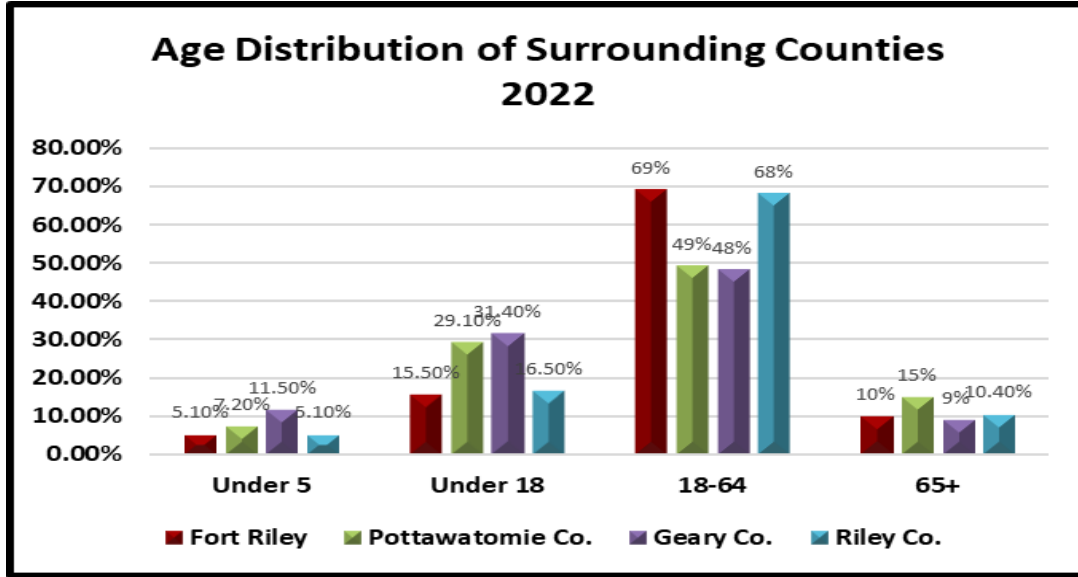
The Fort Riley population is also much younger than the U.S. population, with 98% of residents under the age of 45; approximately 40% of U.S. and Kansas residents are under 45 years of age. Those aged 18 to 34 make up the largest percentage of all Fort Riley age groups, representing 84% of the population.

Figure 2: Active Duty Age Distribution Data



Data Source: Military Health System, M2, 2022

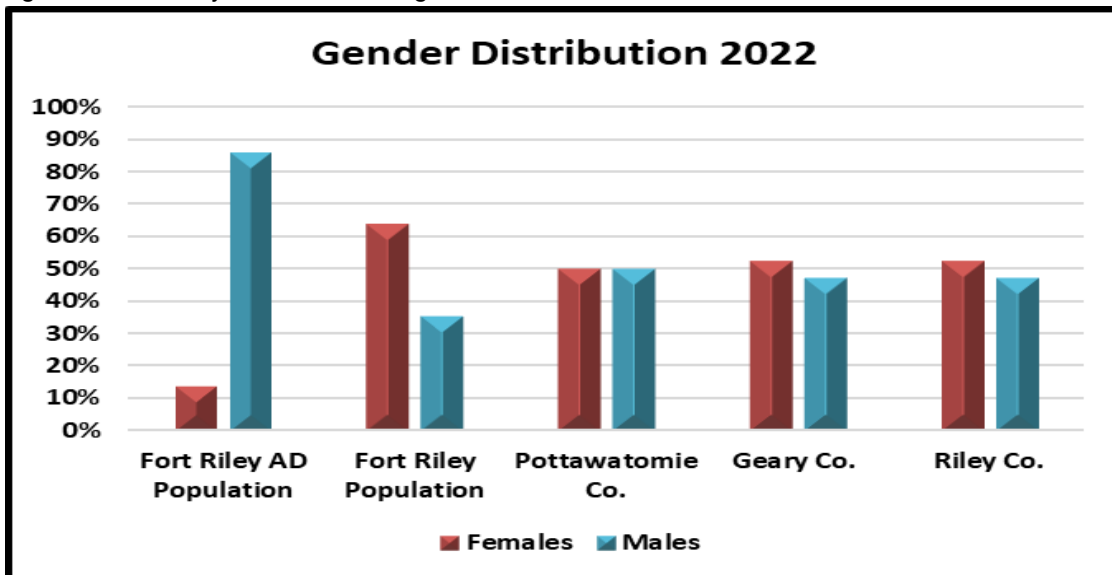
Figure 3: Ages in Surrounding Counties Data



Data Source: US Census, 2022

There are more males than females living on Fort Riley (86% vs.14%), which contrasts with the surrounding counties, where the male to female population numbers are nearly parallel.

Figure 4: Fort Riley and Surrounding Counties Gender Distribution Data



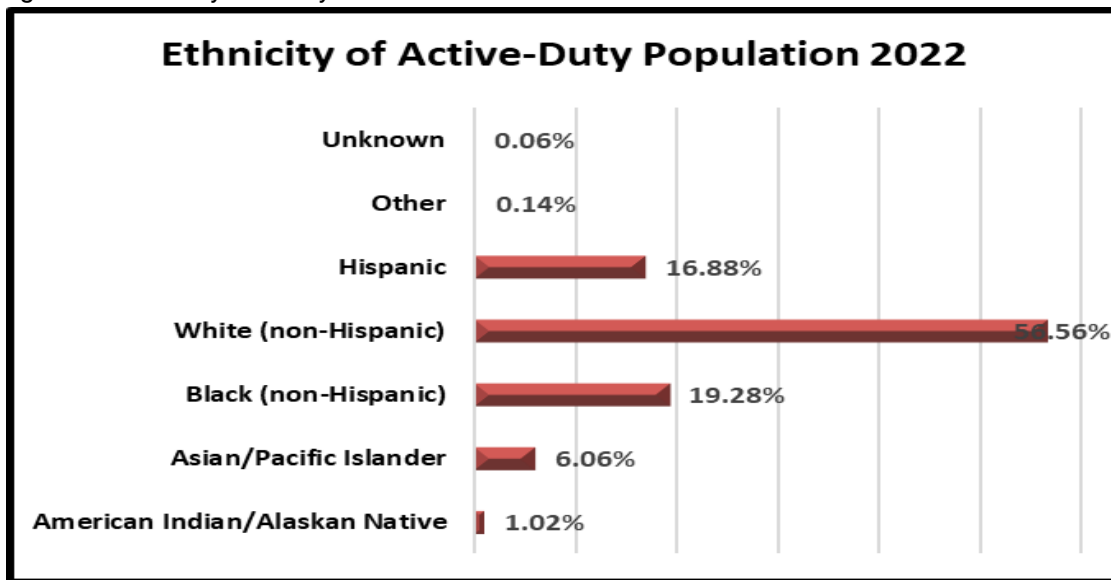
Data Source: US Census, 2022. Military Health System (M2), 2022

Cultural Diversity: Ethnicities and Languages

The population of Fort Riley is a diverse one, representing several ethnic backgrounds. However, most residents (99%) identify with one ethnicity. Of those, the majority are Caucasian or white (57%) and most others are African American (19%). The ethnic composition of the residents on Fort Riley is very similar to that of the surrounding counties, with a predominantly Caucasian or white population, 60-80%. Hispanic population follows with a range of 6-21% and African Americans sitting between 1-18%.

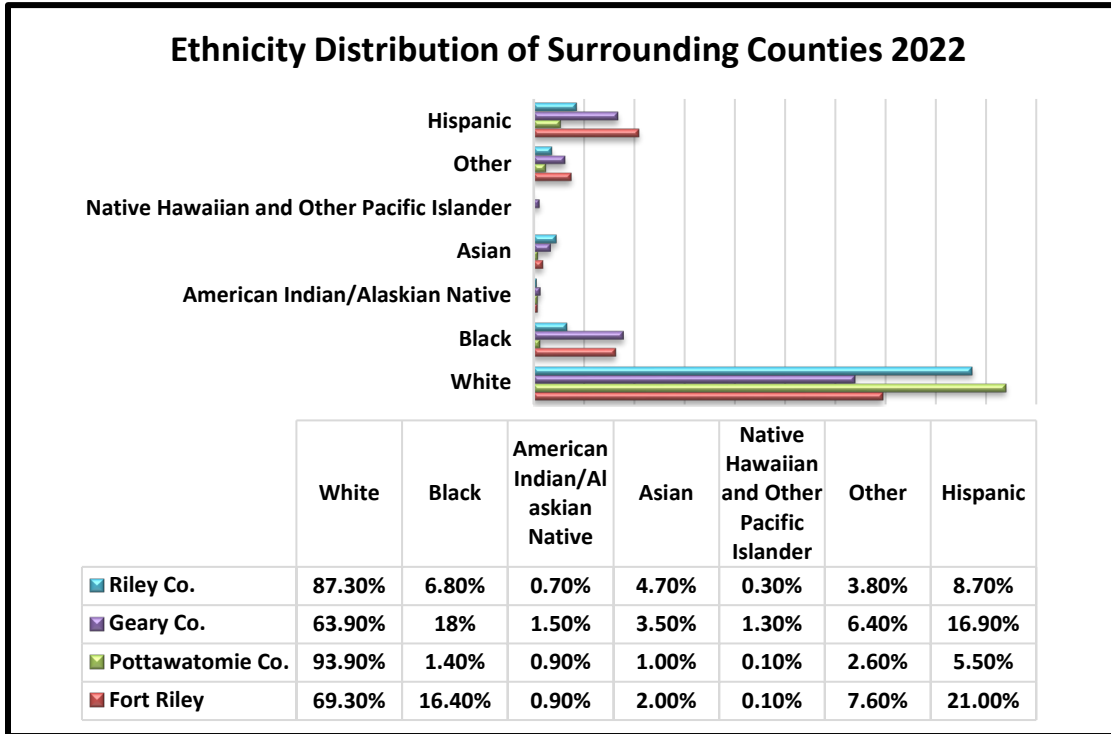
Fort Riley primarily hosts English as the main language of communication. However, like many military installations, it is home to a diverse population, including service members and their families from various cultural backgrounds. This is also evident in the demographic data illustrated in Figure 5. Spanish is a common language found among many military families. German and Tagalog as well as other Filipino dialects are languages spoken in the community. The 6.06% of Asian and Pacific Islander ethnicities reflect languages spoken in Korean, Chinese, Samoan, and Chamorro.

Figure 5: Fort Riley Ethnicity Data



Data Source: Military Health System (M2), 2022

Figure 6: Surrounding Counties Ethnicity Data



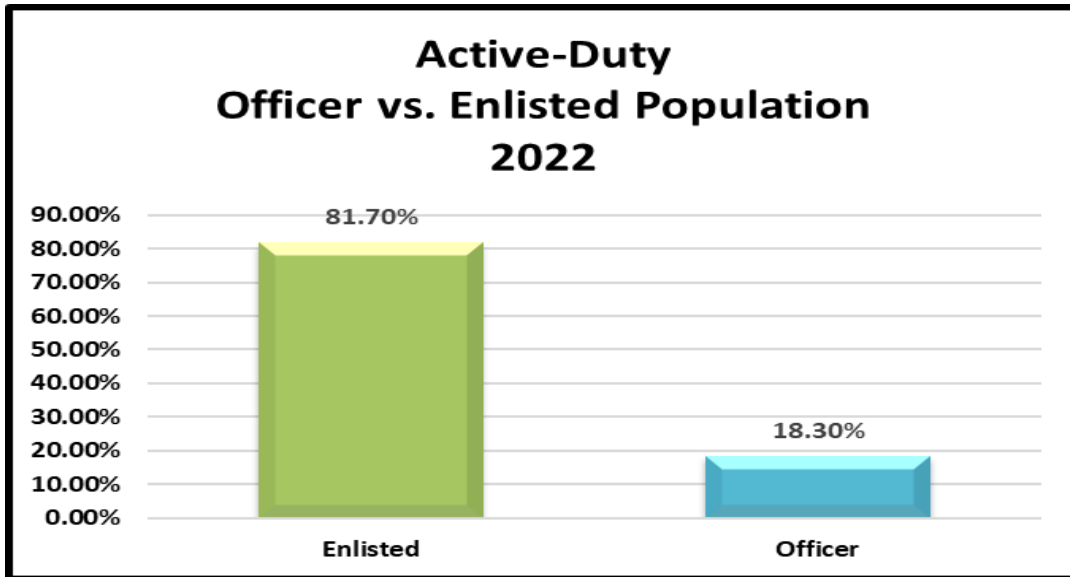
Data Source: US Census, 2022

Active-Duty Rank Distribution

Active-duty (AD) soldiers are broken down into two job types or categorized by rank, enlisted and officer, which have different pay grades, opportunities, supervisory roles, and career paths. Most Fort Riley AD personnel are enlisted (81%) versus officers (18%). The rank with the highest proportion of AD Soldiers on Fort Riley is E-4s.

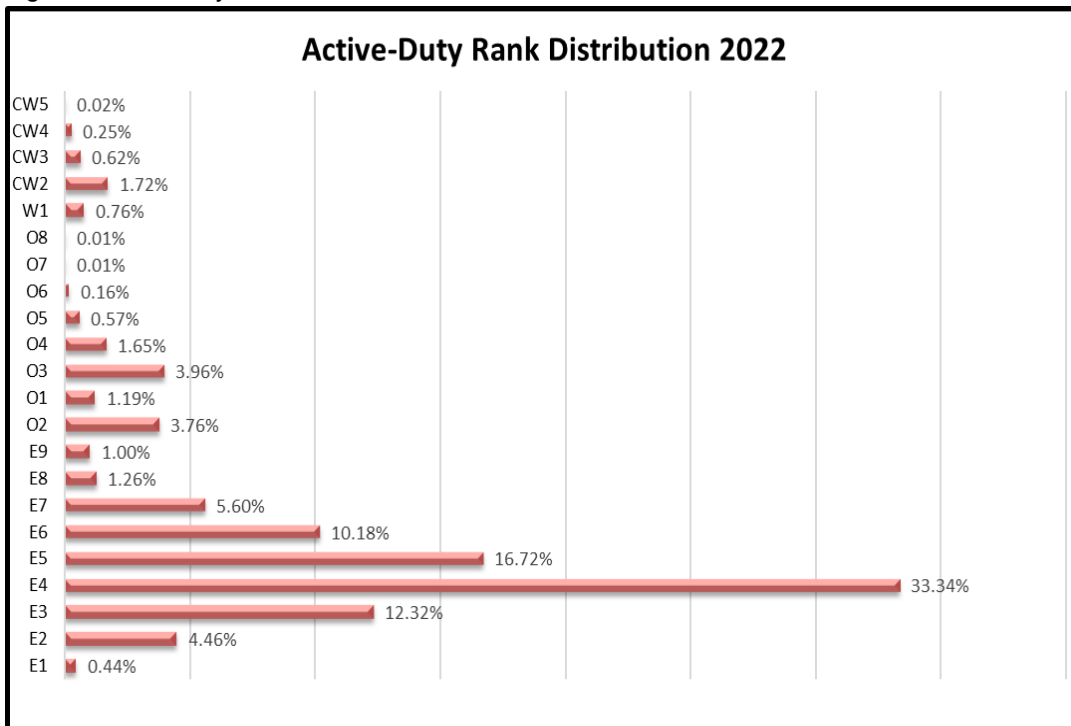


Figure 7: Fort Riley Officer vs. Enlisted Data



Data Source: Garrison Plans, Analysis, and Integration Office, 2022

Figure 8: Fort Riley Rank Data

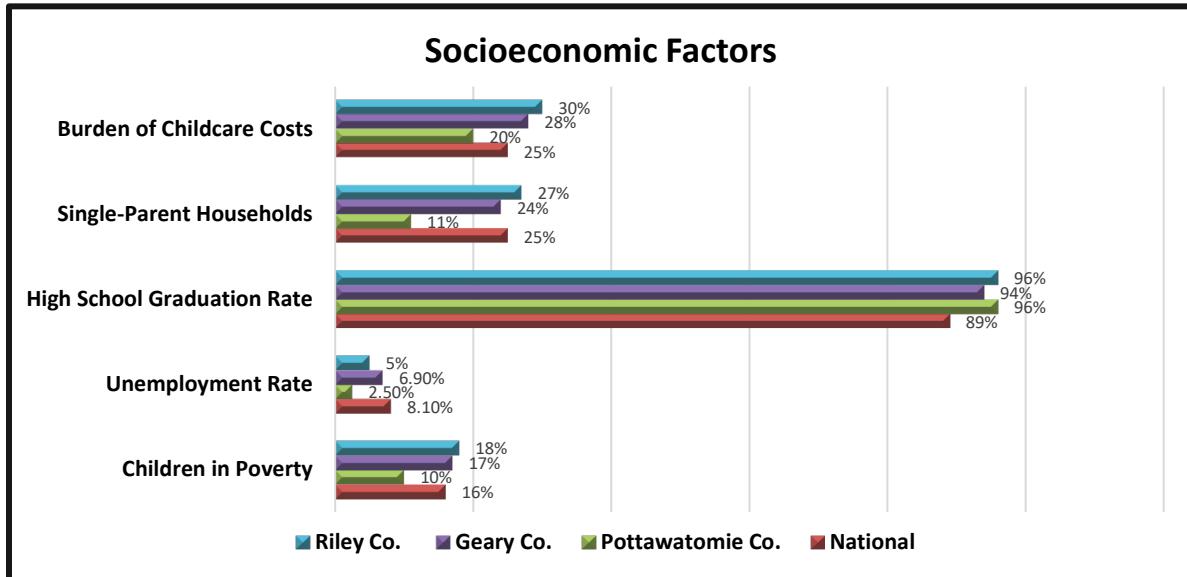


Data Source: Garrison Plans, Analysis, and Integration Office, 2022

Socioeconomic Profile

Social and economic insecurity have been associated with a decline of physical, sensory, psychological, cognitive, and emotional health outcomes (Proceedings of the National Academy of Sciences of the United States of America, 2019). Communities with higher frequencies of poverty, unemployment, and lack of education often struggle to access quality healthcare services (Healthy People 2030).

Figure 9: Surrounding Counties Socioeconomic Data



Data Source: County Health Rankings, 2022

As illustrated in Figure 9, Pottawatomie County rates are better in socioeconomic standings compared to Riley and Geary counties for several reasons. According to Pottawatomie County's official site, it benefits from a more diversified economy compared to Riley and Geary. While Geary and Riley counties are heavily interwoven with military presence and interactions, e.g. nearby Fort Riley installation, Pottawatomie's economy rely on a mix of agriculture, manufacturing, and services which contribute to more stable economic growth and employment.

Additionally, higher educational attainment often lead to better job opportunities, which in turn raise household incomes and overall socioeconomic status, and may be the case for Pottawatomie County. While Kansas State University contributes to a more educational population, the large student population may skew economic indicators.

As mentioned previously, Riley and Geary counties have service members and their families that live, work, and play in these communities. While military installations typically provide jobs, they can also create economic volatility due to deployments and relocations. Geary County, especially, tends to have higher rates of transient populations due to military families moving in and out frequently, inadvertently having a negative impact to long-term economic stability.

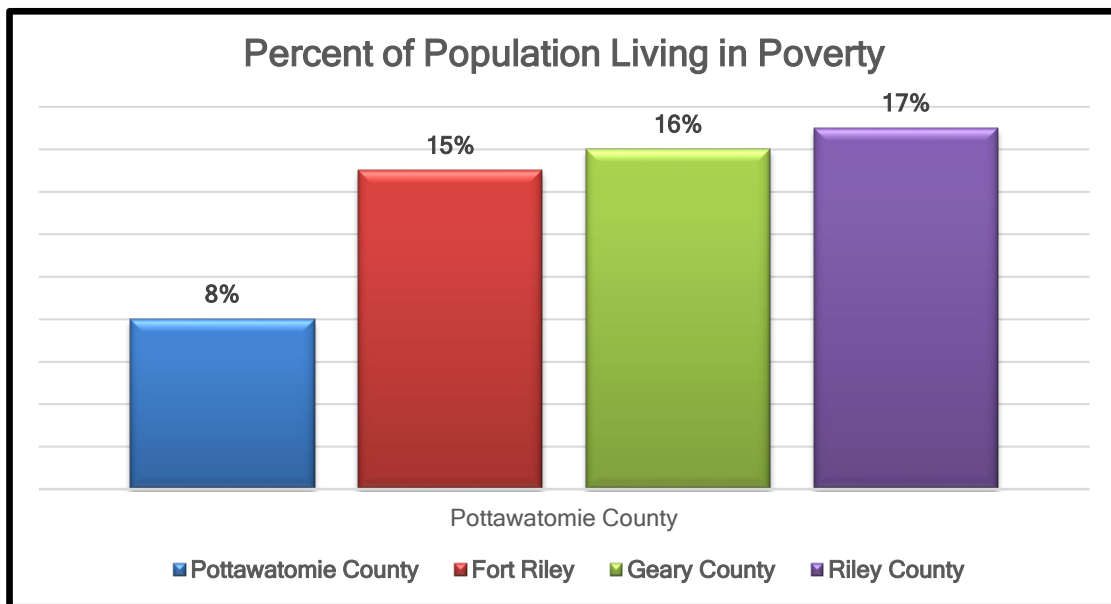
Economic Well-Being and Household Income:

Military pay is standardized by rank, education, and time in service. This standardized pay is published each year by the Department of Defense through Congressional approval. active-duty Soldiers and their families receive a Basic Housing Allowance based on the housing costs of the area they live in, their grade/rank, and whether they have dependents. Civilian employee pay is based on General Schedule or Federal Wage guidelines.

Poverty:

The U.S. Department of Health & Human Services (HHS) releases the federal poverty level (FPL) guidelines annually. The FPL is also known as the “poverty guidelines.” Adjusted each year for inflation, the FPL can help determine if a family qualifies for certain government benefits, such as Medicaid, food stamps, or funds for educating. Military families may be eligible for some of these benefits based on their income (and housing allowance, if living off-post).

Figure 10: Fort Riley and Surrounding Counties Living in Poverty Data

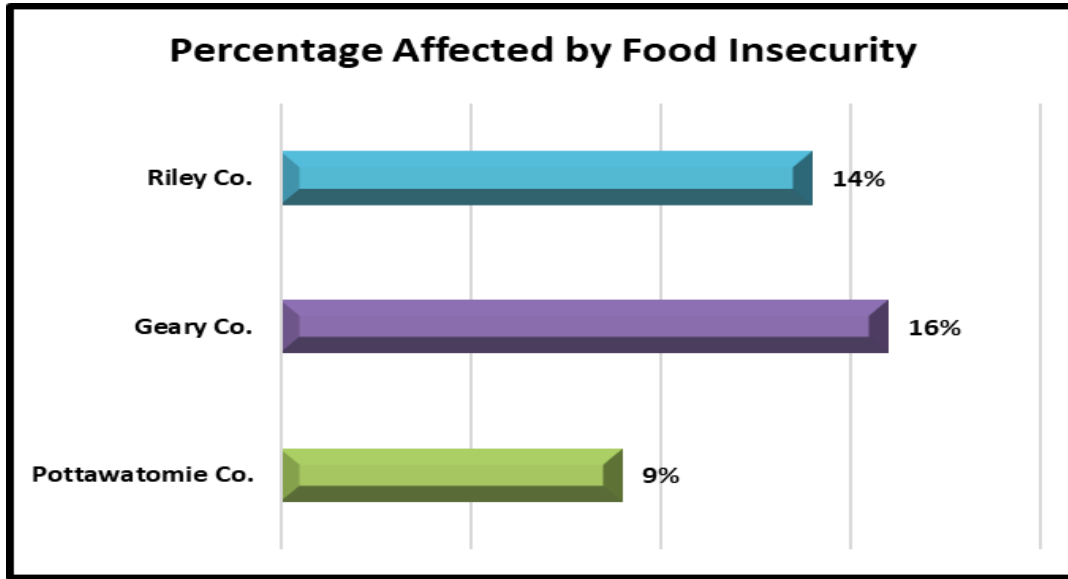


Data Source: US Census, 2022

Food Insecurity:

As defined by the USDA, food insecurity refers to a lack of consistent access to enough food for every person in a household (due to lack of fund, chronic illness, systemic racism and racial discrimination).

