

Fort Riley
Department
of Public
Health

United States Army
Medical Activity

**Community
Health
Assessment
March 2016**



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Introduction

The Fort Riley Department of Public Health (DPH) is located on the historic Fort Riley base located in both Kansas counties of Geary and Riley. DPH offers services to the Active Duty Soldiers who live and work on Fort Riley as well as the retirees, civilian employees and family members who also may live or work on Fort Riley.

DPH began working in May 2013 to evaluate the health status and needs of the Fort Riley community.

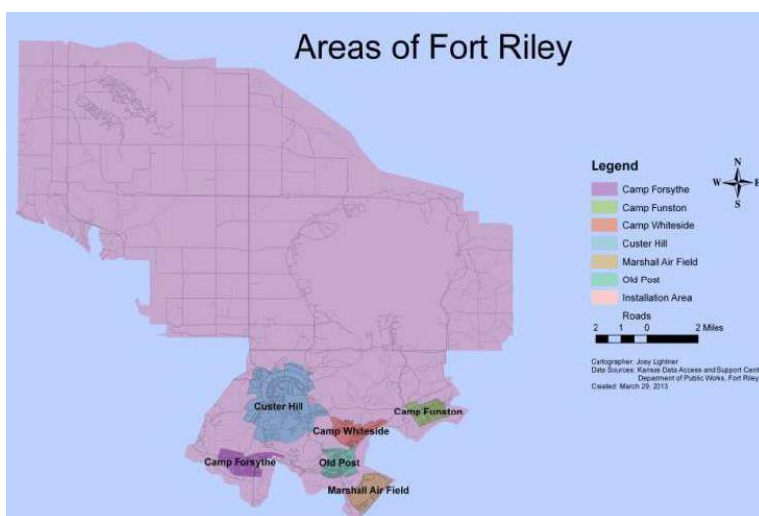
This community is diverse both culturally and geographically. Soldiers, retirees and civilian family member and employees do not all live on Fort Riley. Many of them live in one of three surrounding counties, Geary, Riley and Pottawatomie.

In order to adequately capture the health status and needs of the community, DPH begin developing partnerships with our local community partners. These partners included the Health Departments of the three surrounding counties, Army command on Fort Riley and various other military organizations on Fort Riley.

DPH is organized into six different sections; Environmental Health, Army Hearing Program, Industrial Hygiene, Occupational Health, Army Public Health Nursing, and the Army Wellness Center, . These six sections work in unison to protect the health of the Fort Riley community.

DPH falls under the operational control of the Irwin Army Community Hospital. DPH receives technical guidance from the Army Public Health Center and works in tandem with this organization by exchanging data and information and for obtaining technical assistance to complicated public health questions. Public Health Center offers a broader view of Army Public Health care.

Currently the entire medical section of the Army is focusing on becoming a *System for Health* instead of a *healthcare system* as stated in the AMEDD 20/20 plan. This involves focusing on prevention, education, research and engaging the public in their homes and work (through their Lifespace) Prevention and education are two of the foundational functions that DPH offers. This CHA will illustrate which key issues require prevention and education from DPH, its leaders and its partners.



Method/Tool Utilized

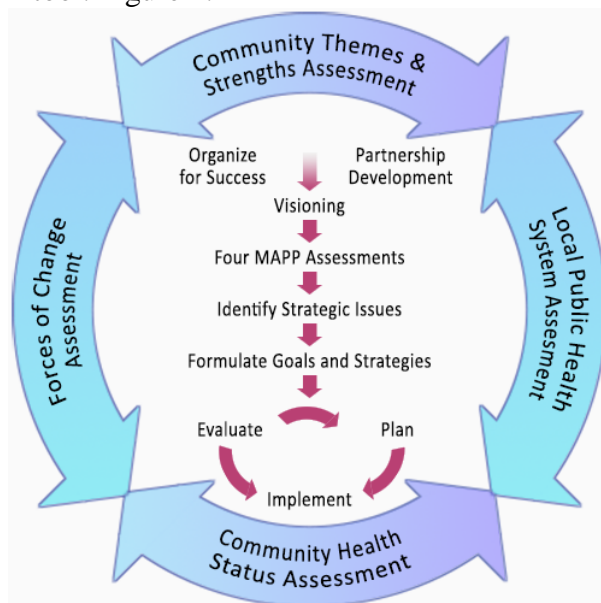
DPH chose to utilize the Mobilizing for Action through Planning and Partnerships (MAPP) model as a framework for completing their Community Health Assessment (CHA) and Community Health Improvement Planning (CHIP).

This model includes six distinct phases (Figure 1):

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

Each assessment is outlined in the different areas of this CHA. The Community Health Status Assessment is located in the Demographics section and Key Issues section. The Community Strength and Themes Assessment is located in the Community Survey section. The Local Public Health System Assessment is located in the Partners in our Community section. The Forces of Change Assessment is located in the Key Issues section.

Explanation of the MAPP tool. Figure 1.



Demographics and Population Data

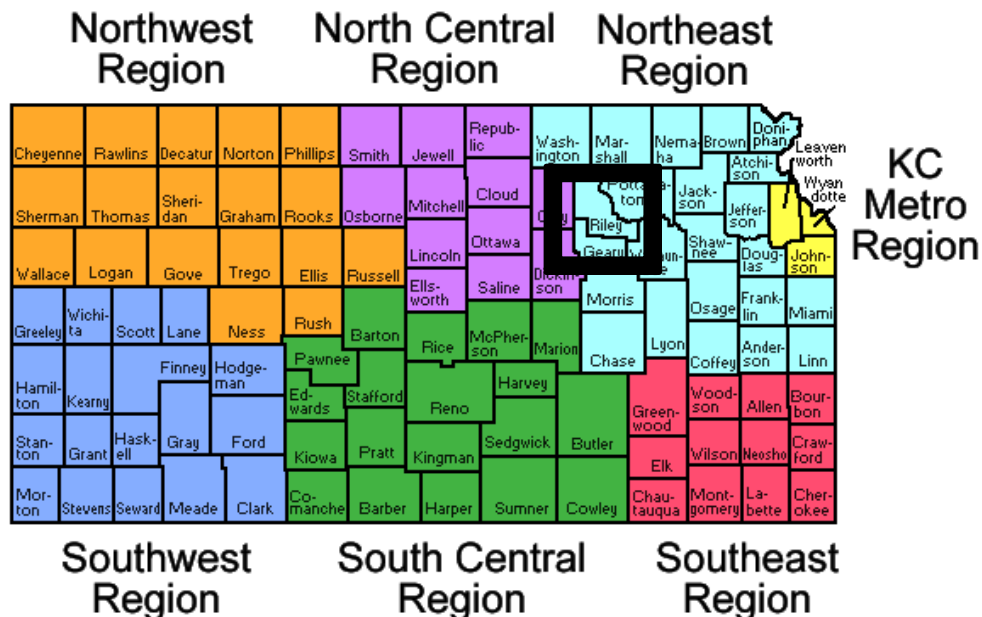
Fort Riley is a diverse and transient community. Soldiers are constantly moving, along with their families, from place to place. The population total number also shifts as units leave for deployments.

In order to obtain the best overall view of the population that DPH serves demographic data was collected from the surrounding counties, and the Army, in addition to the Fort Riley specific data. This section will discuss the geographical area that DPH’s community resides in and will also include the demographical data of that community.

Through the analysis of this demographical data, economic data and access to care data in trend diagrams makes up the first part of the Community Health Status Assessment (the first MAPP assessment). The second part of this assessment is located in the Key Issues section.

Total Population number- The DPH offer services to the Active Duty military on Fort Riley, their dependents and to the civilian workforce on Fort Riley. There are 20,498 Active Duty personnel and dependents living on Fort Riley (according to the Fort Riley Corvias Housing population numbers as of January 9, 2014) and 7,104 living off-post. There are 2,307 Appropriated Fund civilian employees and 479 Non-appropriated Fund civilian employees who work on Fort Riley.

Geographical breakdown- Soldiers residing at Fort Riley, their dependents and the civilian workforce of Fort Riley primarily live in three different areas; Manhattan, Junction City and on Fort Riley(in Corvias Housing).

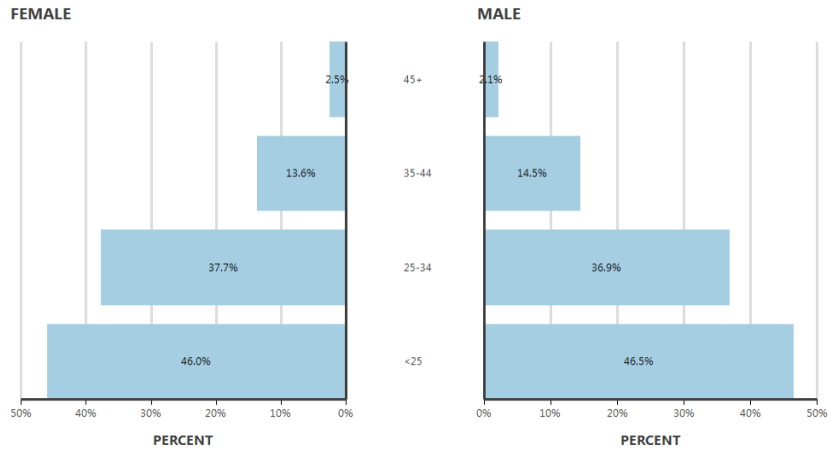


Age-The Age distribution of Fort Riley is depicted below in a table provided by the Army Public Health Center. There are more males than females at Fort Riley; however of the males and females present, there are similar percentages of the four ages groups listed.

AGE DISTRIBUTION
BY GENDER, ACTIVE DUTY



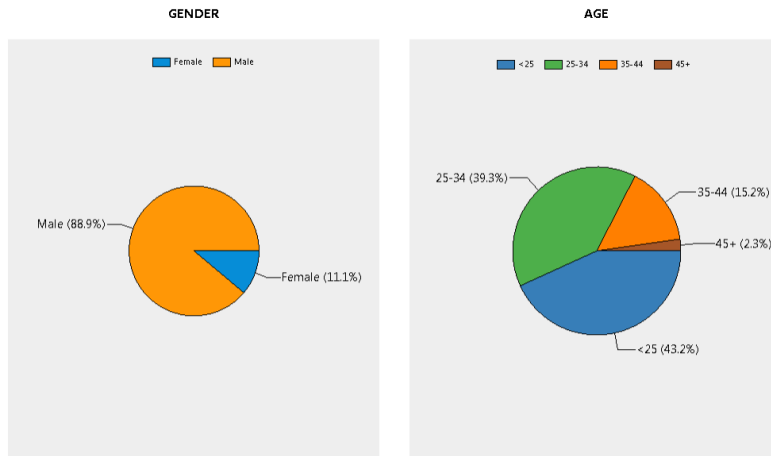
Fort Riley // Calendar year 2014



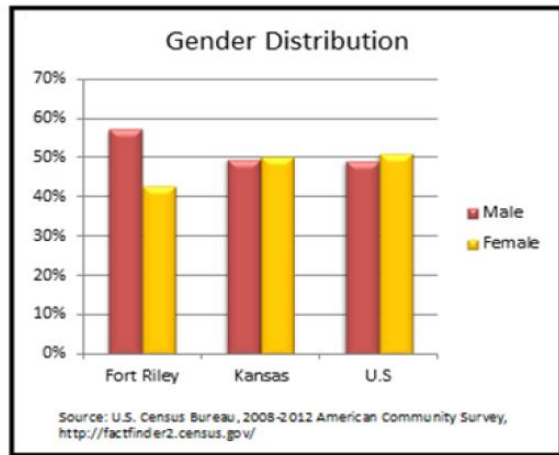
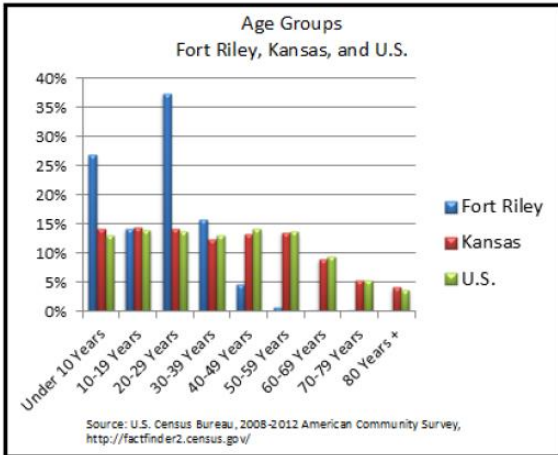
POPULATION DISTRIBUTION
BY GENDER AND AGE, ACTIVE DUTY



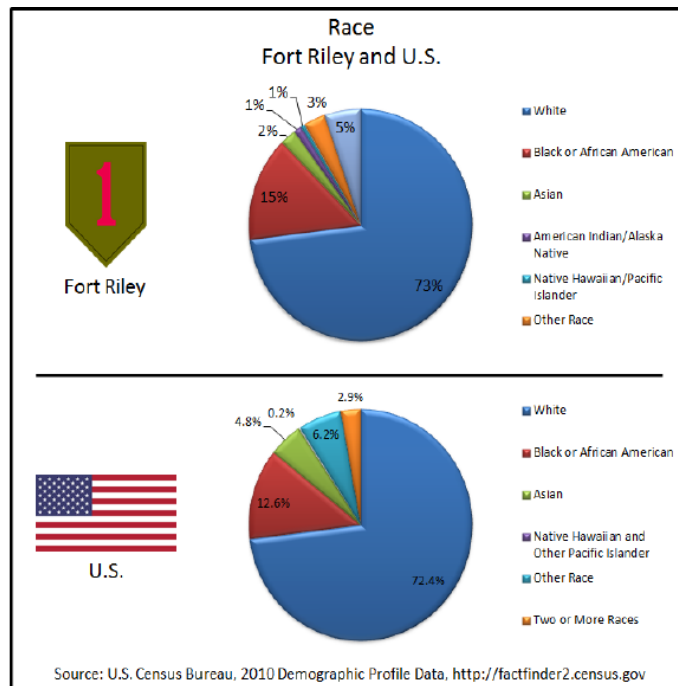
Fort Riley // Calendar year 2014



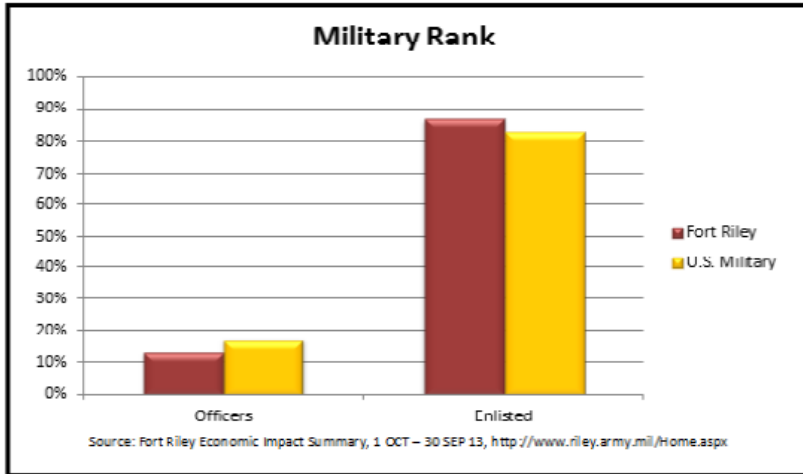
Most of the Fort Riley population (37%) is between 20 and 29 years old. This is a dramatic difference from the overall US and Kansas averages. The Fort Riley population is overall much younger. It also has a very young child population (26%).



Race and Ethnicity- Fort Riley’s population represents several racial backgrounds, however most residents identify with one race (97%). The majority of the Fort Riley population is White (73%), with the second largest percentage being African American (15%). The racial composition of the residents of Fort Riley is very similar to that of the United States, with the majority identifying with one racial background (97%), and most of those being White (72.4%) and the second greatest majority being African American (12.6%).



Rank- This demographic is unique to the Fort Riley community. The Active Duty Soldiers are broken down into two job types, Enlisted and Officer, which have different pay grades, opportunities, supervisory roles and career paths. Most Active Duty personnel are Enlisted (87%) and the smaller percentage is Officers (13%).



Economy

The wages for Soldiers is predetermined by rank and time in service. However this is not true for their spouses or family members. Civilian wages are also regulated by a similar rank system.

Most Soldiers live on Fort Riley in housing that is provided by the military. However, most Soldiers also have the option to leave Fort Riley and live in Manhattan or other surrounding towns and commute to work.

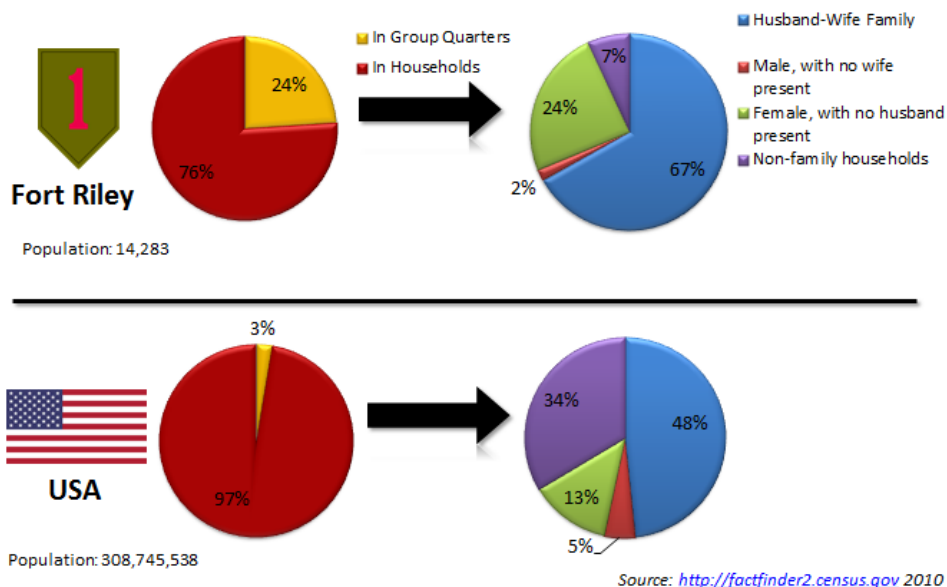
This section will detail the socio-economic profile of Fort Riley.

Basic Living Costs- Active Duty Soldiers and their families receive a Basic Housing allowance based on the housing costs of the area they live in. This ensures that Active Duty Soldiers and their families are able to afford to live off and on post.

Civilian employees, however, do not receive this allowance and instead receive a 'locality pay'. This a base pay percent increase that is given based on where the employee lives in the United States to compensate for cost of living.

Housing- Most of the Fort Riley community (73.5%) lives outside of group quarters (or barracks) and in households. However the small amount of the Fort Riley community (26.5%) that lives in group housing is still a large difference from the overall United States community where only 2% of the population lives in group housing. Group housing is cheaper, takes up less space on the military installation, and junior ranks without families live in this housing. Once a Soldier marries or has a family they are able to move out of group housing.

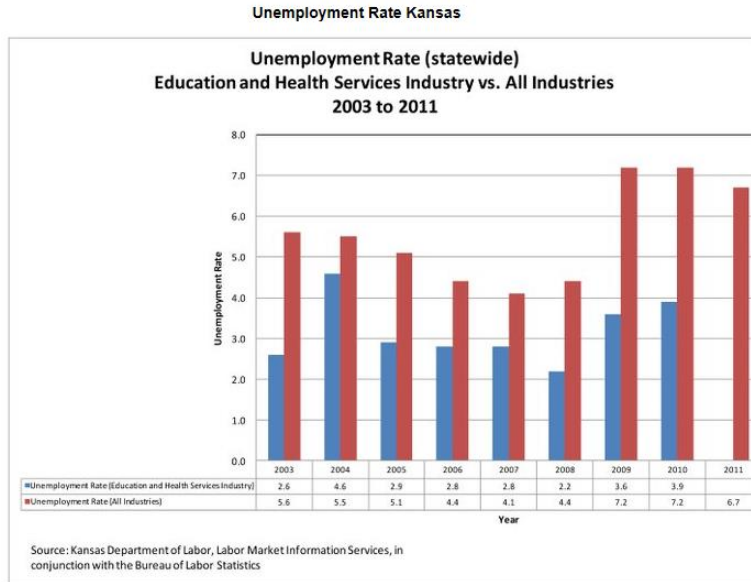
Household/Living Arrangements 2010



Economic Well-Being and Household Income - Since military and civilian pay on Fort Riley is standardized by rank and Time in Service; economic well-being is not as large of a concern in a military population as in the civilian population. This standardized pay is published each year by the Department of Defense through Congressional approval.

Poverty- According to the 2015 Census of Riley County, which Fort Riley geographically falls in, there is a 20% poverty rate.

Unemployment- The unemployment rate for Kansas has increased in the past eight years despite a decrease from 2006-2008.



Access to Care

On Fort Riley there is one hospital, Irwin Army Community Hospital (IACH), and three healthcare clinics, Caldwell (Public Health), Custer Hill, and Farrelly. Additionally, the Flint Hills clinic is located, off base, in nearby Junction City. Soldier and their families are assigned to Patient Centered Medical Homes (PCMH-NCQA) for improved access and continuity of care. There are also four Dental Clinics for Soldiers. IACH is transitioning to a new on base hospital facility this year. During this transition, all patients and patient care will be transfer to the new facility. DPH is located in the Caldwell Clinic.

“Access to Care” can be an ambiguous term and does not clearly define what type or how much care is needed for an individual. The U.S. Health Resources and Services Administration (HRSA) defines this term as *‘access to health care is generally related to the ability of individuals in a population group to obtain appropriate services to diagnose and treat health problems and symptoms’*. HRSA also acknowledges a variety of factors that can stand in the way of an individual and their care. Some of these factors include, availability of health insurance or means to pay for care, sufficient numbers of appropriate health professionals to serve all those needing services, and availability of appropriate health care organizations within reasonable travel times. This section of data will discuss the commonly examined indicators for access to care and how Fort Riley’s local data compares.

Fort Riley has a unique community because many of its members have healthcare through the military. Because of this, many of the traditional barriers to health care, such as health care system entry, high cost, and lack of insurance coverage are not issues. However this military healthcare, Tricare, does not cover dental care for all of its clients. In addition to this barrier, many people still have issues with travel to appointments and specialty care, which is often outsourced to partner medical organizations, which include Geary County Community Hospital and Mercy Regional Health Hospital.

This data also details the Community Health Status assessment of the MAPP process. This data will describe the overall healthiness of the Fort Riley community and compare it to the surrounding counties and to the entire Army.

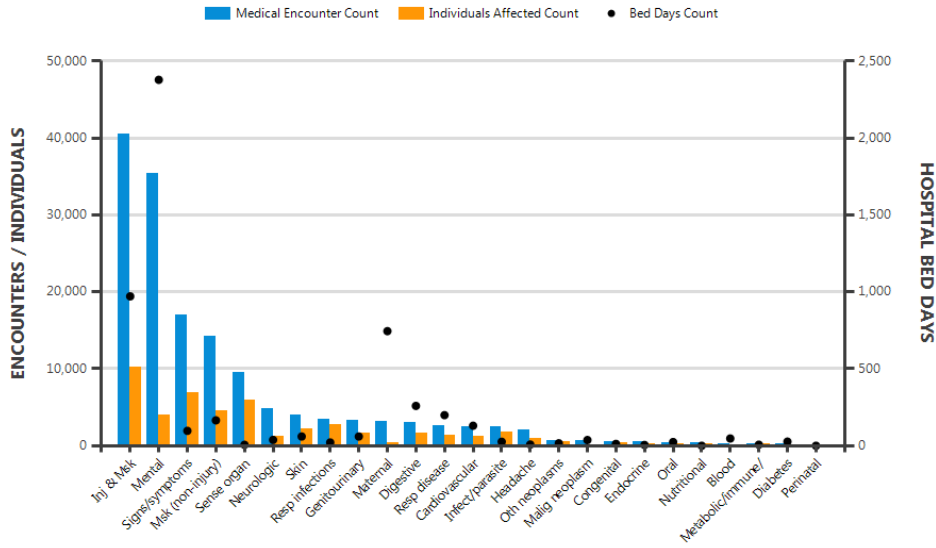
Morbidity and Mortality- Injuries are the highest cost to the Fort Riley medical system; whereas maternal hospital stays have the longest hospital bed days. Injuries are also the leading cause of medical encounters or appointments. Fort Riley has a lower percentage of injuries that result in a medical encounter than the overall Army percentage. However Fort Riley has a higher percentage of MSK (musculoskeletal) non-injury encounters and a higher percentage of signs-and-symptoms medical encounters or appointments than that of the overall Army. Fort Riley also has a slightly larger percentage of mental health encounters or appointments than that of the overall Army.

In 2014 the highest categories on Fort Riley for medical encounters were injuries, signs-and-symptoms and mental health.

MORBIDITY BURDEN SUMMARY BY DISEASE CATEGORY, ACTIVE DUTY



Fort Riley // Calendar year 2014

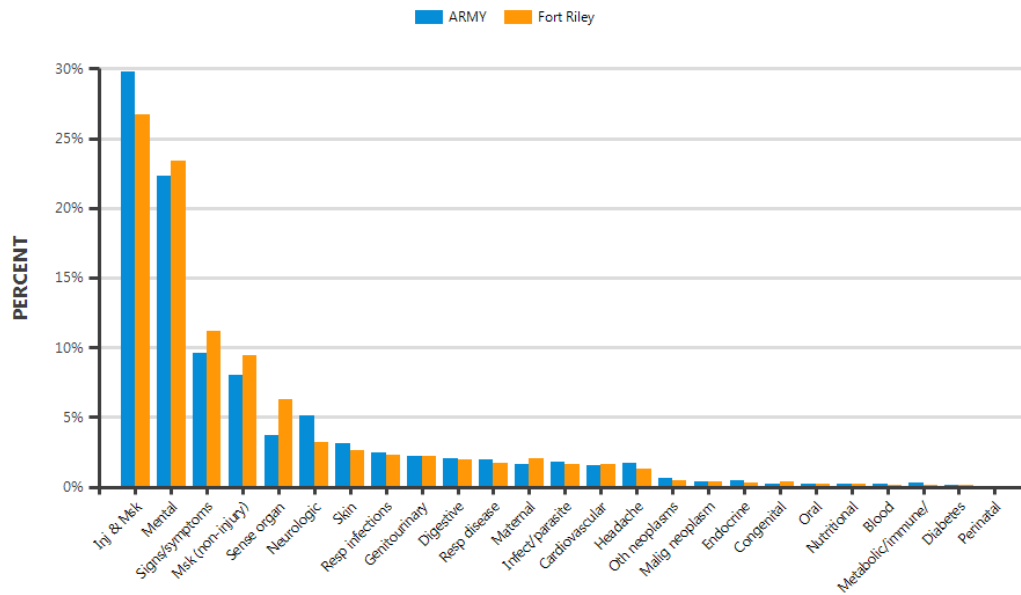


BURDEN OF DISEASE CATEGORY

PERCENT OF MEDICAL ENCOUNTERS BY BURDEN OF DISEASE CATEGORY, ACTIVE DUTY



Fort Riley // Calendar year 2014



BURDEN OF DISEASE CATEGORY

MORBIDITY BURDEN TOP TEN MEDICAL CONDITIONS, ACTIVE DUTY



Fort Riley // Calendar year 2014

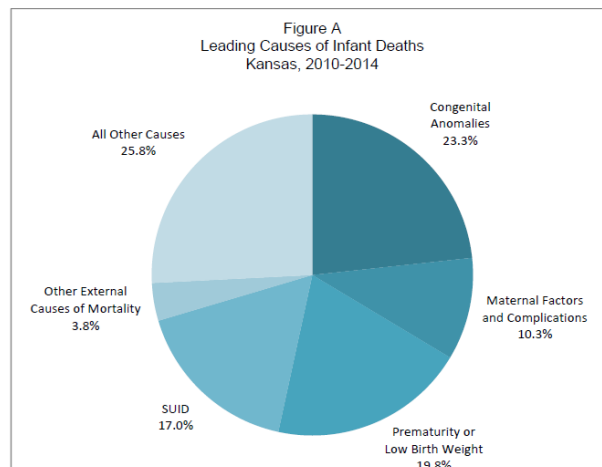
Medical Encounters	
Rank	Diagnostic Category and Subcategory
1	Inj & Msk - Back and abdomen
2	Signs/symptoms - All other signs and symptoms
3	Mental - Adjustment
4	Msk (non-injury) - All other Msk (non-injury) diseases
5	Mental - Anxiety
6	Mental - Substance abuse disorders
7	Mental - Mood
8	Inj & Msk - Arm and shoulder
9	Sense organ - Refraction/accommodation
10	Inj & Msk - Knee

Individuals Affected	
Rank	Diagnostic Category and Subcategory
1	Signs/symptoms - All other signs and symptoms
2	Sense organ - Refraction/accommodation
3	Msk (non-injury) - All other Msk (non-injury) diseases
4	Inj & Msk - Back and abdomen
5	Inj & Msk - Arm and shoulder
6	Resp infections - Upper respiratory infections
7	Inj & Msk - Knee
8	Mental - Adjustment
9	Inj & Msk - Foot and ankle
10	Signs/symptoms - Abdomen and pelvis

Bed Days	
Rank	Diagnostic Category and Subcategory
1	Mental - Mood
2	Mental - Substance abuse disorders
3	Mental - Anxiety
4	Maternal - Pregnancy complications
5	Maternal - Delivery
6	Inj & Msk - Head and neck
7	Resp disease - All other respiratory diseases
8	Inj & Msk - Leg
9	Digestive - All other digestive diseases
10	Inj & Msk - Other complications NOS

Births- Birth rates for Fort Riley are reported by the OB/GYN clinic at IACH. In 2015 they reported 891 total deliveries from January 1, 2015 to December 31, 2015.