Figure 11: Surrounding Counties Food Insecurity Data

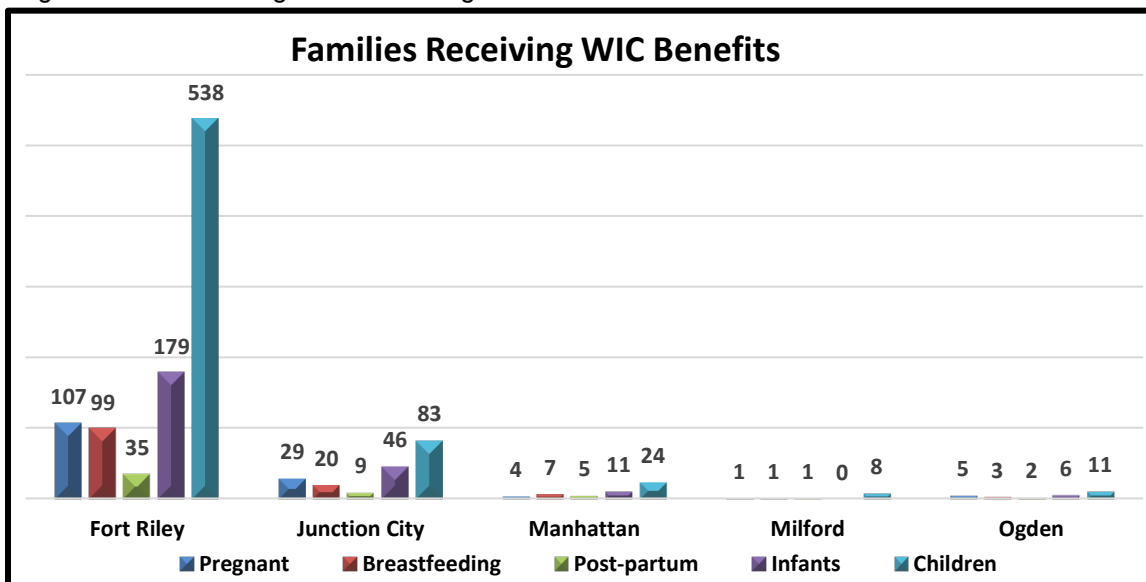


Data Source: County Health Rankings, 2022

Women, Infants, and Children (WIC):

The WIC program provides several benefits to the Fort Riley community by supporting the health and well-being of low-income pregnant, post-partum, breast-feeding mothers, infants, and young children living. Figure 12 illustrates that nearly 78% of Fort Riley beneficiaries are participants of the WIC program compared to participation rates in the surrounding areas.

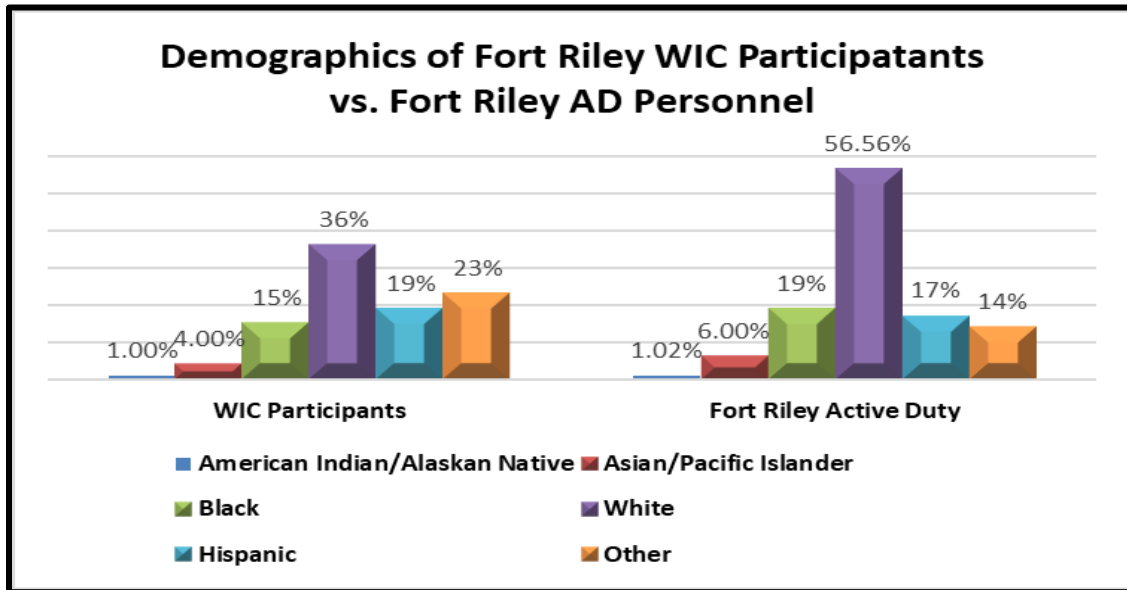
Figure 12: Surrounding Counties Using WIC Data



Data Source: WIC, 2023

In Figure 13 below, the distribution of Fort Riley WIC participants by race/ethnicity largely mirrors the overall racial/ethnic distribution of Fort Riley's active-duty service members, suggesting a correlation between race/ethnicity and the qualifying requirement or need for WIC benefits.

Figure 13: Fort Riley WIC Participants Data



Data Source: WIC, 2023. US Census, 2022

Unemployment:

Unemployment rates range from 2% to 8% amongst the Pottawattamie, Riley, and Geary Counties. Unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status (Robert Wood Johnson Foundation). Although active-duty members have consistent employment, their family members (especially their spouses) may not.

According to a 2021 survey of active-duty spouses shared by military one source, 64% of civilian spouses are in the labor force; either employed or unemployed/actively seeking work. Additionally, 21% of civilian spouses are unemployed and spend an average of 19 weeks looking for work. Notably, the survey results mirror the challenges expressed by Fort Riley spouses of service members.

Figure 14: Kansas Unemployment Rates



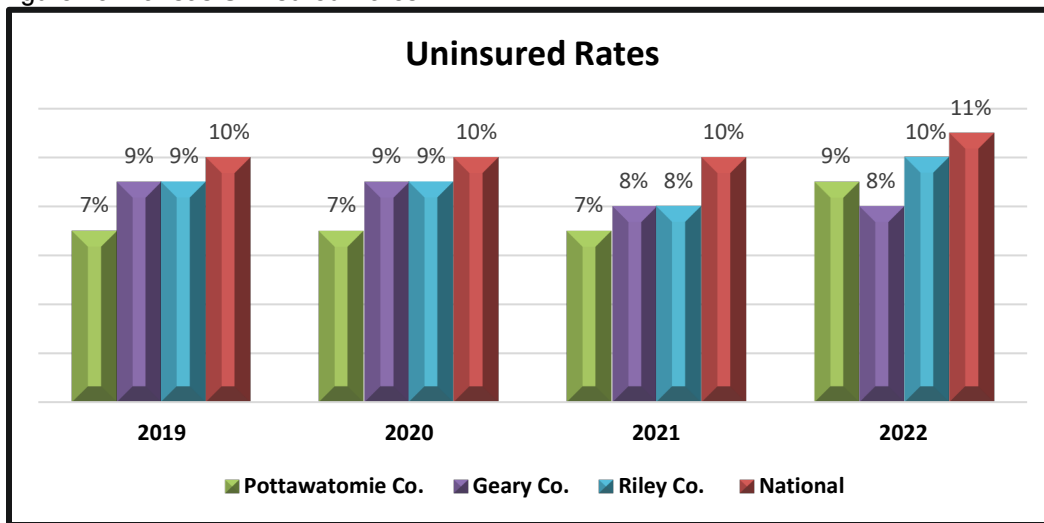
Data Source: County Health Rankings, 2022

Uninsured Population

The lack of health insurance is considered a key driver of health status according to Healthy People 2030. Uninsured rates fall between 7% and 10% among the communities surrounding Fort Riley. This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. Lack of health insurance is a substantial barrier to healthcare access. Research suggests that uninsured community members are less likely to attend regular primary care or specialty care services when compared to their insured counterparts. Limited preventative care access can contribute to poorer health status (Healthy People 2023).

Although active-duty members are insured to include vision and dental, beneficiaries receive medical insurance through TRICARE, a healthcare program managed by the Department of Defense (DoD). According to TRICARE online resource, care is largely delivered at military treatment facilities (MTFs) or through a network of civilian providers. Additionally, TRICARE generally covers care within its network, coverage may be more limited, and beneficiaries might face out-of-pocket expenses. Beneficiaries may also experience restrictions or require referrals to access civilian healthcare providers, particularly for specialized care.

Figure 15: Kansas Uninsured Rates

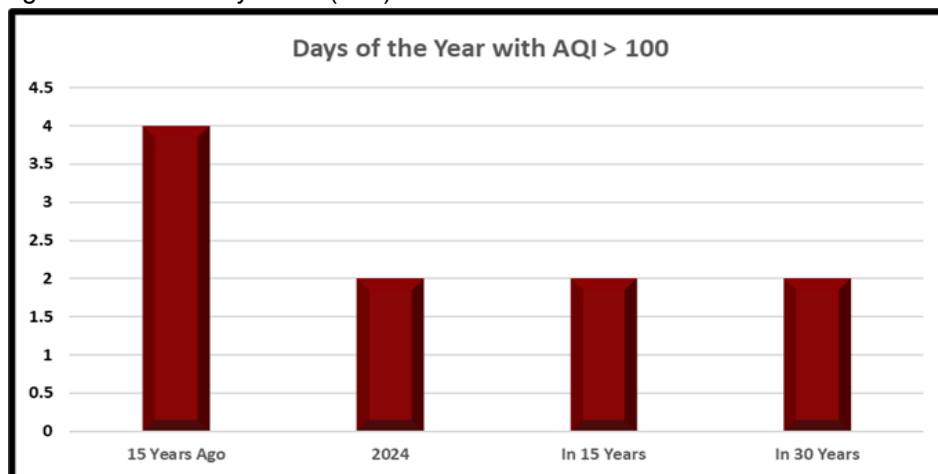


Data Source: County Health Rankings, 2022

Physical Environment

The Air Quality Index or AQI data is critical in providing the community information about the quality of the air, ensuring transparency of potential health hazards that are present and informing all who live, work, and play on Fort Riley in a timely manner. Fort Riley prioritizes the sharing of critical AQI information to protect populations that are immunocompromised or vulnerable to health conditions if exposed to particular matter present in the air. Additionally, poor air quality can affect the performance and health of soldiers thus impacting the readiness of the force. Fort Riley, as part of a larger military enterprise, is involved in environmental protection efforts. Monitoring AQI is part of this larger mission, ensuring compliance with environmental regulations and supporting broader goals of sustainability and reduced pollution. Figure 16 illustrates the improvement of AQI data as well as AQI projections in 15 and 30 years.

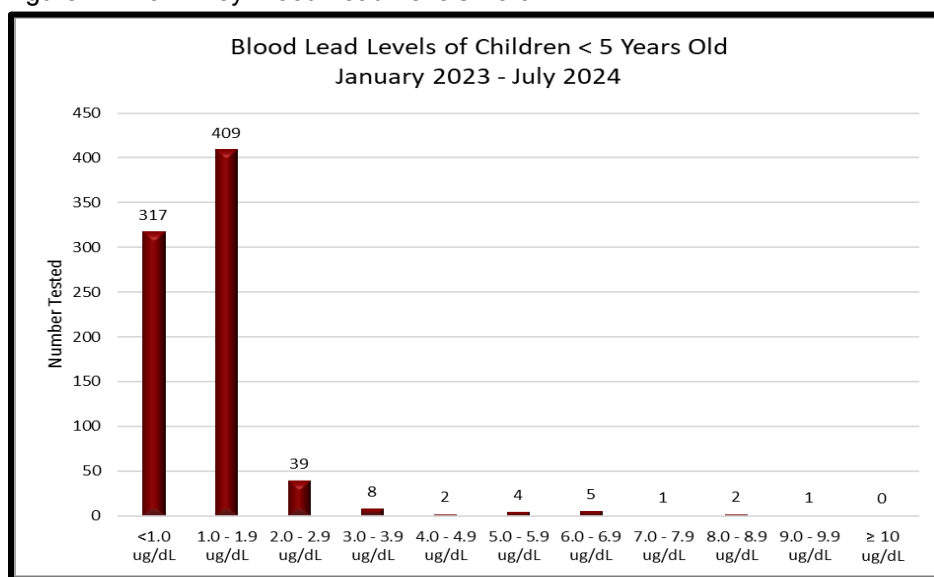
Figure 16: Air Quality Index (AQI) Data



Data Source: First Street, 2024

Lead exposure is particularly dangerous for children, as it can cause developmental delays, learning difficulties, and other serious health issues. According to Centers for Disease Control and Prevention (CDC), children with blood lead levels of 3.5 µg/dL and higher should receive routine health assessments with accompanying referrals to Nutrition Care and Public Health. Military families with young children live on or near Fort Riley. The EBLL program is managed by various services that work in concert with one another to safeguard the health and well-being of soldiers, their families, and civilians. Army Public Health Nursing in collaboration with Primary Care Medical Home (PCMH) Clinic monitors blood lead levels in patients to detect early exposure and prevent long-term health problems. Additionally, efforts include educating military families and personnel about the risks of lead exposure and how to prevent it. Figure 17 illustrates blood lead level data from January 2023 to July 2024. All elevated blood lead level cases were referred, and case managed by PCMH, Nutrition Care clinic, and Public Health accordingly.

Figure 17: Fort Riley Blood Lead Levels Data



Data Source: MHS Genesis Discern Report Tool 2024

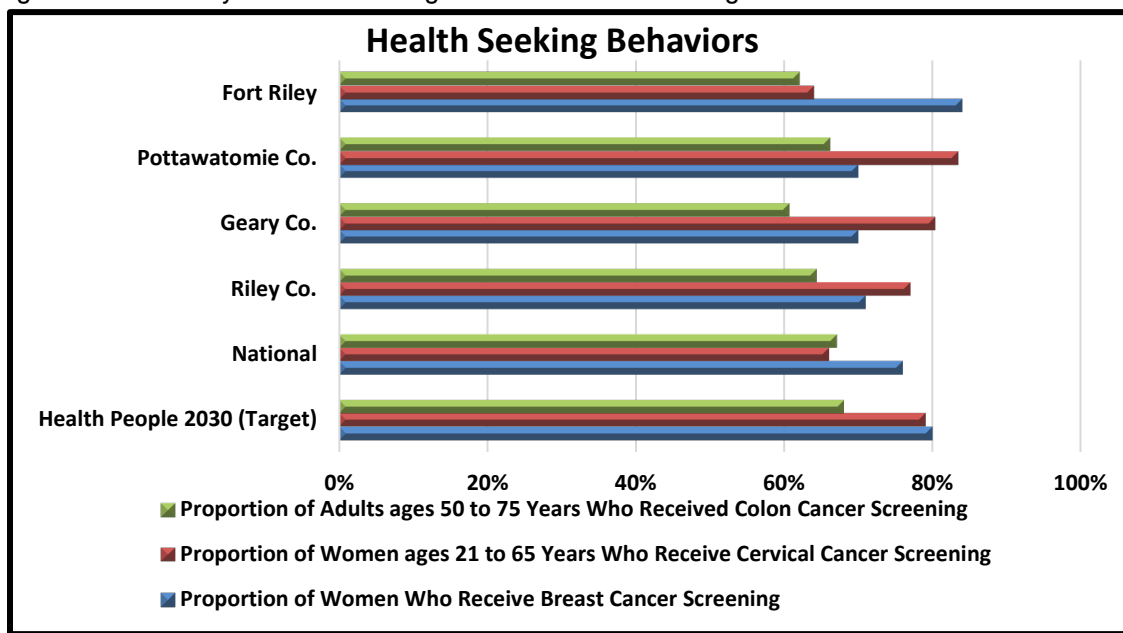
Clinical Care

Fort Riley's clinical care is provided primarily through the Irwin Army Community Hospital or IACH, offering comprehensive medical services to soldiers, their families, and retirees. IACH provides a wide range of care, including primary care, emergency services, surgical care, behavioral health, inpatient services, pediatric care, and specialized services like physical therapy, and women's health. Additionally, there are five outlying clinics designed to provide comprehensive healthcare services tailored specifically to the needs of active-duty soldiers: Farrley Health Clinic, Caldwell Public Health Clinic, Novosel Aviation Medical Clinic, and Custer Hill Behavioral Health Clinic.

However, due to the limited specialized care offered at IACH, beneficiaries face challenges that include travelling far to appointments that are outsourced to partner medical organizations such as Stormont Vail Health-Flint Hills Campus and Mercy Regional Health Center etc.

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America’s health plans to measure performance on important dimensions of care and service. This is also a tool strongly used by Irwin Army Community Hospital in developing strategies to focus priorities and efforts for favorable outcomes and deliverables. Altogether, HEDIS consists of 81 measures across five domains of care. Figure 18 below illustrates health seeking behaviors of Fort Riley and the surrounding areas.

Figure 18: Fort Riley and Surrounding Counties Health Seeking Behaviors Data



Data Source: County Health Rankings, 2022

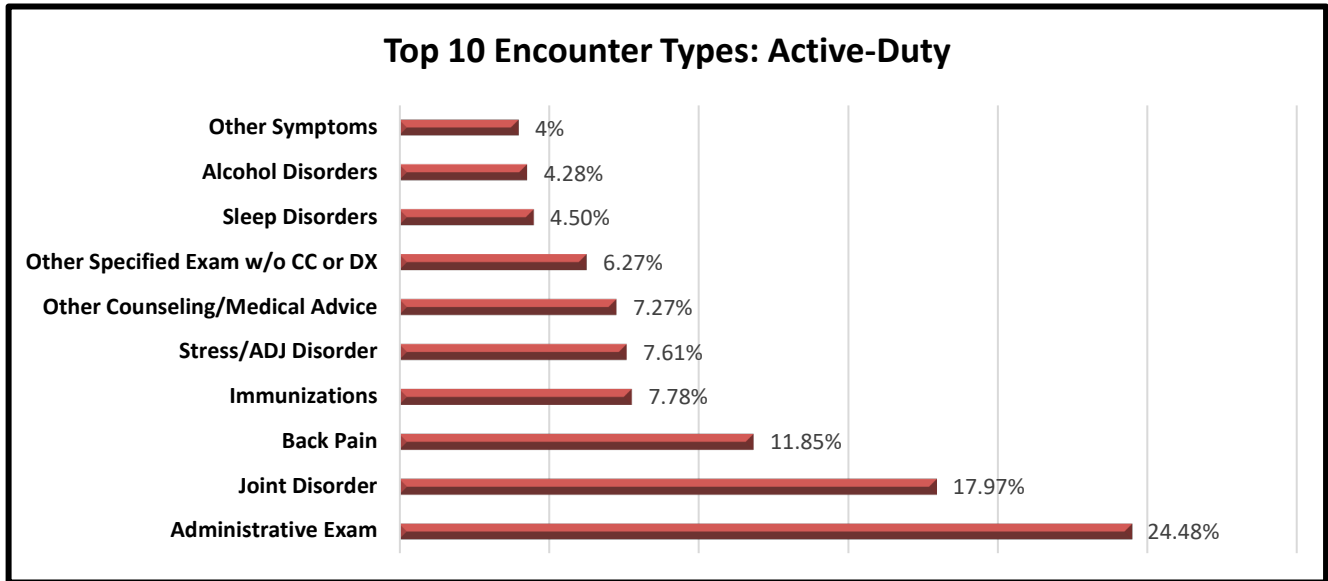
As shown in Figure 18, the Fort Riley community exceeds the national benchmark and surrounding communities rates for breast cancer screening but have rates of colon cancer screening, and cervical cancer screening, lower than the national target. Notably, Fort Riley cervical cancer screening is lower than the surrounding communities.

Hospital Visits

Injuries and musculoskeletal (MSK) conditions are the highest cost to the Military Health System. Cumulative MSK injury are commonly referred to as “overuse” injuries. According to Army Public Health Center data and studies, overuse injuries account for a large proportion of medical visits related to MSK issues. Administrative exams, joint disorders, and back pain were the most common medical encounters for the Fort Riley active-duty population in 2022, serving as proxies for the prevalence of these outcomes in the active-duty population. Additionally, a large proportion of active-duty soldiers were seen for substance abuse in 2022.

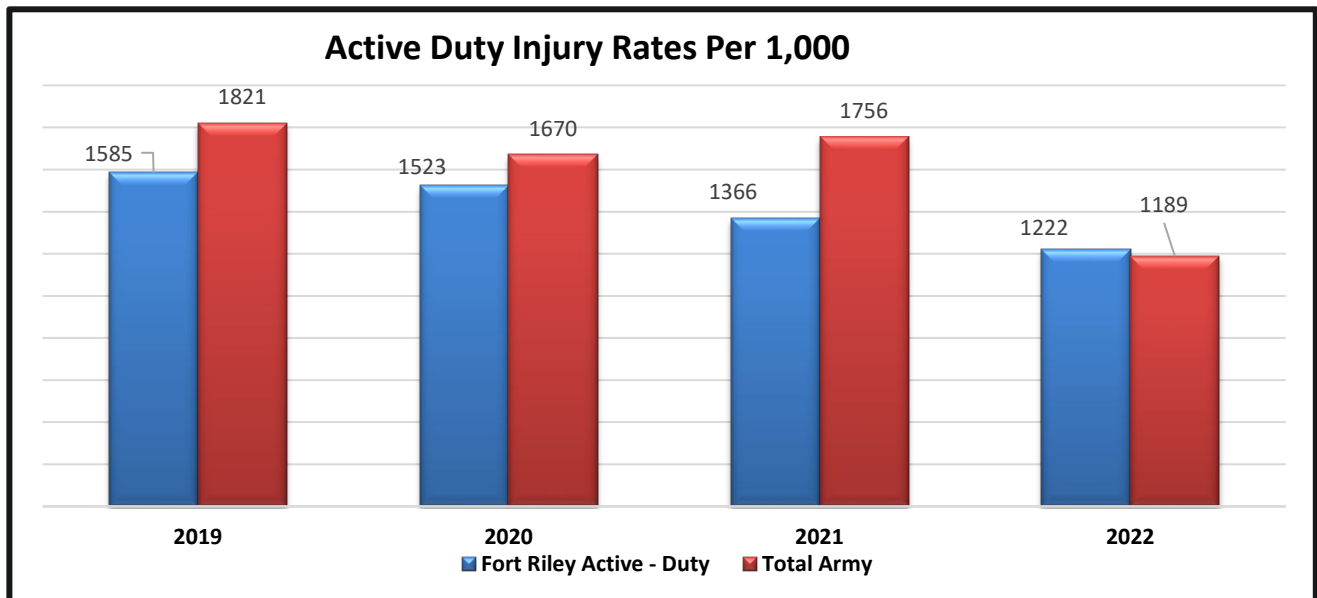
Fort Riley active-duty has a lower injury rate (ranging from 1200 to 1500 per 1,000 soldiers) than the Total Army rates (ranging from 1200 to 1800 per 1,000 soldiers) from 2019 to 2022. However, Fort Riley had a higher proportion of Soldiers seeking care for substance abuse (ranging from 3% to almost 5%) than the Total Army (ranging from 3% to 3.5%) from 2019 to 2022.