Infant Mortality- Riley County in 2014 had one of the five lowest rates of infant mortality (5.3 per 1,000 births) in Kansas according to the Kansas Department of Public Health Selected Special Statistics Stillbirths and Infant Deaths Kansas, 2014. The leading cause of infant deaths in Kansas were Congenital Anomalies and Other Causes, which includes “conditions such as spinal muscular atrophy, secondary pulmonary hypertension, hypertrophic cardiomyopathy, myocarditis, and disorders of the lungs”.

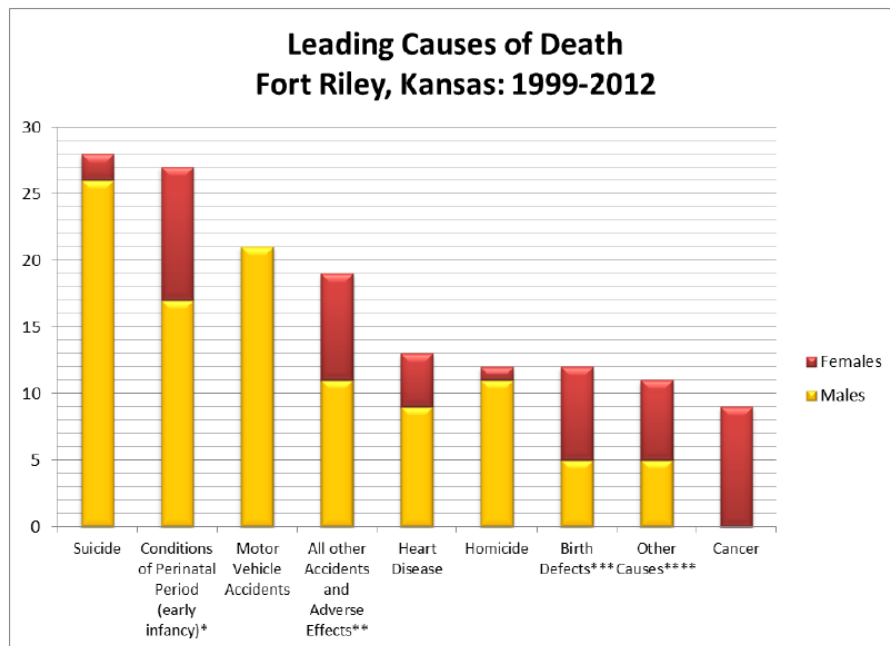


Prenatal Care and Low-Birth Weight- The OB/GYN clinic reported 20 low birth weight infants, or a 2% rate, from January 1, 2015 to December 31, 2015 (less than 2500 grams). Prenatal Care is offered at IACH and off Fort Riley at Kansas University Hospital (KU). The total number of patients getting prenatal care at IACH is 503. Patients seen off Fort Riley at KU are 148. There are 139 patients being seen for prenatal care at other area hospitals besides KU.

Emergency Room Use- The IACH Emergency Room (ER) reported in 2015 that they triaged an average of 2000 patients a month, with an average of 1122 of those being seen by an ER provider monthly. This means on average between 5 to 10% of our population visits the ER each month. Due to the large amount of patients visiting the ER, IACH provides an extended care clinic in Medical Home 2 that is open until 8pm each day.

Number of Physicians-The number of physicians and providers on record with the credentialing department of IACH is: 66 Physicians, 24 Nurse Practitioners, 9 CRNA's, 4 Nurse Midwife, 37 PA's.

Leading Cause of Death- Between 1999 and 2012 the leading cause of death on Fort Riley was suicide. However, high acuity patients from IACH are transferred to local medical treatment facilities. The other top leading causes of death include prenatal deaths, motor vehicle accidents and other accidents.



death_zip.html; personal communication, Greg Crawford, Director of Vital Statistics Data Analysis, Kansas Department of Health and Environment, May 23, 2014.

*Death due to certain conditions originating in the perinatal period

**Includes: other land transport accidents, other transport accidents: water/air/space/other/ unspecified, falls, accidental discharge of firearms, accidental drowning and submersion, accidental exposure to smoke/fire/flames, accidental poisoning and exposure to noxious substances, other/ unspecified non-transport accidents and their sequelae

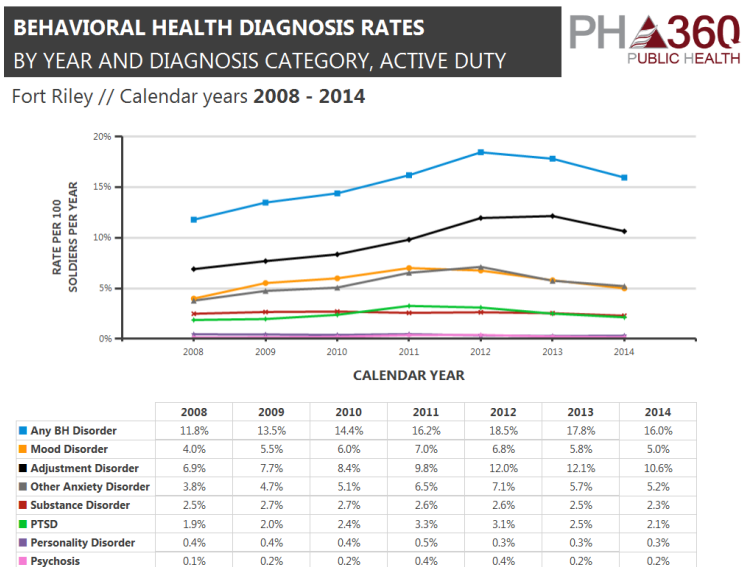
***Death due to congenital malformations, deformations, and chromosomal abnormalities

****Includes: in situ neoplasms/benign neoplasms/neoplasms of uncertain or unknown behavior, anemia, malnutrition, other nutritional deficiencies, meningitis, Parkinson's disease, infections of kidney, hyperplasia of prostate, inflammatory diseases of female pelvic organs, symptoms/signs/ill-defined conditions – except AIDS, all other diseases (residual)

Dental Insurance and Oral Health- Clinical Operations at IACH tracks the amount of patients that currently have some form of dental insurance who request care. Around 50% of the patients in our community have dental insurance.

Dental HCDP Cod	Dental Plan	Sum of Beneficiary Count
201	TRICARE Dental Plan Individual Coverage for Active Duty Family Members	1,545
202	TRICARE Dental Plan Family Coverage for Active Duty Family Members	11,591
203	TRICARE Dental Plan Individual Remote Coverage for Active Duty Family Members	75
204	TRICARE Dental Plan Family Remote Coverage for Active Duty Family Members	119
205	TRICARE Dental Plan Individual Coverage for Survivors of Active Duty Deceased Sponsors	7
206	TRICARE Dental Plan Family Coverage for Survivors of Active Duty Deceased Sponsors	17
209	TRICARE Dental Plan family coverage for Selected Reserve (SelRes) family members	1
214	TRICARE Dental Plan Individual Coverage for Active Guard/Reserve (AGR) Family Members	7
215	TRICARE Dental Plan Family Coverage for Active Guard/Reserve (AGR) Family Members	61
218	TRICARE Dental Plan Individual Coverage for Survivors of Active Guard/Reserve (AGR) Family Members	1
219	TRICARE Dental Plan Family Coverage for Survivors of Active Guard/Reserve (AGR) Family Members	3
233	Remote Active Duty Dental Program	127
234	#N/A	3
235	#N/A	13
236	#N/A	67
237	#N/A	23
238	#N/A	156
239	#N/A	764
240	#N/A	1,168
(blank)	#N/A	22,513
Grand Total		38,261

Mental Health- Many different mental health diagnoses are seen on Fort Riley.

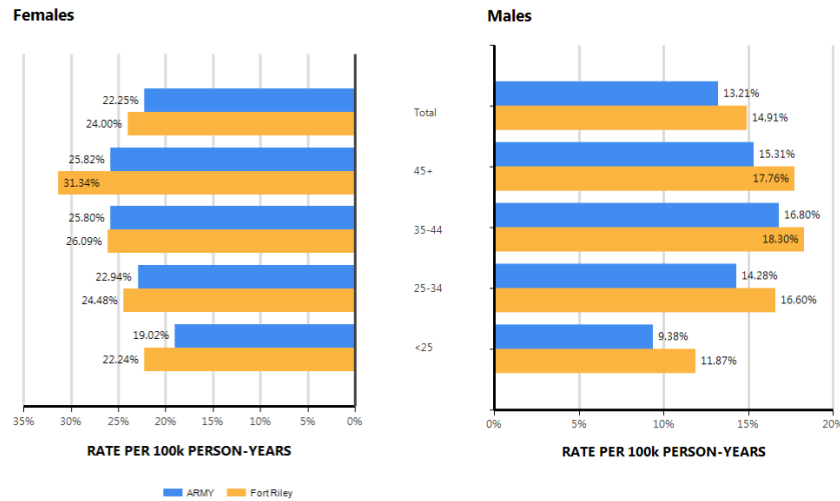


The leading mental health diagnosis for Fort Riley is Adjustment Disorders followed by Mood and Anxiety Disorders.

**BEHAVIORAL HEALTH DIAGNOSIS RATES
BY GENDER AND AGE, ACTIVE DUTY**



Fort Riley // Calendar year 2014

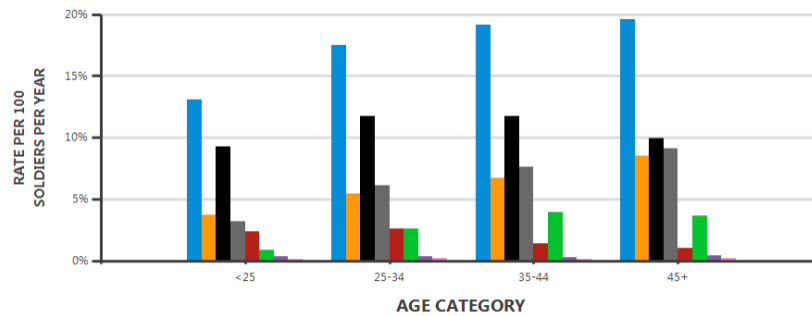


On Fort Riley (and in the overall Army) more females are diagnosed with mental health disorders than males. For females the most diagnoses occur at 45 years old or older whereas most males are diagnosed at younger ages and in a wider range (from 25 years old to 45 years old.)

**BEHAVIORAL HEALTH DIAGNOSES RATES
BY AGE AND DIAGNOSIS CATEGORY, ACTIVE DUTY**



Fort Riley // Calendar year 2014



	<25	25-34	35-44	45+
Any BH Disorder	13.1%	17.5%	19.1%	19.6%
Mood Disorder	3.7%	5.4%	6.7%	8.5%
Adjustment Disorder	9.3%	11.7%	11.7%	9.9%
Other Anxiety Disorder	3.2%	6.1%	7.6%	9.1%
Substance Disorder	2.4%	2.6%	1.4%	1.0%
PTSD	0.9%	2.6%	3.9%	3.6%
Personality Disorder	0.3%	0.3%	0.3%	0.4%
Psychosis	0.1%	0.2%	0.1%	0.2%

The leading diagnosis, Adjustment Disorder, is usually seen in ages 25-44. The second leading diagnosis is usually seen in ages 45 and older.

Tobacco Use- The percentage of Active Duty personnel using tobacco on Fort Riley is much higher than the Army, Kansas and United States populations.

Percent of individuals who use tobacco	
Fort Riley*	39.52%
Western Regional Medical Command*	33.1%
Total Army*	31.2%
United States**	21.3%

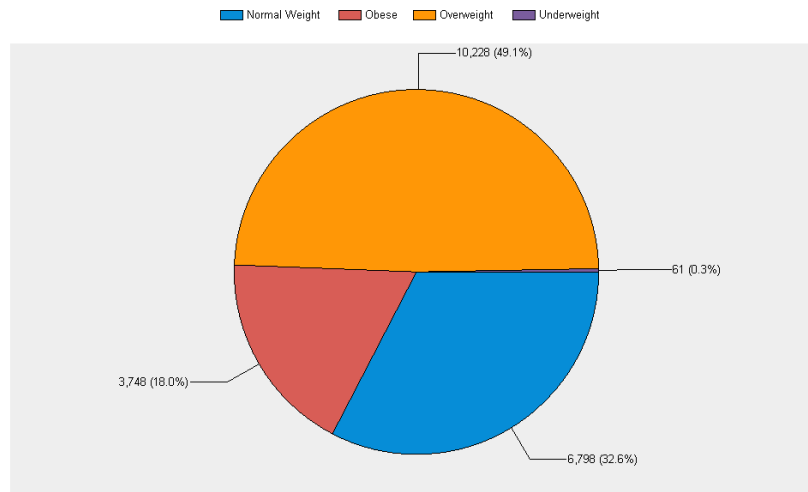
#Source: American Lung Association, Military and Tobacco Use, <http://www.lung.org/stop-smoking/about-smoking/facts-figures/military-and-tobacco-use.html>
 *Source: Personal communication, Kari Bruley, US Army Public Health Command. Data obtained from the annual dental exam, August 2013.
 **Source: Centers for Disease Control and Prevention. Tobacco Use Among Adults—United States, 2012-2013. Morbidity and Mortality Weekly Report 2014;63(25):542–547. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6325a3.htm>

Obesity- Although much of the Fort Riley population is physically active due to the military lifestyle (Active Duty Soldiers exercise 3-5 mornings a week), there is still a large percentage that is overweight or obese.

BODY MASS INDEX CLASSIFICATION
SUMMARY, ACTIVE DUTY OUTPATIENTS



Fort Riley // Calendar year 2014

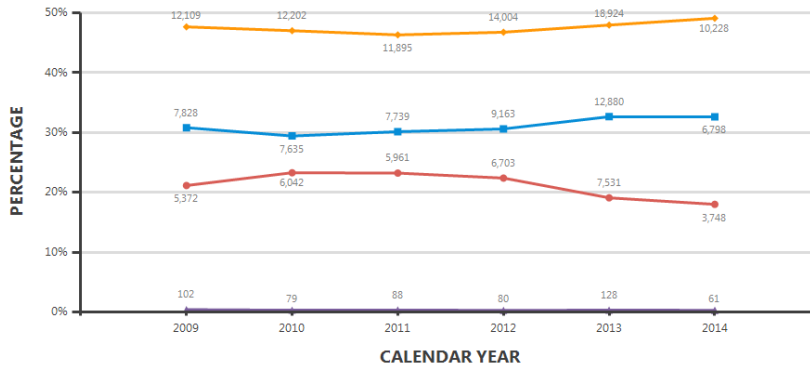


Half of the Fort Riley population is overweight and 18% of the Fort Riley population is obese.

BODY MASS INDEX CLASSIFICATION BY YEAR, ACTIVE DUTY OUTPATIENTS



Fort Riley // Calendar years 2009 - 2014



	2009	2010	2011	2012	2013	2014
Normal Weight	30.8%	29.4%	30.1%	30.6%	32.6%	32.6%
Obese	21.1%	23.3%	23.2%	22.4%	19.1%	18%
Overweight	47.7%	47%	46.3%	46.8%	48%	49.1%
Underweight	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%

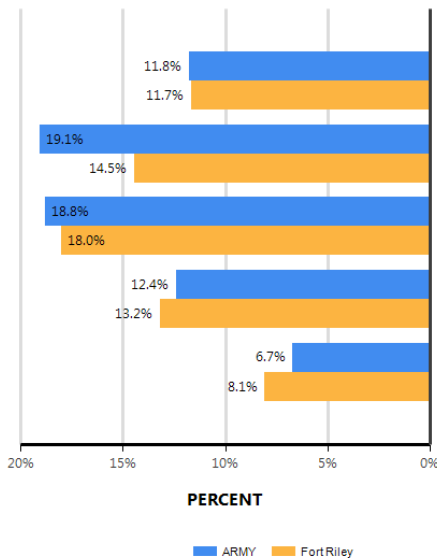
Obesity has decreased in the Fort Riley population over the last two years. Normal weight as increased in the last two years, whereas overweight percentages have roughly stayed the same.

BODY MASS INDEX CLASSIFICATION, PERCENT UNHEALTHY WEIGHT BY GENDER AND AGE, ACTIVE DUTY OUTPATIENTS, OBESE ONLY

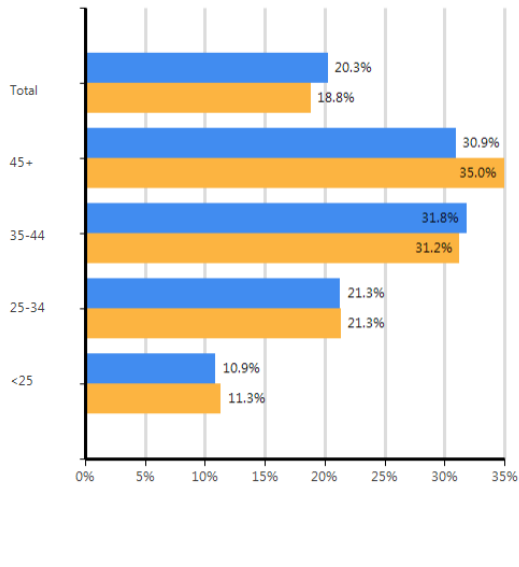


Fort Riley // Calendar year 2014

Females



Males



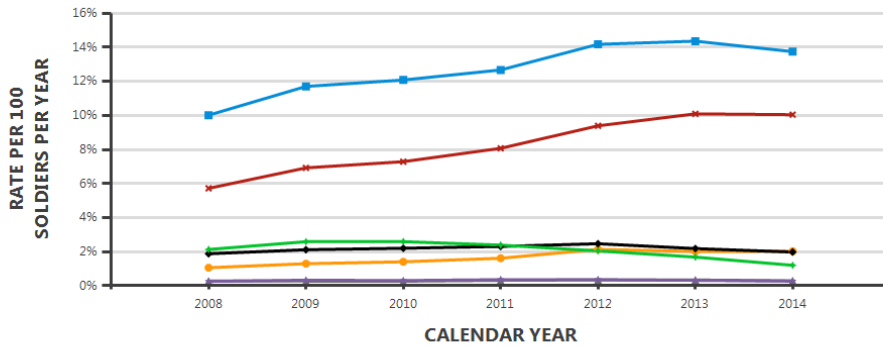
Of those that are obese, most of them fall into the 35-45+ age groups. The obese percentages are highest for Fort Riley in males who are over 45. This percentage is also higher than the overall Army percentage.

Chronic Diseases- Multiple chronic diseases are seen on Fort Riley including arthritis, asthma, cancer and cardiovascular diseases.

**CHRONIC DISEASE RATES
BY DIAGNOSIS CATEGORY, ACTIVE DUTY**



Fort Riley // Calendar year 2008 - 2014



	2008	2009	2010	2011	2012	2013	2014
Any Chronic	10.0%	11.7%	12.1%	12.7%	14.2%	14.4%	13.7%
Arthritis	1.1%	1.3%	1.4%	1.6%	2.1%	2.0%	2.0%
Asthma	1.9%	2.1%	2.2%	2.3%	2.5%	2.2%	2.0%
Cancer	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
Cardiovascular	5.7%	6.9%	7.3%	8.1%	9.4%	10.1%	10.0%
COPD	2.1%	2.6%	2.6%	2.4%	2.0%	1.7%	1.2%
Diabetes	0.3%	0.3%	0.3%	0.4%	0.4%	0.3%	0.3%

There has been a steady increase in Cardiovascular diseases on Fort Riley. The rate of chronic diseases has also increased from 2008 to 2014 on Fort Riley by 2%.

Top 5 Diagnoses by Medical Condition Category Fort Riley Active Duty and Army Active Duty, 2012

Medical Encounters, Fort Riley	Medical Encounters, Army
Musculoskeletal – Back (n = 21,821)	Musculoskeletal – Back (n = 372,410)
Adjustment reaction (n = 14,198)	Anxiety (n = 259,664)
Anxiety (n = 13,545)	Adjustment reaction (n = 214,511)
Mood disorders (n = 11,067)	Injury – Knee (n = 195,870)
Injury – Arm and shoulder (n = 8,290)	Substance Abuse Disorders (n = 185,268)

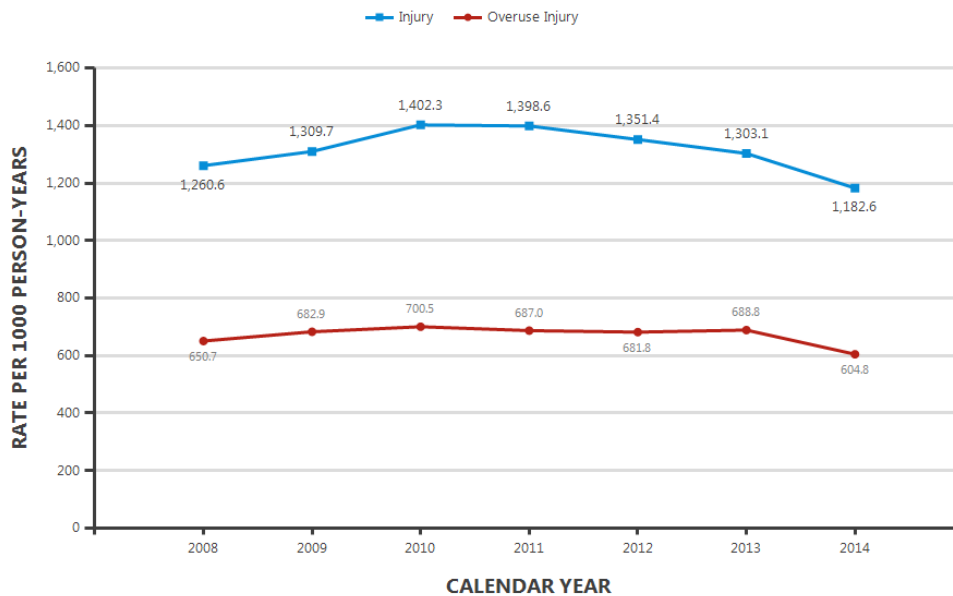
Source: Armed Forces Health Surveillance Center; major categories and conditions were adapted from the Global Burden of Disease Study
http://www.afhsc.mil/viewMSMR?file=2012/v19_n04.pdf#Page=04

According to 2012 data, the leading causes for medical encounters for Active Duty personnel are musculoskeletal injuries and behavioral health issues. Back injuries are the primary reasons Soldiers who live and work at Fort Riley seek medical care.

INJURY AND OVERUSE INJURY RATES BY YEAR, ACTIVE DUTY



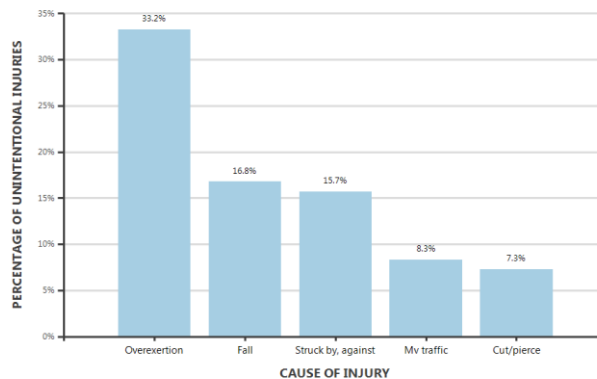
Fort Riley // Calendar years 2008 - 2014



The rate of injury and overuse injuries on Fort Riley has stayed mostly constant from 2008 to 2013 with small decline in overuse injuries (by 84) and a larger decline in overall injuries (by 120.5) in 2014.

**TOP FIVE CAUSES OF UNINTENTIONAL INJURY RATES
ACTIVE DUTY OUTPATIENTS** **PH 360**
PUBLIC HEALTH

Fort Riley // Calendar year 2014



The greatest percentages of unintentional injuries on Fort Riley were Overextension (33.2%) and Falls (16.8%).

Accidents: This data is the amount of accidents, including injuries, that occur on post defined as either C, D or E class. This data is tracked by the Risk Reduction Program on Fort Riley.

C class: An Army accident in which the resulting total cost of property damage is \$50,000 or more, but less than \$500,000; a nonfatal injury or occupational illness that causes 1 or more days away from work or training beyond the day or shift on which it occurred or disability at any time (that does not meet the definition of Class A or B and is a lost time case).

D class: An Army accident in which the resulting in total cost of property damage is \$20,000 or more, but less than \$50,000; a nonfatal injury or illness resulting in restricted work, transfer to another job, medical treatment greater than first aid, needle stick injuries and cuts from sharps that are contaminated from another person’s blood or other potentially infectious material, medical removal under medical surveillance requirements of an OSHA standard, occupational hearing loss, or a work–related tuberculosis case.

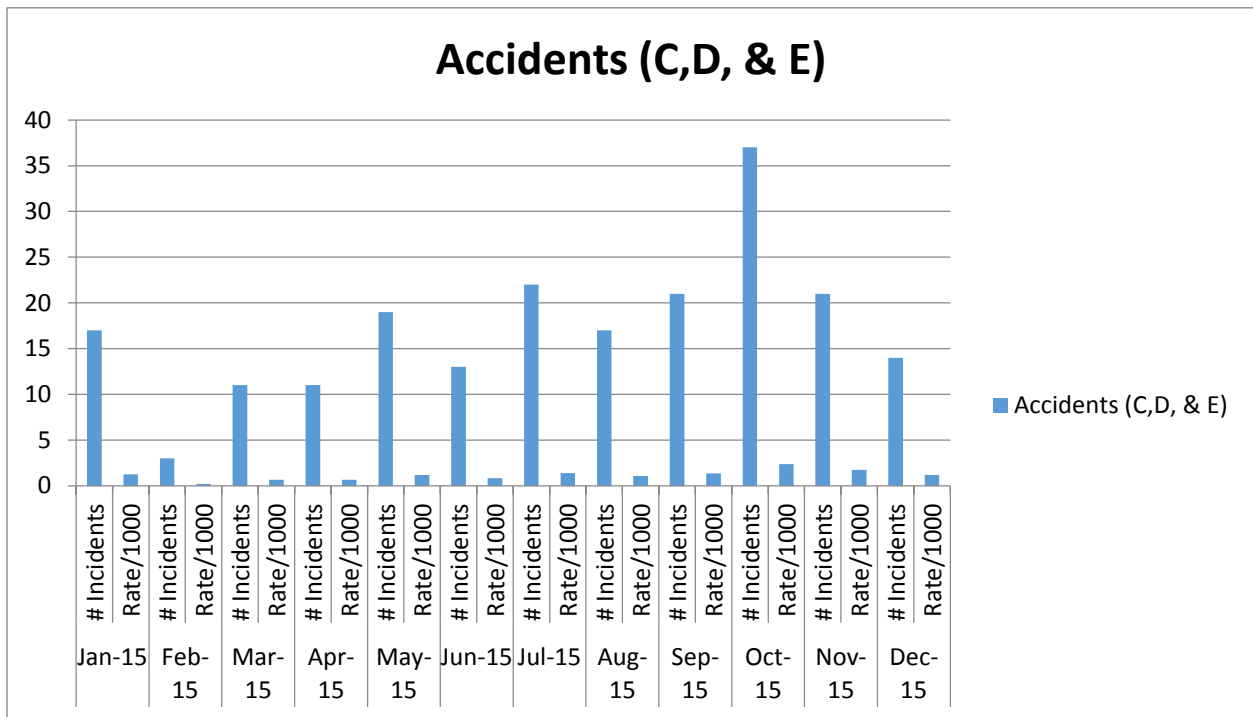
E class: ground accident

An Army ground accident in which the resulting total cost of property damage is \$5,000 or more but less than \$20,000.

E class: aviation accident

An Army aviation accident in which the resulting total cost of property damage is \$5,000 or more but less than \$20,000.

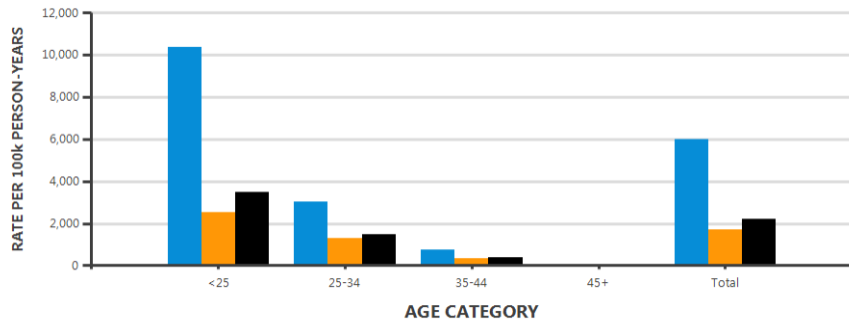
The number of instances fluctuate each month, however the rate/1000 persons stays constant, below five.



Communicable Diseases- Many different communicable diseases are seen on Fort Riley. STDs/STIs and tracked by DPH.

CHLAMYDIA TRACHOMATIS INCIDENCE RATES BY GENDER AND AGE, ACTIVE DUTY

Fort Riley // Calendar year 2014



	<25		25-34		35-44		45+		Total	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Female	10,383	92	3,026	22	745	2	0	0	6,006	116
Male	2,547	168	1,285	68	331	7	0	0	1,696	243
Total	3,475	260	1,496	90	378	9	0	0	2,208	359

Chlamydia is seen mostly in younger females (<25) on Fort Riley.

Age	Number of STD/STI cases
</= 17	6
18-24	470
25-30	119
31-35	29
36-40	9
>/= 41	9

Above is data collected from Public Health Nursing from 2015. The total number of STD/STI cases seen was 642. Most of the cases occurred in the 18-24 age range.

Suicide- The suicide rate is roughly 28 people per year in Kansas. This is the leading cause of death in the state of Kansas.

	Males	Females	Both Sexes
Suicide	26	2	28
Conditions of Perinatal Period (early infancy)	17	10	27
Motor Vehicle Accidents	21	0	21
All other Accidents and Adverse Effects*	11	8	19
Heart Disease	9	4	13
Homicide	11	1	12
Birth Defects	5	7	12
Other Causes**	5	6	11
Cancer	0	9	9

*Includes: other land transport accidents, other transport accidents: water/air/space/other/unspecified, falls, accidental discharge of firearms, accidental drowning and submersion, accidental exposure to smoke/fire/flames, accidental poisoning and exposure to noxious substances, other/unspecified nontransport accidents and their sequelae

**Includes: in situ neoplasms/benign neoplasms/neoplasms of uncertain or unknown behavior, anemias, malnutrition, other nutritional deficiencies, meningitis, Parkinson's disease, infections of kidney, hyperplasia of prostate, inflammatory diseases of female pelvic organs, symptoms/signs/ill-defined conditions -- except AIDS, all other diseases (residual)

Child and Adolescent Health

Fort Riley has two schools, an Elementary School and a Middle School, that are run by the State of Kansas (USD 475). Children who live both on Fort Riley and off Fort Riley attend. This section will cover how many children and adolescents are on Fort Riley, or go to school on Fort Riley, and will describe their overall health.

Teen Births: The OB/GYN clinic at IACH reported only one birth for a patient under the age of 18 from January 1, 2015 to December 31, 2015.

Obesity: The CDC Division of Nutrition, Physical Activity and Obesity reported in 2011 that Kansas children from ages 2-5, 15.6% were overweight (85th to <95th percentile for BMI range) and 13 % were obese (>= 95th percentile for BMI range). For Adolescents aged under 18 but older than 5, 13.1% were overweight (85th to <95th percentile for BMI range) and 12.4% were obese (>= 95th percentile for BMI range).

Physical Activity: The CDC Division of Nutrition, Physical Activity and Obesity reported in 2011 that of Adolescents who achieved recommended level of activity: Only 27.8% were physically active for a total of at least 60 minutes per day on each of the 7 days prior to the survey and who participated in daily physical education: 52.9% of adolescents attended daily physical education classes in an average week (when they were in school). Of these adolescents, 14.4% did not participate in at least 60 minutes of physical activity on any day during the 7 days prior to the survey and 28.3% watched television 3 or more hours per day on an average school day.

STDs/STIs: From the 2015 data collection roughly 0.93% of all STD/STI cases seen on Fort Riley are from ages under 17.

Age	Number of cases
<= 17	6
18-24	470
25-30	119
31-35	29
36-40	9
>= 41	9

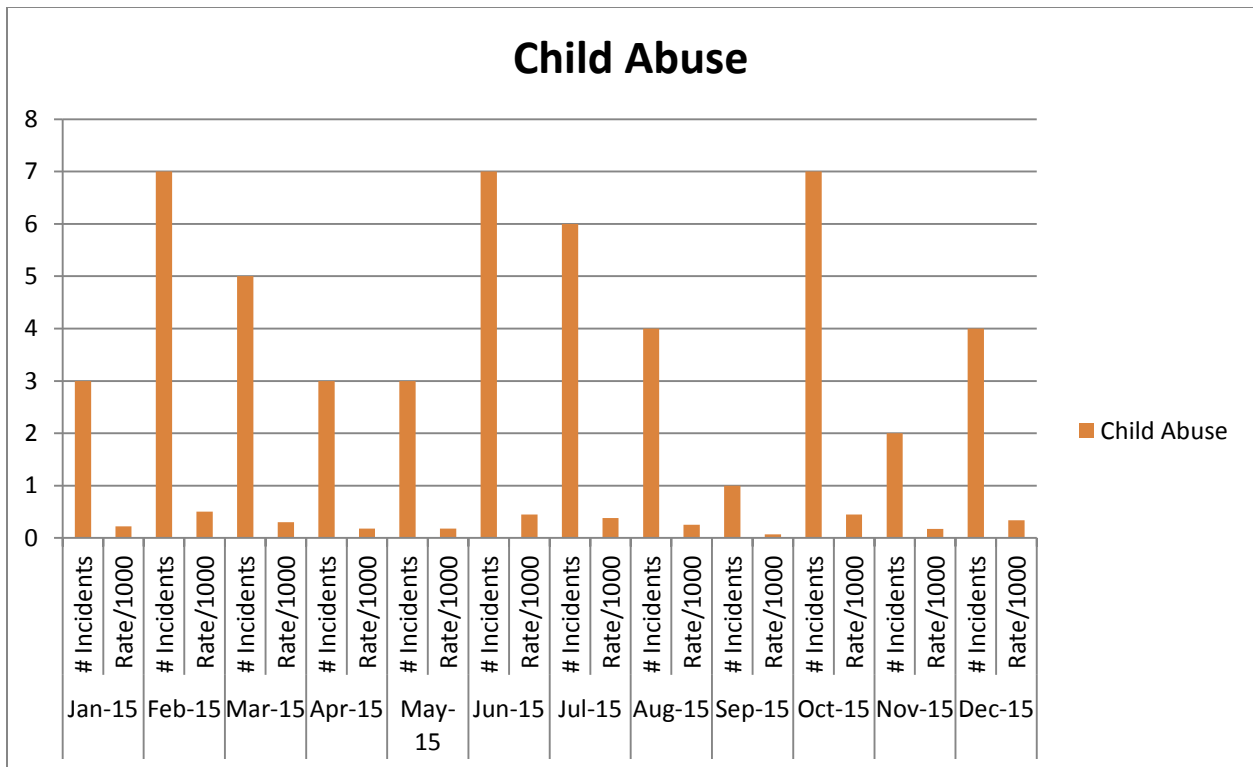
Child care/child care access: Currently there are seven Child Development Centers (CDCs) on Fort Riley. These CDCs provide childcare to both military and civilian families. They are located throughout the post to provide childcare as close as possible to where the parents work. The CDCs open at 0545 and close at 1800.

Free and reduced meal enrollment: Geary County Schools USD 475 provides free and reduced priced meals for students who qualify. An application for free or reduced meals can be requested at the school or can be filled out online after July 14th of each year. This application must be submitted each year to the school the child attends, and the information is kept confidential. For

2012-2013 in Riley County had 2754 total enrolled, which is 38% of the total children enrolled. For 2013-2014 this number increased to 2802 or 38.7%. This is according to the Kansas State Department of Education.

Child Abuse/Neglect: This data is collected by the Risk Reduction program on Fort Riley. They track “The number of Soldiers in the reporting unit [Fort Riley] who are identified as the alleged perpetrator in cases that meet the criteria for the following offenses, as defined in AR 608-18: child abuse, child abuse/physical maltreatment, child emotional maltreatment, child neglect, and child physical maltreatment.”

The number of instances fluctuate by month, however the rates/1000 people stays at or below one.

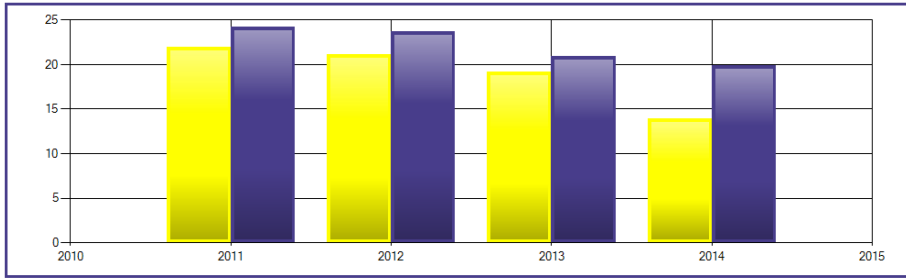


Alcohol and drug use: Kansas Communities That Care conducts student surveys each year on many different topics. This is a place where schools can track changes in behavior in their population. Students were asked if they had any alcohol in the past 30 days and 20 of them replied yes. Although this number has decreased since 2011, this statistic is still a concern. Yellow bars are Riley County and blue bars are the state of Kansas. 70% of all Riley county and state of Kansas schools participated in this survey.

On how many occasions (if any) have you had beer, wine or hard liquor during the past 30 days?

County: Level: Response: Beginning Year: Ending Year:

[Back to Questions/Indicators](#)



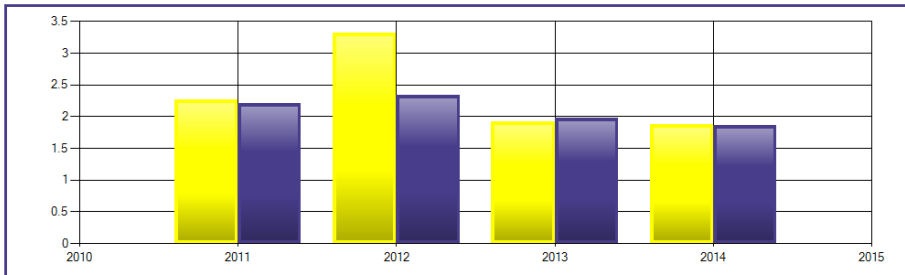
Year	County	State
2011	22.00	24.19
2012	21.11	23.75
2013	19.21	20.87
2014	13.91	19.91

Adolescents are reporting use of stimulants and other drugs. However these rates, reported in these surveys, have decreased since 2011.

On how many occasions (if any) have you used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for you by a doctor during the past 30 days?

County: Level: Response: Beginning Year: Ending Year:

[Back to Questions/Indicators](#)

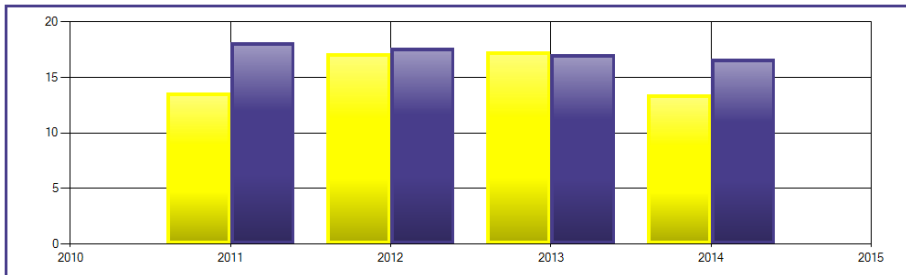


Year	County	State
2011	2.27	2.21
2012	3.32	2.34
2013	1.92	1.98
2014	1.88	1.86

On how many occasions (if any) have you used marijuana in your lifetime?

County: Level: Response: Beginning Year: Ending Year:

[Back to Questions/Indicators](#)

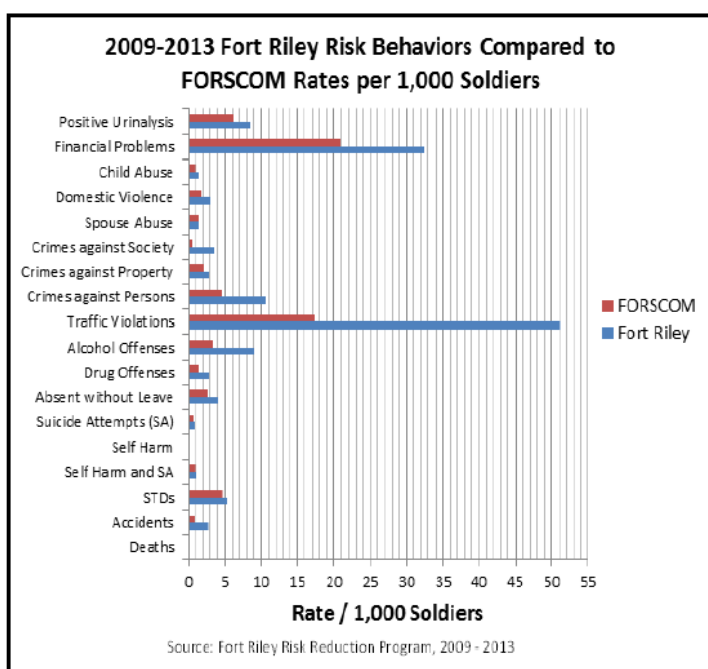


Year	County	State
2011	13.57	18.17
2012	17.13	17.66
2013	17.33	17.04
2014	13.40	16.65

Public Safety

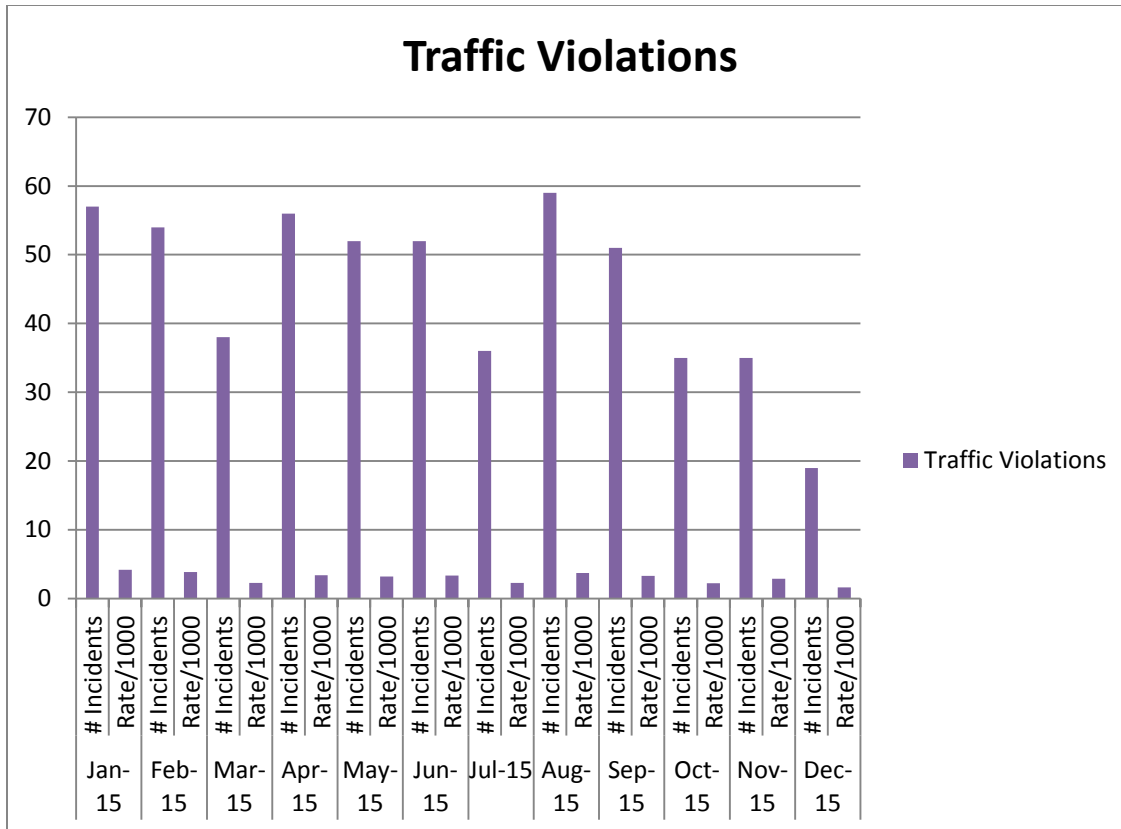
On Fort Riley there is a Military Police force and a civilian police force called DES that work together to protect the Fort Riley community. This section will detail the crime and violence rates on Fort Riley.

High Risk Behaviors- The Fort Riley Risk Reduction Program (RRP) tracks risk behaviors of Active Duty Soldiers who live and work on Fort Riley. According to the data collected from 2009-2013 several Fort Riley risk behaviors are greater than the overall United States Army (FORSCOM) rates. Offenses including Accidents, Drug Offenses, Alcohol Offenses, Traffic Violations, Crimes Against Persons, and Crimes Against Society are twice the FORSCOM rates.

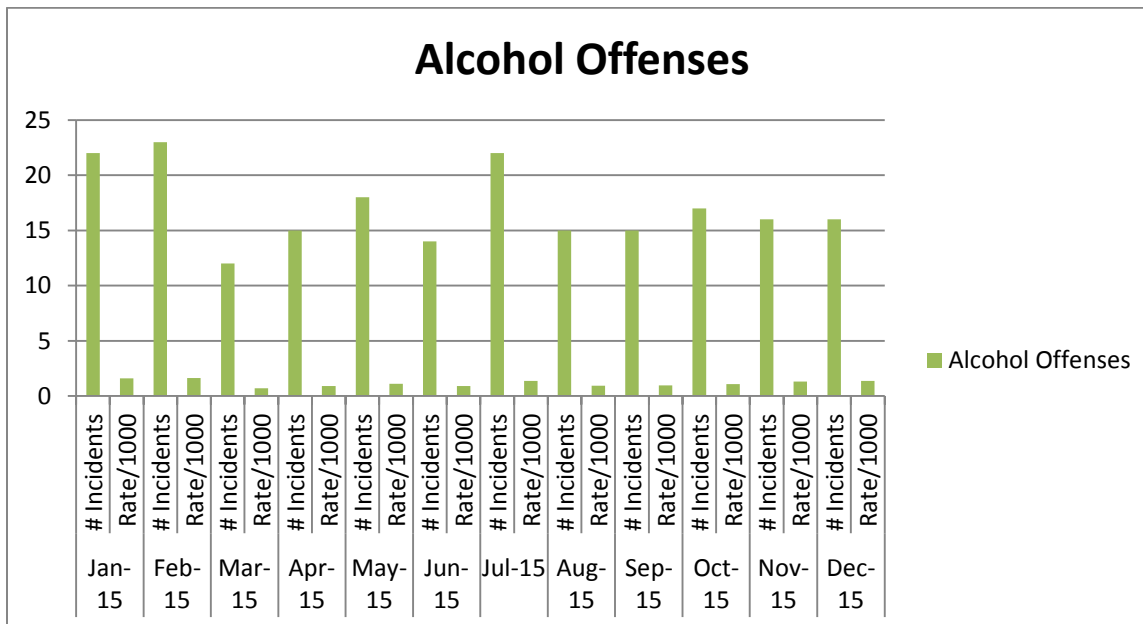


Traffic Violations- The Fort Riley Risk Reduction Program tracks “the number of Soldiers in the reporting unit [Fort Riley] who are titled with a moving traffic violation by law enforcement. These include but are not limited to speeding, driving without a license or driving with a suspended license, failure to obey a traffic device, accidents and non-alcohol-related reckless driving.”

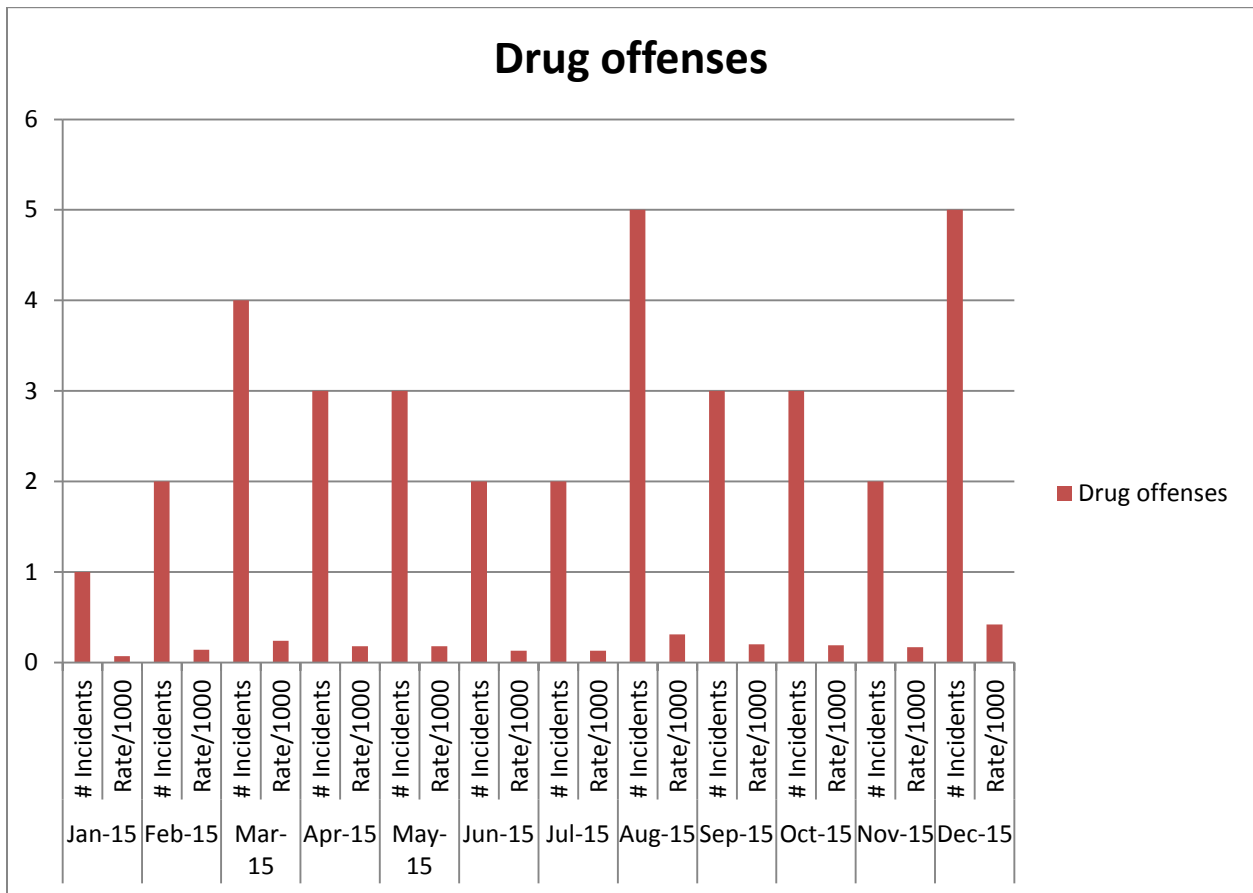
The number of instances changes from month to month, however the rate/1000 people has decreased throughout 2015.



Alcohol Offenses - The Fort Riley Risk Reduction Program tracks “the number of Soldiers in the reporting unit [Fort Riley] who are titled with an alcohol-related offense by law enforcement.” This data includes DUIs, public intoxication and possession or consumption of a minor. The overall rate/1000 persons have stayed constant throughout 2015.

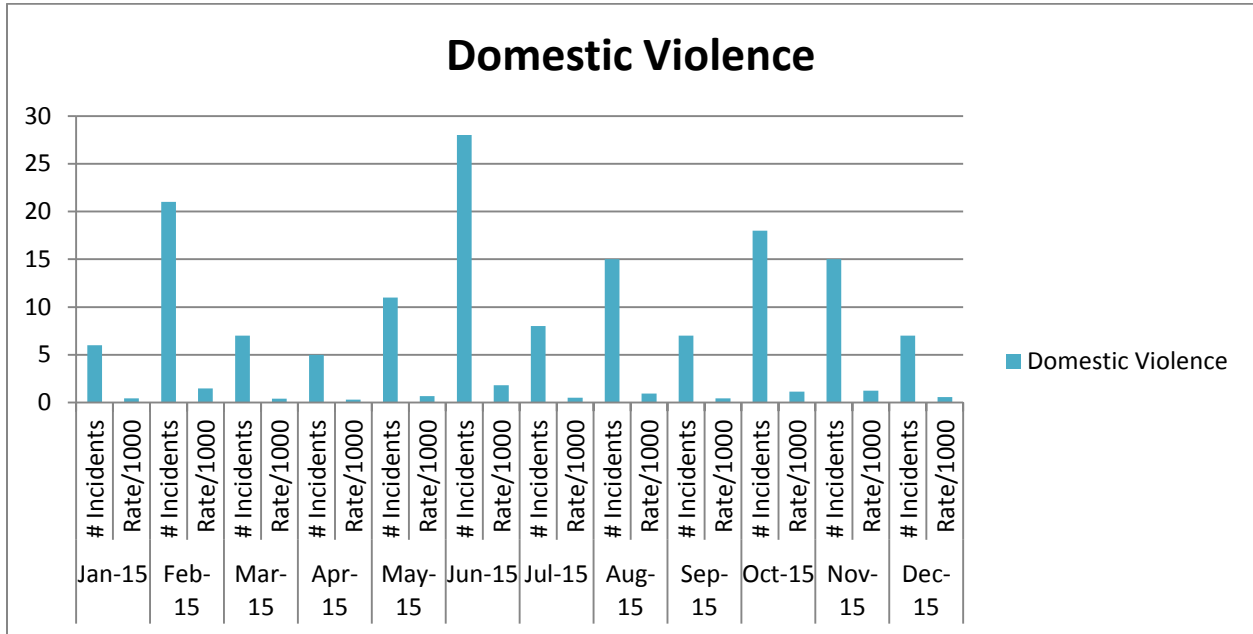


Drug Offenses - The Fort Riley Risk Reduction Program tracks “the number of Soldiers in the reporting unit [Fort Riley] who are titled with drug offenses by law enforcement.”
 The rate/1000 persons have stayed constant, under one, throughout 2015.



Domestic Violence- The Fort Riley Risk Reduction Program tracks “the number of Soldiers in the reporting unit [Fort Riley] who have cases that meet the criteria for the domestic violence, as defined, as in AR 608-18, (applies in cases where the Soldier is identified as the perpetrator or the victim.”

The number of instances fluctuates each month, however the rate/1000 person stays under three.



Community Survey

The Community Themes and Strengths Assessment is the second assessment in the MAPP model. It provides a deeper understanding of issues that are important to members of the Fort Riley community, how quality of life is perceived by residents, and what assets are available to be used to improve community health.

DPH assessed these issues by creating and distributing a Community Health Survey, as well as gathering information from two well-established forums on Fort Riley: the Army Family Advocacy Program (AFAP) and the Community Health Promotion Council (CHPC) and its working groups.