Figure 19: Fort Riley AD Hospital Visit Data



Data Source: CarePoint (DMED), 2022

Figure 20: Fort Riley AD Injury Rates Data

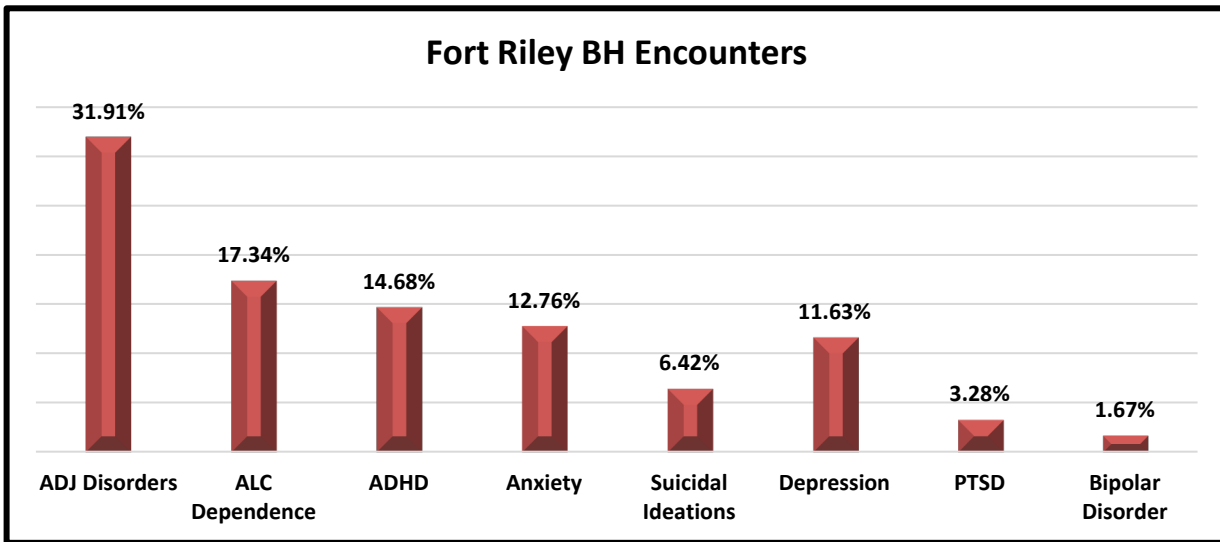


Data Source: Health of the Force 2019-2022

Behavioral Health:

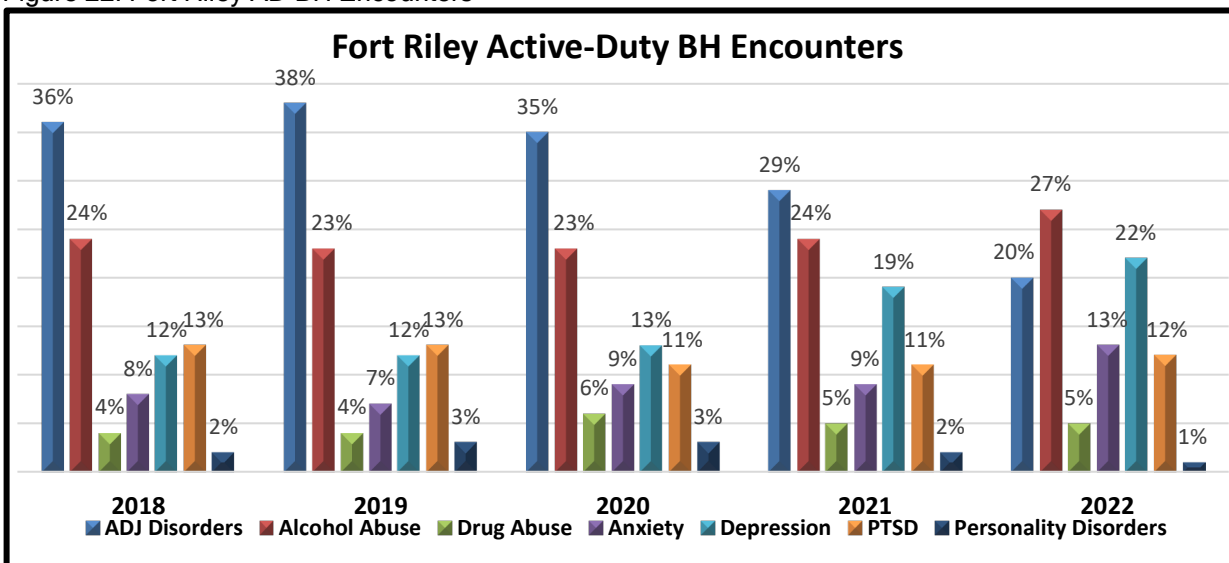
Many different behavioral health (BH) diagnoses are seen on Fort Riley. The top three reasons for behavioral health visits or patient encounters on Fort Riley in 2022 were adjustment disorder (32%), alcohol dependency (17%), and attention deficit disorder (13%). In 2022, 16% total Army Active Duty were diagnosed with a behavioral health disorder. The leading behavioral health diagnoses for the Fort Riley active-duty population were alcohol abuse (27% in 2022), depression (22% in 2022), and adjustment disorders (20% in 2022) respectively.

Figure 21: Fort Riley Behavioral Health (BH) Encounters



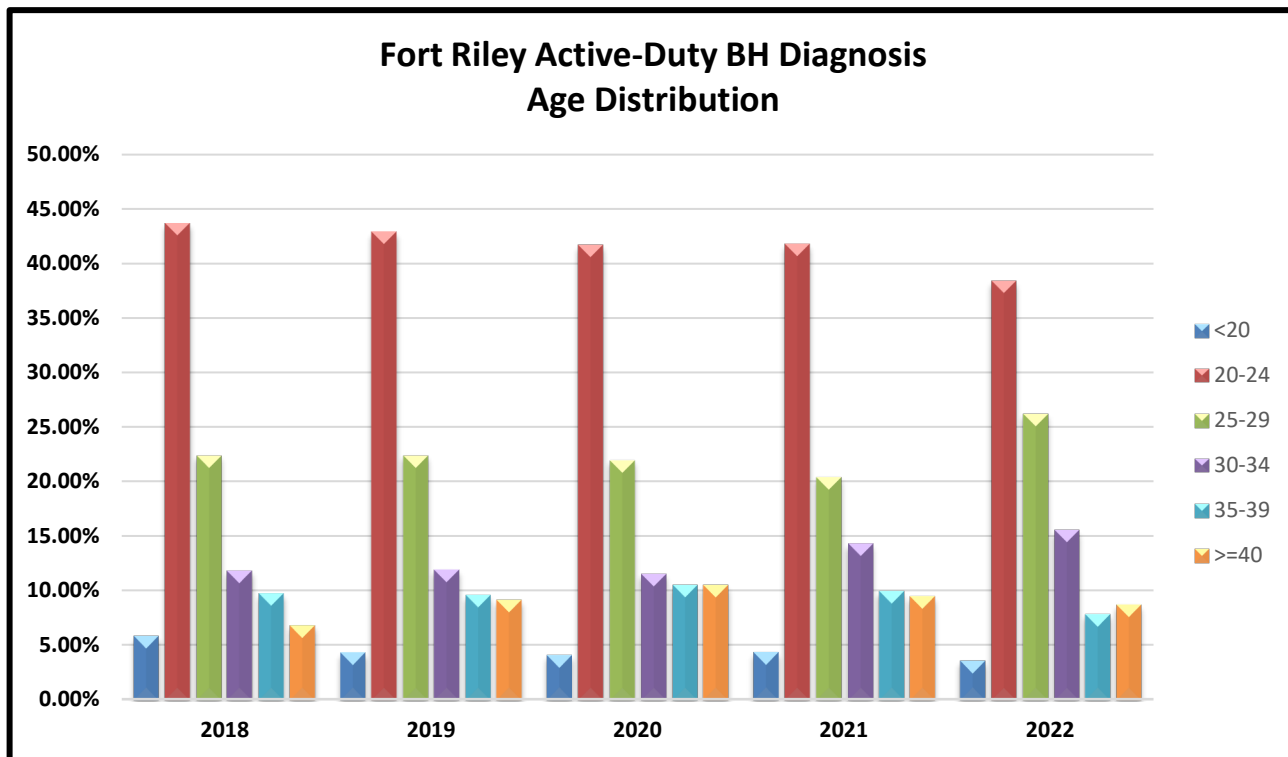
Data Source: Military Health System, M2, 2022

Figure 22: Fort Riley AD BH Encounters



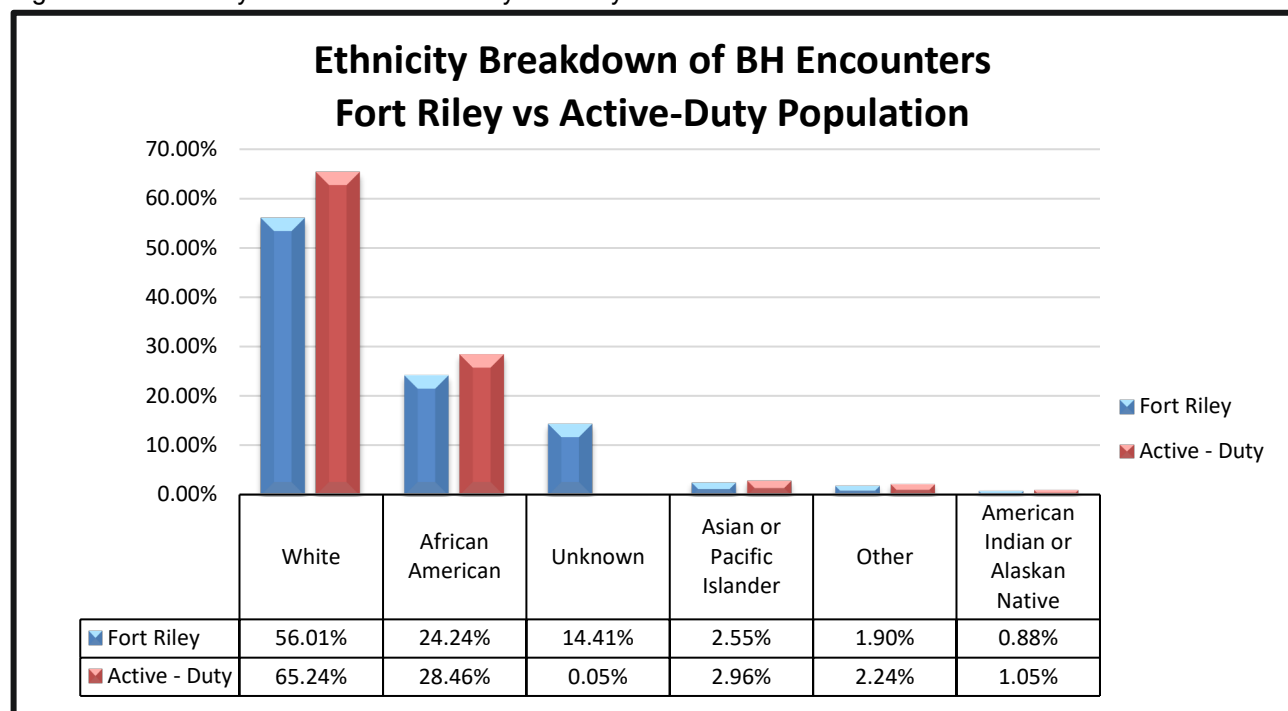
Data Source: Carepoint DMED, 2022

Figure 23: Fort Riley AD BH Diagnosis by Age Data



Data Source: Military Health System, M2, 2022

Figure 24: Fort Riley AD BH Encounters by Ethnicity Data



Data Source: MHS, 2022

Figures 21-24 illustrate individuals who are at higher risk for behavioral health (BH) diagnoses as well as more likely to seek BH care. These groups face challenges related to mental health due to the unique stressors of military life. In Figures 21 and 22, the top BH encounters seen among the Fort Riley community as well as among service members were adjustment disorders, alcohol dependence, attention deficit hypersensitivity disorder, and depression. Moreover, figure 22 depicts high rates of depression and post-traumatic stress disorder for BH encounters among active-duty soldiers. Service members experience stressors correlated to deployments and long periods away from family. Consequently, many cope with stress, trauma or anxiety with substance use/alcohol eventually leading to treatment care for substance use disorders.

Military families often experience frequent relocations, long deployments, and separation from loved ones. Adjusting frequently to new schools, communities, or coping with the absence of a deployed family member are strong behavioral health indicators. Figure 23 illustrates high rates among the young demographics on Fort Riley and Figure 24 data correlates with the demographic composition on Fort Riley.

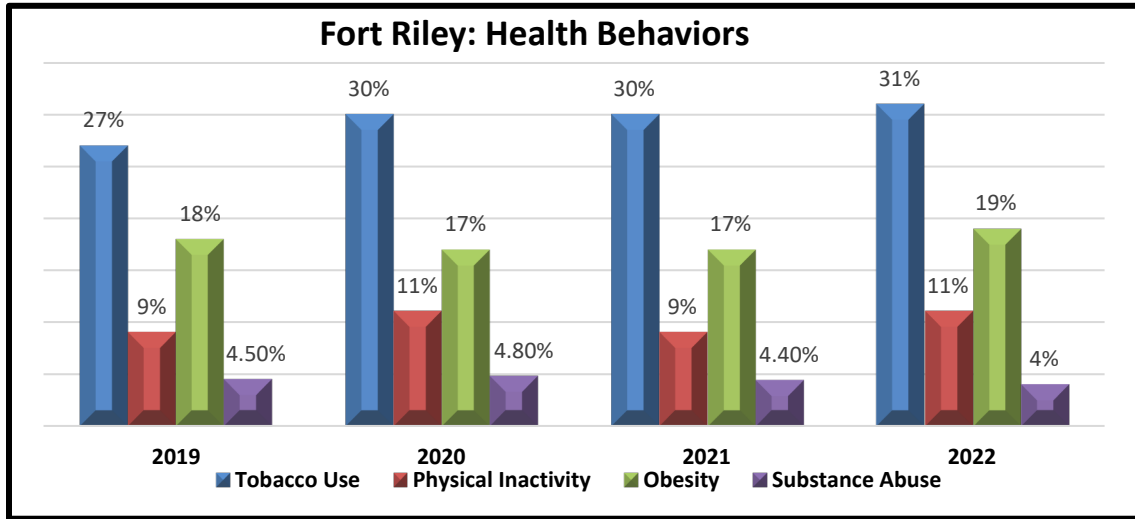
Fort Riley offers robust BH services, including counseling, post-traumatic stress disorder treatment, substance abuse programs, and family support to help manage the mental health challenges and improve the well-being of those impacted. Some of the barriers expressed by service members and families that would prevent someone from seeking the appropriate care, include but are not limited to:

- **Stigma:** The fear that seeking behavioral health care could harm careers or be seen as a sign of weakness.
- **Access and Awareness:** Less immediate access to care to all who live, work, and play on Fort Riley, i.e. family members, national guard, or reservists.
- **Cultural Factors:** The culture or perception of toughness compromised if one was to seek help.

Health Behaviors

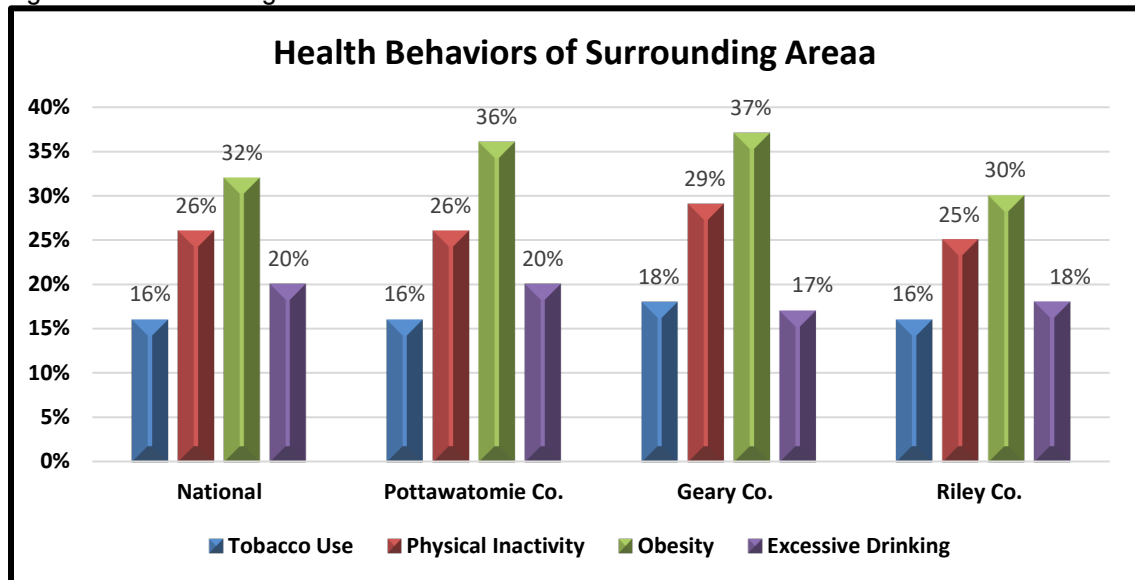
A healthy community is one in which individuals adopt healthy behaviors such as eating nutritious foods, being physically active, and getting adequate sleep- all of which can prevent or control negative health outcomes, i.e. diabetes, heart disease, hypertension, and depression. Poor health behaviors are linked with lost workdays and lower productivity that can affect the economic status for individuals and community businesses (Healthy People 2030). Moreover, there is an added burden to private and government health care programs, and for active-duty soldiers, direct effects on medical readiness, which is a key community outcome of interest.

Figure 25: Fort Riley Health Behaviors 2019-2022



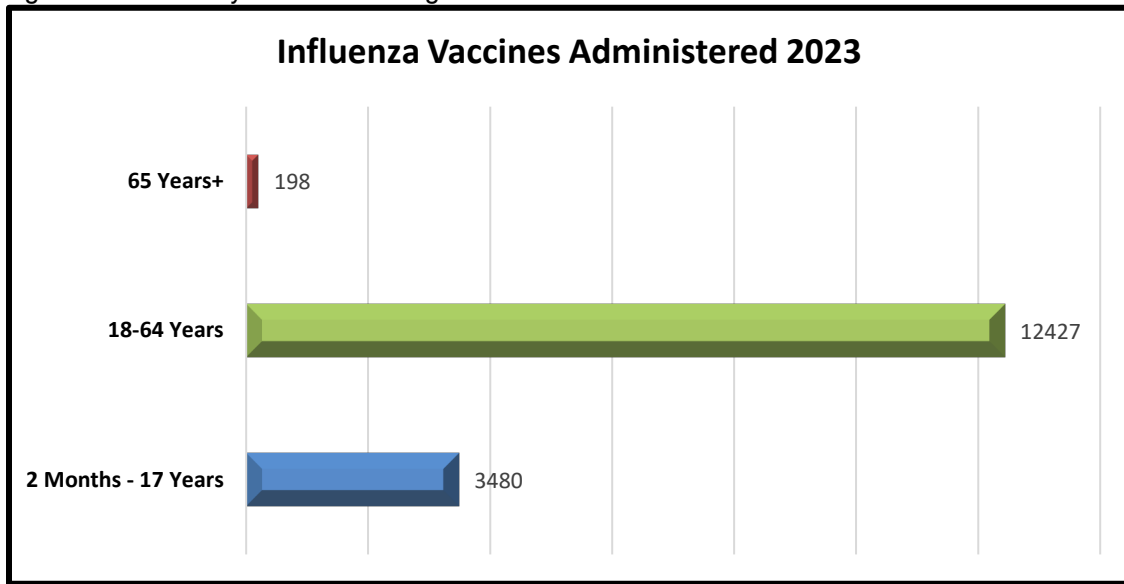
Data Source: Health of The Force, 2022

Figure 26: Surrounding Counties Health Behavior Data



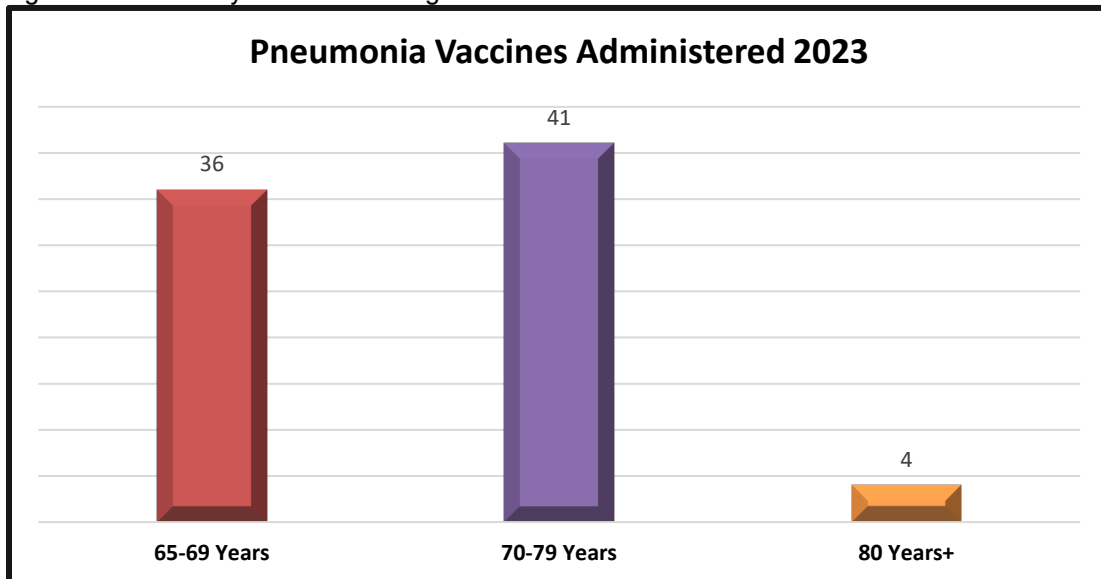
Data Source: Health of The Force, 2022

Figure 27: Fort Riley Preventive Programs: Influenza Vaccinations



Data Source: Military Health System, M2, 2023

Figure 28: Fort Riley Preventive Programs: Pneumonia Vaccinations



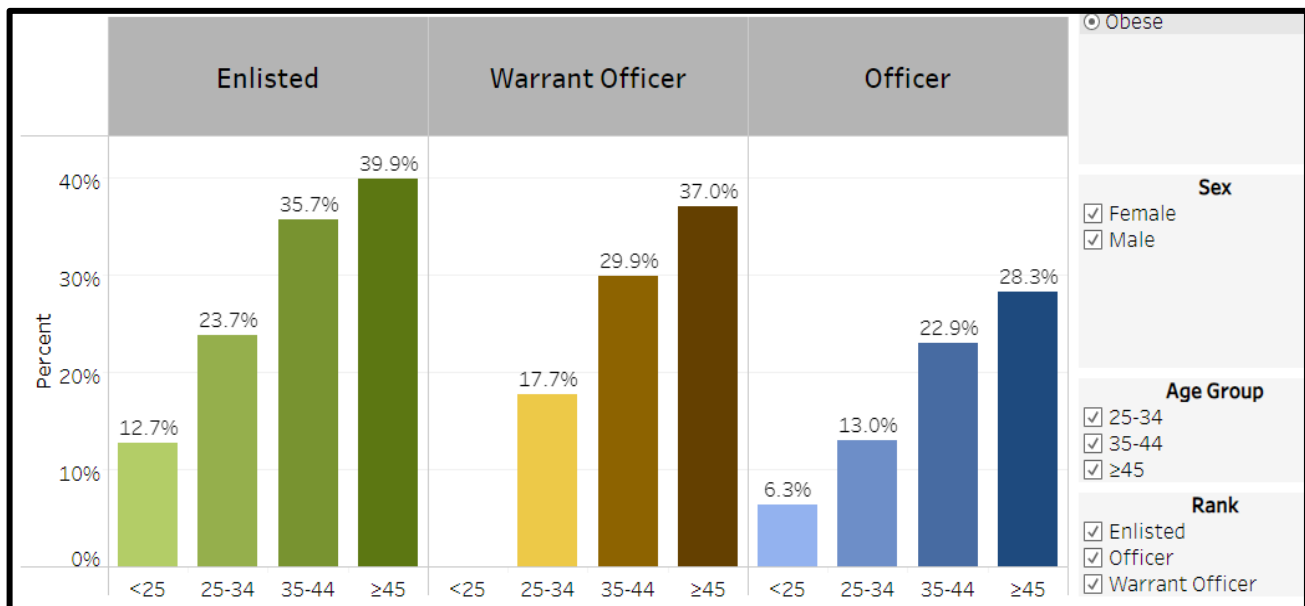
Data Source: Military Health System, M2, 2022

Obesity:

Obesity has significant implications on military readiness as it affects the physical, mental, and operational capabilities of service members, according to a recent Health of the Force report. It decreases cardiovascular fitness, leading to reduced endurance and the inability to meet the physical demands of military operations. Additionally, obesity increases the risk of injury as seen in musculoskeletal injuries as it puts extra strain on bones, joints, and muscles, increasing the risk of injuries such as stress fractures, sprains, and strains. Most importantly, higher medical costs are associated with obesity due to a range of health problems that ensue if not controlled, i.e. diabetes, hypertension, heart disease, heart disease, and sleep apnea (Health of the Force 2022).

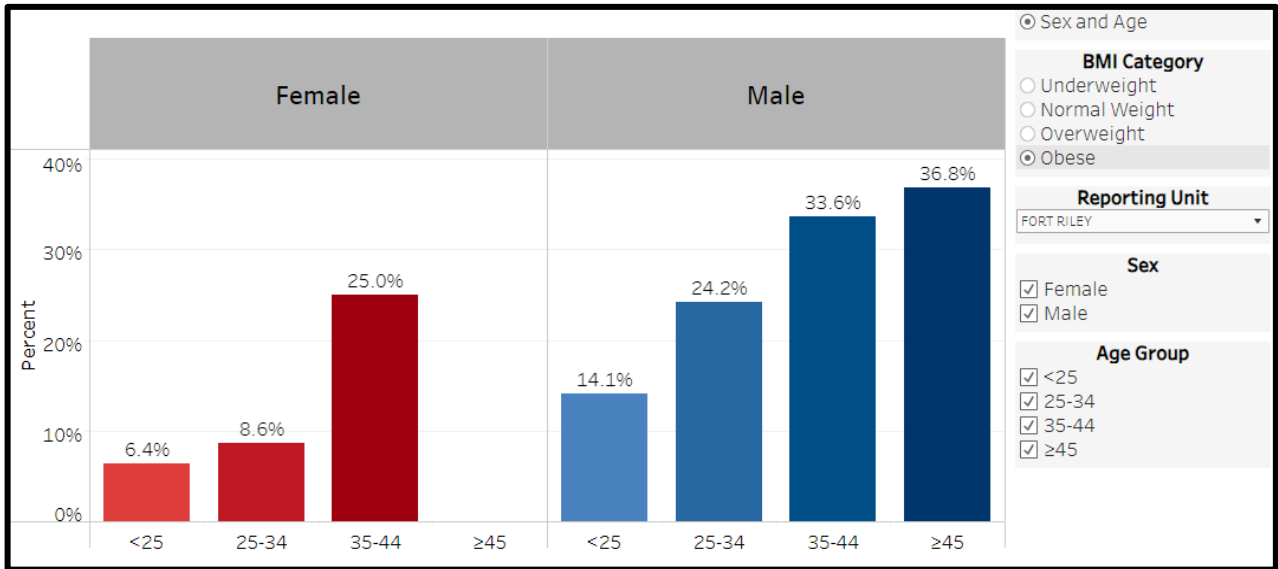
Obesity rates range from 30% to 36% within communities surrounding Fort Riley. This is slightly higher than the national average of 32%. Obesity rates among the Fort Riley active-duty population have been consistent from 2019 to 2022 at 17%-19%. Total Army obesity rates range from 17% to 18% over the same time period (Health of the Force 2022). According to the Centers for Disease Control and Prevention (CDC), weight higher than what is considered a healthy weight for a given height is described as overweight or obese (<https://www.cdc.gov/obesity/index.html>). The Body Mass Index, or BMI, is a person's weight in kilograms divided by the square of height in meters. BMI does not measure body fat directly but instead is used as a screening tool for overweight or obesity. Adult obesity is high in the surrounding areas of Fort Riley.