Community Health Survey- The Community Health Survey focused on health, wellness and quality of life issues that are important to the Fort Riley community. The survey was created by members of the DPH Accreditation Team and approved through Public Health Center's Review Board. The survey was accessible online from February 1 to April 5, 2014. All Fort Riley residents and employees were eligible to complete the survey. The results of the survey were anonymous and web-based. In order to encourage maximum participation it was distributed on several occasions to the Fort Riley Commissary, Post Exchange and dining facilities.

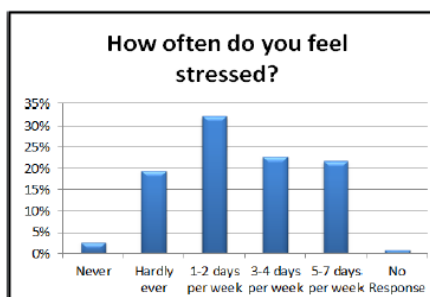
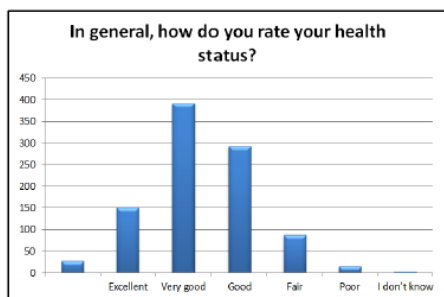
Army approved survey software was used and Public Health Command hosted the survey on its server. This link was distributed throughout IACH, Public Affairs Offices, Family Readiness Groups, and Corvias Housing representatives. Social media, newspaper, email and alert messaging were used to distribute the survey link.

There were 968 respondents. The survey consisted of 24 questions, of which 19 were questions concerning the respondents' perceptions about health, wellness and quality of life issues.

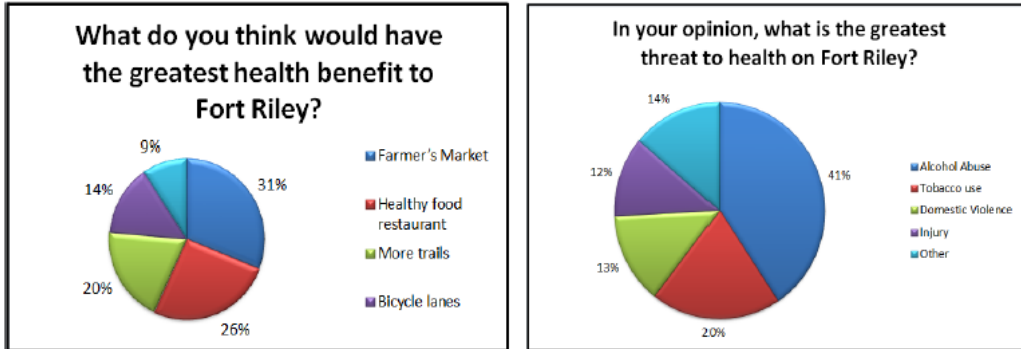
Results- Most respondents were under the age of 40 years (65%, n= 627) and male (54%, n=428). Most respondents were Active Duty personnel (59.8%) and General Schedule (GS) civilian personnel (25%).

Answers to Questions:

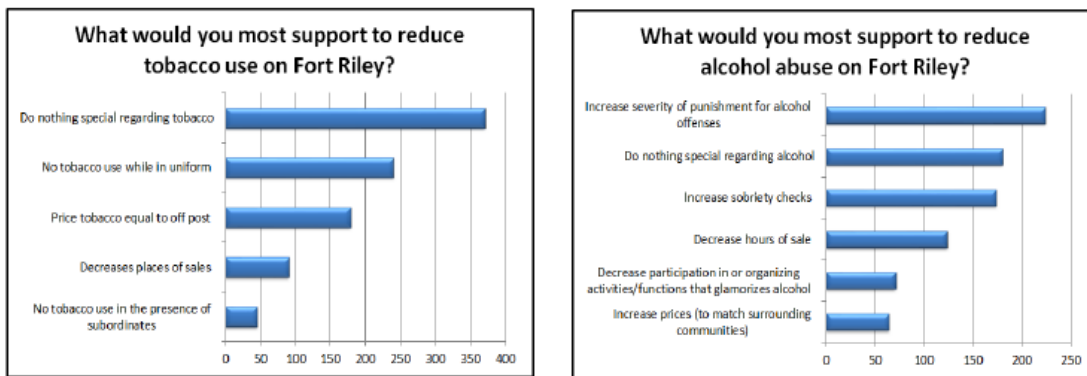
Health Status and Stress: When the respondents rated their health status, most respondents (86%) rated their health as 'excellent', 'very good' or 'good'. However, when the respondents rated their stress, nearly half (44.5%) felt stressed three or more days per week.



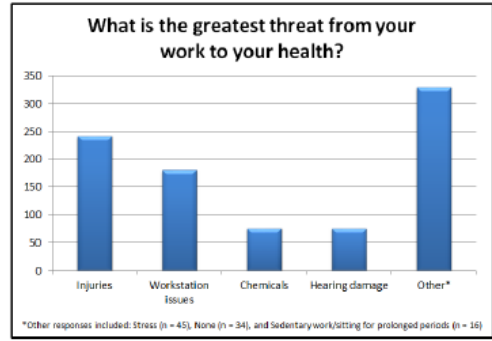
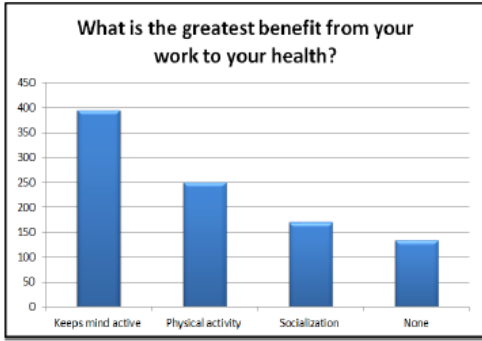
Greatest Benefits and Threats to Health: Two questions addressed respondents' of factors they believed would pose the greatest benefits and threats to the health of the Fort Riley population. Most respondents believed Farmer's Markets (31%) and healthy food restaurants (25.9%) would have the greatest benefit to health. However, most respondents believed the greatest threat to health on Fort Riley was alcohol abuse (40%) and tobacco use (19.9%).



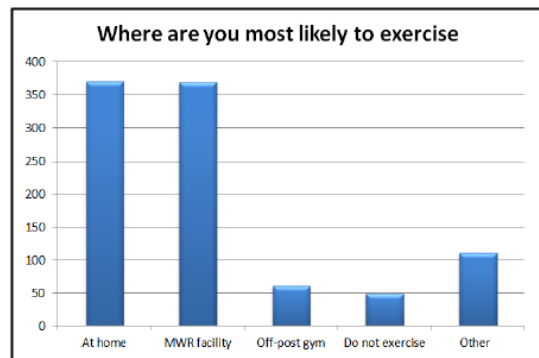
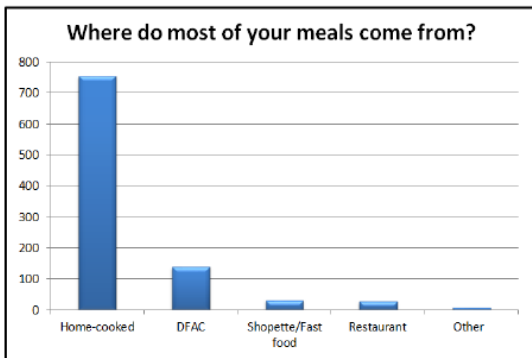
Alcohol and Tobacco: Two questions focused on respondents' opinions of how best to reduce alcohol and tobacco use on Fort Riley. Nearly half of the respondents (40%) answered that nothing special should be done. Whereas 26% felt that tobacco use should be banned while Soldiers are in uniform. When asked about what they would most support to reduce alcohol abuse on Fort Riley, most respondents (27%) answered 'increasing the severity of punishment for alcohol offenses'.



Greatest Benefits and Threats to Health from Working: Respondents were asked about what they perceived to be the greatest benefits and threats from their working environment. Most respondents answered that 'keeping their minds active' (41%) was the greatest benefit to their working environment, whereas 'injuries' (25%) was perceived to be the greatest threat. Respondents were also given an area to annotate other threats to their health and 34% wrote in answers. These answers included stress, sedentary work and 'no perceived threats'.



Nutrition and Exercise: Survey respondents were asked about their nutrition and exercise habits. Most respondents eat most of their meals at home (78%) and exercise at home or at a Morale, Welfare, and Recreation facility (76%). However some respondents (5%) answered that they do not engage in exercise.



Partners in our Community

DPH has many organizations and individuals that it works with in order to provide the highest level of service to the Fort Riley community. These partners include the Fort Riley Command staff, IACH, the surrounding counties' health departments, and other various organizations on Fort Riley. This section will detail the concerns and opinions of the DPH partners about the overall health status of Fort Riley. For a graphic representation of these partnerships see Diagram 1 below.

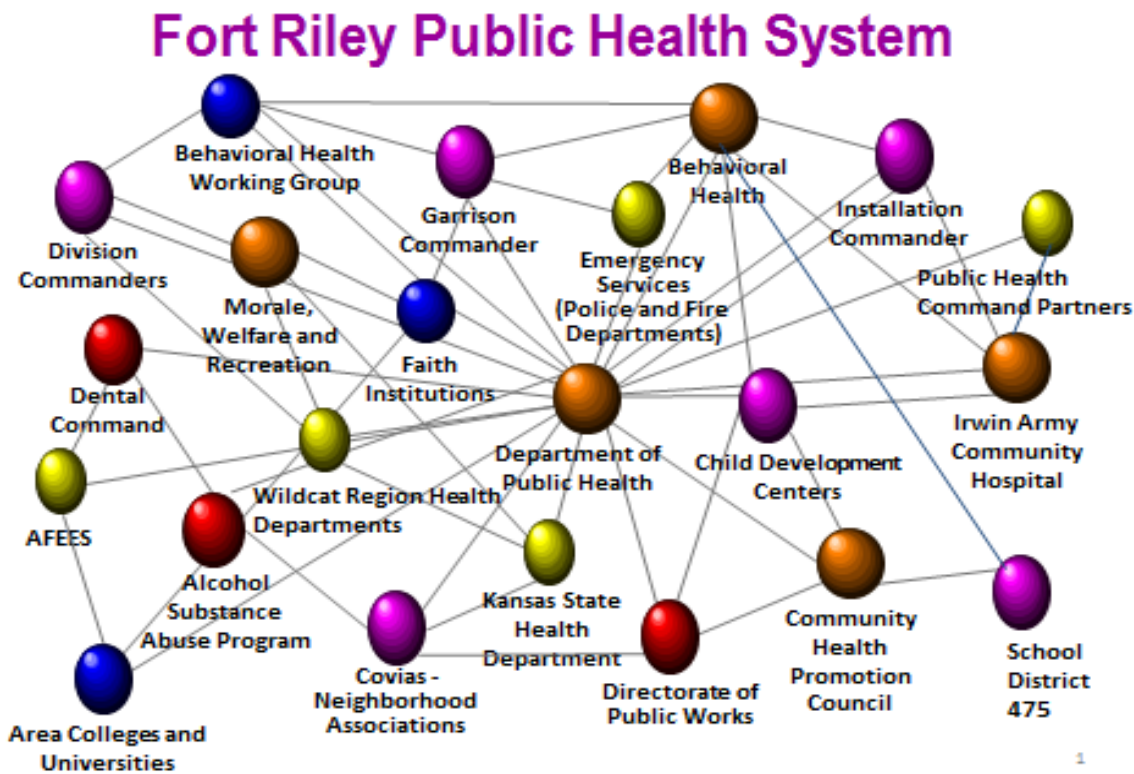


Diagram 1.

This section will also detail the Local Public Health System Assessment. The Local Public Health System Assessment focuses on all of the organizations and entities that contribute to the public's overall health within the community. The local public health system includes "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction". This includes public health agencies, healthcare providers, public safety entities, environmental agencies and many more. See Diagram 1 for entities specific to Fort Riley.

This assessment describes the activities and capabilities of the local public health system. It also breaks down the local public health system into individual components as they contribute to the ten Essential Public Health Services. These components are then evaluated for their effectiveness.

DPH administered a survey based on a modified version of the National Public Health Performance Standards to various community partners. This survey had questions covering each one of the ten Essential Public Health Services. The survey was administered specifically to:

- Board of Directors (BOD) (Fort Riley Army Garrison Leadership)
- Community Health Promotion Council Board (CHPC) of Directors (includes physicians and the IACH Command Team)
- Wildcat Region local Kansas Health Departments (Riley, Geary and Pottawatomie)
- USD 475 (Superintendent, Chief Nurse and Guidance Counselor)
- US Army Veterinary Command (VETCOM)
- US Army Dental Command (DENCOM)
- Public Health/ Behavioral Health (PH/BH) working group
- DES and Department of Public Works (DPW) (which is in charge of hunting, environmental concerns, parks, land use and zoning along with water quality)

The results of the overall survey are below:

Essential Service	Scale 1-4	Percentage
1 Monitor health status to identify and solve community health problems	3.08	77.08%
2 Diagnose and investigate health problems and health hazards in the community	3.08	77.08%
3 Inform, educate, and empower people about health issues	2.89	72.22%
4 Mobilize community partnerships and action to identify and solve health problems	2.86	71.43%
5 Develop policies and plans that support individual and community health efforts	2.83	70.83%
6 Enforce laws and regulations that protect health and ensure safety	3.14	78.57%
7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable	2.57	64.29%
8 Assure competent public and personal health care workforce	3.00	75.00%
9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services	2.61	65.28%
10 Research for new insights and innovative solutions to health problems	2.68	67.05%

Scale: 1 – Not at all 2 – Partially 3 – Substantially 4 - Fully

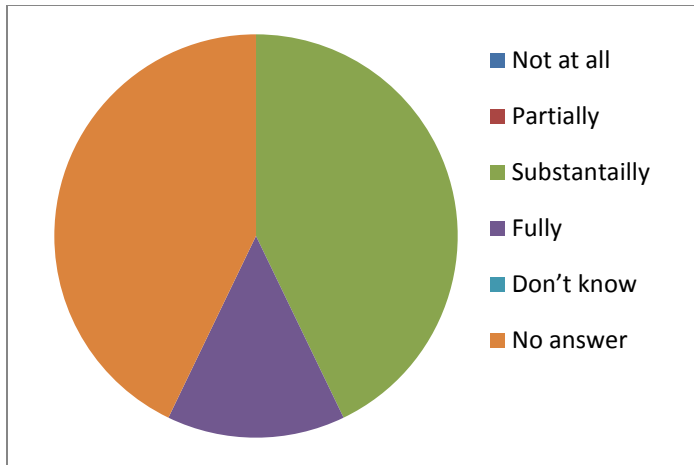
These results indicate that many of DPH’s partners are unaware of the services DPH offers. DPH needs to improve the publication of its services to the public and to its partners.

Results from specific partners are below.

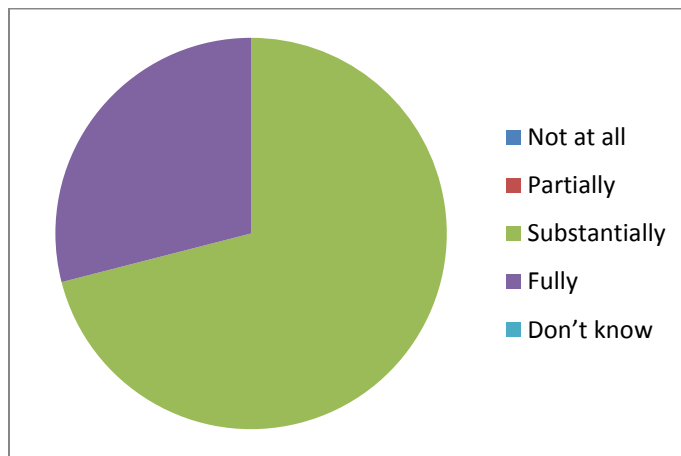
Results from the WILDCAT SURVEY (Riley, Geary and Pottawattamie Health Departments):

“Hospitals, clinic, doctors, school nurses, health advocacy organizations, church health teams, mental health professionals, paramedics, and laboratories, together with the local public health department and all other entities working to improve health in the community, make up the local public health SYSTEM.”

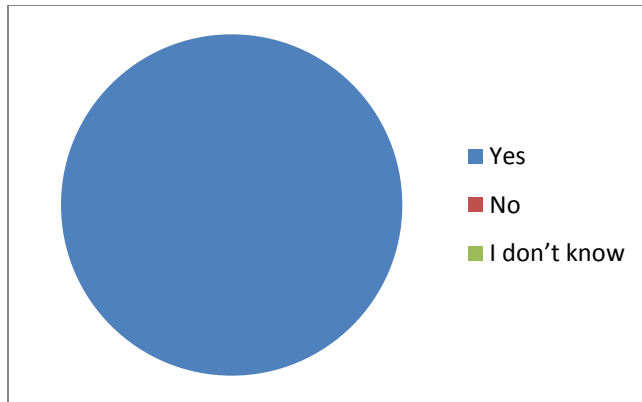
1. Using this definition, to what extent is your organization part of the local public health SYSTEM on Fort Riley?



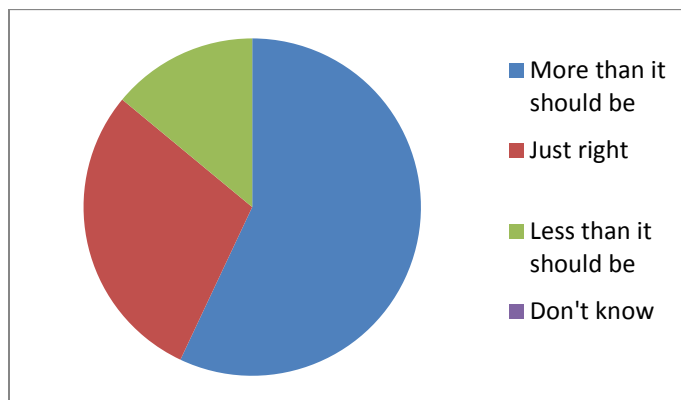
2. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #1?



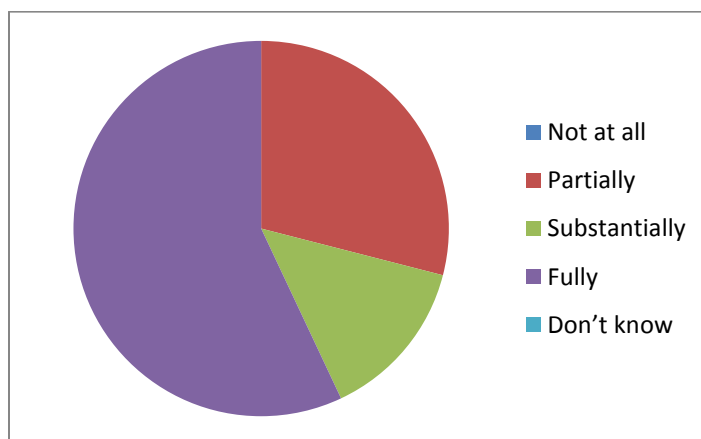
3. Is YOUR organization involved in essential service #1?



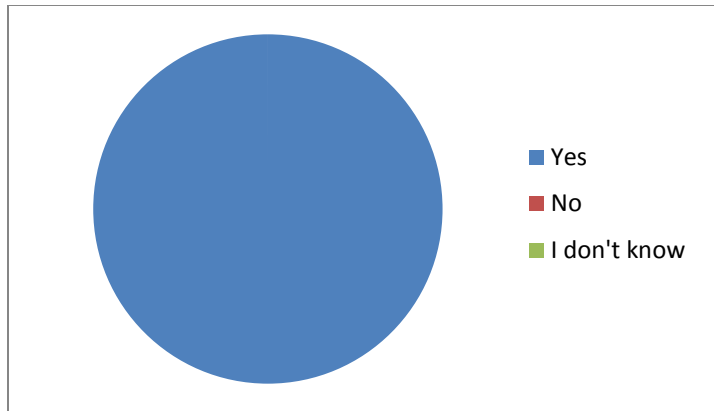
4. Do you think YOUR organization's involvement in Essential Service #1 is:



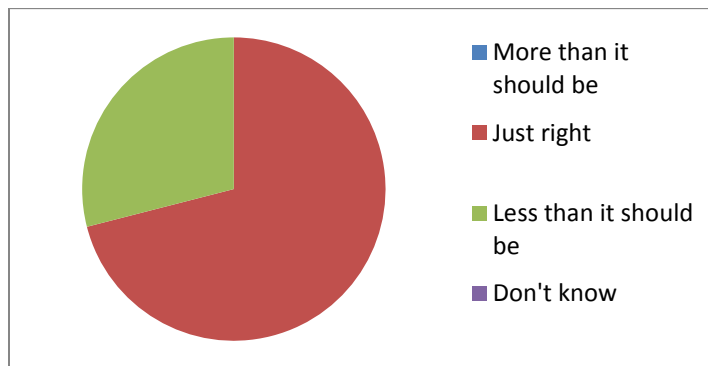
5. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #2?



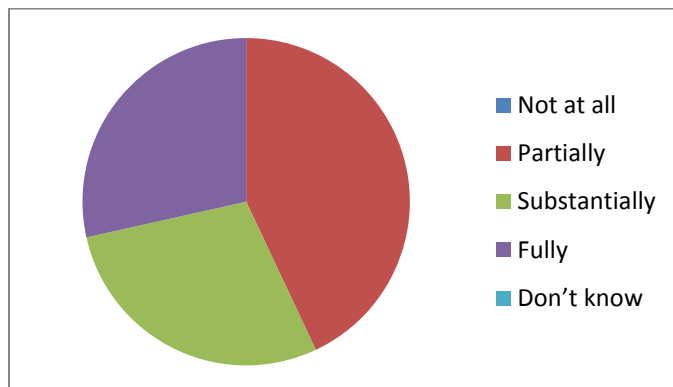
6. Is YOUR organization involved in essential service #2?



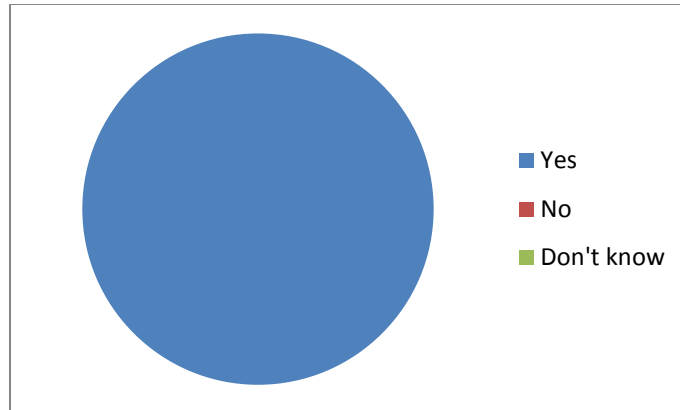
7. Do you think YOUR organization's involvement in essential service #2 is:



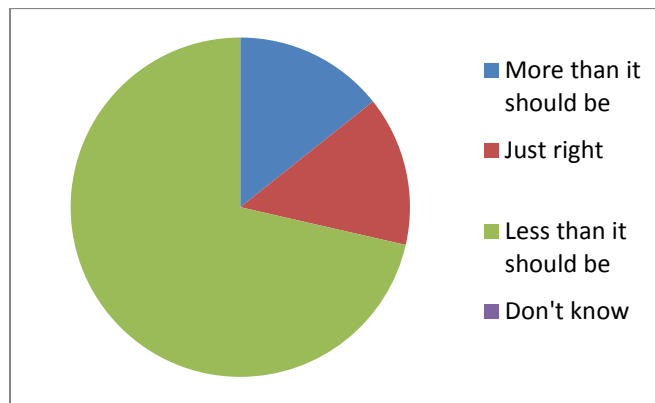
8. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #3?



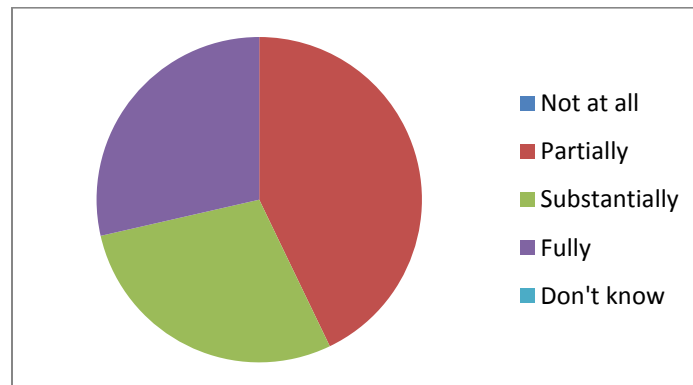
9. Is YOUR organization involved in essential service #3?



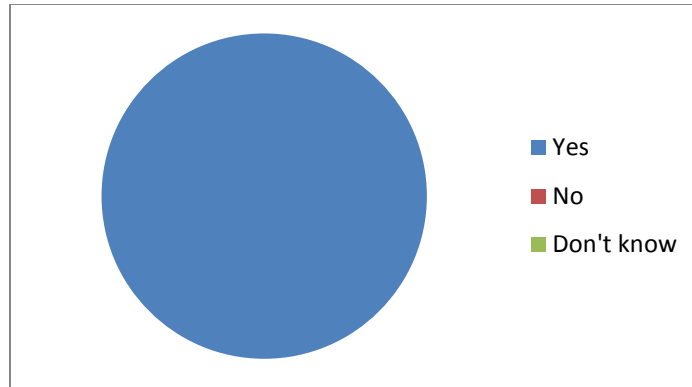
10. Do you think YOUR organization's involvement in essential service #3 is:



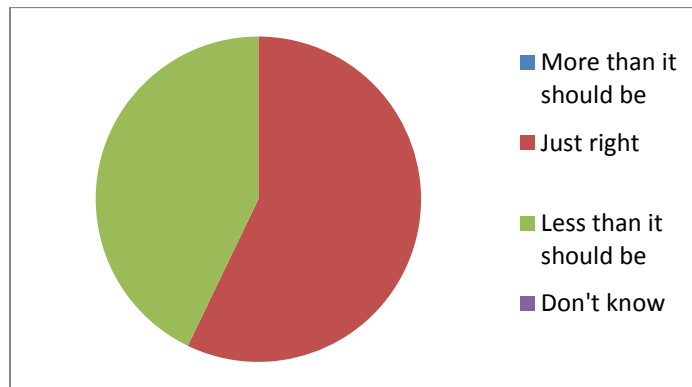
11. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #4?



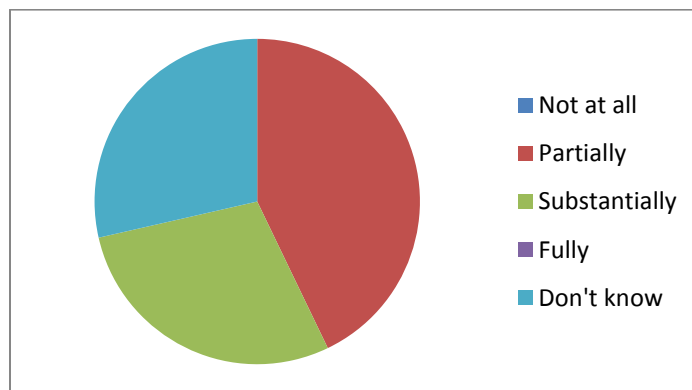
12. Is YOUR organization involved in essential service #4?



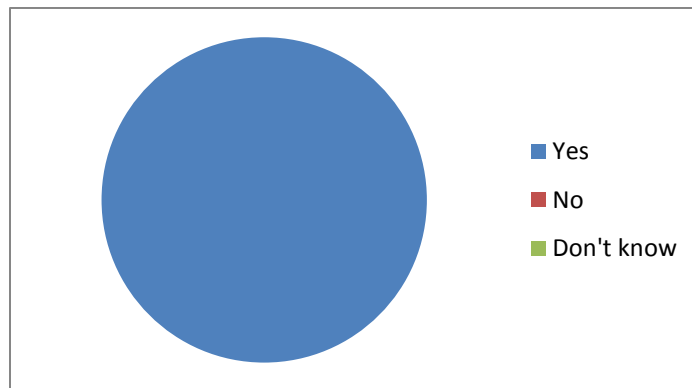
13. Do you think YOUR organization's involvement in essential service #4 is:



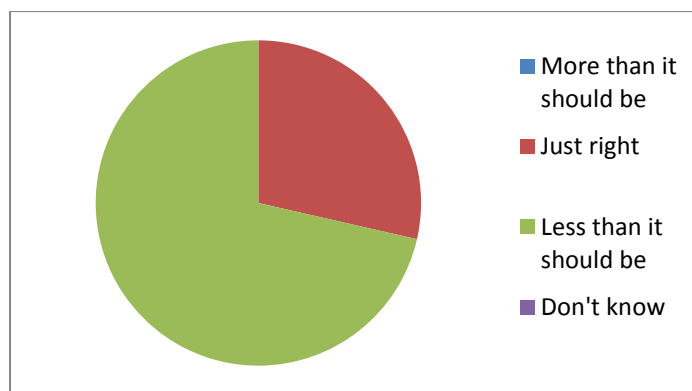
14. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #5?