Figure 29: Comparison of BMI Category Prevalence by Rank, Sex, and Age, AC Soldiers, 2021
Category: Obese



Health of the Force: Carepoint Portal.Body Mass Index

Figure 30: Comparison of BMI Category Prevalence by Sex and Age, AC Soldiers, 2021
Reporting Unit: Fort Riley, Category: Obese



Health of the Force: Carepoint Portal.Body Mass Index

Tobacco or Nicotine Use:

The percentage rates of active-duty personnel using nicotine on Fort Riley surpasses nicotine use rates reported in the United States, Kansas, and the total Army as illustrated in the tables below. Tobacco or nicotine use is the leading cause of preventable death in the United States. A synopsis and summary of utilization of resources on the installation are detailed in the Summary of Findings section in this assessment. For active-duty personnel, smoking can be detrimental to their performance as Soldiers:

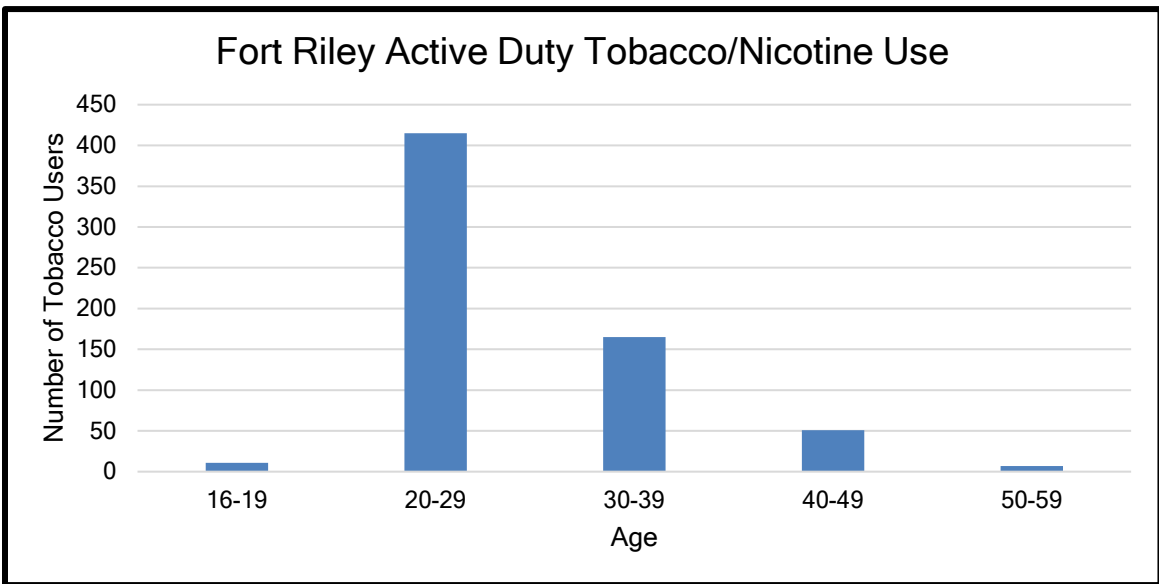
- Those who smoke are more likely to experience training failure and perform poorly on fitness evaluations.
- They are more likely to experience injuries, especially musculoskeletal injuries.
- Those who smoke are more likely to feel stressed due to their military duties than those who do not smoke, particularly those who smoke to try to control stress.

Table 2: Nicotine/Tobacco Use Data

Percentage Rates of Nicotine/Tobacco Use	
Fort Riley	31%
Total Army	27%
Kansas	24.6%
United States	11.5%

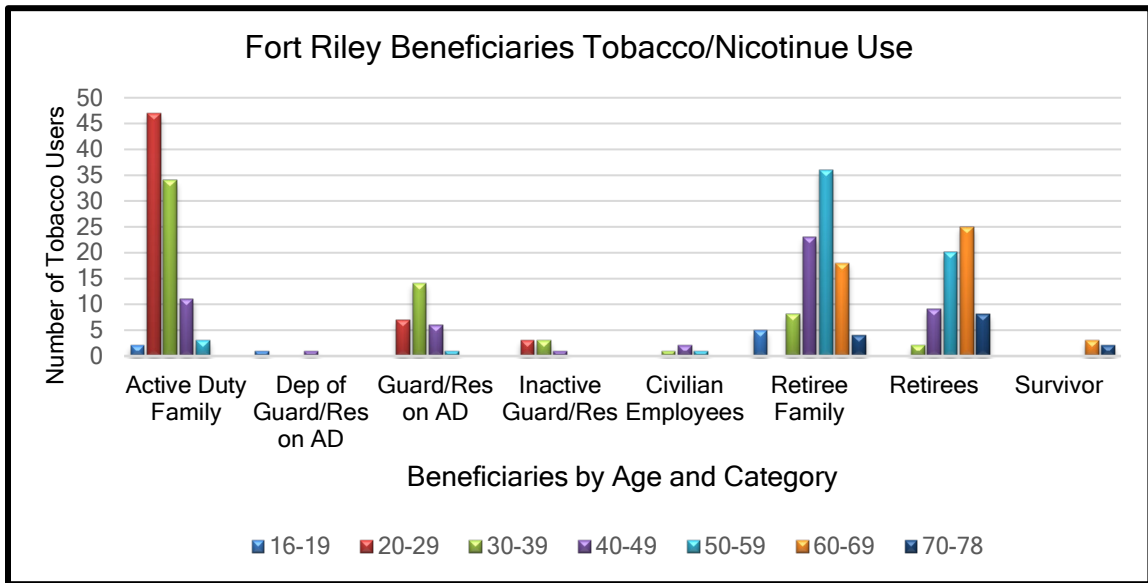
Data Source: CarePoint (DMED), 2023-2024

Figure 31: Fort Riley AD Tobacco/Nicotine Use Data



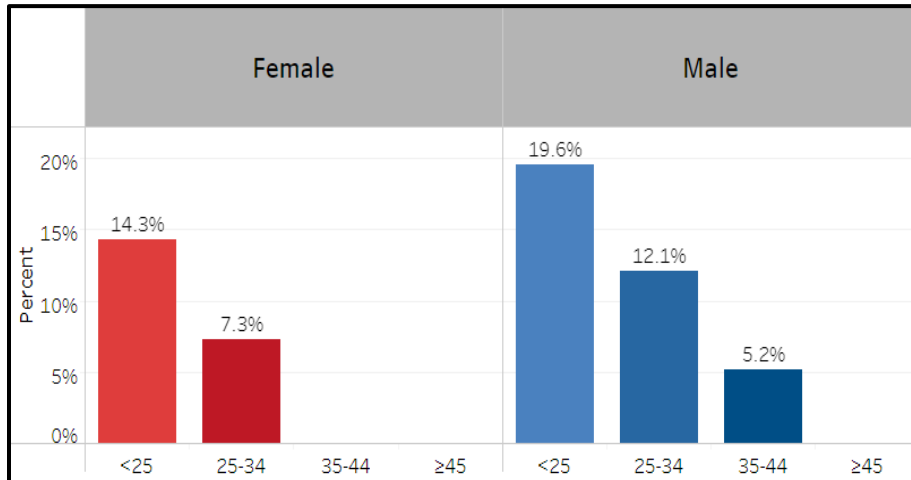
Data Source: Military Health System, M2, 2024

Figure 32: Fort Riley Beneficiaries Tobacco/Nicotine Use Data



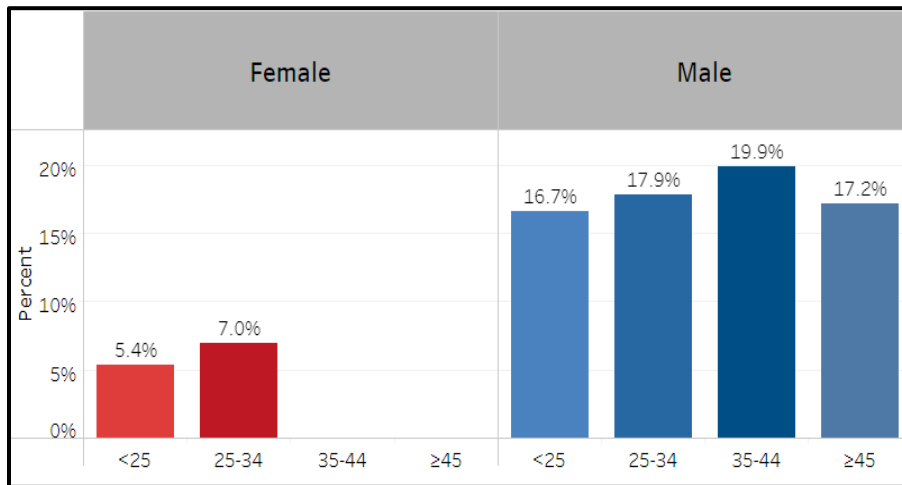
Data Source: Military Health System, M2, 2024

Figure 33: Fort Riley E-Cigarette Use by Sex and Age, 2021



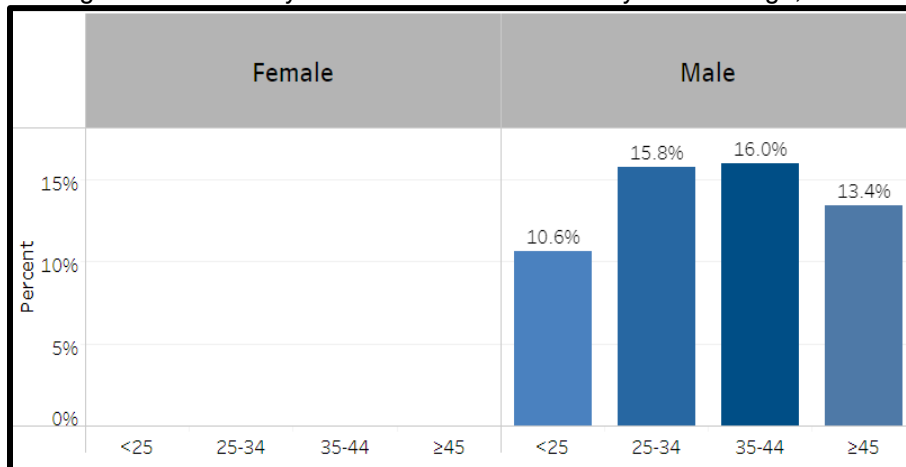
Data Source: Health of the Force: Carepoint

Figure 34: Fort Riley Smoked Tobacco Use by Sex and Age, 2021



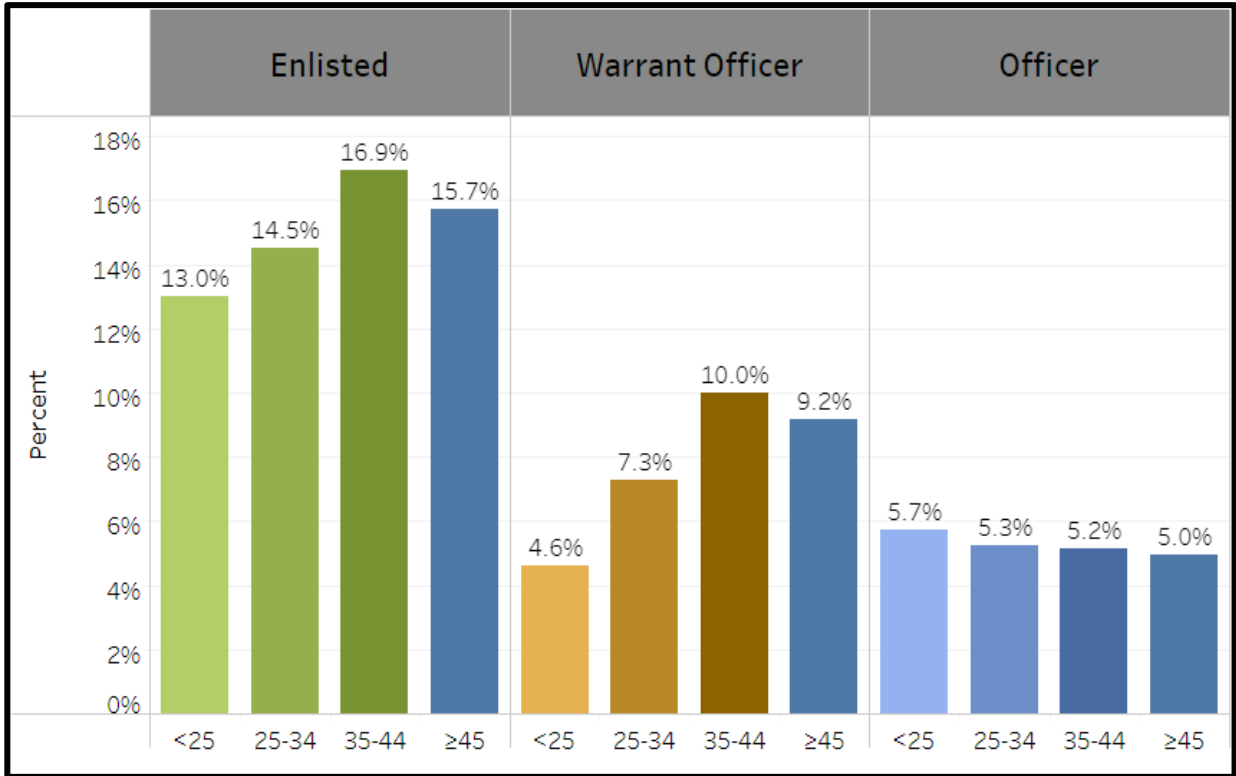
Data Source: Health of the Force: Carepoint

Figure 35: Fort Riley Smokeless Tobacco Use by Sex and Age, 2021



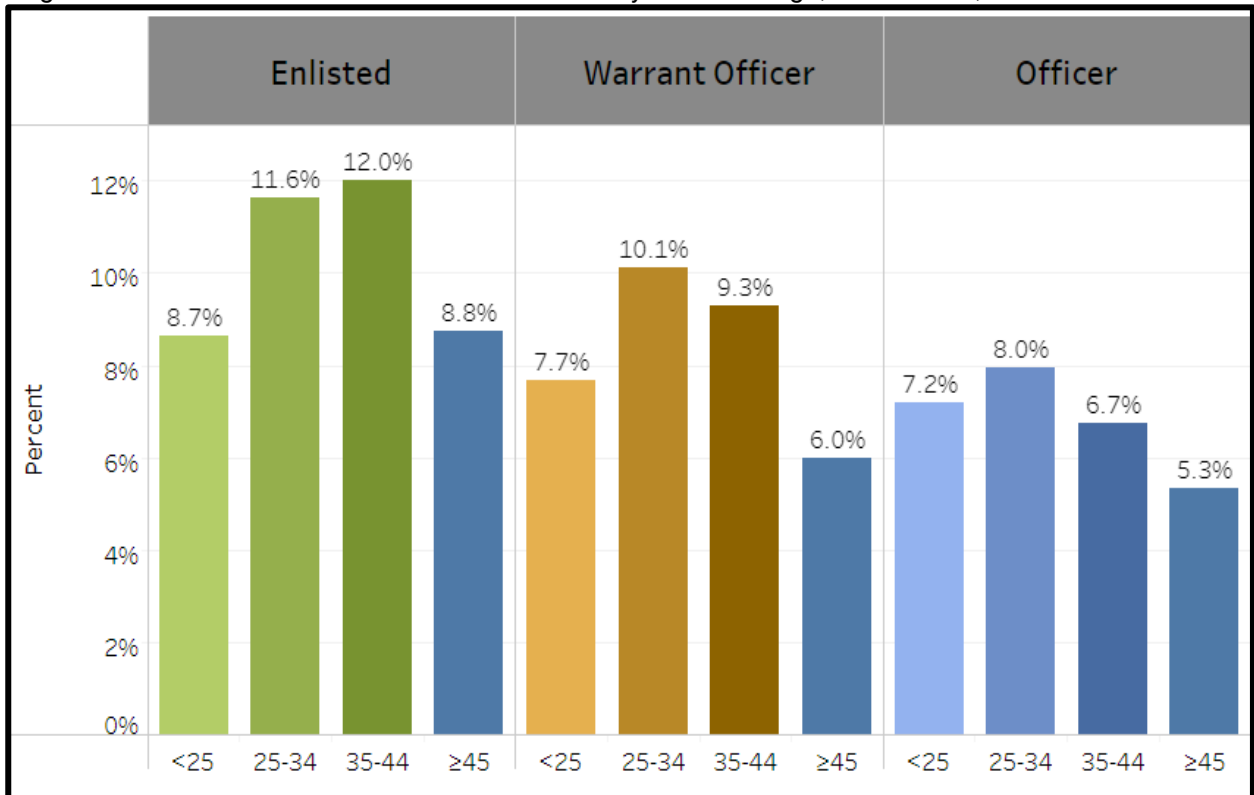
Data Source: Health of the Force: Carepoint

Figure 36: Prevalence of **Smoked Tobacco** Use by Rank and Age, AC Soldiers, 2021

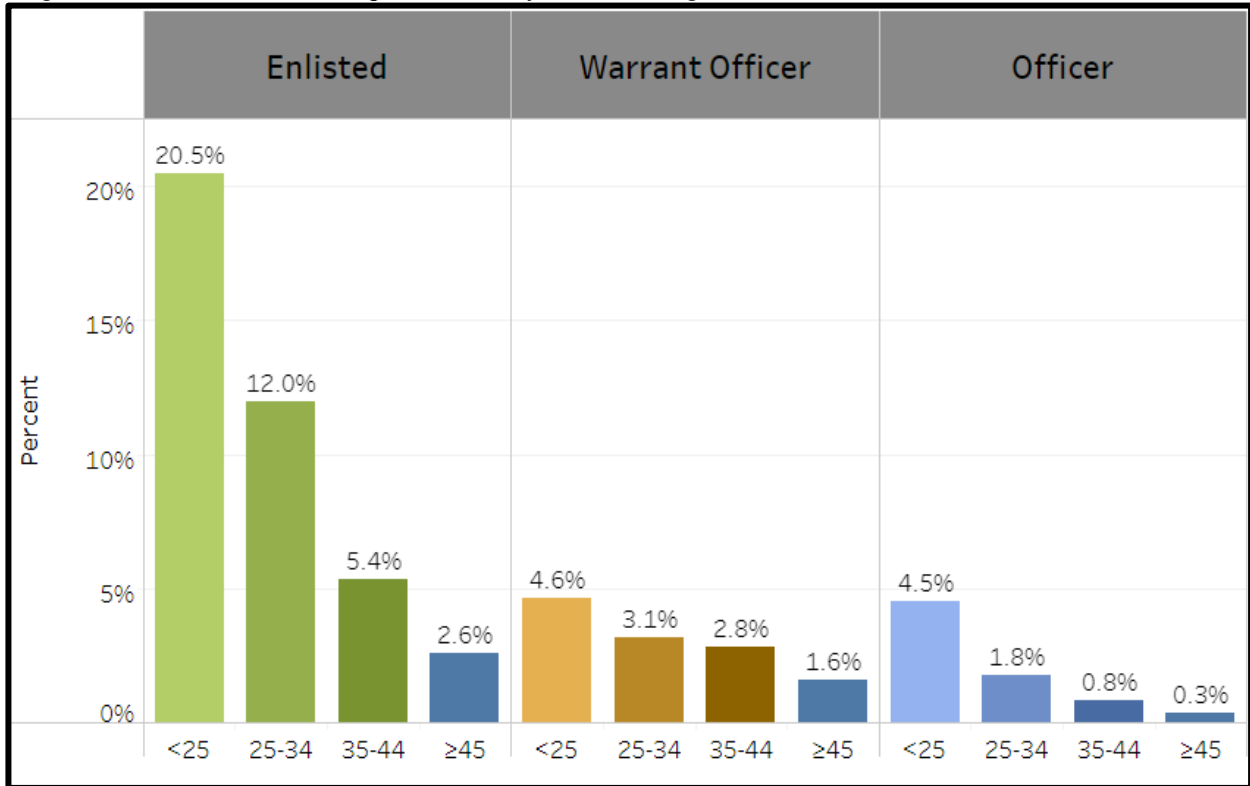


Data Source: Health of the Force: Carepoint

Figure 37: Prevalence of **Smokeless Tobacco** Use by Rank and Age, AC Soldiers, 2021



Data Source: Health of the Force: Carepoint

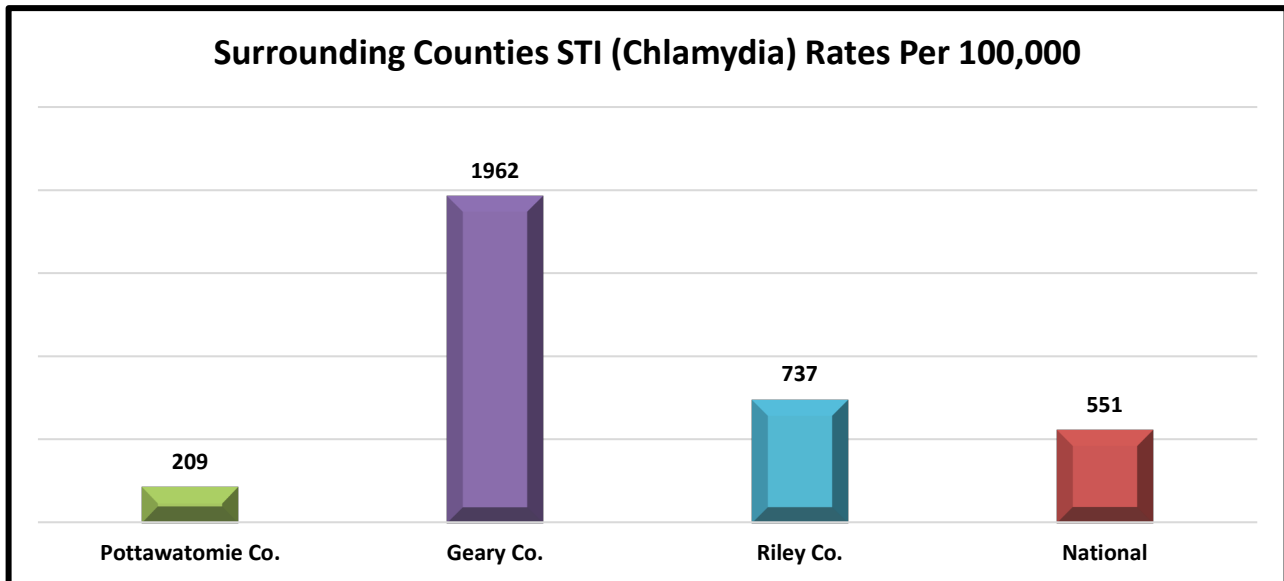
Figure 38: Prevalence of **E-Cigarette Use** by Rank and Age, AC, 2021

Data Source: Health of the Force: Carepoint

Sexually Transmitted Infections (STI):

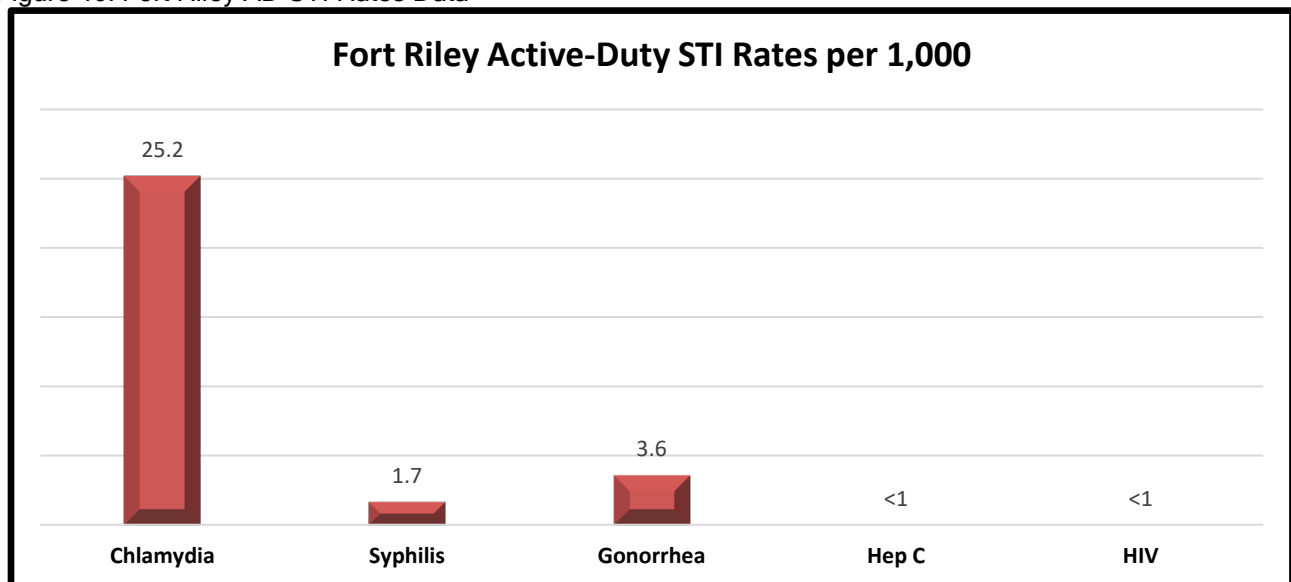
The Fort Riley surrounding areas experience STI rates ranging from 200 to nearly 2,000 per 100,000 citizens. Fort Riley's STI rates are calculated differently making inferences of STI rates between the different communities impossible. Males aged 20 - 24 have a higher STI burden when compared to females. Moreover, Fort Riley STI rates are notably similar to the rates of the total Army. Clinicians must consider age as a possible contributing factor for STI rates as individuals in their late teens to early twenties are more likely to engage in risky sexual behaviors. Additionally, CDC reports disparities present in prevention and treatment due to cultural beliefs and norms.

Figure 39: Surrounding Counties STI Rates Data



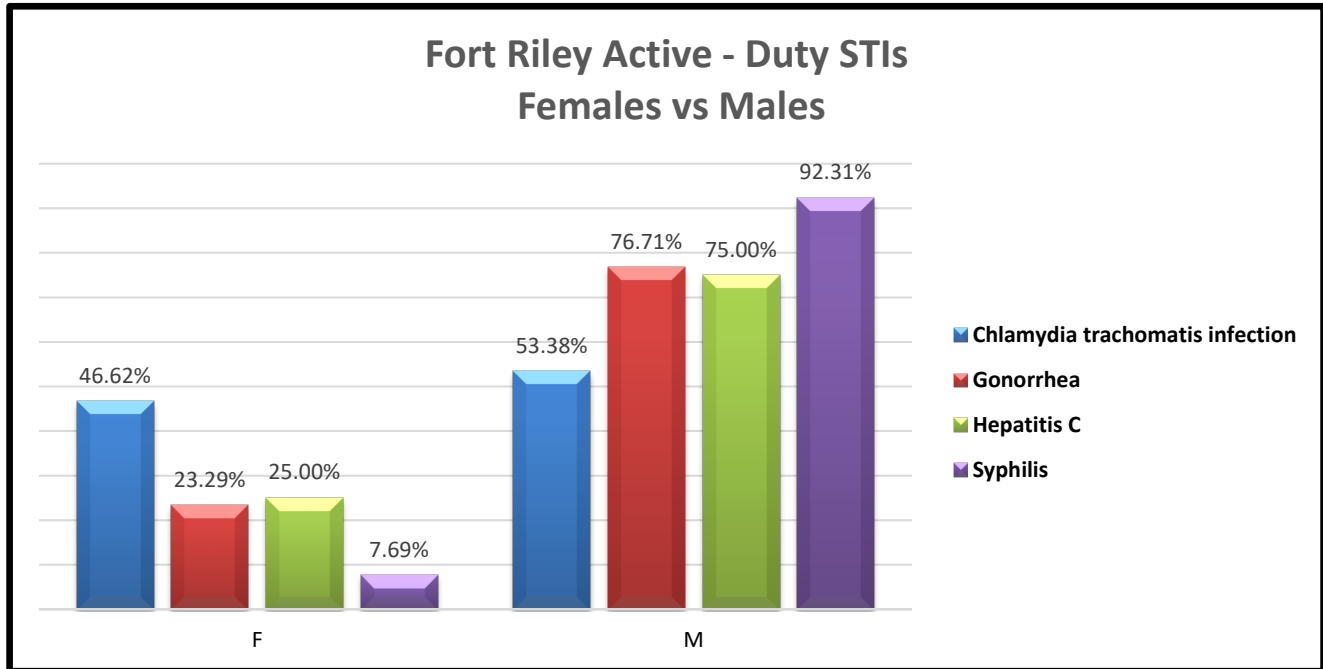
Data Source: County Health Rankings, 2022

Figure 40: Fort Riley AD STI Rates Data



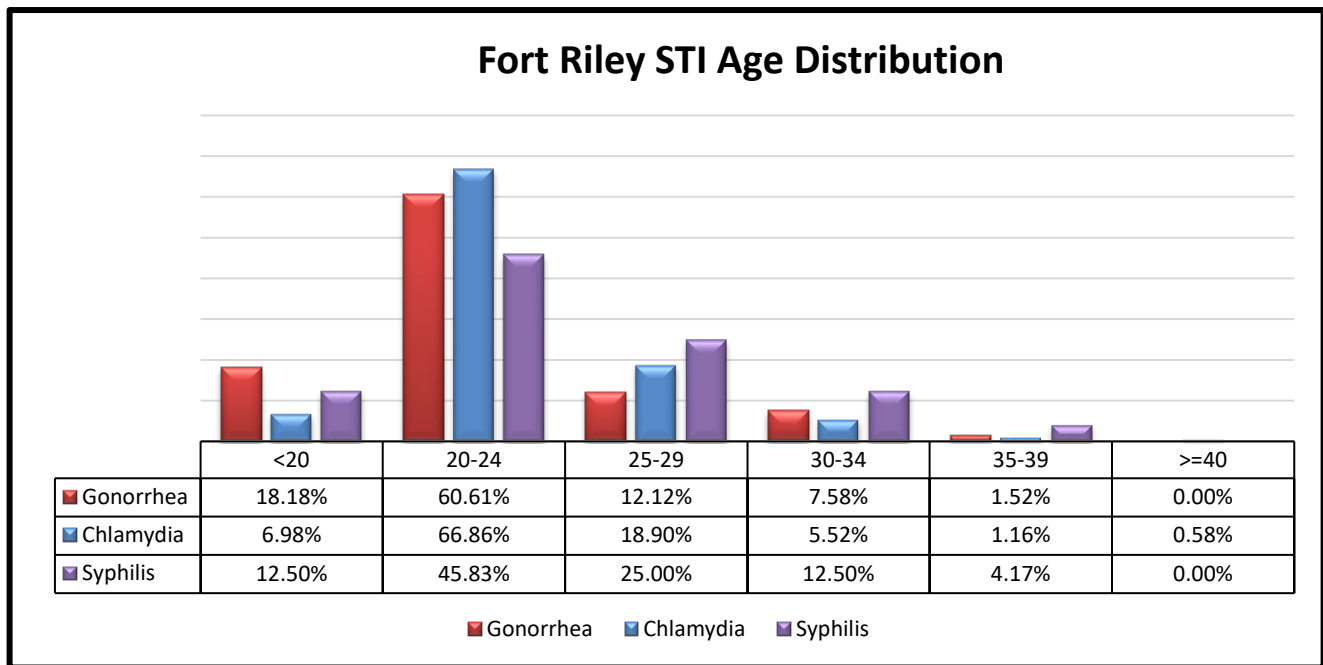
Data Source: Army Disease Reporting Surveillance internet (ADRSi) 2022

Figure 41: Fort Riley AD STI Rates by Gender Data



Data Source: Army Disease Reporting Surveillance internet (ADRSi) 2022

Figure 42: Fort Riley STI Rates by Age Data



Data Source: CarePoint (DMED), 2022

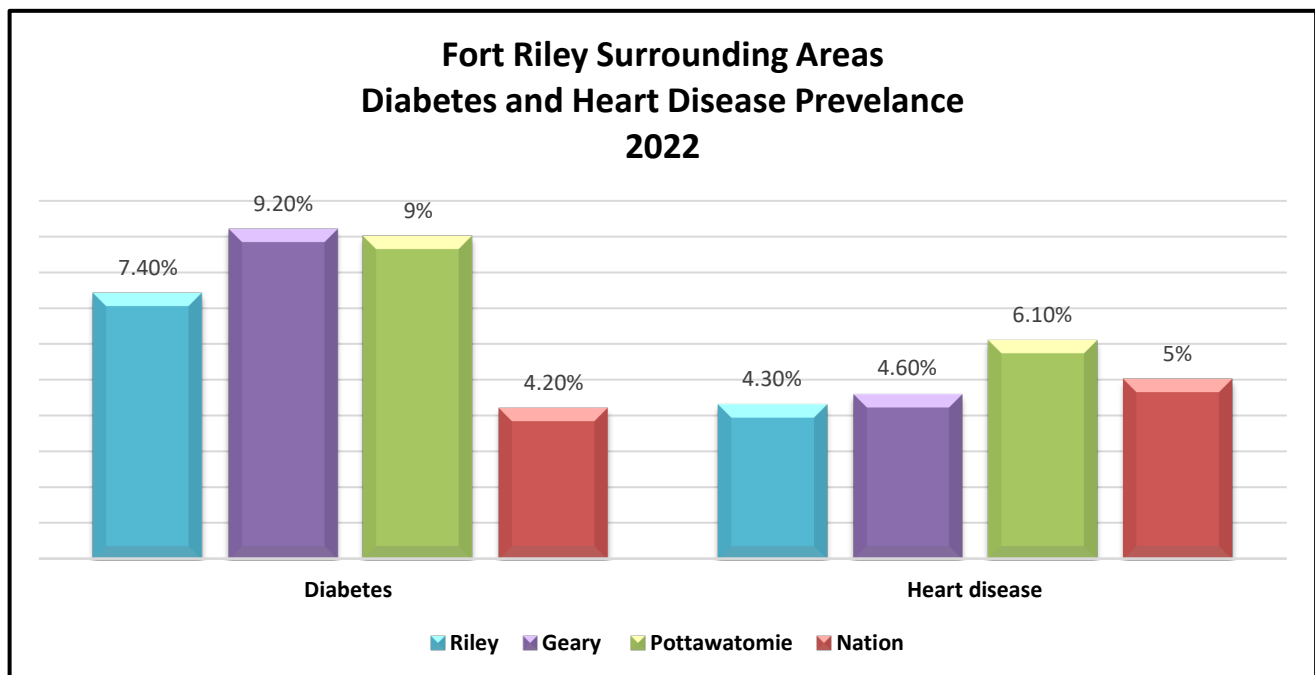
Health Outcomes

Analyzing data of health outcomes for a community provides insight into identifying targets for potential intervention. Metrics that depict trends or prevalence data on heart disease, diabetes, and pulmonary diseases of a population are invaluable ways of measuring the efficacy of healthcare interventions within a community. Fort Riley's health outcomes directly affect military readiness, community resilience, long-term healthcare costs, and the overall quality of life for everyone living and working on the installation. Maintaining positive health outcomes is a strategic priority to ensure the installation's effective functioning and preparedness.

Chronic Diseases:

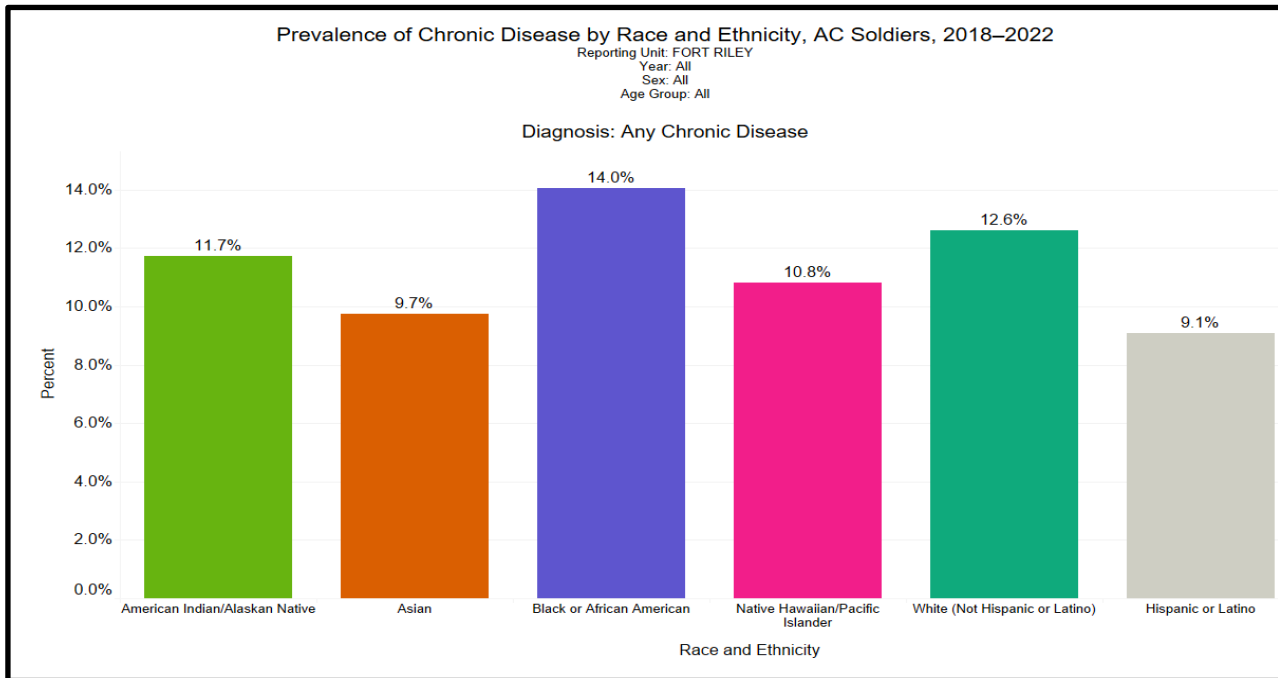
Multiple chronic diseases are seen on Fort Riley including arthropathy (inflammation of one or more joints). Pulmonary related illnesses (asthma, COPD, lung infections, pulmonary edema), cardiovascular illnesses (coronary artery disease, high blood pressure, cardiac arrest, congenital heart disease), and cancer were noted. Arthropathy and pulmonary related illnesses have the highest prevalence in both the Fort Riley active-duty population and the total Fort Riley population from 2019 - 2022. Importantly, the COVID-19 pandemic during this period was a significant contributing factor to the incidence rates of clinic and hospital visits of individuals seen for pulmonary related illnesses.

Figure 43: Surrounding Counties Chronic Disease Data



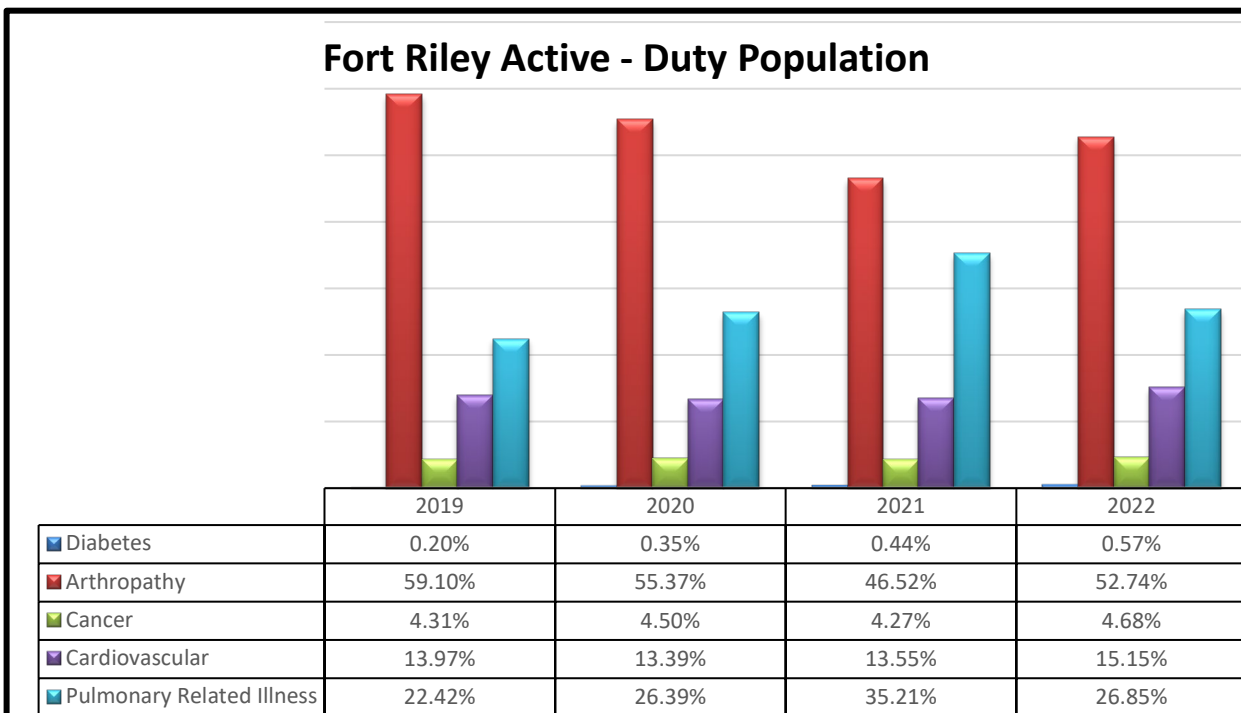
Data Source: County Health Rankings, Kansas Health Matters, 2022

Figure 44: Fort Riley Prevalence of Chronic Disease by Race and Ethnicity, 2018-2022



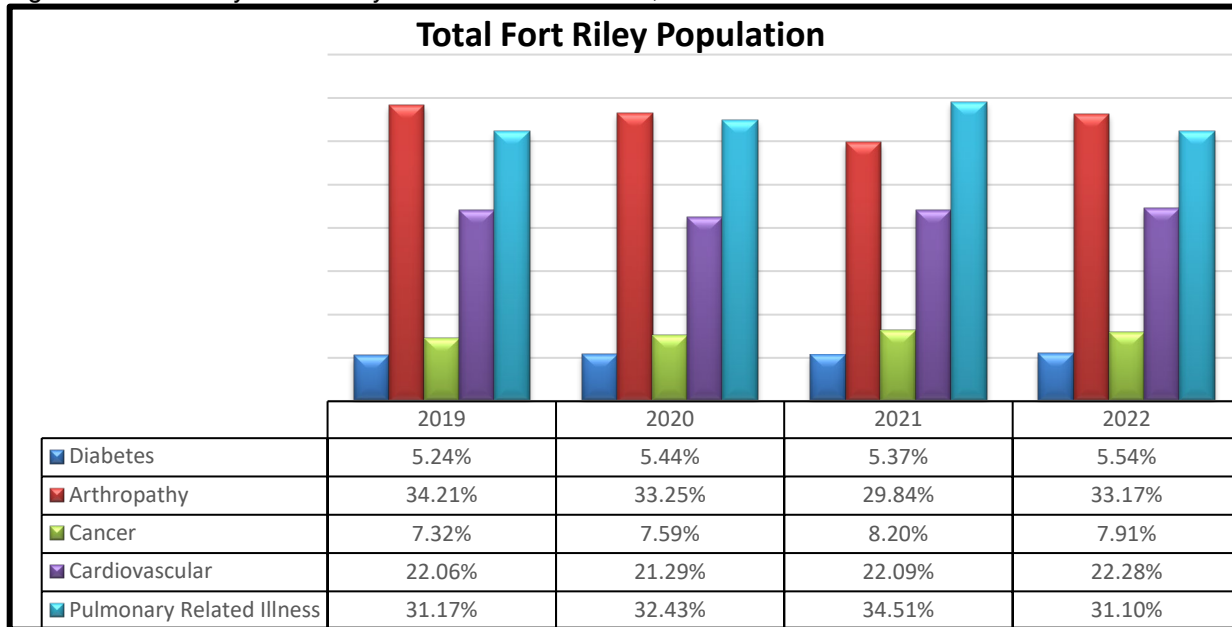
Data Source: CarePoint (DMED) 2018-2022

Figure 45: Fort Riley AD Chronic Disease Data, 2019-2022



Data Source: CarePoint (DMED) 2019-2022

Figure 46: Fort Riley Beneficiary Chronic Disease Data, 2019-2022

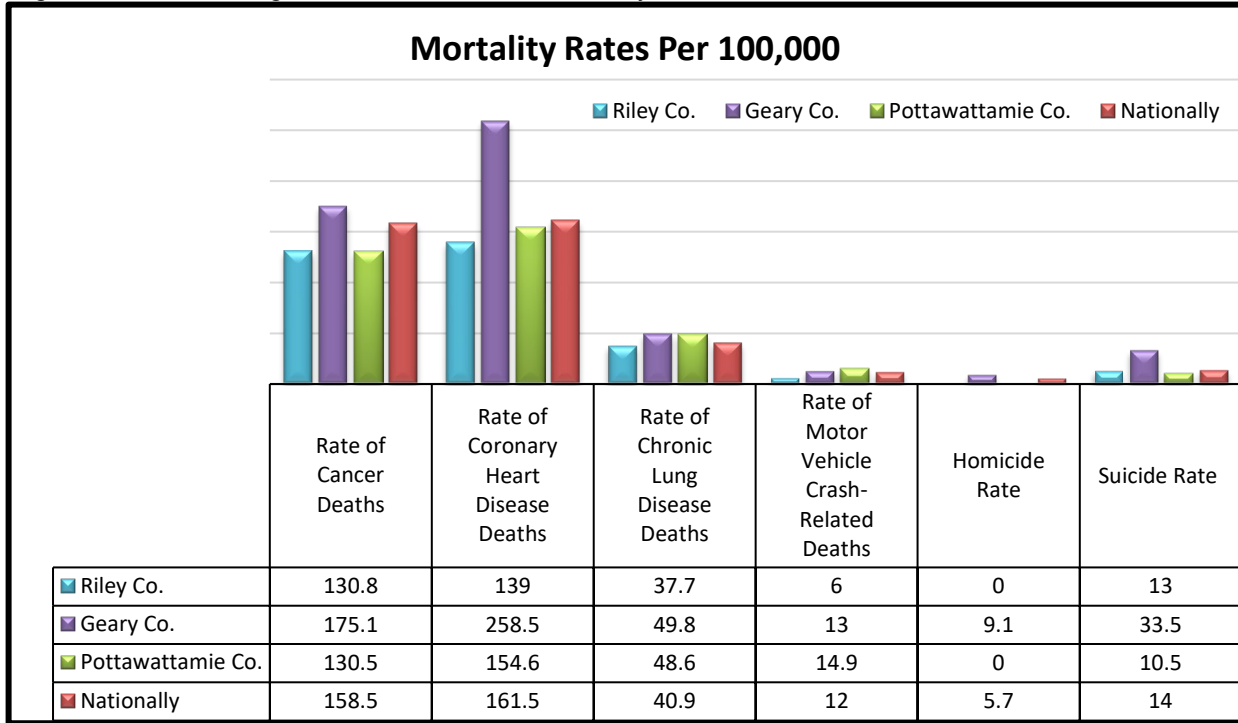


Data Source: CarePoint (DMED) 2019-2022

Leading Cause of Death in Kansas:

According to the CDC, the leading cause of death in Kansas is heart disease (5,723 deaths per 100,000), followed by cancer (5,494 deaths per 100,000) and chronic lower respiratory disease (1,832 deaths per 100,000). The Fort Riley surrounding communities followed a similar trend with heart disease mortality ranging from 139 to almost 259 deaths per 100,000. cancer ranging from 130 to almost nearly 175 deaths per 100,000, followed by lung disease ranging from 37 to nearly 50 deaths per 100,000.