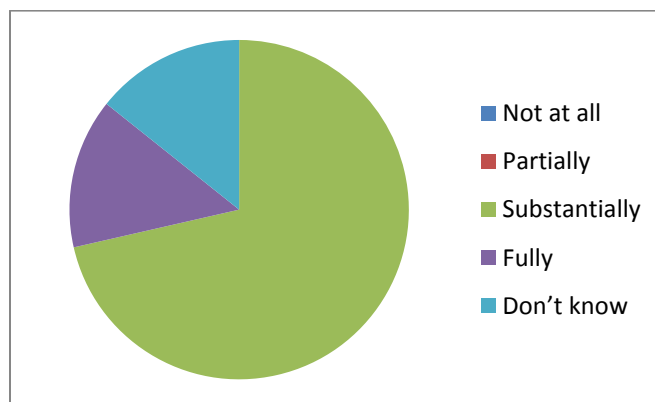
15. Is YOUR organization involved in essential service #5?



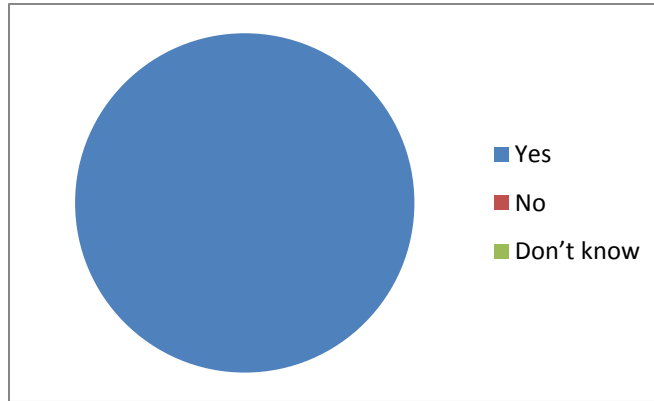
16. Do you think YOUR organization's involvement in essential service #5 is :



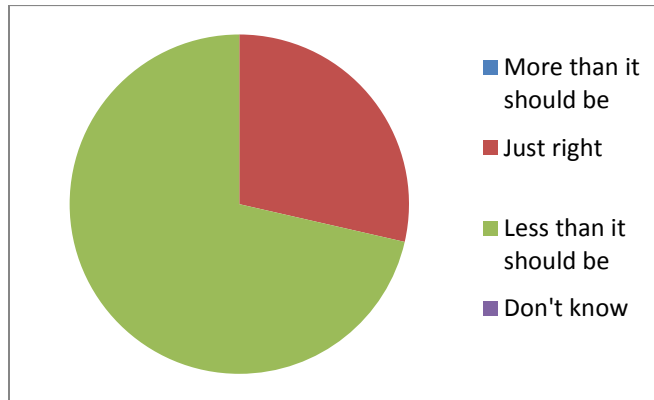
17. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #6?



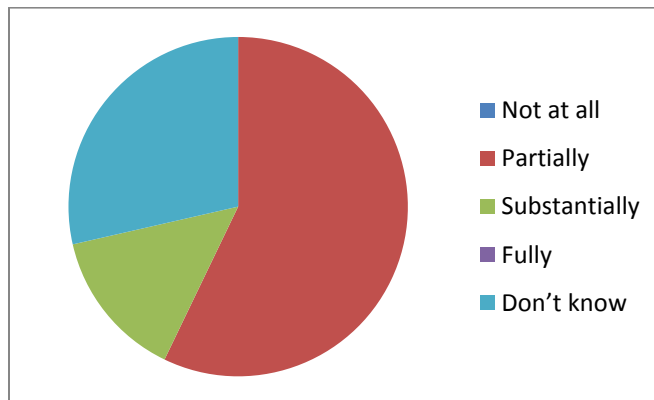
18. Is YOUR organization involved in essential service #6?



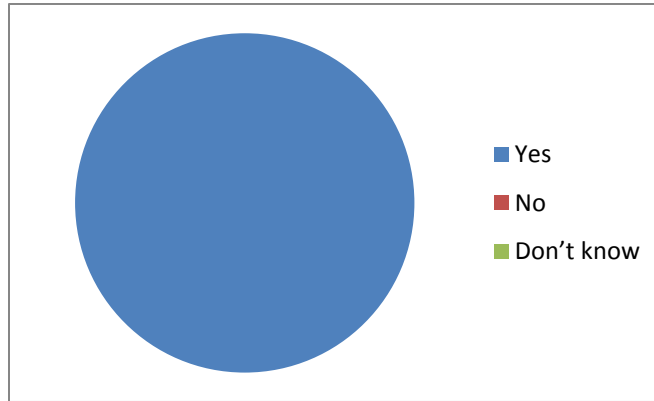
19. Do you think YOUR organization's involvement in essential service #6 is:



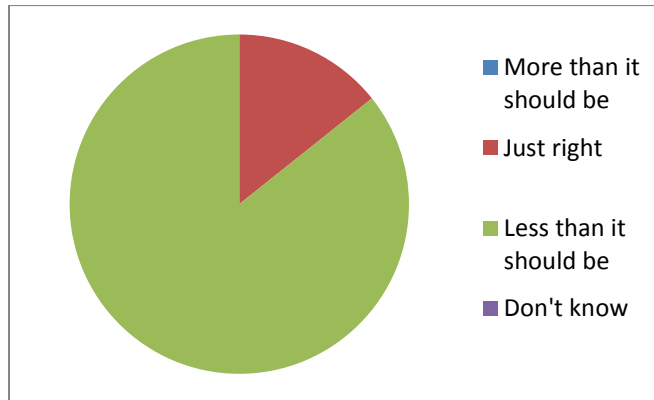
20. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #7?



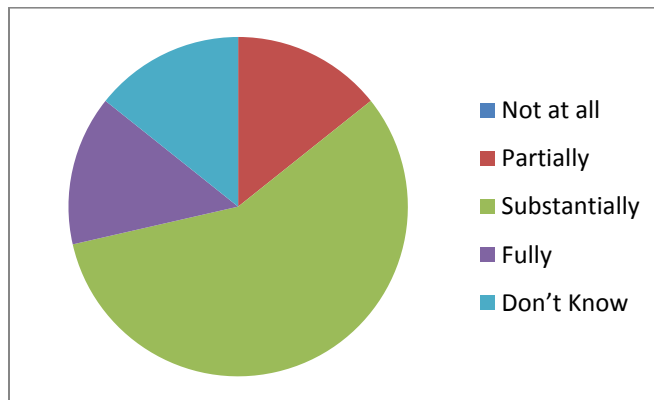
21. Is YOUR organization involved in essential service #7?



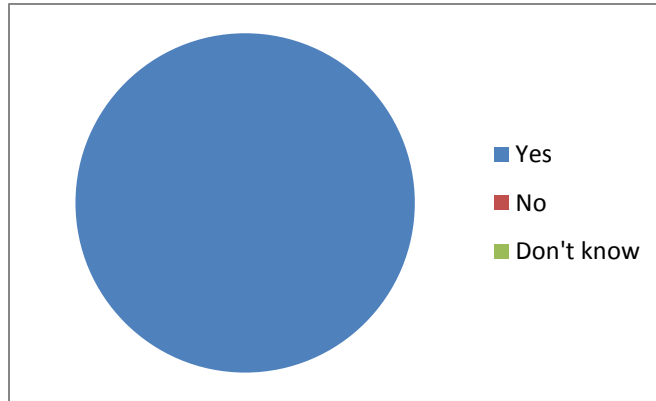
22. Do you think YOUR organization's involvement in essential service #7 is:



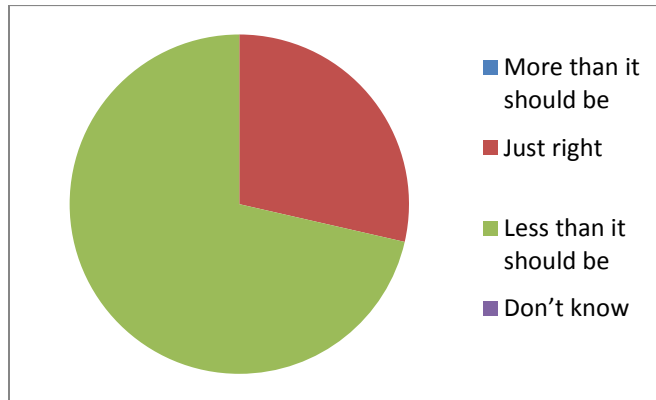
23. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #8?



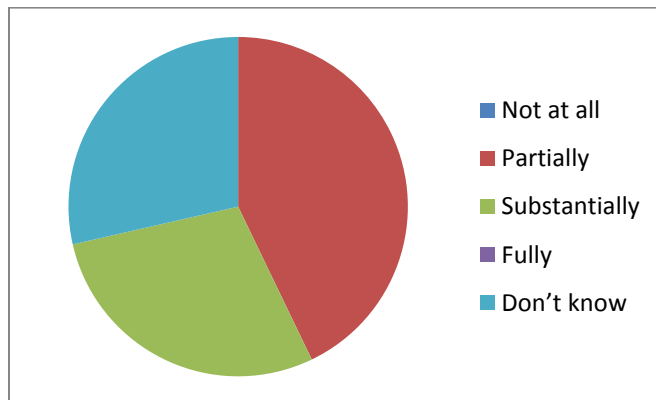
24. Is YOUR organization involved in essential service #8?



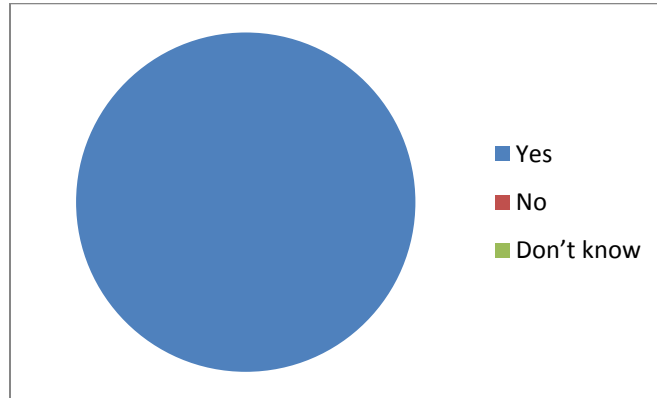
25. Do you think YOUR organization's involvement in essential service #8 is:



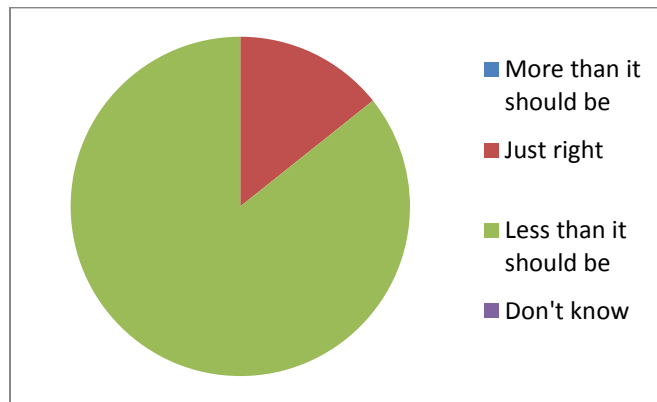
26. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #9?



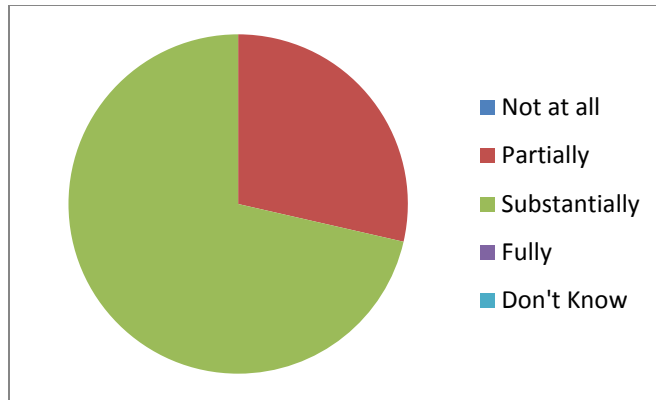
27. Is YOUR organization involved in essential service #9?



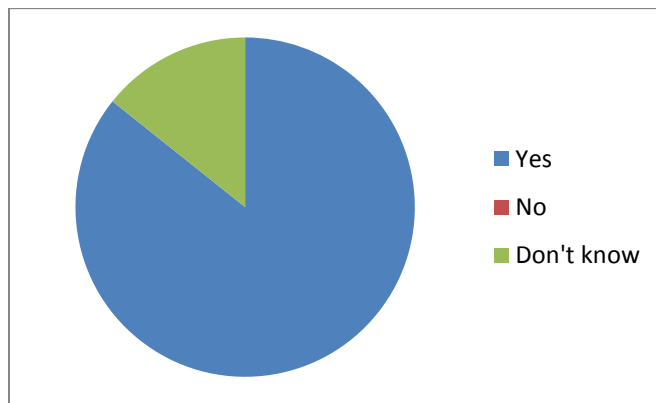
28. Do you think YOUR organization's involvement in essential service #9 is:



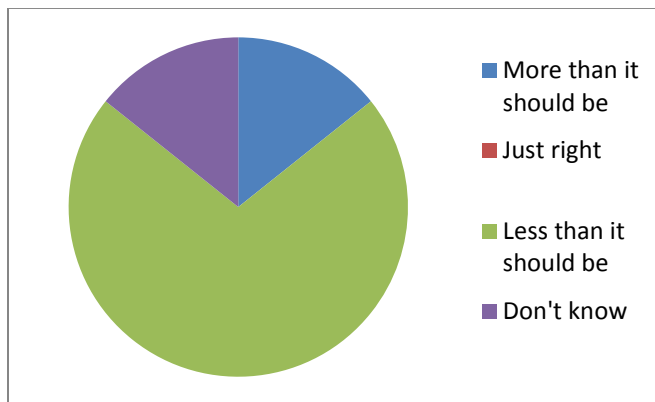
29. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #10?



30. Is YOUR organization involved in essential service #10?



31. Do you think YOUR organization's involvement in Essential Service #10 is:



32. Comments:

“I am trusting that because you are who you are, you are at least doing substantially in all areas.”

“Muck like other public health, I am not all too familiar with the roles and services provided at Ft. Riley.”

“It is my opinion that not only Ft. Riley but other surrounding local health departments need to improve, not their presence in the community, but the services they provide.”

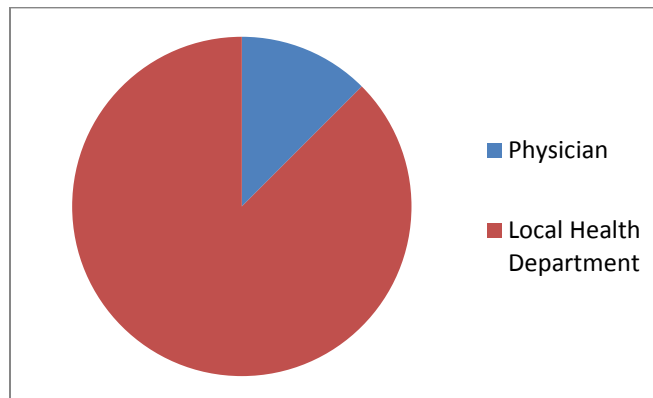
“Some services are just tailored to soldiers not encompassing the whole community. Resources are limited.”

“#9- Difficult to know internal operations. The LPNs on Ft. Riley may be doing some or all of the essential services but civilians are not always privy to all information.”

“Ft. Riley is a valuable partner in our region. We are trying to coordinate our activities and capabilities. We are working to inspire our capabilities and as a result, not currently (my perspective) well versed as a department. (staff) for providing all 10- Thank you.”

“We could do more together to promote effective policy. We tend to use quick strategies that are not evidence based. We are not totally consistent in approach to large public health threats.”

33. Please place an X next to the public health system sector which best describes the work of your organization and the basis for your responses to this survey.

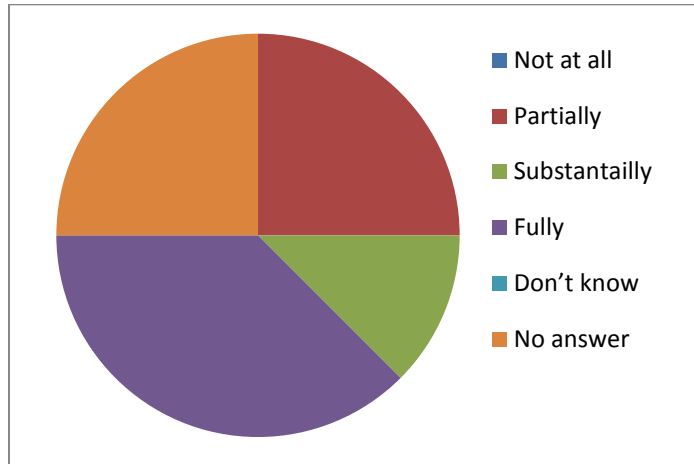


Based on this feedback DPH needs to reach out to its community more, conduct evidence-based solutions and publicize its services.

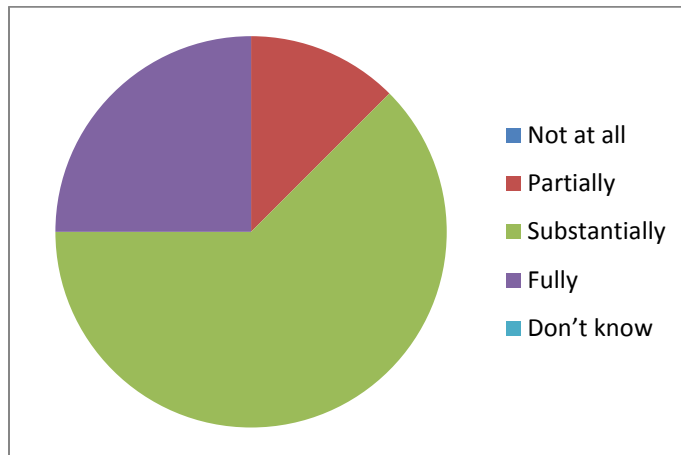
Results from DES and DPW:

“Hospitals, clinic, doctors, school nurses, health advocacy organizations, church health teams, mental health professionals, paramedics, and laboratories, together with the local public health department and all other entities working to improve health in the community, make up the local public health SYSTEM.”

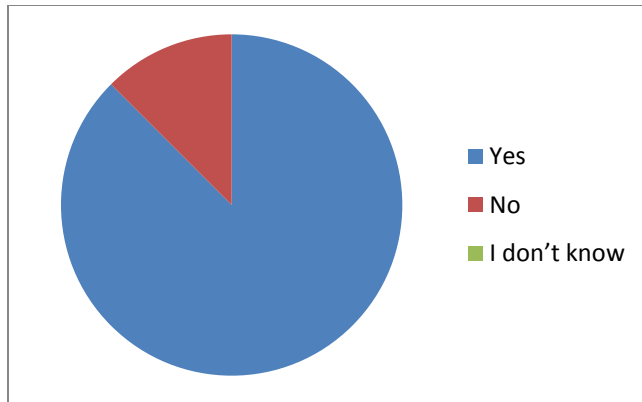
1. Using this definition, to what extent is your organization part of the local public health SYSTEM on Fort Riley?



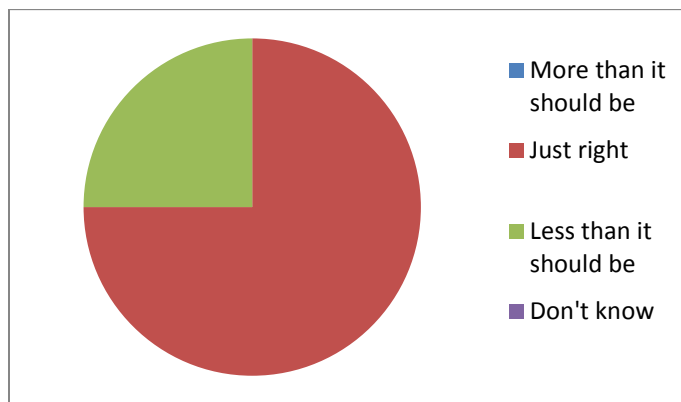
2. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #1?



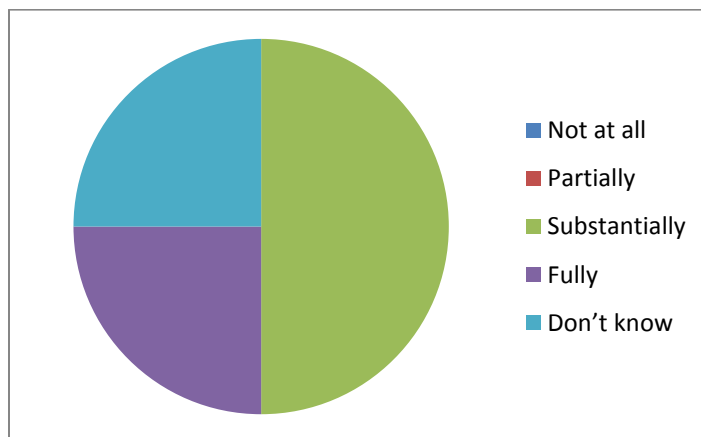
3. Is YOUR organization involved in essential service #1?



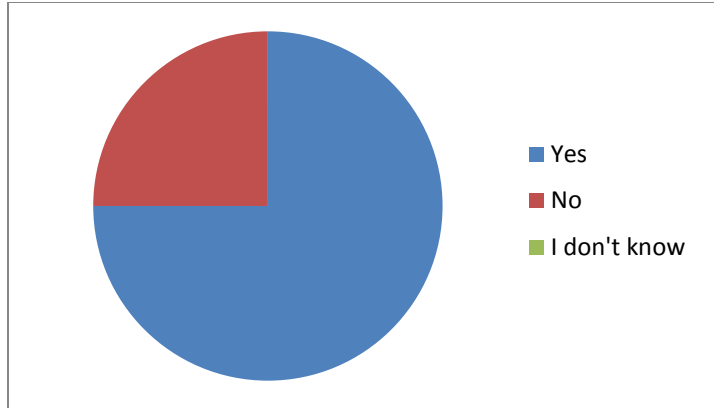
4. Do you think YOUR organization's involvement in Essential Service #1 is:



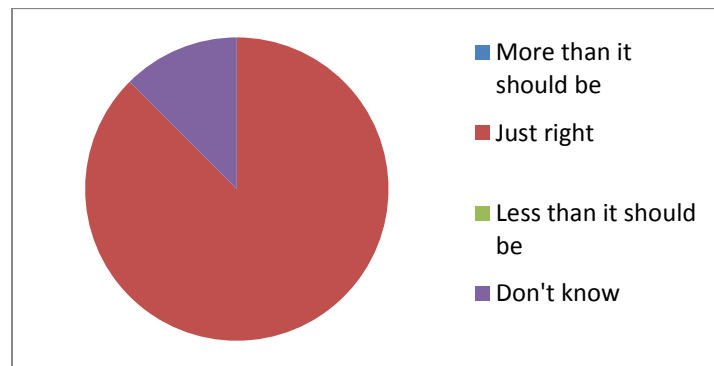
5. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #2?



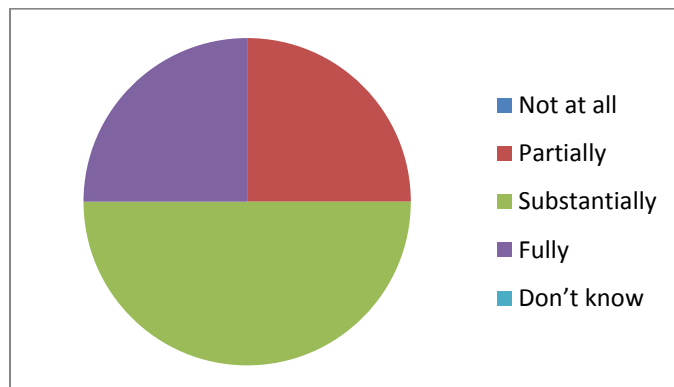
6. Is YOUR organization involved in essential service #2?



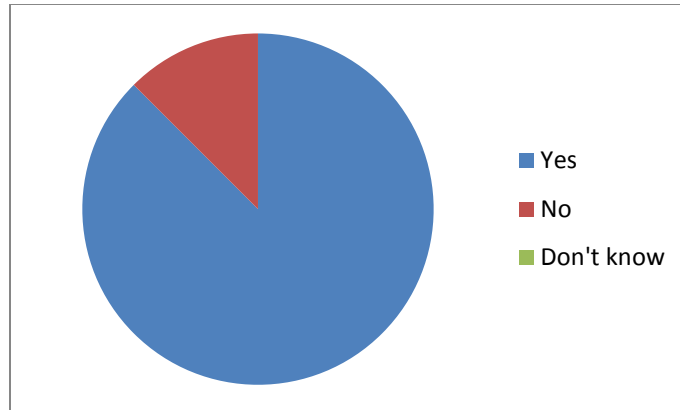
7. Do you think YOUR organization's involvement in essential service #2 is:



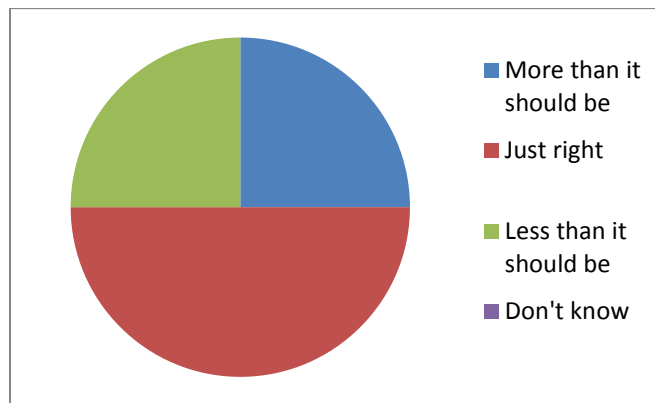
8. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #3?



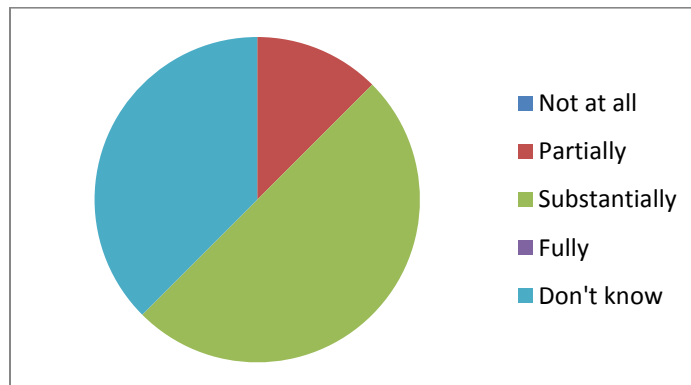
9. Is YOUR organization involved in essential service #3?



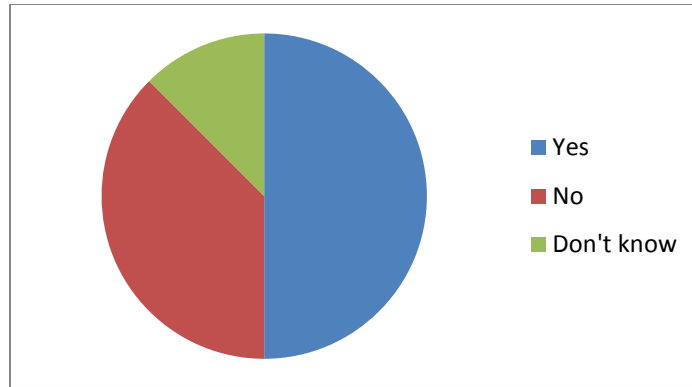
10. Do you think YOUR organization's involvement in essential service #3 is:



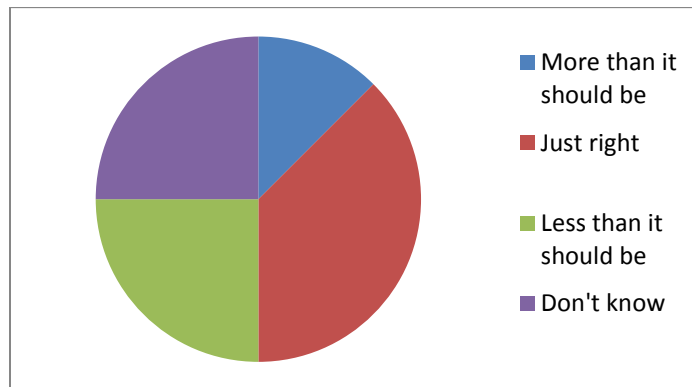
11. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #4?



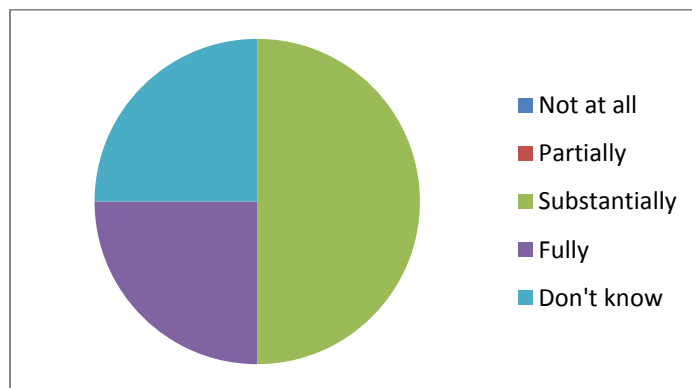
12. Is YOUR organization involved in essential service #4?



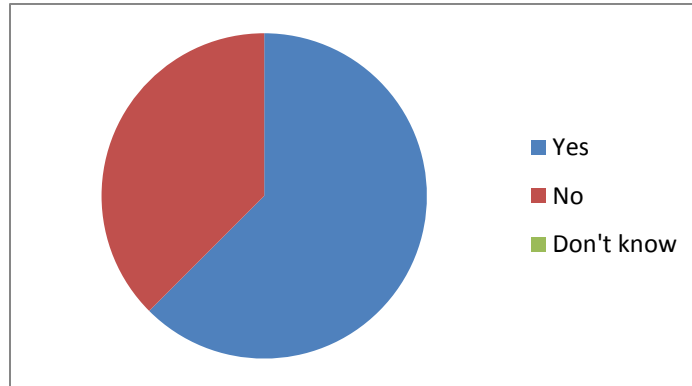
13. Do you think YOUR organization's involvement in essential service #4 is:



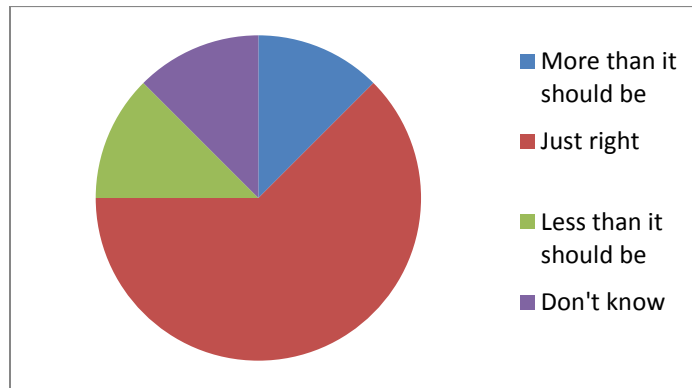
14. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #5?



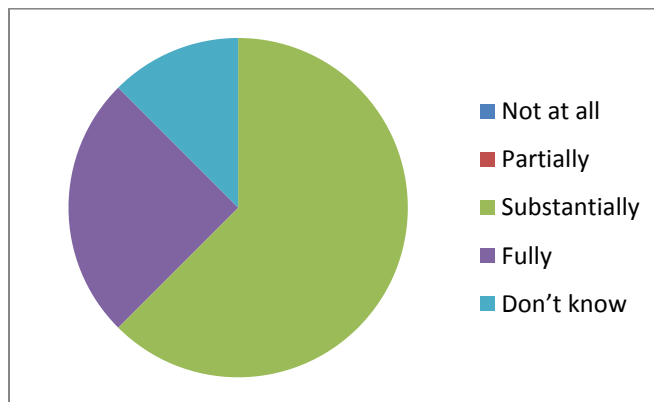
15. Is YOUR organization involved in essential service #5?



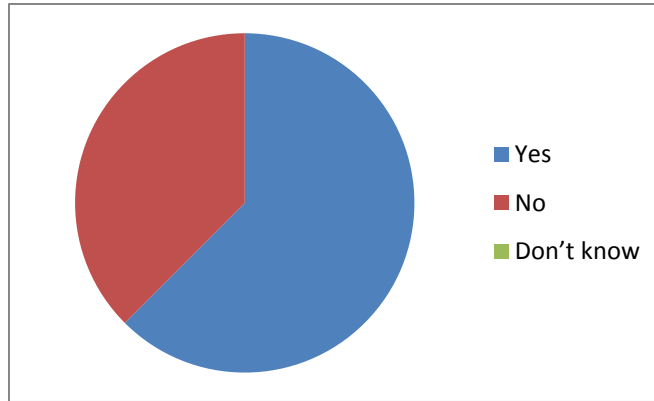
16. Do you think YOUR organization's involvement in essential service #5 is :



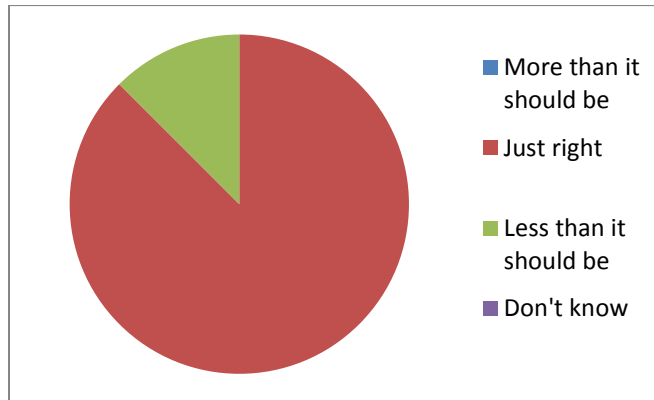
17. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #6?



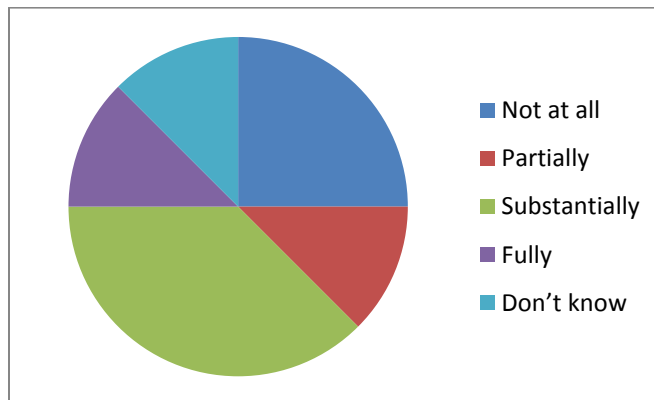
18. Is YOUR organization involved in essential service #6?



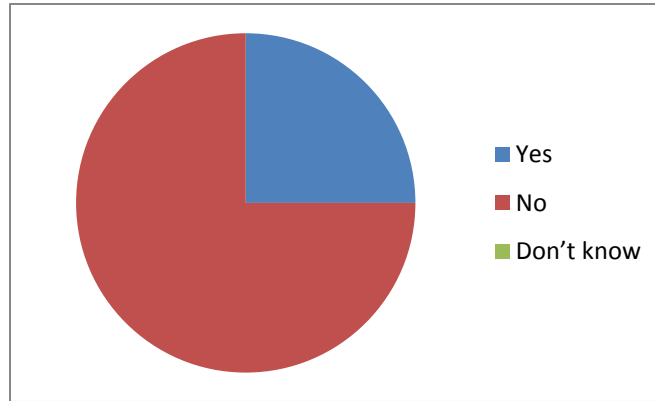
19. Do you think YOUR organization's involvement in essential service #6 is:



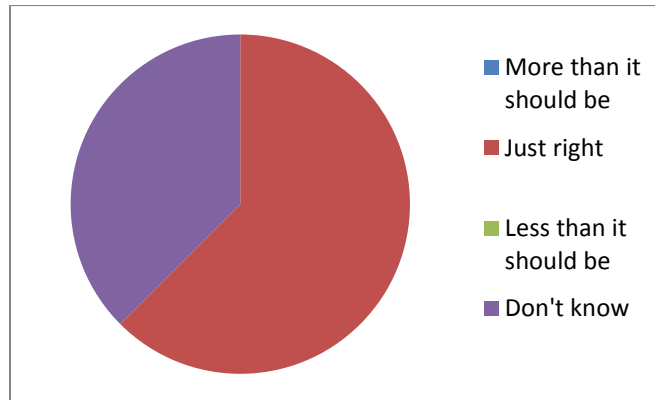
20. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #7?



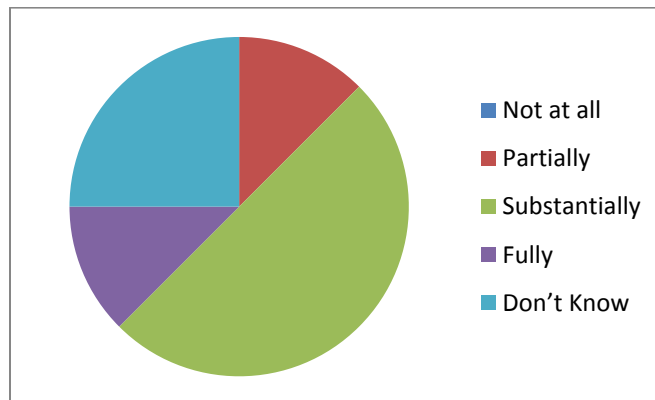
21. Is YOUR organization involved in essential service #7?



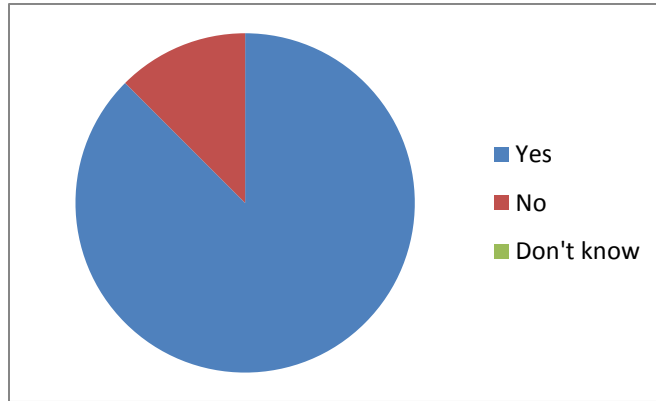
22. Do you think YOUR organization's involvement in essential service #7 is:



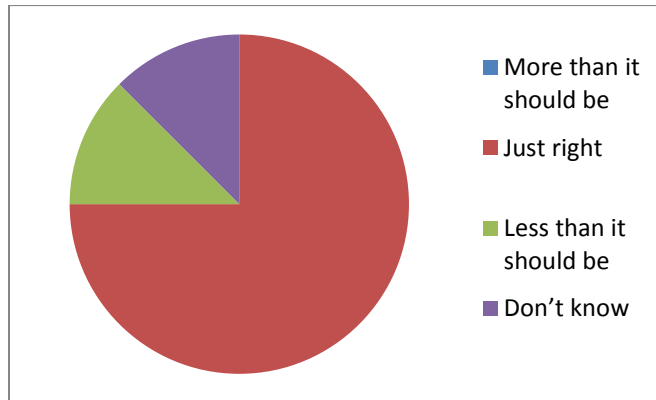
23. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #8?



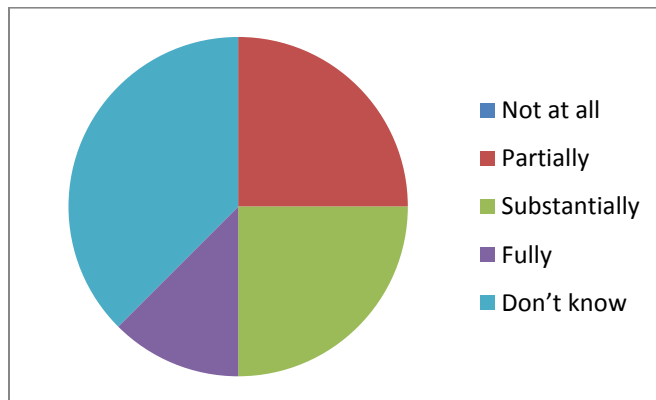
24. Is YOUR organization involved in essential service #8?



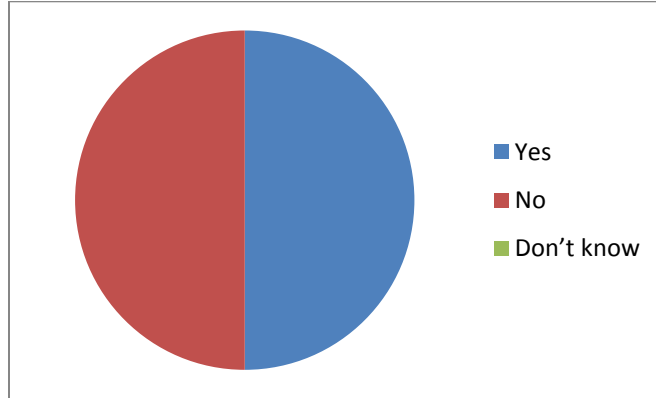
25. Do you think YOUR organization's involvement in essential service #8 is:



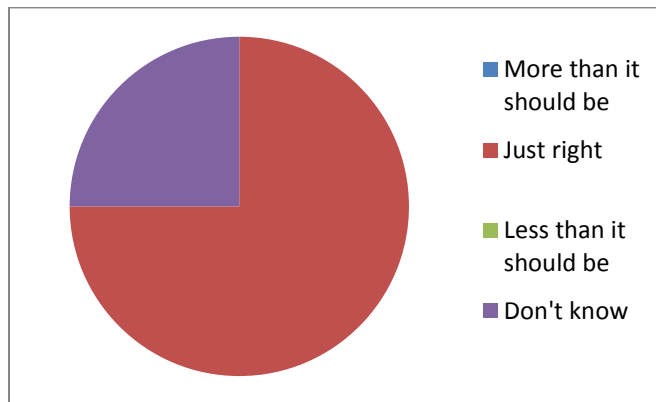
26. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #9?



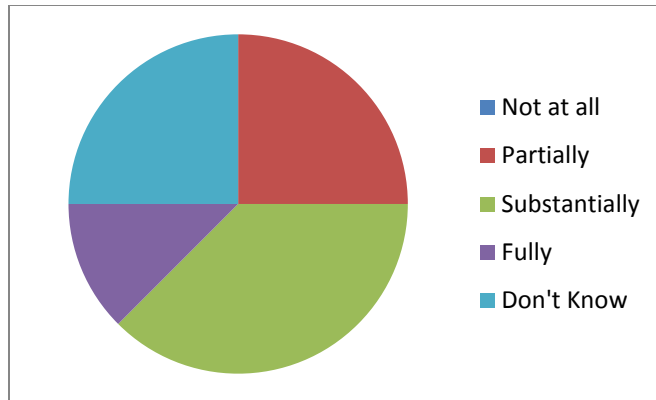
27. Is YOUR organization involved in essential service #9?



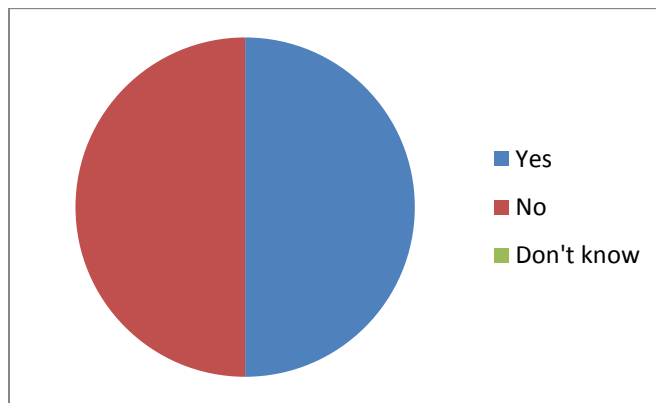
28. Do you think YOUR organization's involvement in essential service #9 is:



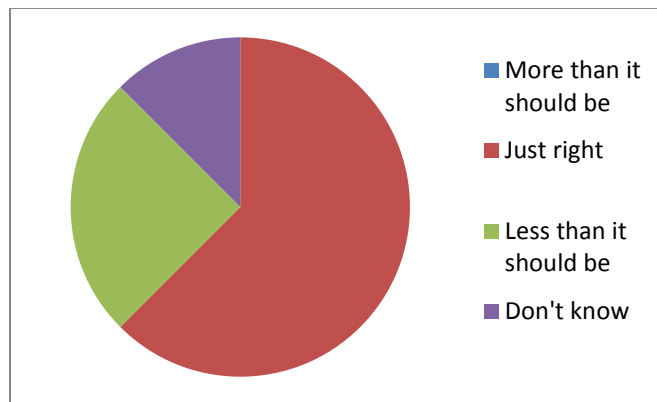
29. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #10?



30. Is YOUR organization involved in essential service #10?



31. Do you think YOUR organization's involvement in Essential Service #10 is:



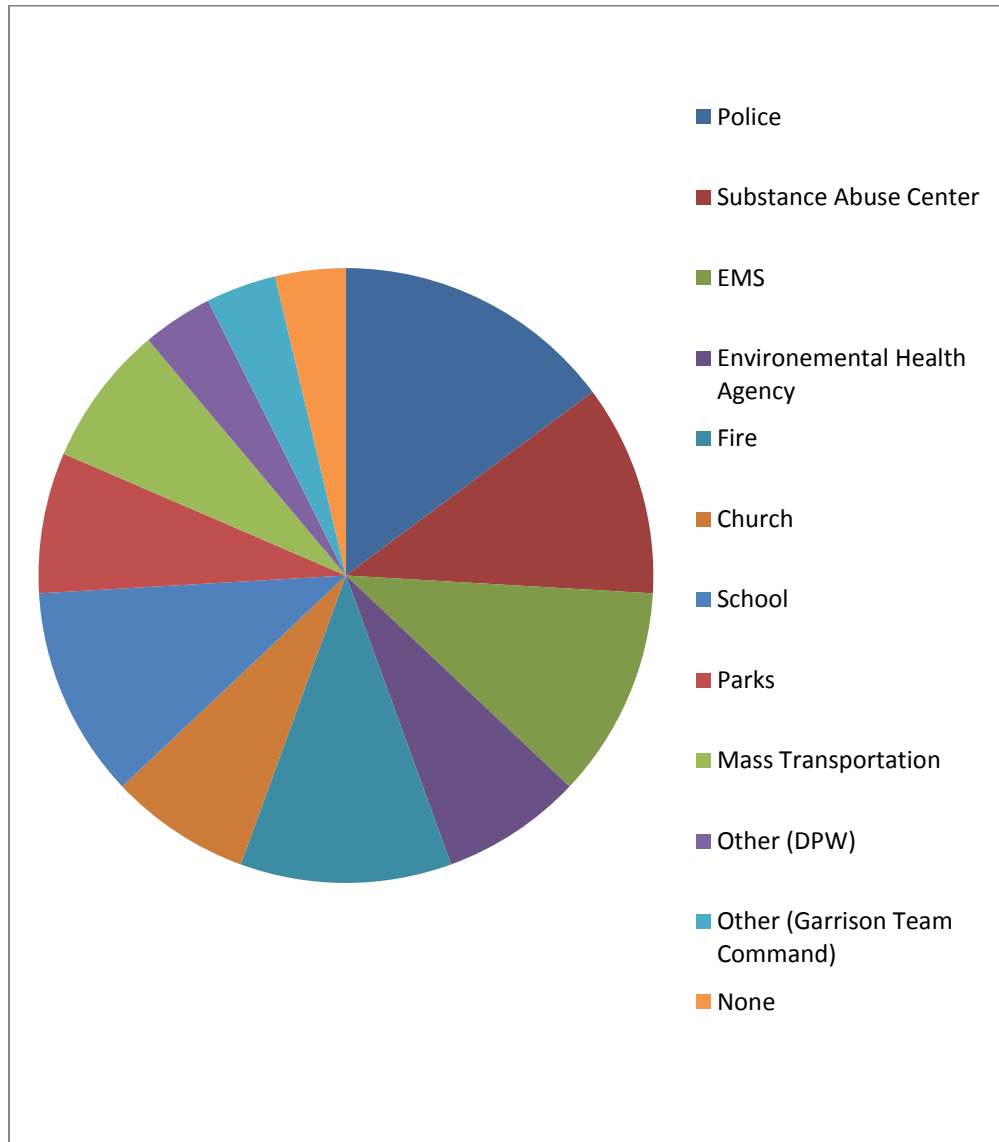
32. Comments:

“Lack of visibility/understanding on intern and community partnerships. Reduction in staff impact delivery of service.”

“This survey was a joint effort with USD 475 school nurse (Ms. Jane Handles). She indicated great communication and team work.”

“Directorate of Public Works Water/Waste Water, environmental.”

33. Please place an X next to the public health system sector which best describes the work of your organization and the basis for your responses to this survey.



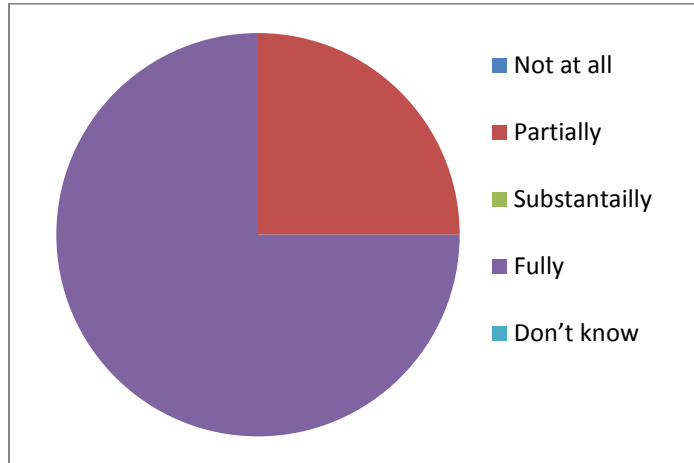
Based on these results DPH needs to publicize its services and include its partners when deciding on a solution to a community issue.

Results from the BOD and CHPC:

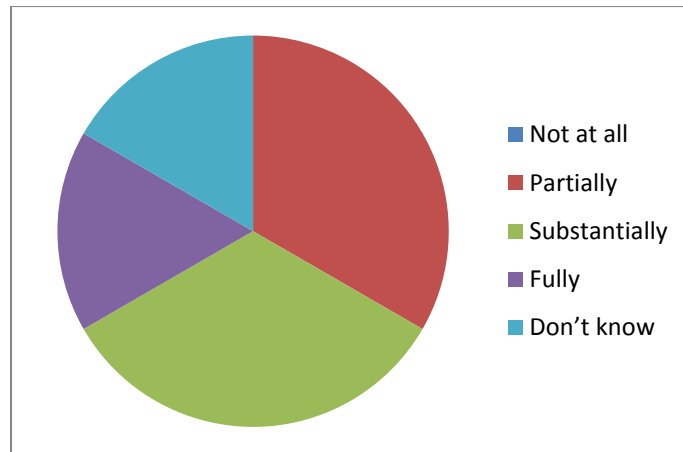
“Hospitals, clinic, doctors, school nurses, health advocacy organizations, church health teams, mental health professionals, paramedics, and laboratories, together with the local public health

department and all other entities working to improve health in the community, make up the local public health SYSTEM.”

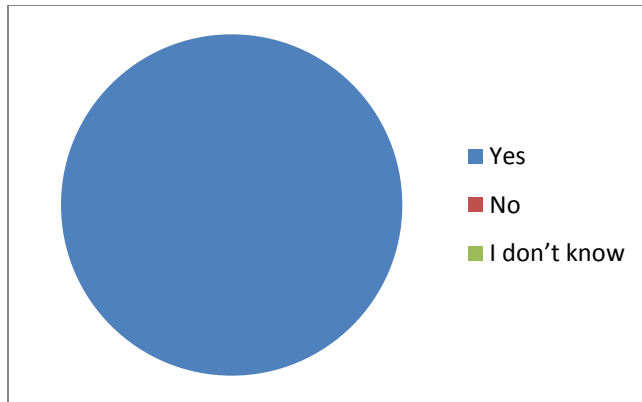
1. Using this definition, to what extent is your organization part of the local public health SYSTEM on Fort Riley?



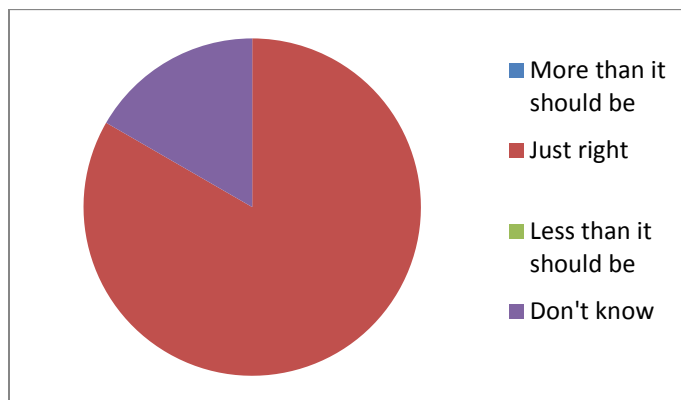
2. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #1?



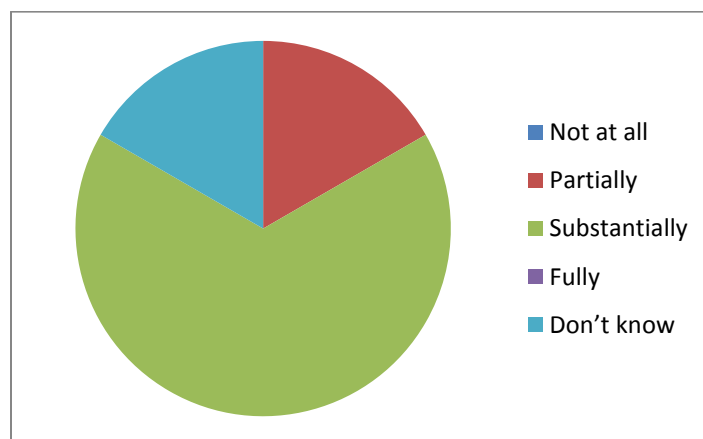
3. Is YOUR organization involved in essential service #1?



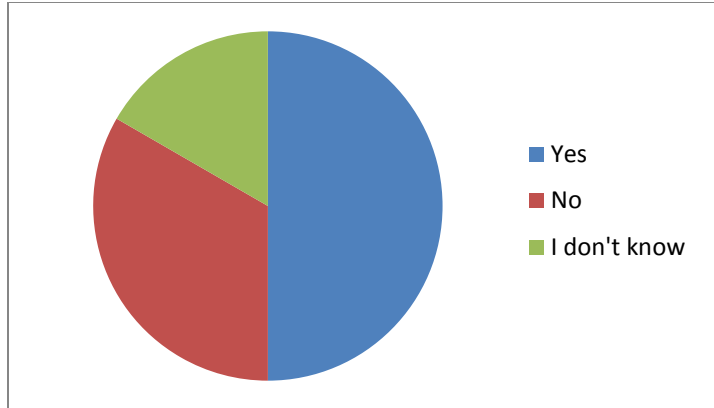
4. Do you think YOUR organization's involvement in Essential Service #1 is:



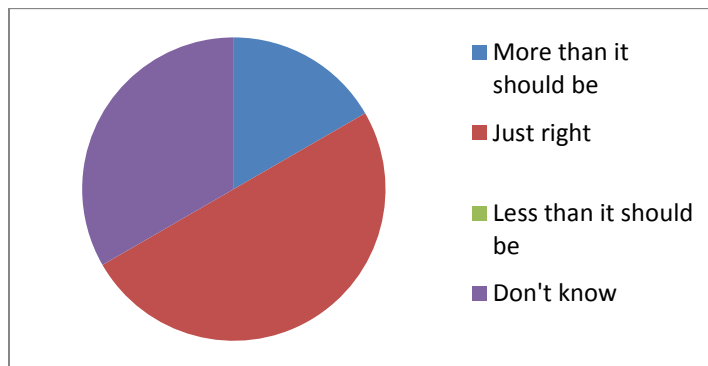
5. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #2?