Figure 47: Surrounding Counties vs. National Mortality Rates Data

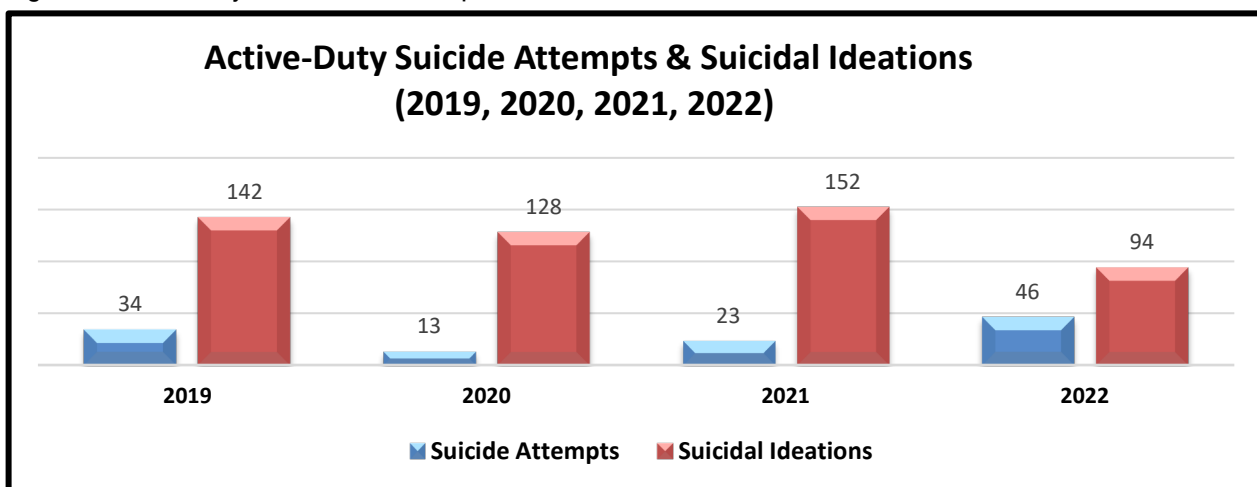


Data Source: County Health Rankings, 2022; Kansas Health Matters, 2017-2021

Leading Cause of Death in the U.S. Military:

The four leading causes of death for U.S. Military personnel are from accidents, self-inflicted injury, and other illness or injuries (Congressional Research Service, 2022). For the years 2006 through 2021, suicide was the second leading cause of death for soldiers. Suicides accounted for 25% of active-duty deaths from 2006-2021. According to recent data from the Fort Riley Risk Reduction program, the following graph illustrates suicidal attempts and ideations trends among active-duty population between 2019-2022.

Figure 48: Fort Riley AD Suicide Attempts vs. Ideation Data, 2019-2022



Data Source: Fort Riley Risk Reduction Program, 2019-2022

High Risk Behaviors:

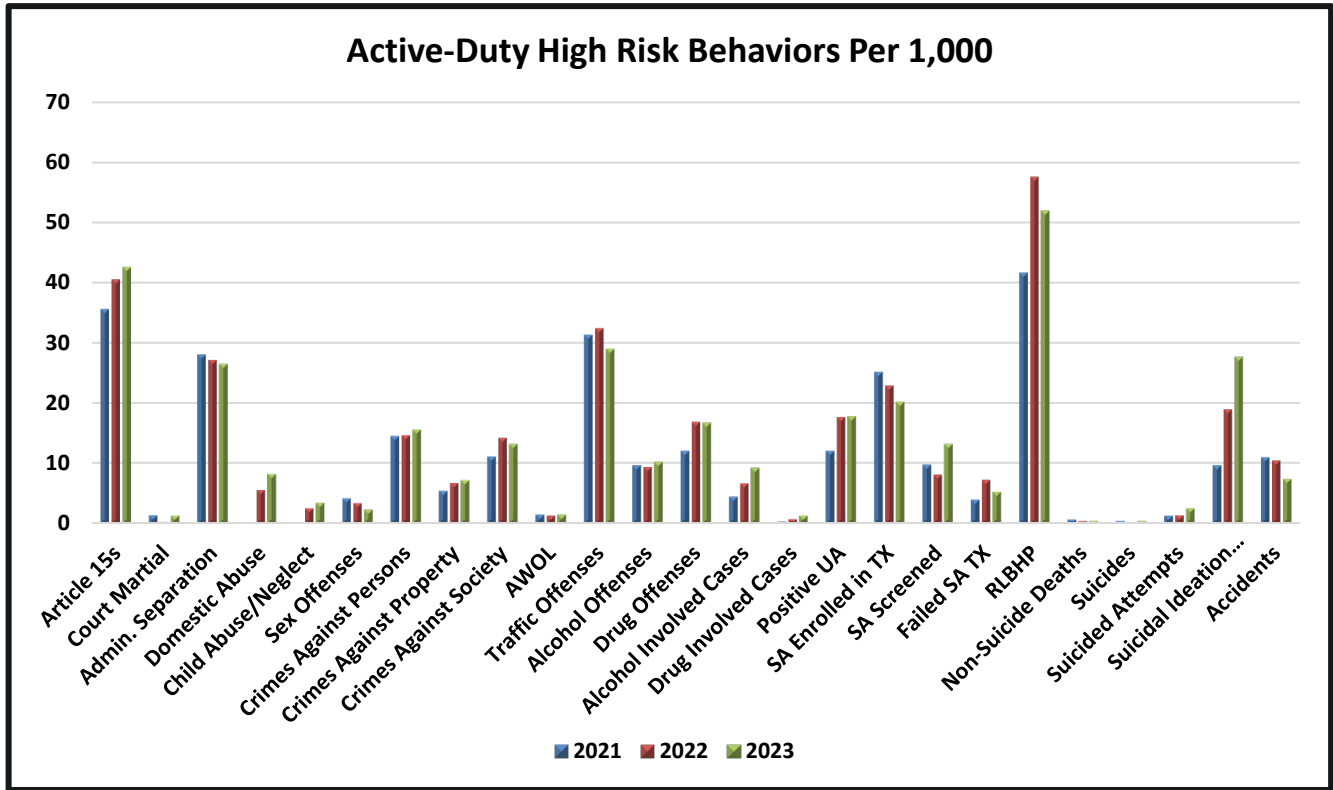
The Fort Riley Risk Reduction Program (RRP) is a Commander's Program that visually depicts 25 high risk behavior areas as a target display. The program focuses on the effective use of installation resources and coordinates efforts between agencies and commanders to implement effective interventions. There were 25 high risk behavior areas for active-duty Soldiers included in the following graph. The top 3 risk behaviors on Fort Riley from 2021 to 2023 were Readiness Limiting Behavioral Health Problems (RLBHPs), article 15s, and traffic offenses.

Readiness Limiting Behavioral Health Problems (RLBHPs): Behavioral conditions that impair an individual's ability to perform optimally and limiting one's preparedness or readiness to effectively perform or manage required tasks.

Article 15s: Nonjudicial punishment under the Uniformed Code of Military Justice (UCMJ), used to address minor offenses or disciplinary issues. Article 15s typically address minor misconduct such as insubordination, unauthorized absence, alcohol-related incidents, or failure to follow orders.

Traffic offenses: Violations of traffic laws or regulations, i.e. speeding, reckless driving, driving under the influence (DUI)/driving while intoxicated (DWI), failure to yield/stop, improper parking, distracted driving, and unlawful vehicle modifications.

Figure 49: Fort Riley AD High Risk Behaviors Data, 2021-2023



Data Source: Fort Riley Risk Reduction Program, 2021-2023

Legend

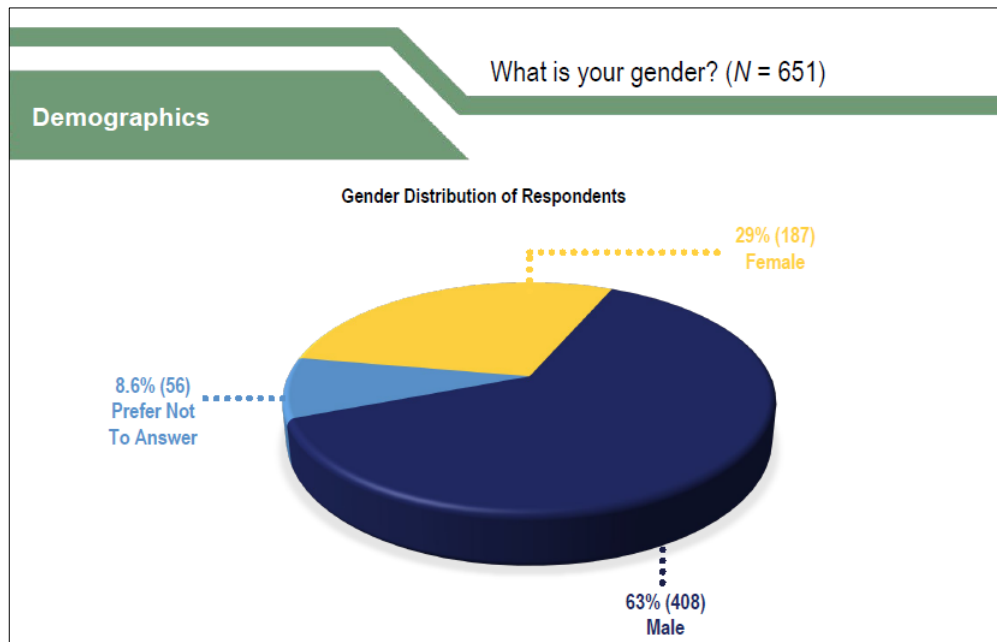
Admin. Separation	Administrative Separation
AWOL	Absence Without Leave
UA	Urine Analysis
SA	Suicide Attempt
TX	Treatment
RLBHP	Readiness Limiting Behavioral Health Problem

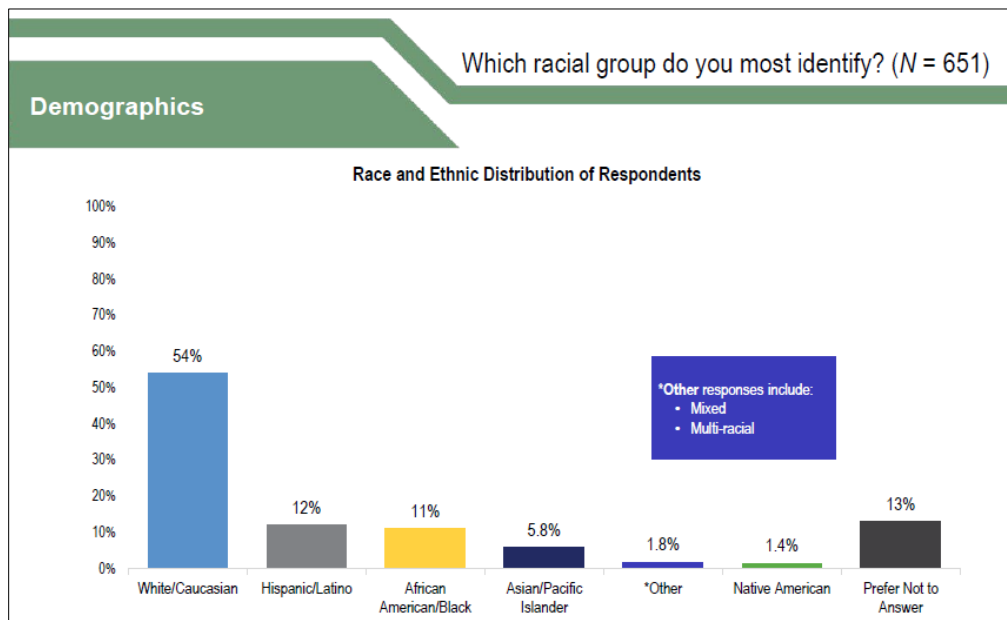
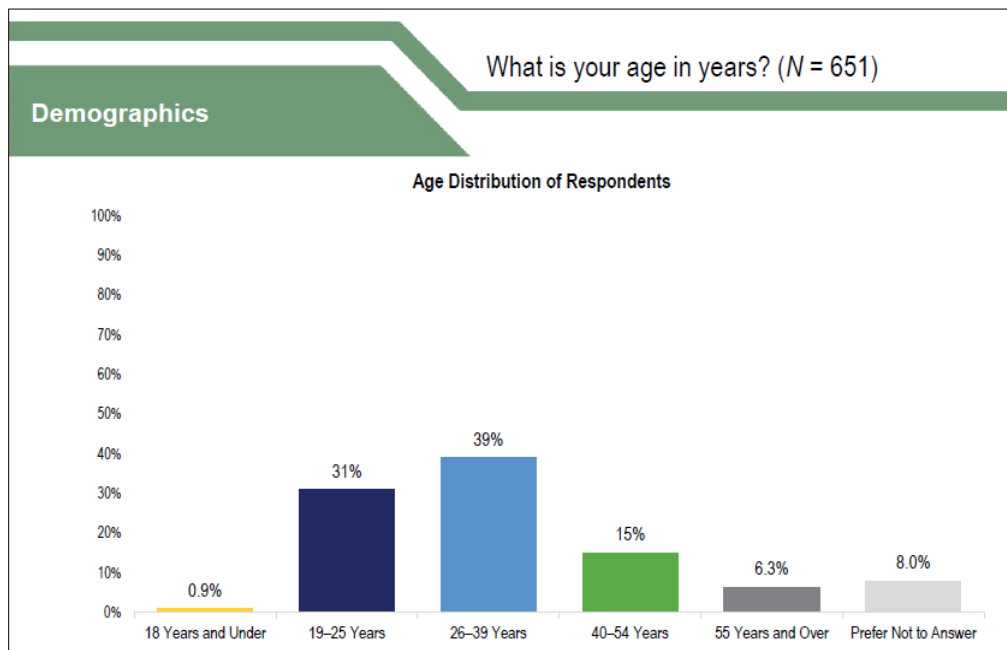
Community Strengths and Themes Assessment

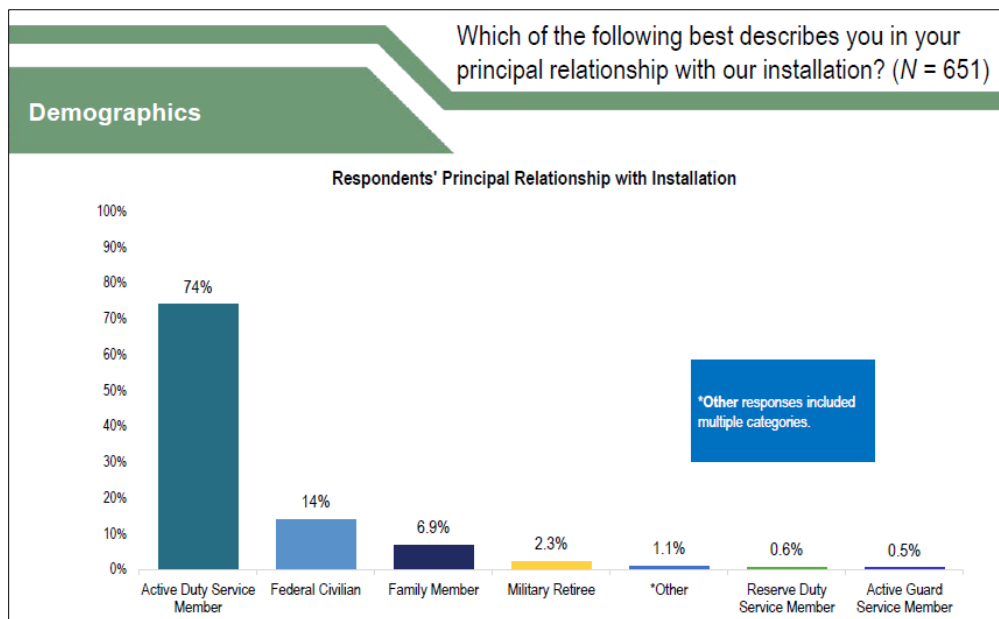
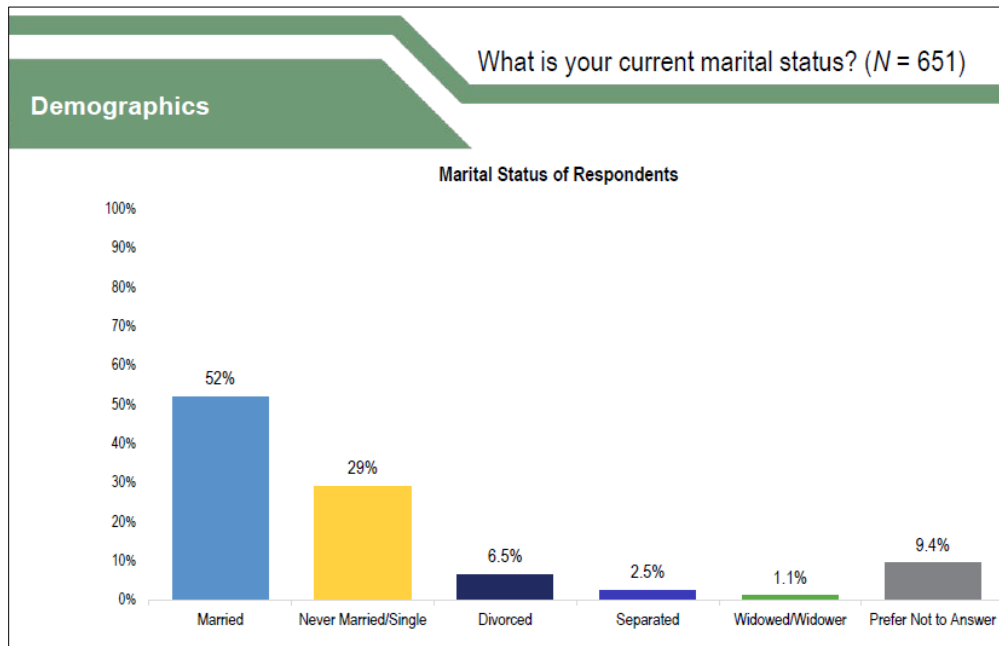
The CR2C/OVW partners and IACH DPH together administered the Fort Riley Community Strengths & Themes Assessment (CSTA) online from April 2023 through June 2023 that was made accessible through a web link or by scanning a QR code. The Department of Public Health led the marketing efforts of CSTA survey participation by submitting the request for the survey to be available on the Irwin Army Community Hospital's (IACH) sharepoint and ensured the publishing of a command directive operation order. The CSTA was marketed to the entire Fort Riley community (those who live, work, and play on the installation), supported by a written directive socialized to all unit Commanders for their Soldiers to provide individual input in the CSTA survey. This completed assessment results were published and released in October 2023 and shows that 747 participants from Fort Riley completed the assessment. Subsequently, the Director of DPH shared and presented the CSTA summary of results to IACH or the MTF Commander and leaders.

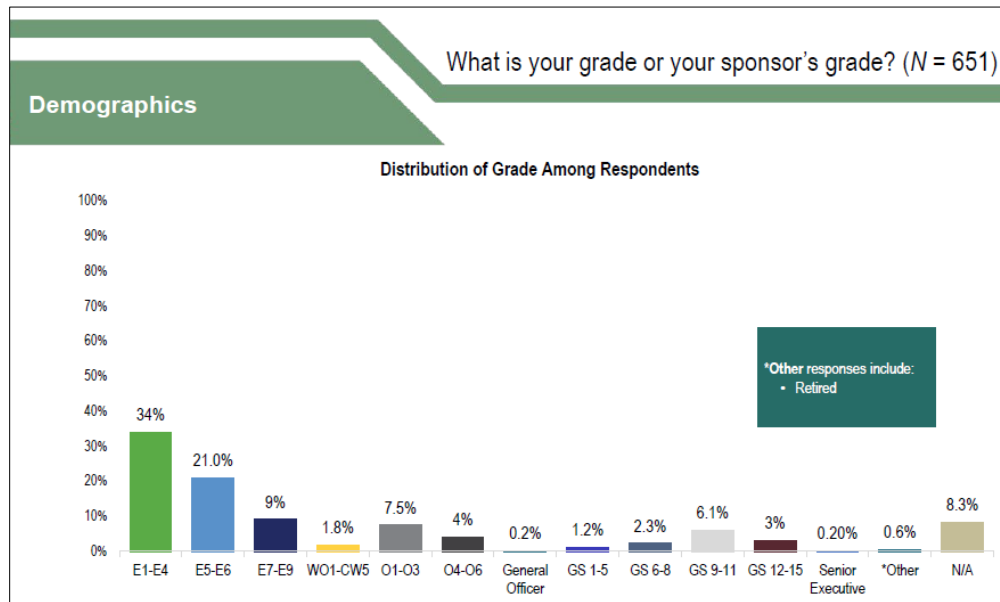
The final report prepared by the Health Promotion and Wellness at DCPH-A, was broken down into the following categories: Demographics, Physical Health, Behavioral and Emotional Health, Social and Environmental Health, Spiritual Health, Family Health, and Programs and Services. The overall summary of results and recommendations are detailed under summary and key findings section of the CHA.

Demographics:

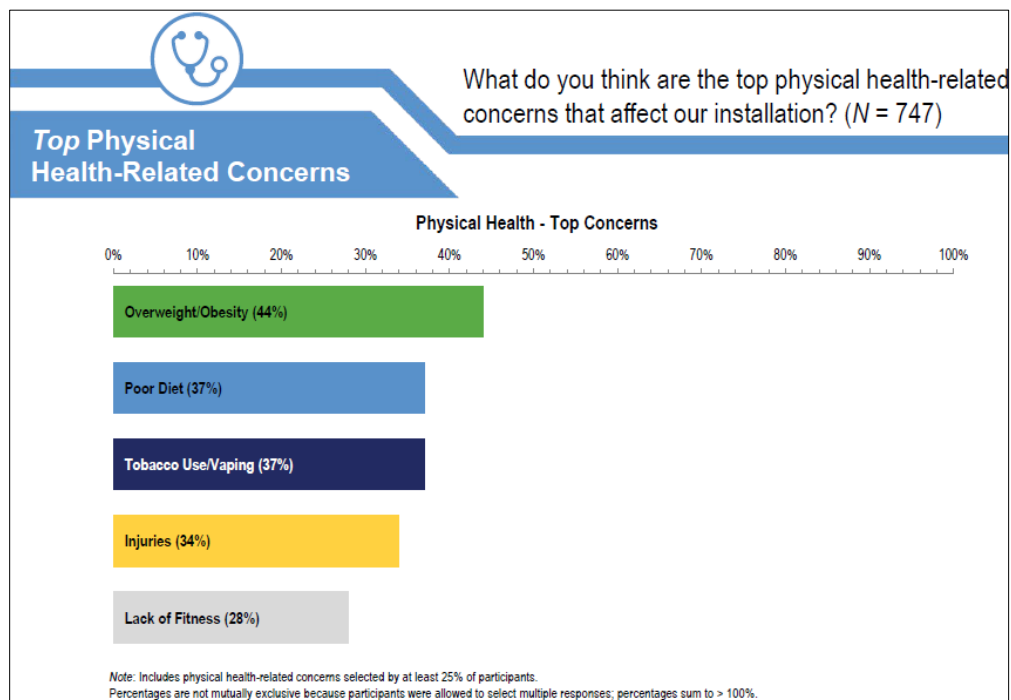


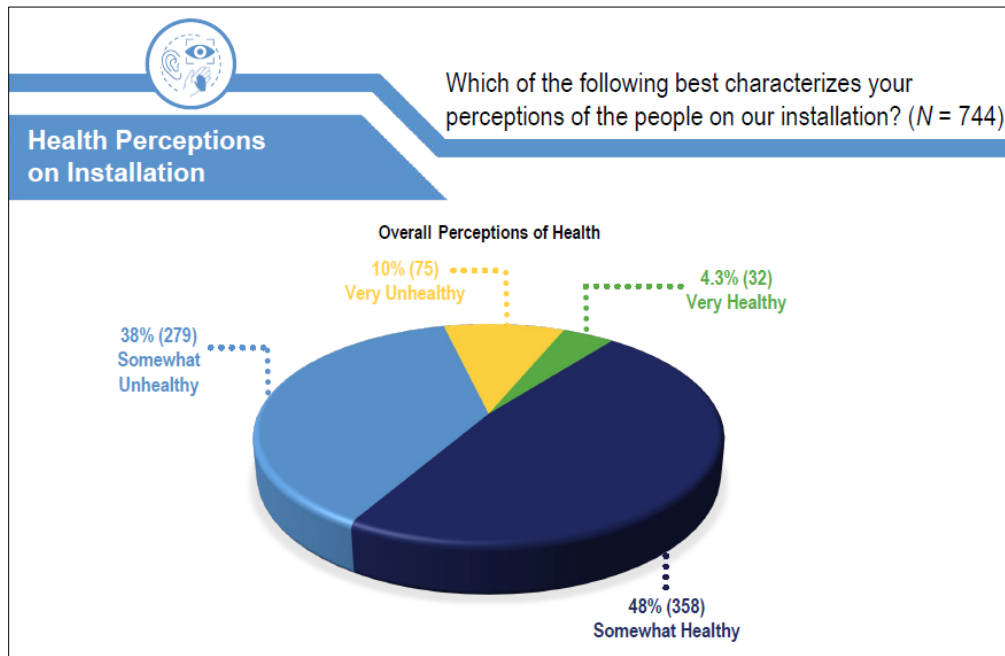




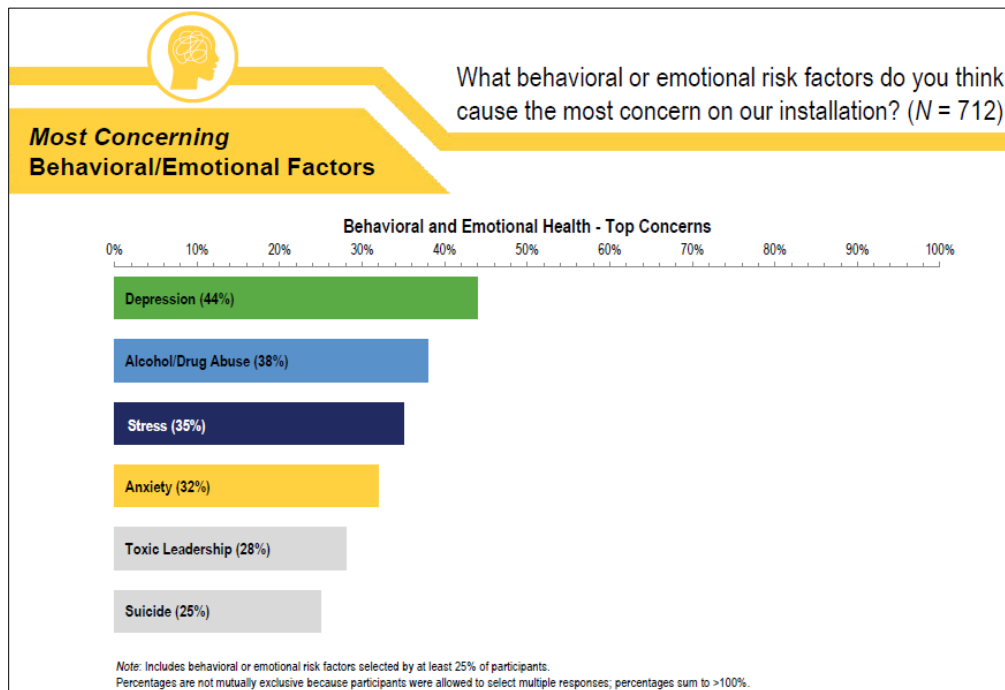


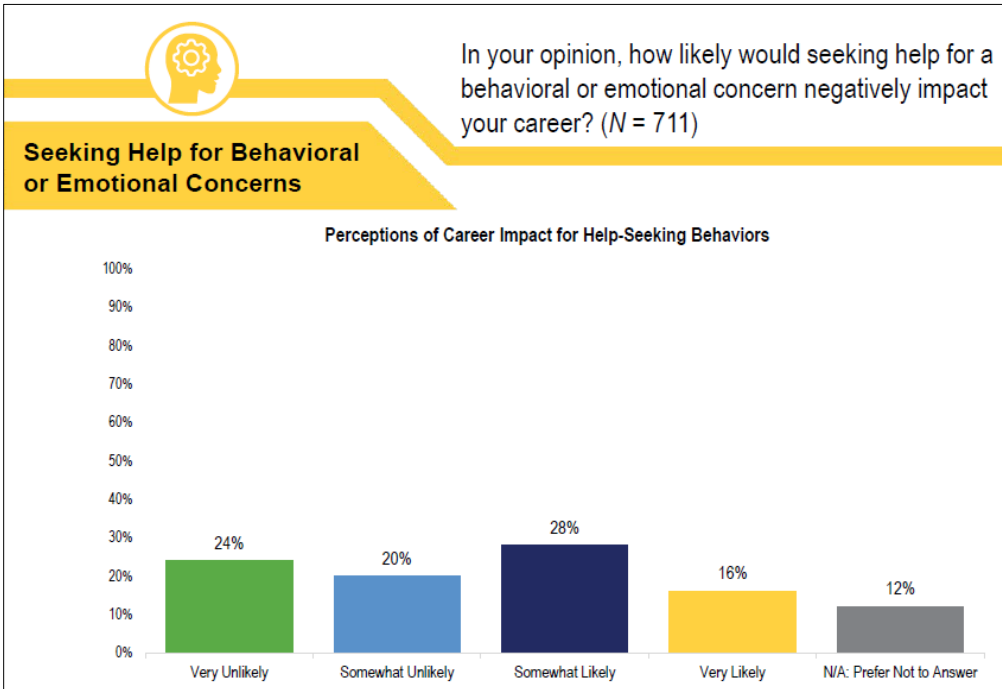
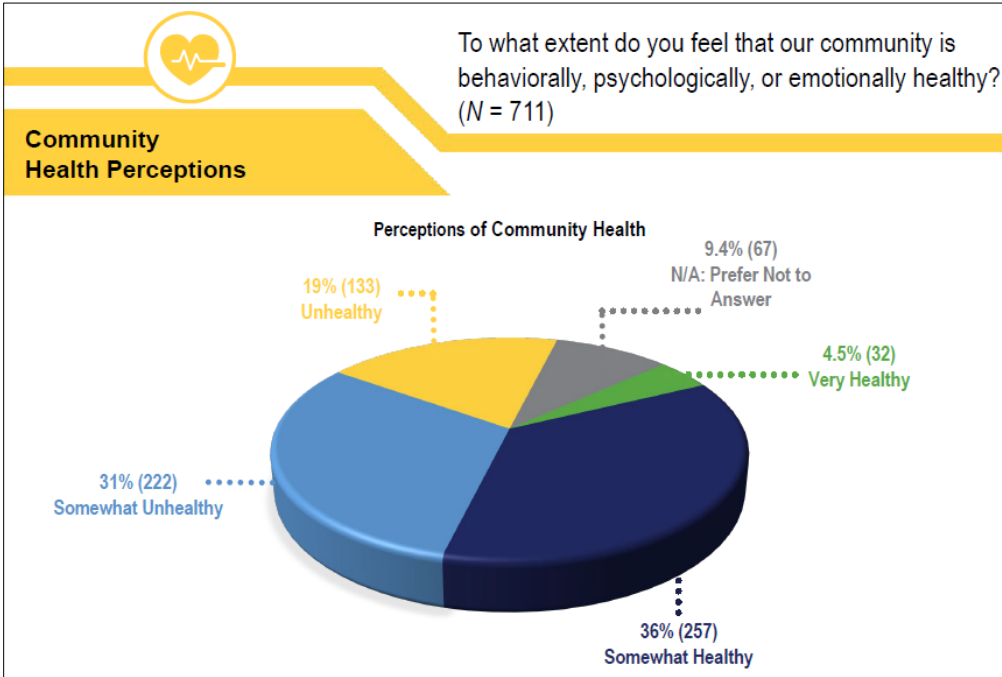
Physical Health:



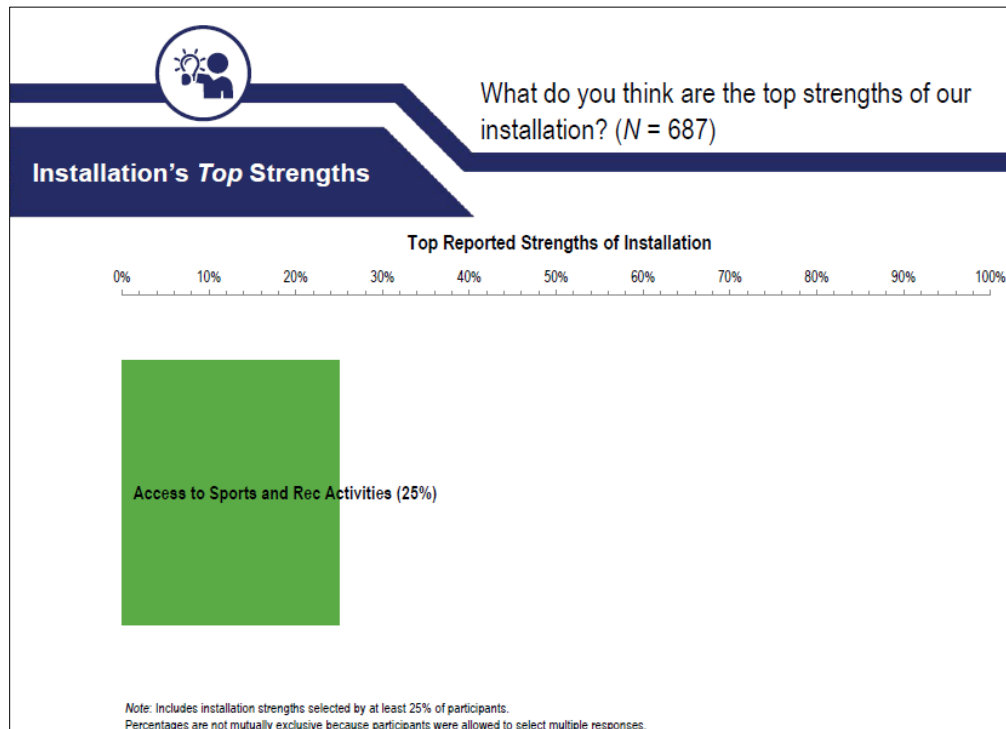
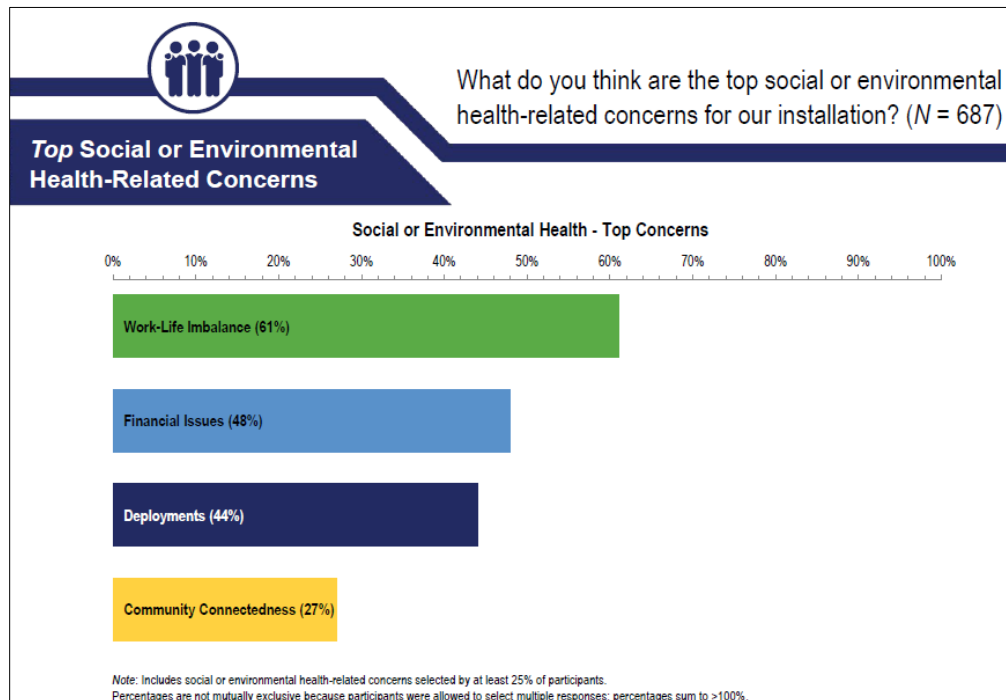


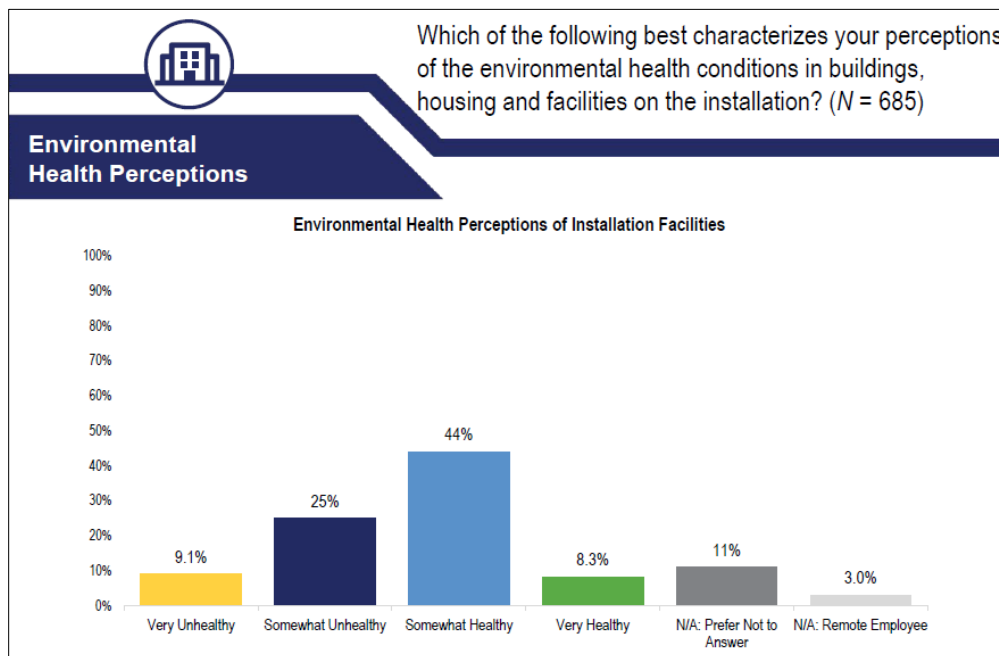
Behavioral and Emotional Health:



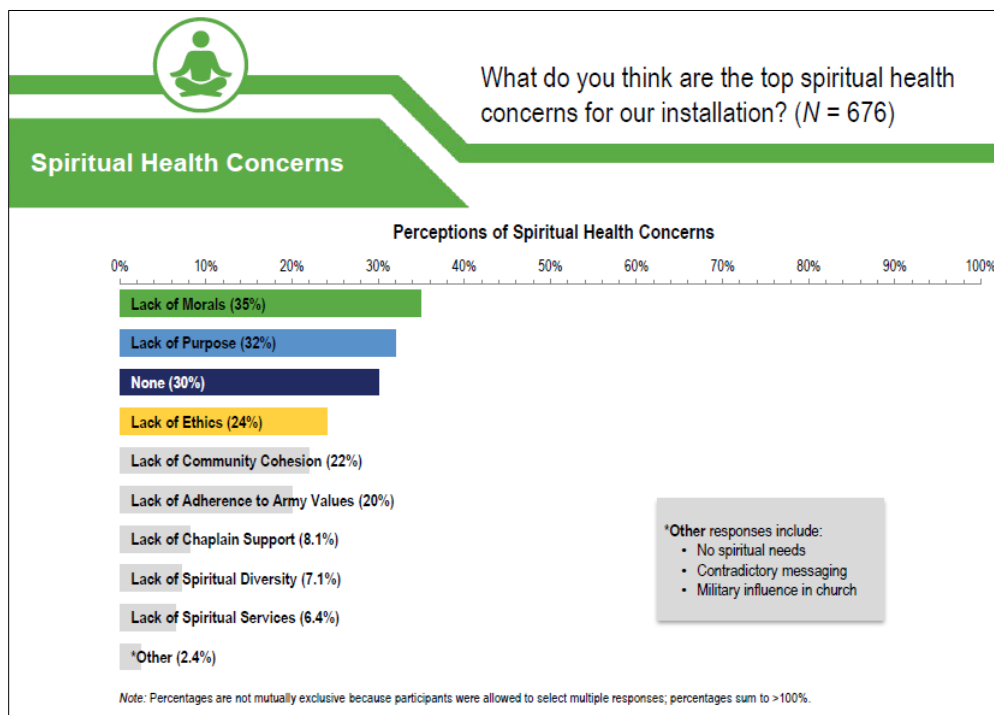


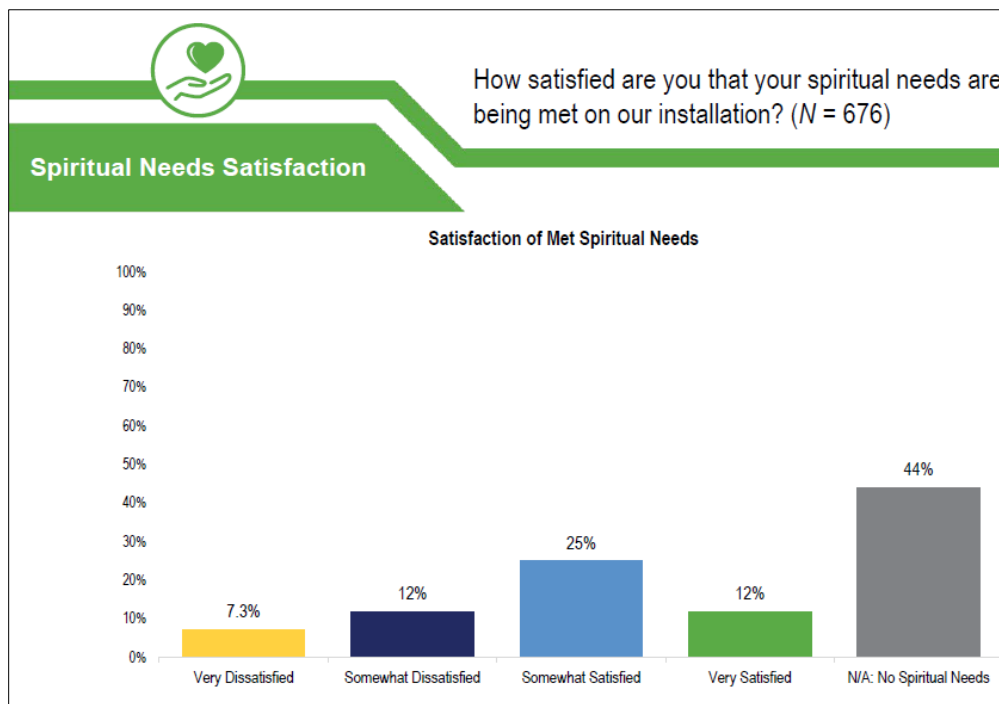
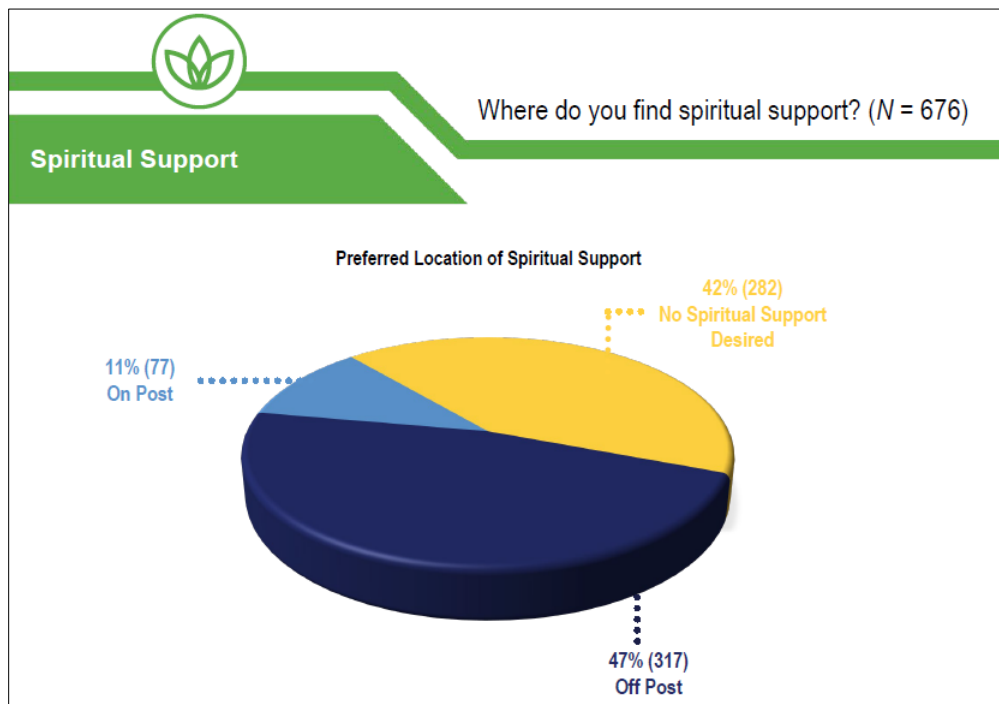
Social and Environmental Health:



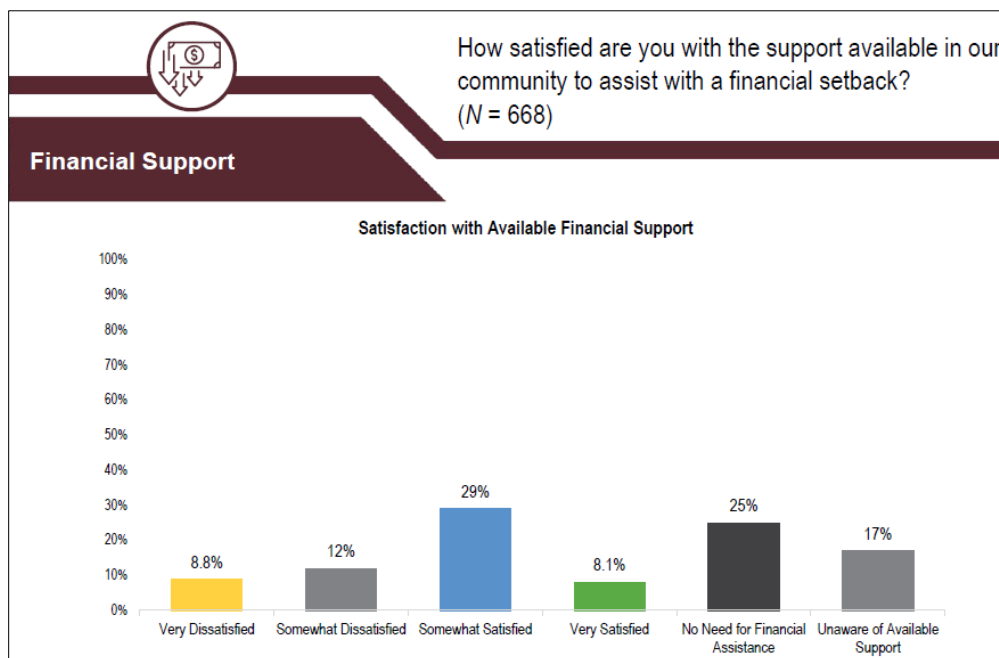
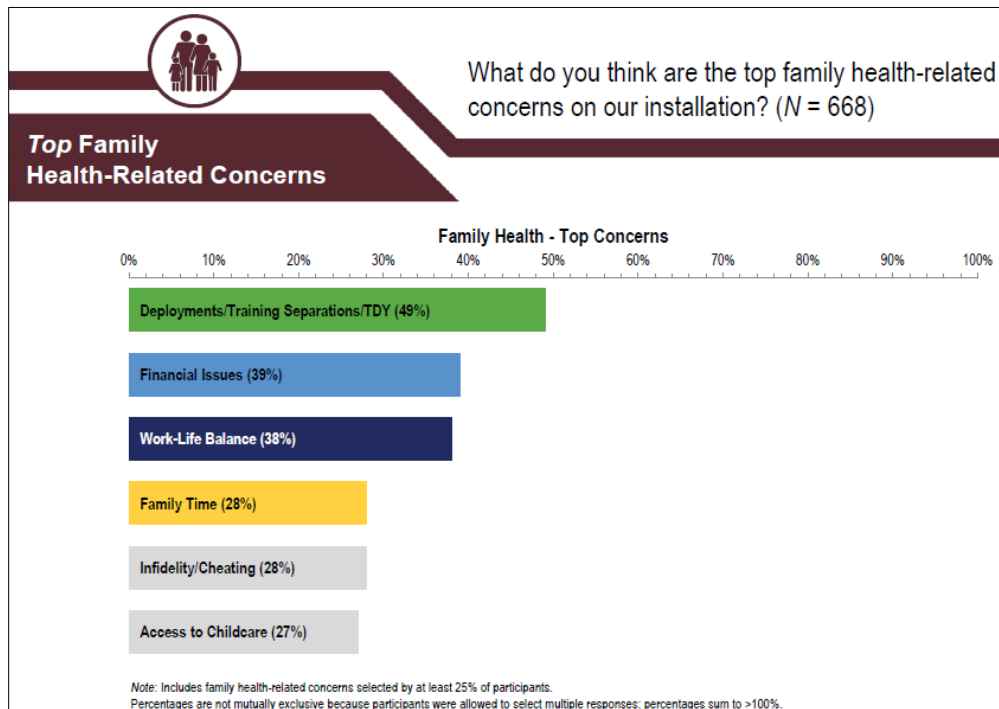