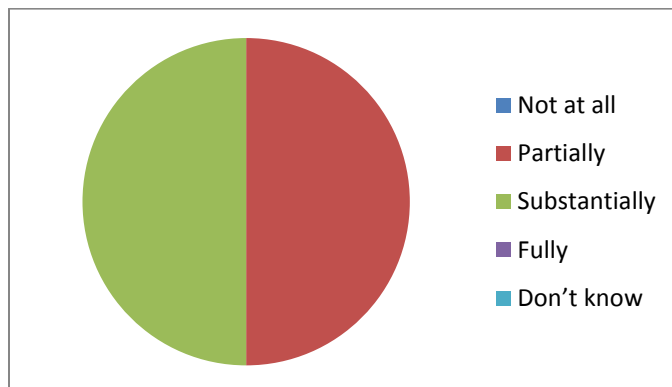
6. Is YOUR organization involved in essential service #2?



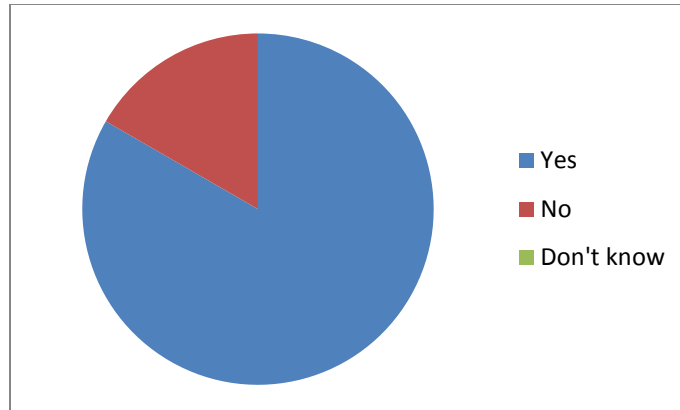
7. Do you think YOUR organization's involvement in essential service #2 is:



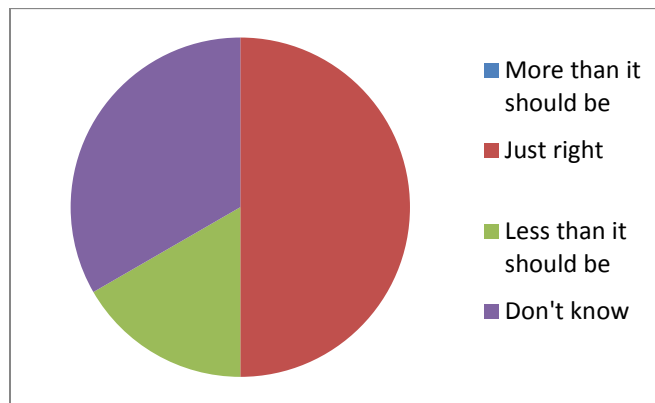
8. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #3?



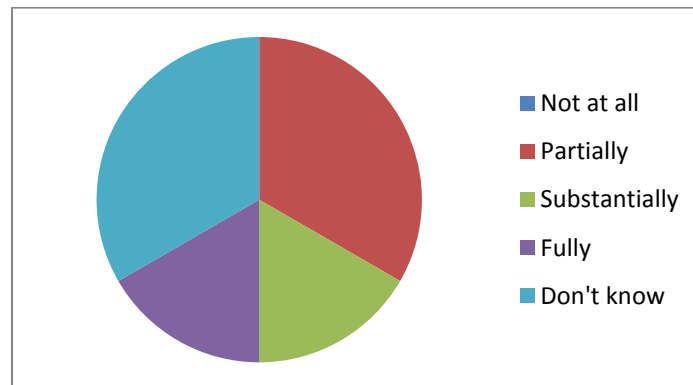
9. Is YOUR organization involved in essential service #3?



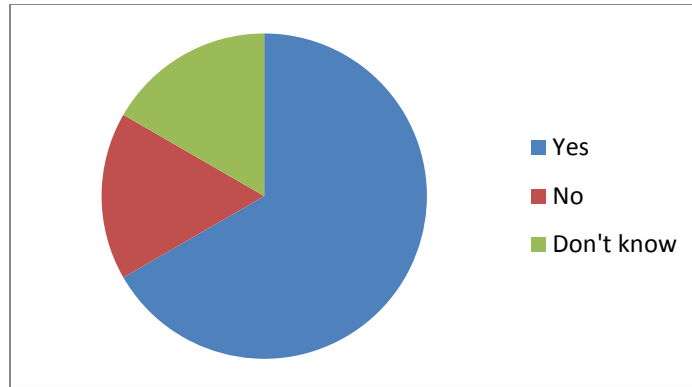
10. Do you think YOUR organization's involvement in essential service #3 is:



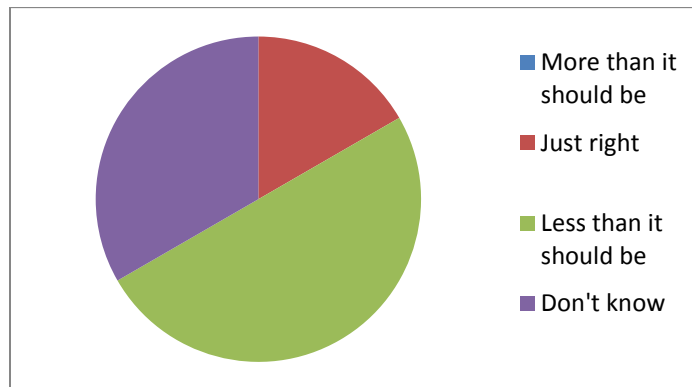
11. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #4?



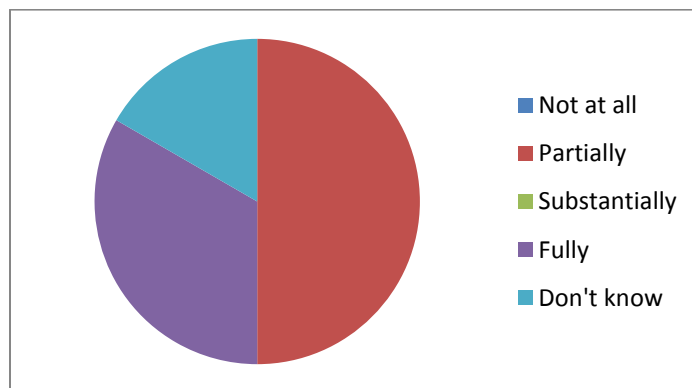
12. Is YOUR organization involved in essential service #4?



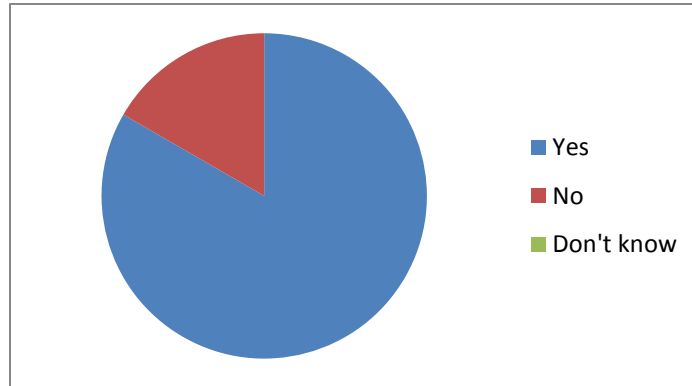
13. Do you think YOUR organization's involvement in essential service #4 is:



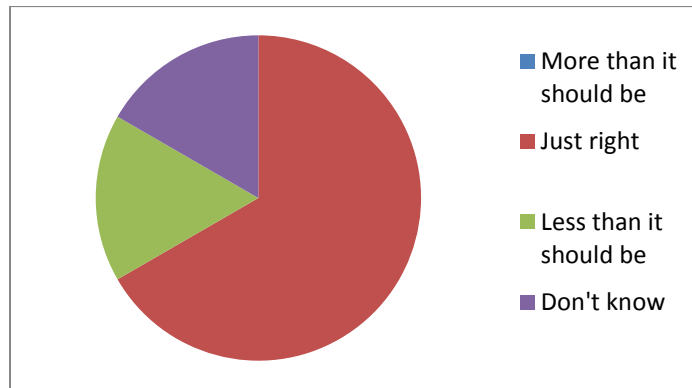
14. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #5?



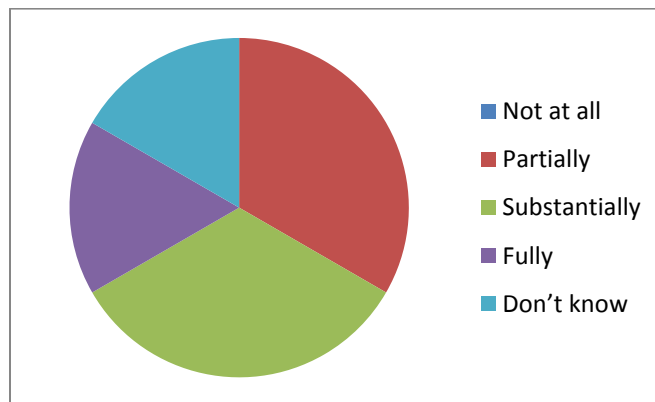
15. Is YOUR organization involved in essential service #5?



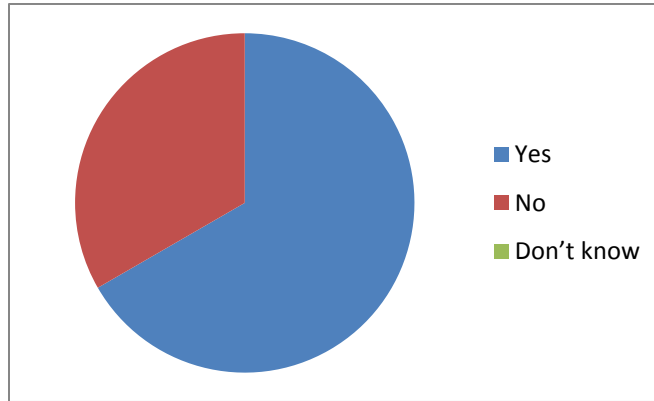
16. Do you think YOUR organization's involvement in essential service #5 is :



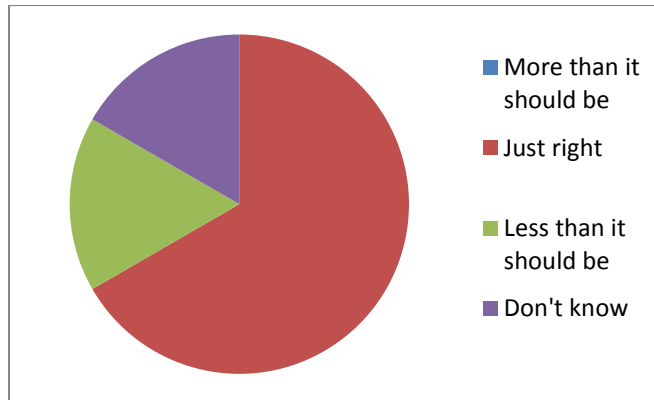
17. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #6?



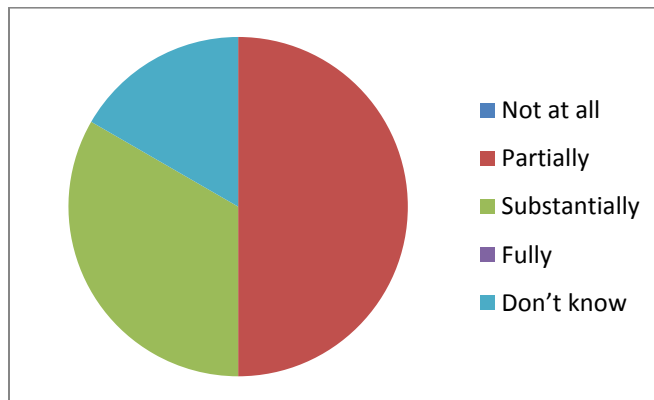
18. Is YOUR organization involved in essential service #6?



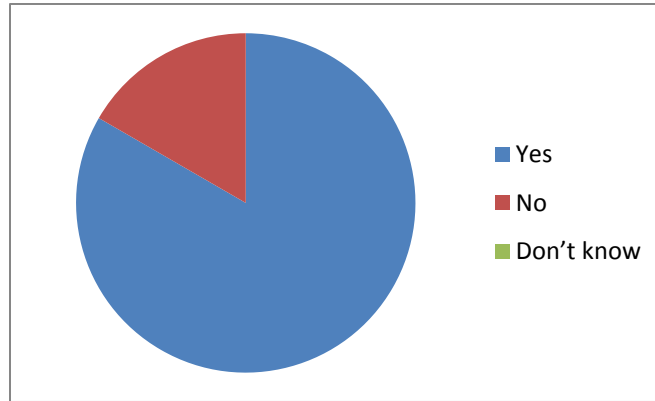
19. Do you think YOUR organization's involvement in essential service #6 is:



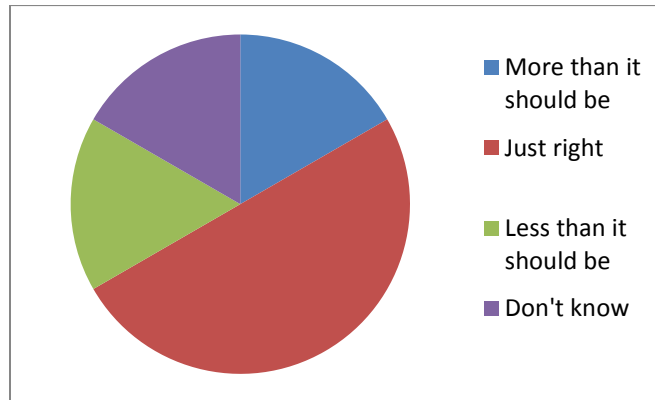
20. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #7?



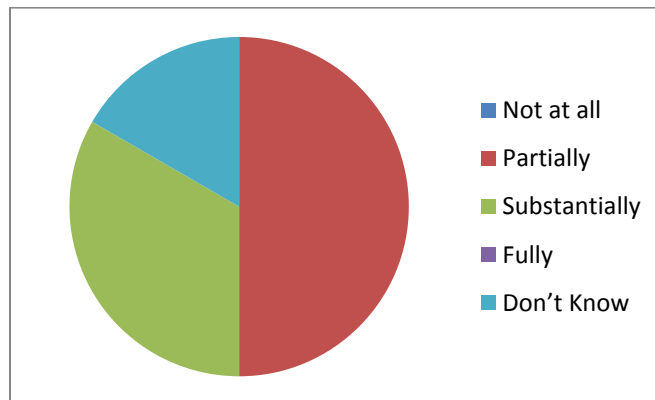
21. Is YOUR organization involved in essential service #7?



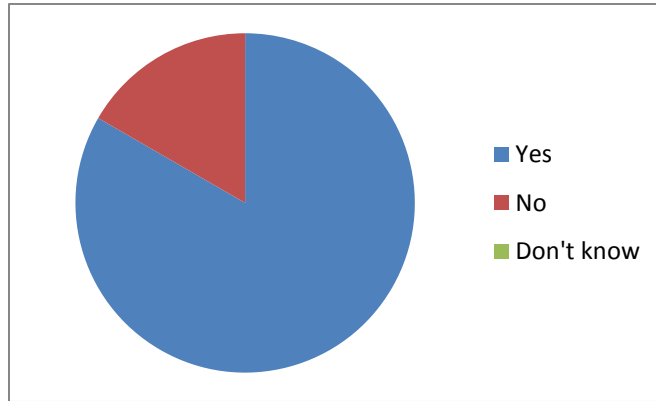
22. Do you think YOUR organization's involvement in essential service #7 is:



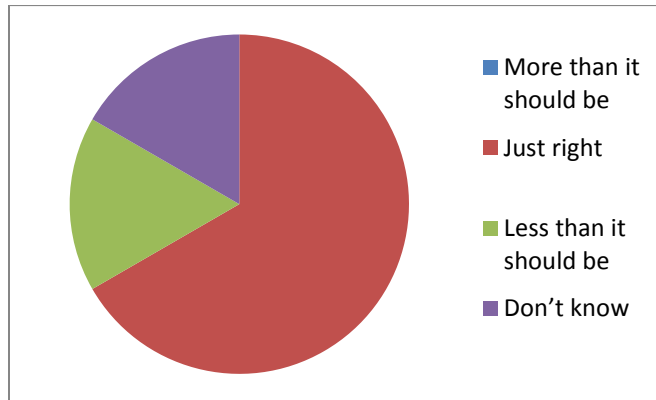
23. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #8?



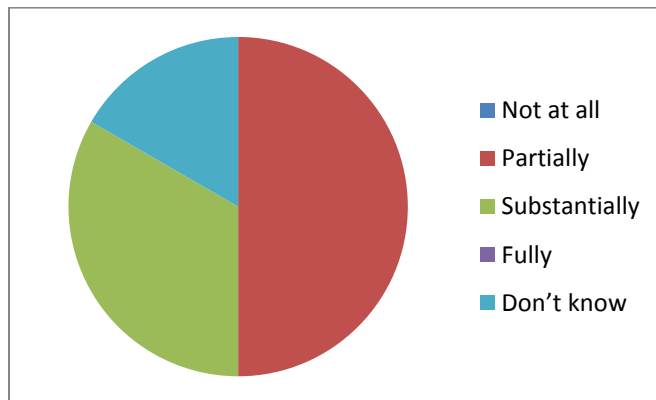
24. Is YOUR organization involved in essential service #8?



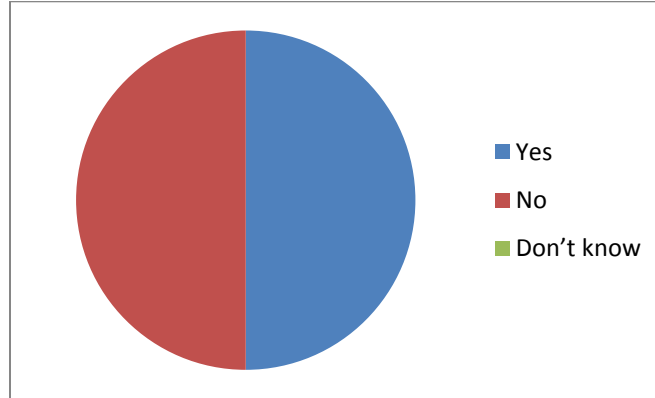
25. Do you think YOUR organization's involvement in essential service #8 is:



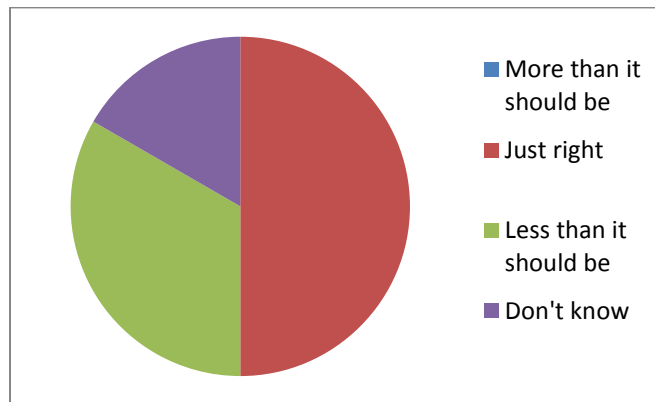
26. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #9?



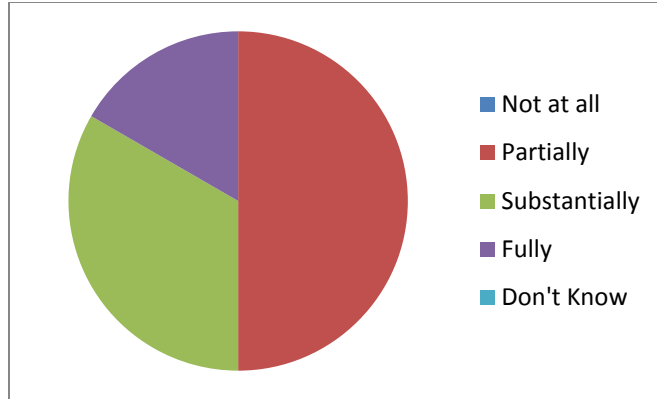
27. Is YOUR organization involved in essential service #9?



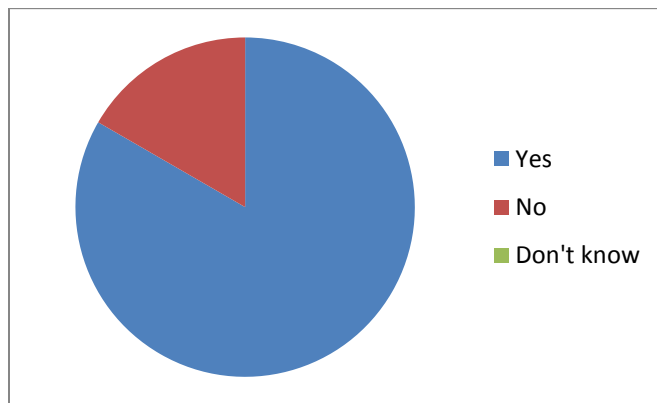
28. Do you think YOUR organization's involvement in essential service #9 is:



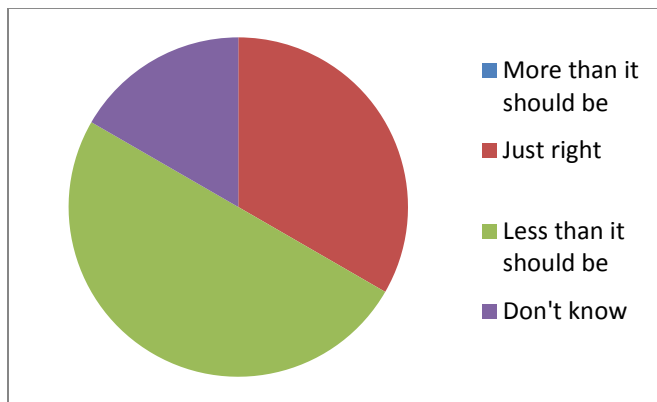
29. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #10?



30. Is YOUR organization involved in essential service #10?



31. Do you think YOUR organization's involvement in Essential Service #10 is:



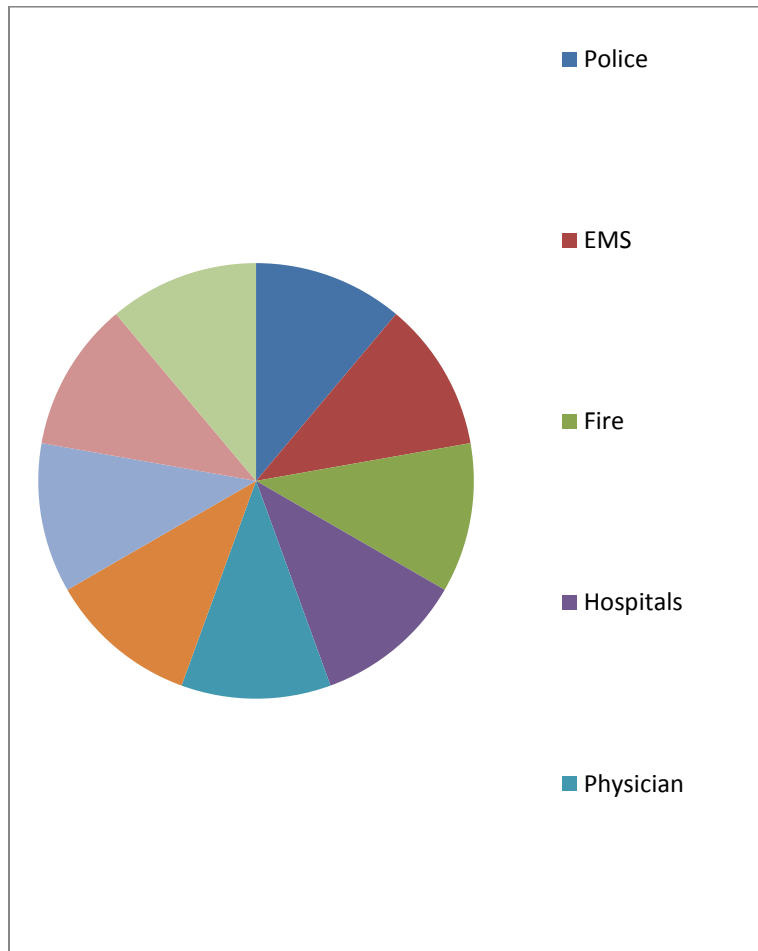
32. Comments:

“I believe Ft. Riley is partially impacted in its efforts based on resource and funding limitations.”

“Much collaboration”

“-not good at evaluating programs, excellent emergency care/poor routine medical care, not good at innovative solutions”

33. Please place an X next to the public health system sector which best describes the work of your organization and the basis for your responses to this survey.



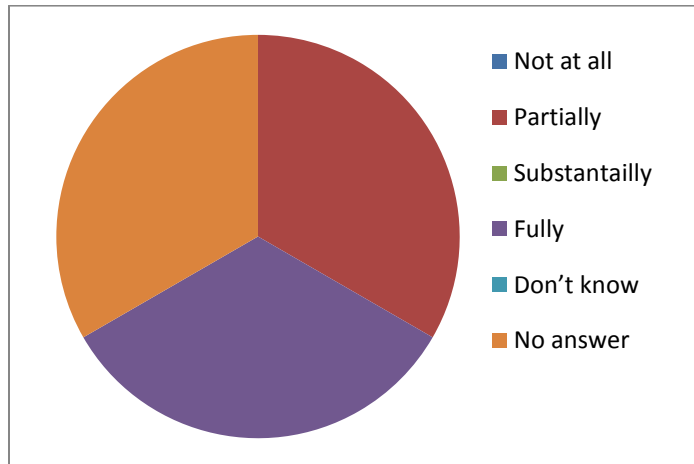
Based on these results DPH and the public health system are not arriving at innovative and effective solutions to public health issues. Although there is collaboration between partners, these solutions need to be altered if they are not working and solutions also need to be heavily publicized to the public to ensure that they are involved.

Results from USD 475:

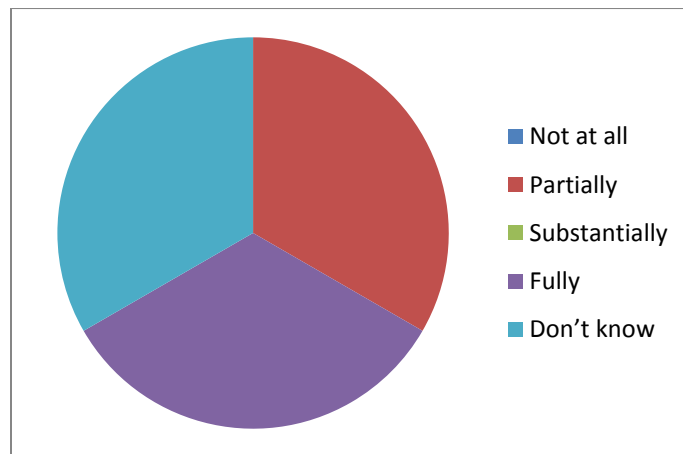
“Hospitals, clinic, doctors, school nurses, health advocacy organizations, church health teams, mental health professionals, paramedics, and laboratories, together with the local public health

department and all other entities working to improve health in the community, make up the local public health SYSTEM.”

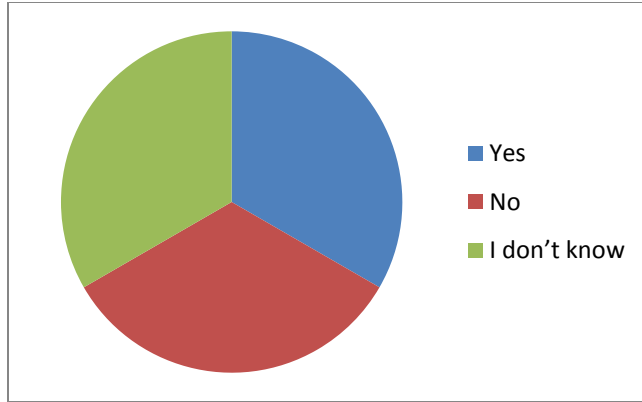
1. Using this definition, to what extent is your organization part of the local public health SYSTEM on Fort Riley?