Spiritual Health:

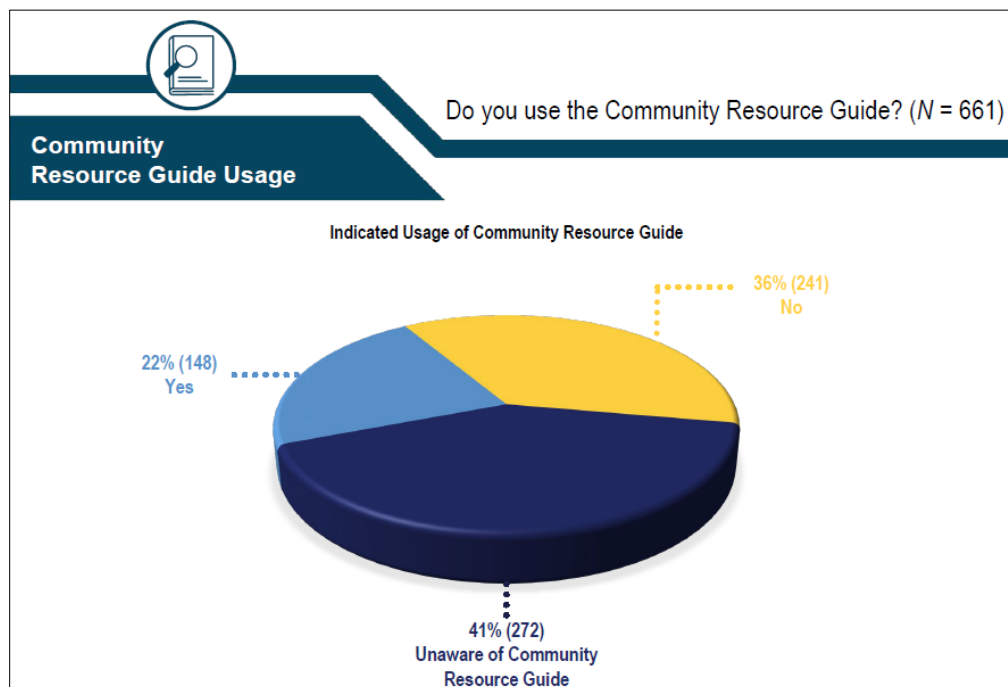
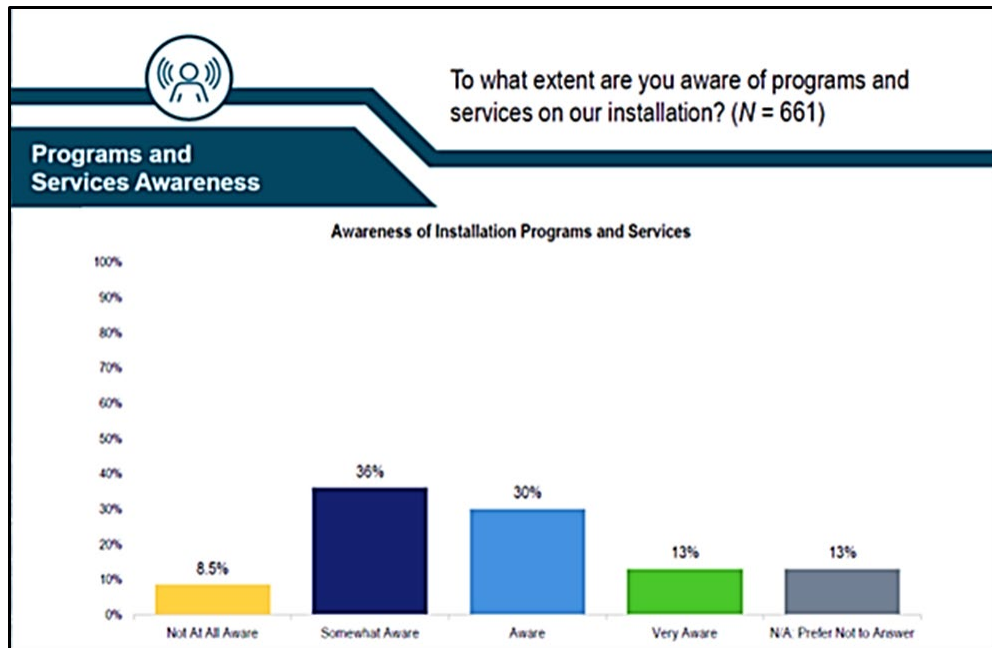




Family Health:



Programs and Services:





What are some reasons you do not access or use programs and services on this installation? (N = 661)

Lack of Utilization Programs and Services

Reasons for Lack of Utilization - Installation Programs and Services



*Other responses include:

- Military affiliation as a Civilian
- Live off-post/far away
- Choice to not participate in on-post activities

Note: Percentages are not mutually exclusive because participants were allowed to select multiple responses; percentages sum to >100%.

Forces of Change Assessment

Effective community programs almost always begin with data analysis to accurately identify strengths and weaknesses within the community. This is done by looking at risks to the population, conditions, trends, potential problems, and strengths. Data analysis and synthesis supports a means for focusing efforts of improvement in the community's health, establishes boundaries around problems and provide common understanding so work can be done to a shared goal. Community perspectives are vital as they often support the quantitative data on current status, or if there is discrepancy between perspective and data, educational interventions can be done to correct misperceptions.

In 2024, Fort Riley DPH consisting of representatives from every section of the department, Family Advocacy Program representative, and IACH leadership, evaluated the Forces of Change for the Fort Riley Community (Table 3). This assessment, the fourth assessment in the MAPP process, identifies trends, factors, and events that occur in the community which affects the health of those who live and work on Fort Riley, Kansas. This assessment answers the questions, "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Eight categories of forces were considered:

- **Social:** Forces such as population demographics, public safety, crime and cultural norms
- **Economic:** Forces such as the unemployment rate, occurrence of a recession, and stability of trade and industry within the region
- **Political:** Forces such as public policy, Army Regulations, state and federal laws
- **Scientific/Technological:** Forces such as healthcare advances, modern technology, and communication advances
- **Environmental:** Forces such as land zoning, natural disaster and emergency preparation
- **Educational:** Forces such as public schools, universities, and educational opportunities
- **Legal/Ethical:** Forces such as privacy and religion
- **Community:** Forces such as community initiatives and reforms

The DPH team identified several factors that had the potential to affect the Fort Riley's health care system as well as the health of the local population. These forces, along with potential threats and opportunities are presented in the table below.

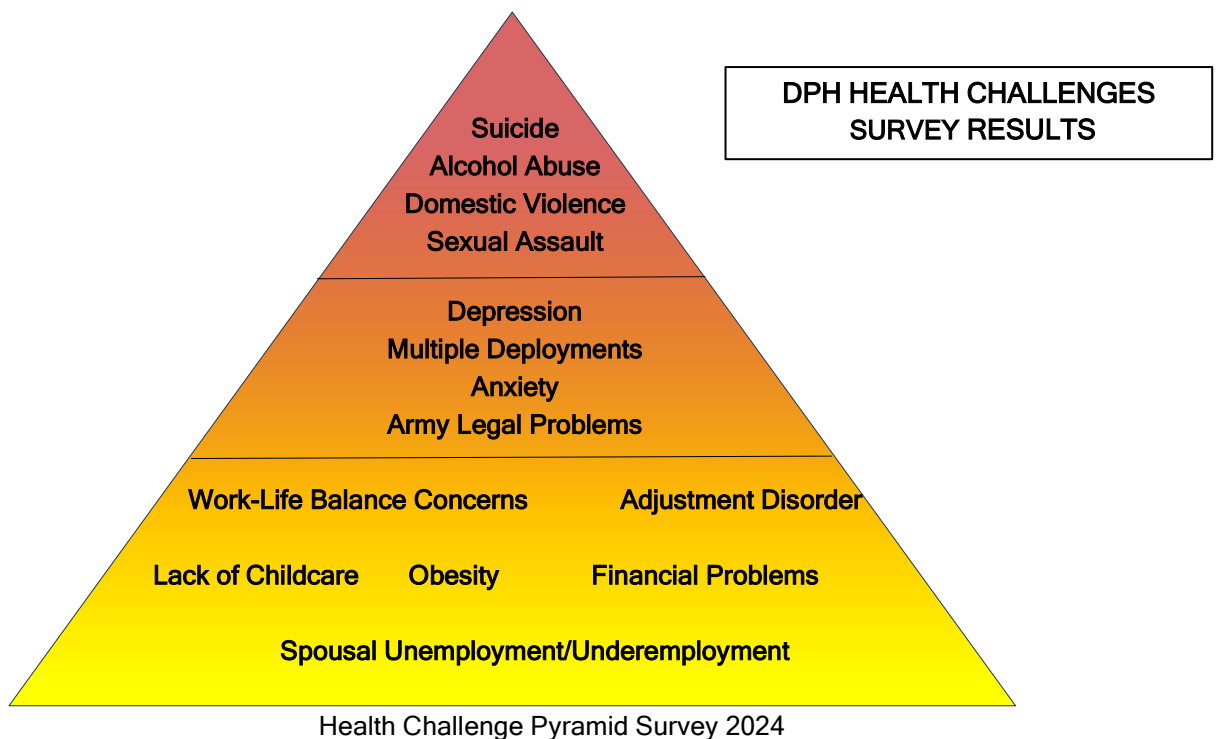
Table 3: Forces of Change Assessment 2024

Forces of Change (Events, Trends, Factors)	Possible Impact/Threat	Possible Opportunities
Increase in Deployments (OPTEMPO)	Increase in family hardships, alcohol/drug abuse, stress, financial problems, suicides, depression, and deployment acquired illnesses	Opportunity to increase FRG community resource active engagement, awareness of high-risk factors among community of soldier/families and to decrease high-risk trends.
Staffing (Manning) deficit	Increase in unfavorable lifestyle habits, i.e. tobacco, poor diet, poor sleep. Lead to poor time management in personal and professional life space, e.g. poor work-life balance, increase in stress and/or depression.	Opportunity to increase awareness through BDE leadership, alternative schedules, constructive use of time with victory wellness and foundational days etc.
Unemployment rates	Top concern regarding social, environmental, and family health, Increase in domestic issues, alcohol/drug abuse, stress, divorce, and family hardships.	Opportunity to increase awareness of resources for families/spouses seeking employment and actively link resources directly to families.
Increase in Sexually Transmitted Infections (STIs)	Increase in medical complications and cost of treatment.	Increase STI education and awareness briefs to units, Possible justification to increase staff to ensure patient treatment.
Increase in mosquito, tick population, activity of order Chiropteran in the community	Vector Borne Illnesses	Data collection, increase awareness, educational outreach, enhance community partnerships.
Summer Permanent Change of Station (PCS)	Increase in domestic violence, alcohol/drug abuse, stress, increase in financial problems, traffic violations.	Opportunity to increase awareness of high-risk factors and to decrease high-risk trends.

Health Pyramid Challenge Assessment

As noted earlier in the CHA, the health pyramid challenge was used as an educational and tool the APHN section designed to gather a current and direct picture on the health of our community. This was done by capturing constructive feedback from leaders, soldiers, and family members by asking participants to categorize priority topics of various health challenges and determinants that impact the overall well-being of the community. The APHN team administered the health pyramid challenge survey from April to June 2024 and obtained an abstract synopsis of problematic areas perceived by community members. This helped to further establish a synergistic effort of developing the ends, ways, and means of desired SMART goals and objectives for Fort Riley.

The survey asked participants to assign a list of challenges provided, to each respective section of the pyramid according to the level of risk; the top section of the pyramid was for high-risk challenges, the middle section of the pyramid was for moderate risk challenges, and the bottom of the pyramid were challenges perceived to be prevalent. In the course of a little over 2 months, over 100 respondents participated and included Battalion Commanders, soldier members, and spouses of all ranks. The findings revealed that suicide, alcohol abuse, domestic violence, and sexual assault were ranked high on the top of the pyramid as high-risk challenges. Depression, multiple deployments, anxiety, and army legal problems were viewed as moderate risk. Lastly, work-life balance concerns, adjustment disorder, lack of childcare, obesity, financial problems, and spousal/unemployment/underemployment were noted as current challenges and experienced by service members, family members, civilians, and retirees of the Fort Riley community.



Community Assets



Legend	
SHARP	Sexual Harassment Assault Response and Prevention Program
USD	Unified School District

1st Infantry Division (1ID) Integrated Prevention Advisory Group (IPAG):

The following list of collaborative partners and a description of their roles as well as services was prepared by the 1ID IPAG team, adopted from the 2024 FRKS Comprehensive Integrated Primary Prevention (CIPP) plan.

Table 4: CIPP Collaborative Resource List

<p>Military and Family Life Counseling (MFLC): Provide summary of counseling session presenting problems, referrals to other agencies, and duty to warn incidents. Attends Ready and Resilient Teams (R2Ts) to assist with collaborative prevention efforts.</p>
<p>Sexual Harassment/Assault Response and Prevention (SHARP) Program: Present sexual assault and sexual harassment trends to working groups. Collaborate within the OVW working groups to target shared risk factors. Provides updates on prevention training efforts and initiatives. Attends R2Ts and domain working groups to assist with collaborative prevention efforts.</p>
<p>Behavioral Health Officers (BHOs): Provide overview of presenting problem trends within Brigades. Installation Director of Psychological Health is the lead for Emotional working group. Attends R2Ts to assist with collaborative prevention efforts</p>
<p>Chaplains: Provide overview of presenting issues within the Brigades. Lead for Spiritual Domain working group. Provides update on education and training efforts within Brigades. Attends R2Ts to assist with collaborative prevention efforts.</p>
<p>Military Equal Opportunity (MEO): Provide trends of MEO issues at Fort Riley. Conducts education and training sessions with Soldiers. Attends R2Ts and domain working groups to assist with collaborative prevention efforts.</p>
<p>Financial Readiness Program (FRP): Provide a summary of the top financial challenges for Fort Riley. Provides strategies to assist with financial challenges. Attends domain working groups to assist with collaborative prevention efforts.</p>
<p>Family Advocacy Program (FAP): Report trends of domestic violence and child abuse incidents. Provides prevention resources to assist with reducing the risk of multiple harmful behaviors. Attends Brigade R2 meetings to assist with prevention efforts. Attends R2Ts and domain working groups to assist with collaborative prevention efforts.</p>
<p>Army Substance Abuse Program (ASAP): Provide data on drugs and alcohol related incidents. Provides prevention resources to assist with reducing the risk of multiple harmful behaviors. Attends R2Ts and domain working groups to assist with collaborative prevention efforts.</p>
<p>Risk Reduction Program: Provide data on the installations and Soldiers' high-risk behaviors within the Installation Prevention Team. Lead for the Soldier and Family working group. Attends R2Ts and domain working groups to assist with collaborative prevention efforts</p>
<p>Suicide Prevention Program: Provide trend data on suicide ideations, attempts and deaths. Shares materials in domain working groups to promote prevention. Attends R2Ts and domain working groups to assist with collaborative prevention efforts.</p>
<p>Ready and Resilient (R2) Performance Center: Attend R2Ts and domain working groups to assist with collaborative prevention efforts.</p>
<p>H2F: Provide overview of Army Body Composition Program (ABCP) interactions, musculoskeletal injuries (MSKI), Army Combat Fitness Test (ACFT) scores to Brigade command teams. Attends R2Ts and domain working groups to assist with collaborative prevention efforts.</p>

Fort Riley Fitness Centers: Fort Riley has six physical fitness centers designed to meet the physical fitness needs of its soldiers and residents of Fort Riley. Each fitness center features top of the line equipment and programs designed to empower and maintain the fitness and health of the community. Additionally, Fort Riley has several outdoor tracks, walking or running paths ideal for nice strolls or workout with the family.



- Whitside Fitness Center: Accessible 24/7
- Craig Fitness Center: Accessible 24/7
- Kings Field House
- Robinson Fitness Center
- Leonard Fitness Center
- Long Fitness Center

Fort Riley Tobacco Cessation Programs and Initiatives:

Fort Riley offers tobacco cessation programs accessible to individual and group counseling sessions that provide support, education, medication assistance and strategies for quitting tobacco or nicotine. These sessions are offered by the Army Public Health Nursing (APHN) clinic under the Department of Public Health or DPH. Additionally, the Armed Forces Wellness Center or AFWC offers behavioral change support through stress management classes as well as one to one session with certified health promotion staff. The AFWC team provide individualized health plans tailored to each person and geared toward striving for a sustainable journey of living a tobacco-free life.

Fort Riley Department of Public Health Mission and Vision



“Together with our partners, we are committed to safeguarding the health and well-being of our soldiers, families, and community.”

Summary of Key Findings

Community Status Health Assessment (CHSA) Data

The relevant health data that informed the CHSA was primarily sourced from the M2 public domain query performed by Irwin Army Community Hospital's Resource Management Division. The data highlighted several areas of health needs with behavioral health trends in the lead as noted in previous tables of this CHA. Additionally, based on a 2022 data pull, encounters surrounding substance abuse care were shown to have high prevalence compared to the Army as a whole. Furthermore, hospital visits involving musculoskeletal injuries and chronic diseases such as arthropathy, pulmonary issues, and cardiovascular illnesses ranked in the top 10 of health issues being cared for at IACH. The obesity rates of Fort Riley and surrounding counties were seen to slightly exceed national averages, with consistent obesity rates in Active Duty personnel from 2019 to 2022. Lastly, the nicotine or tobacco use percentages were found to be higher in Fort Riley compared to Kansas and the U.S Army.

The high-risk behavior trend data was provided by Fort Riley's Risk Reduction Program. The top three high risk behaviors were noted to be Readiness Limiting Behavioral Health Problems (RLBHP), article 15s, and traffic offenses.

Community Strengths and Themes Assessment (CSTA) 2023

The CSTA results revealed 44 percent of respondents felt that overweight/obesity are among the top physical health-related concern, followed by poor diet (37 percent), tobacco use/vaping (37 percent), and injuries (34 percent). Approximately 41 percent felt that having more stress management activities would help to improve their health. Forty four percent of respondents felt that depression was a top behavioral or emotional risk factor of concern to the installation, followed by alcohol/drug abuse (38 percent) and stress (46 percent). For the top social or environmental health-related concerns, 61 percent of respondents cited work-life balance, 48 percent cited financial issues, and 44 percent reported deployments. Forty nine percent of respondents cited deployments/training separations/TDY as a top family-health concern at Fort Riley, followed by financial issues (39 percent) and lack of work-life balance (38 percent). Regarding top strengths of Fort Riley, 35 percent of respondents cited access to sports and recreational activities and 33 percent stated a diverse community.

DCPH-A Health Promotion Operations developed a summary of the Fort Riley CSTA findings and outlined below. The full survey and aggregate responses are available by request.

- Respondents reported that people at Fort Riley are generally healthy and resilient.
- Nearly half of respondents identified overweight/obesity as a top physical health concern and identified the need to improve stress management opportunities at the installation.
- Just under half of respondents identified depression as a top behavioral health concern, although 52% indicated they are likely to seek support.

- Just over half of respondents perceived environmental conditions of installation facilities as healthy, although just over 60% reported work-life imbalance as a top social concern for the installation.
- Approximately 30% of respondents indicated lack of morals and lack of purpose as top spiritual health concerns, and just under half reported that their spiritual needs are being met off-post.
- Nearly half of respondents identified deployments and training separations as top family issues and reported interest in training and education for financial goals and budgeting.
- Over 75% of respondents reported being unaware of the CRG or not using it, indicating a need to increase general awareness and utility.
- Respondents reported a need for improvements in healthcare and childcare services, as well as infrastructure improvements across roadways, walkways, and housing areas.

Forces of Change (FoC) Assessment 2024

The FoC assessment identified top forces of change areas greatly influenced by events, trends or factors that are specific to Fort Riley. The collaborative assessment revealed that an increase in deployments or high OPTEMPO, staffing shortages, unemployment rates, increase in STIs, increase in environmental health hazards, and the high transient period of summer PCS events, were key driving factors of impact to the well-being of the Fort Riley community. Having successfully evaluated the identified forces, the next process was to determine opportunities that could be leveraged to improve community health and mitigate threats. The opportunities discussed were the need to increase awareness and utilization of key resources, innovative programs to enhance victory wellness and foundational days, increase in social activities and active engagement through virtual and in-person education sessions.

Health Pyramid Challenge Assessment 2024

The health pyramid challenge assessment revealed that the top risks chosen by a pool of more than 100 respondents were suicide, alcohol abuse, domestic violence, and sexual assault. Moreover, depression, multiple deployments, anxiety, and army legal problems were categorized as moderate risk. Lastly, work-life balance concerns, adjustment disorder, lack of childcare, obesity, financial problems, and spousal/unemployment/underemployment were challenges that ranked at the base of the health challenge pyramid. Interestingly, the findings of this assessment echoed similar results from both the CSTA and FoC assessments.

Conclusion

The Fort Riley CHA serves to provide our community invaluable insights into the health status, challenges, and needs of the Fort Riley population. Through a comprehensive analysis of health data, community feedback, and social determinants of health, this assessment identified key areas of concern and opportunities for improvement specifically for the community health infrastructure of Fort Riley.

The findings highlighted important health issues that are not only seen in Fort Riley but are notably reported across the Army enterprise. These include high prevalence of mental health conditions, obesity, chronic diseases, and work-life balance just to name a few. Additionally, social factors such as housing stability, affordability and/or access to childcare, and employment opportunities for military families play significant roles in shaping health outcomes. This iteration of Fort Riley's CHA has also underscored the importance of enhancing healthcare access, particularly in mental health services and specialized care to better meet the needs of this dynamic and diverse population.

Moving forward, the recommendations or information provided in this assessment serve as a strategic roadmap for improving health and well-being at Fort Riley. By addressing the identified health challenges and leveraging the strengths of existing community resources, Fort Riley can enhance the quality of life for its residents, support the resilience of military families, and ensure the readiness of a winning organization.

Continued collaboration among military leadership, healthcare providers, and community stakeholders will be essential in implementing data-driven recommendations effectively. Our commitment to providing a well-informed strategic plan for Fort Riley is secured with strong and continuing partnerships with the 1ID IPAG team and the CR2C/OVW Council staff. Lastly and most importantly, the Fort Riley CHA is not just a snapshot of current health conditions but a call to action for ongoing improvement, ensuring that the Fort Riley community remains strong, healthy, and resilient.

References

1. Defense Centers for Public Health-Aberdeen (DCPH-A). *2022 Health of the Force Report*. [2022-hof-report-web.pdf \(health.mil\)](#) Last accessed July 12, 2024.
2. Health of The Force Carepoint Patient Portal. Body Mass Index. [Carepoint Portal \(health.mil\)](#). Last accessed September 5, 2024.
3. Defense Health Agency (DHA) Public Health. *Topics*. [Topics - Defense Centers for Public Health - Aberdeen](#). Last accessed July 14, 2024.
4. Defense Centers for Public Health-Aberdeen (DCPH-A). Community Resource Guide: Fort Riley. [Browse by Subject - Community Resource Guide \(health.mil\)](#) Last accessed August 5, 2024.
5. Centers for Disease Control and Prevention. *Current Cigarette Smoking Among U.S. Adults Aged 18 Years and Older*. Last updated May 4, 2023. [Burden of Cigarette Use in the U.S. | Data and Statistics | Campaign Resources | Tips From Former Smokers | CDC](#) Last accessed June 23, 2024.
6. National Association of County & City Health Officials (NACCHO). *Mobilizing for Action through Planning and Partnerships (MAPP)*. [Mobilizing for Action through Planning and Partnerships \(MAPP\) - NACCHO](#) Last accessed August 15, 2024.
7. U.S. Department of Defense Military Health System. Carepoint Information Portal: Fort Riley. [Carepoint Portal \(health.mil\)](#) Last accessed August 2, 2024.
8. Kansas Department of Health and Environment. Public Health. [Division of Public Health | KDHE, KS](#) Last accessed May 2, 2024.
9. County Health Rankings & Roadmaps. Kansas: Health Data. [Kansas | County Health Rankings & Roadmaps](#) Last accessed June 5, 2024.
10. Military One Source. *Spouse Voices*. [Military Spouse Survey & Findings | Military OneSource](#). Last accessed September 15, 2024.
11. Military Health System Genesis Discern Report Tool. 2024.
12. Military Health System Management Analysis and Reporting Tool (M2). 2022, 2024.
13. Army Disease Reporting Surveillance internet (DRSi), 2024.

**Data and information contained in this document were also provided by our partners, 11D IPAG, CR2C/OVW Council, Fort Riley Public Safety, Risk Reduction Program, and Garrison Plans, Analysis, and Integration Office.*