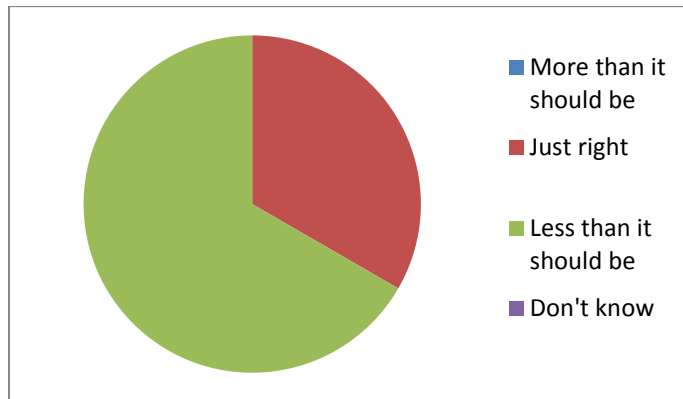
2. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #1?



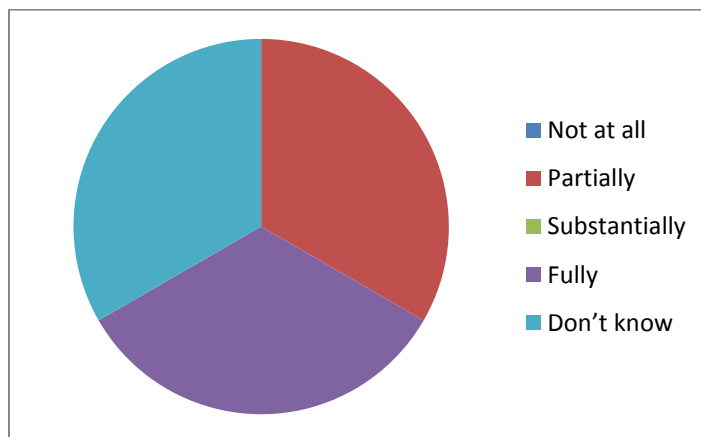
3. Is YOUR organization involved in essential service #1?



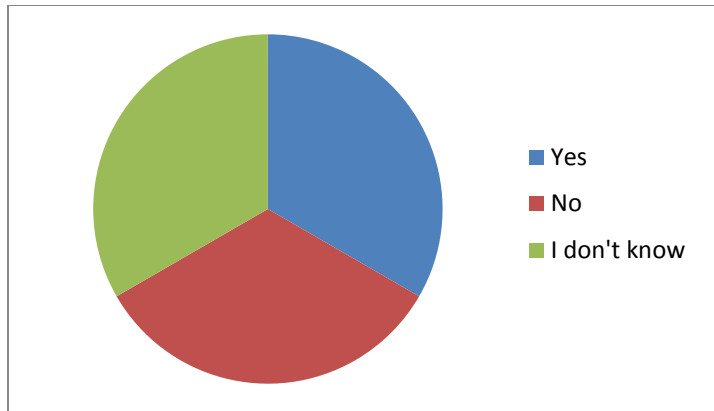
4. Do you think YOUR organization's involvement in Essential Service #1 is:



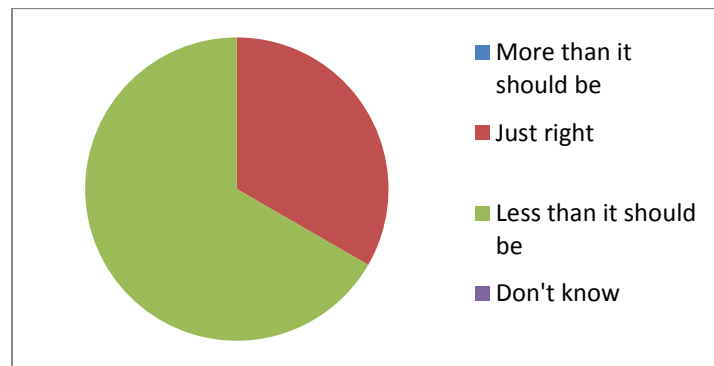
5. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #2?



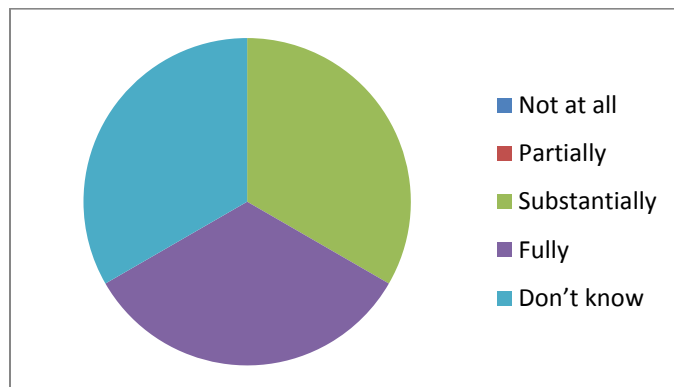
6. Is YOUR organization involved in essential service #2?



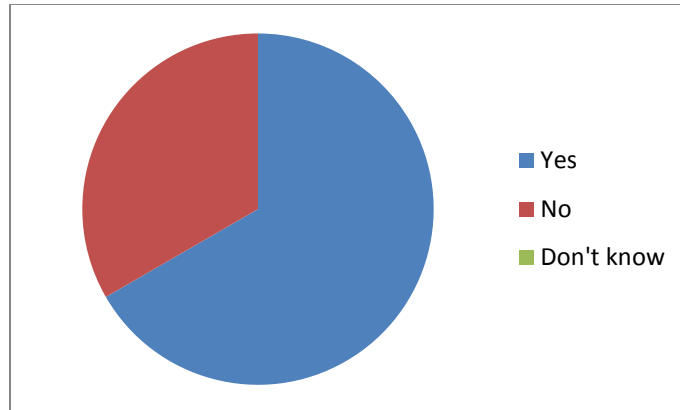
7. Do you think YOUR organization's involvement in essential service #2 is:



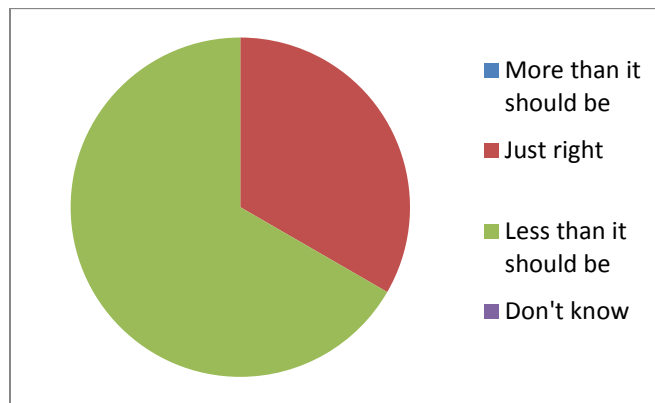
8. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #3?



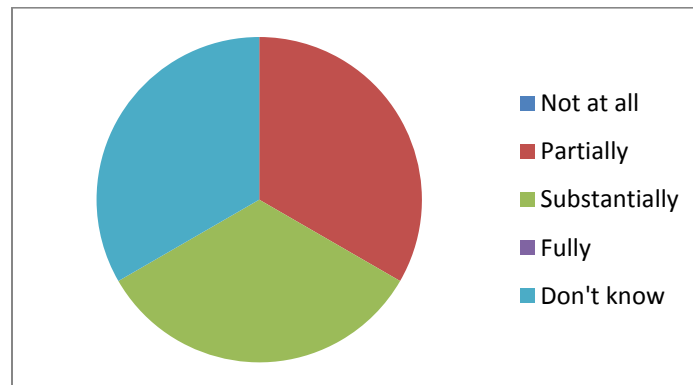
9. Is YOUR organization involved in essential service #3?



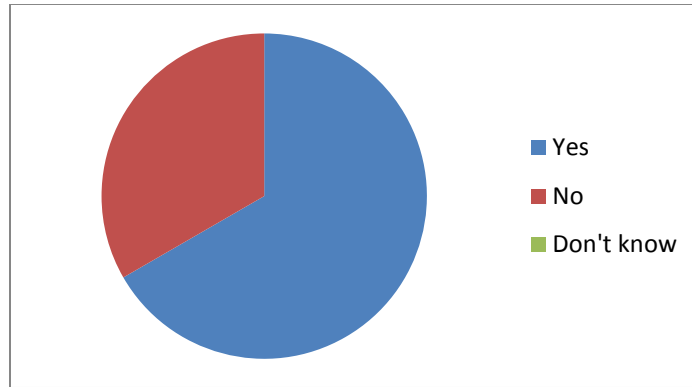
10. Do you think YOUR organization's involvement in essential service #3 is:



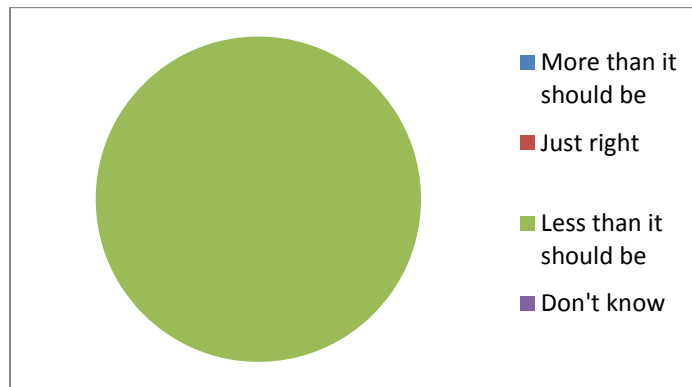
11. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #4?



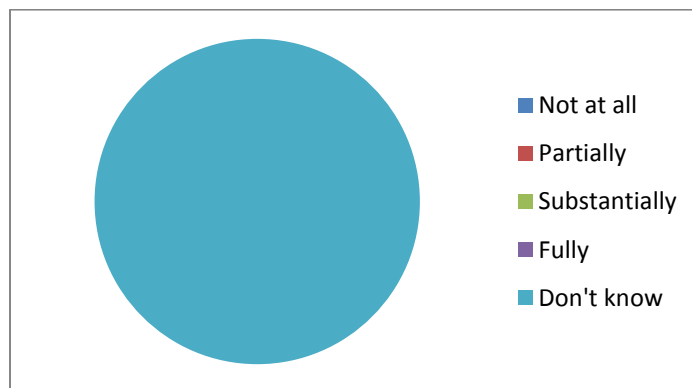
12. Is YOUR organization involved in essential service #4?



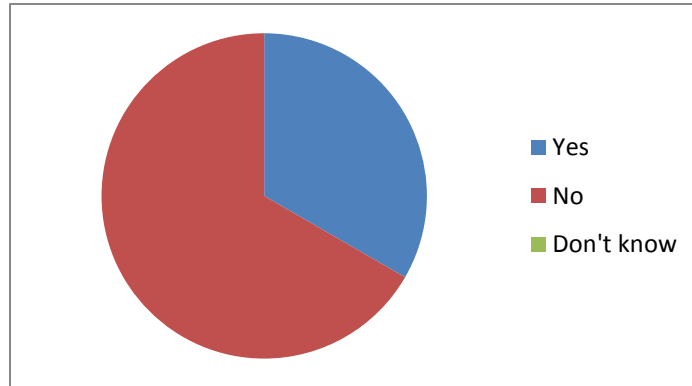
13. Do you think YOUR organization's involvement in essential service #4 is:



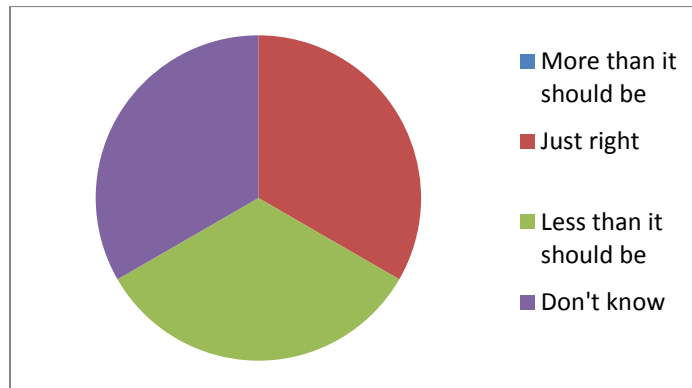
14. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #5?



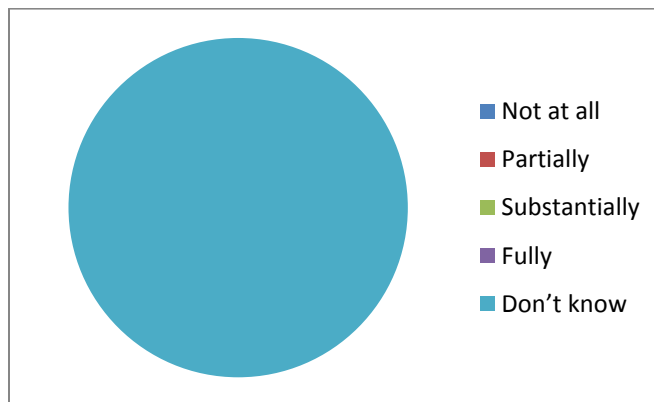
15. Is YOUR organization involved in essential service #5?



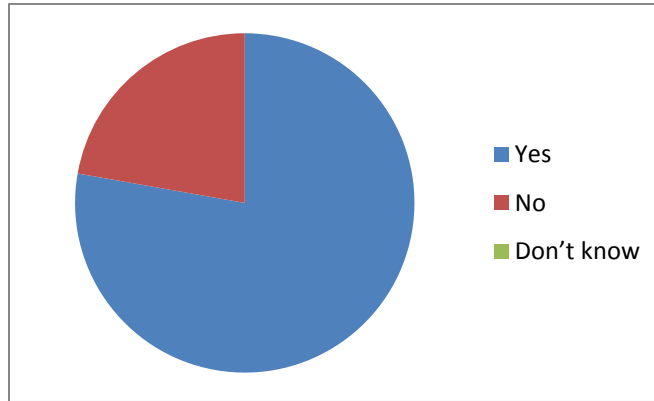
16. Do you think YOUR organization's involvement in essential service #5 is :



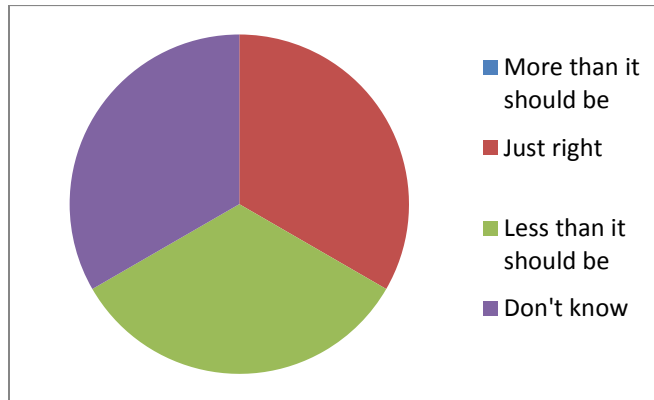
17. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #6?



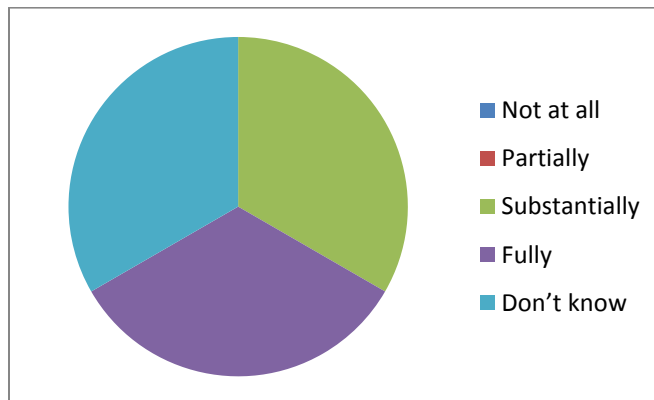
18. Is YOUR organization involved in essential service #6?



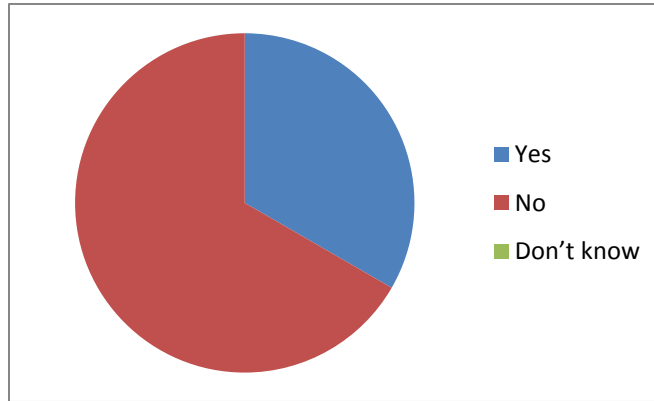
19. Do you think YOUR organization's involvement in essential service #6 is:



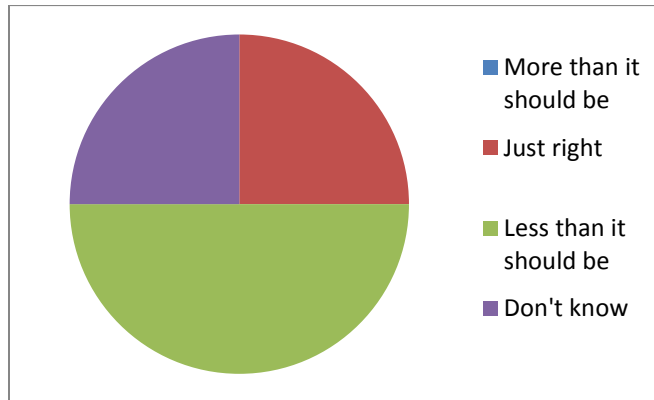
20. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #7?



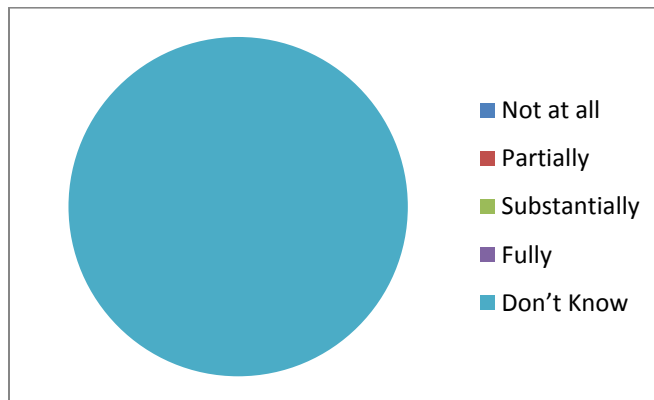
21. Is YOUR organization involved in essential service #7?



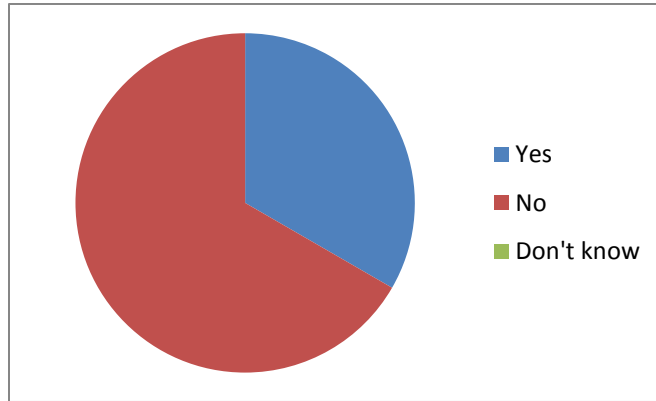
22. Do you think YOUR organization's involvement in essential service #7 is:



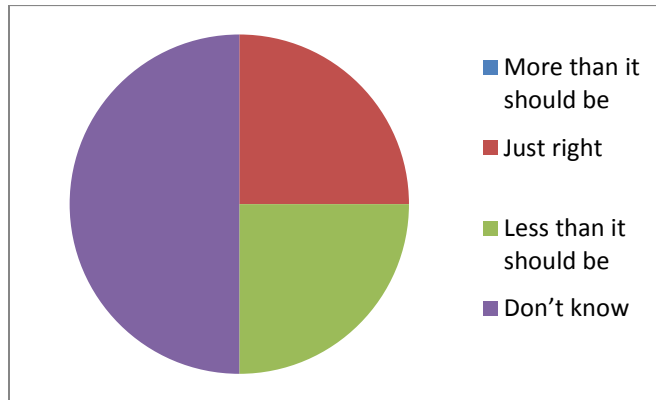
23. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #8?



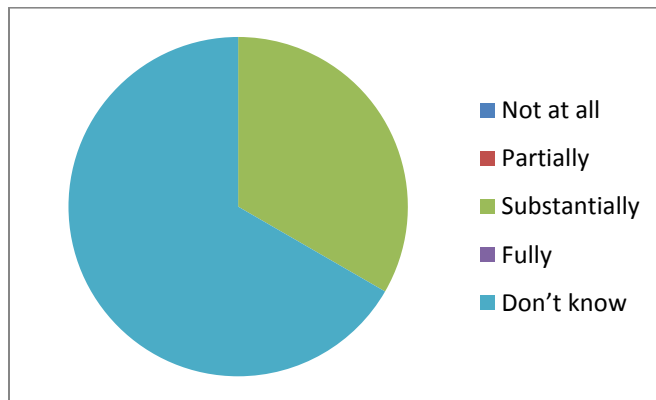
24. Is YOUR organization involved in essential service #8?



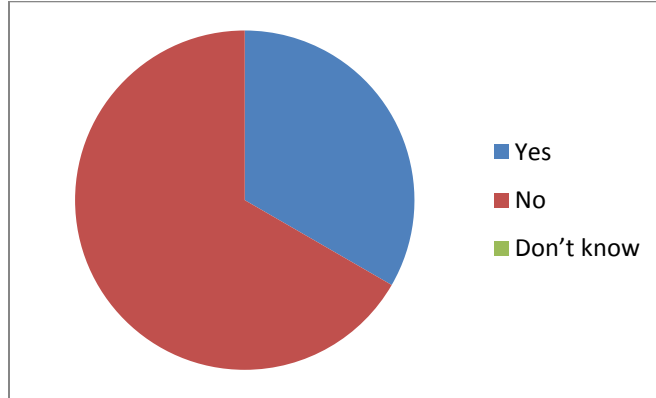
25. Do you think YOUR organization's involvement in essential service #8 is:



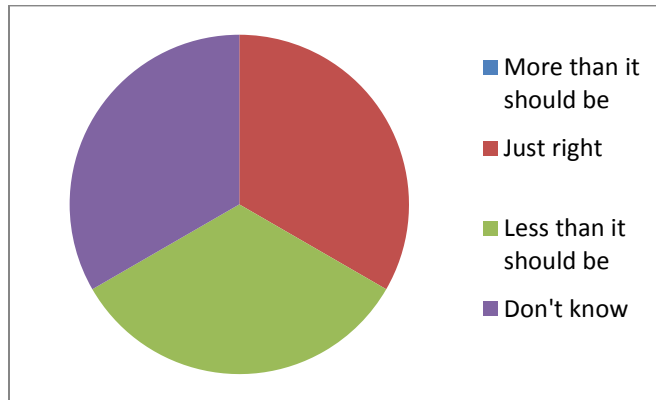
26. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #9?



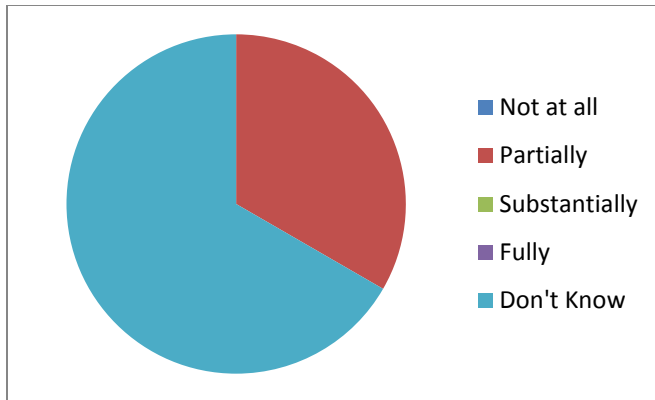
27. Is YOUR organization involved in essential service #9?



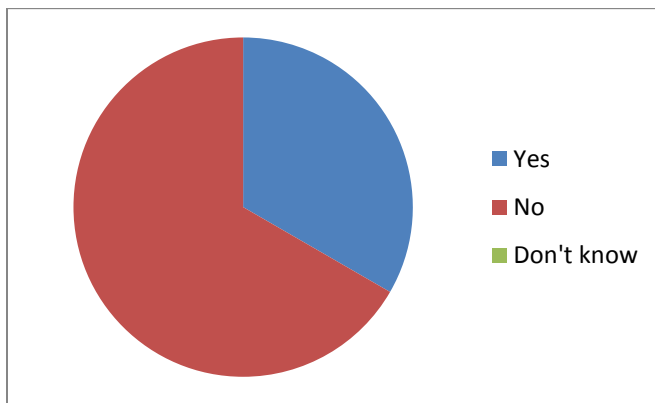
28. Do you think YOUR organization's involvement in essential service #9 is:



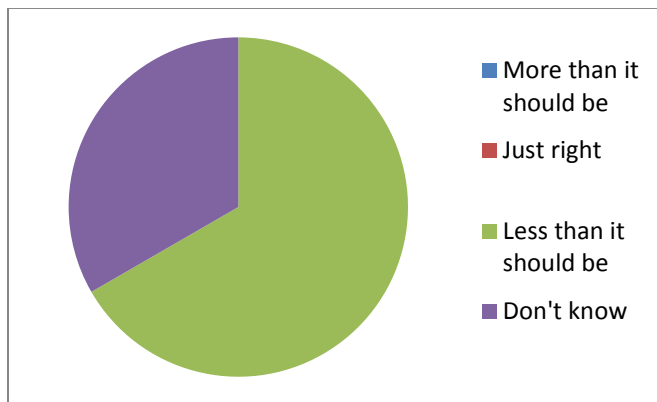
29. To what extent do you think the local public health SYSTEM on Fort Riley achieves essential service #10?



30. Is YOUR organization involved in essential service #10?



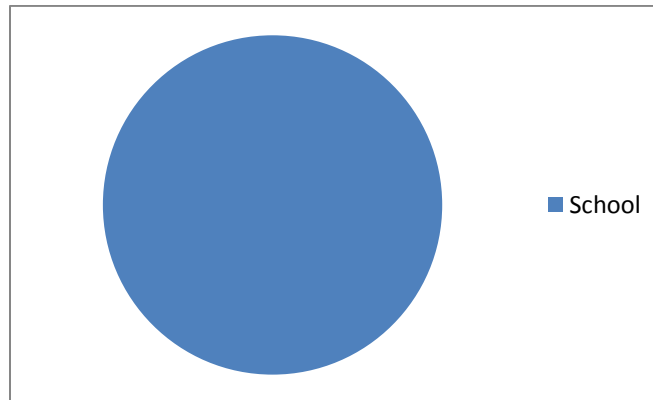
31. Do you think YOUR organization's involvement in Essential Service #10 is:



32. Comments:

“I know the Ft. Riley public health system through my interactions in regard to school based needs. My “don’t know” answers are because I am not personally knowledgeable about all endeavors of Ft. Riley Preventive Medicine.”

33. Please place an X next to the public health system sector which best describes the work of your organization and the basis for your responses to this survey.



These results demonstrate that DPH services and accomplishments are not be publicized to the school system.

Meetings: DPH met with these partners in:

- quarterly Wildcat Region meetings (Riley, Geary and Pottawattamie local health departments)
- monthly BOD meetings
- quarterly BH/PH meetings
- monthly Command and Staff meetings with IACH command team
- monthly CHPC meetings
- twice a year USD 475/Public Health Nursing meetings
- every three months VETCOM meetings
- quarterly senior AMEDD meeting with DENCOM and other senior medical staff

In 2013 during the Fort Riley BH/PH, which is one of the seven working groups under the Community Health Promotion Council (CHPC), DPH addressed the Fort Riley leadership to gather input on their current health concerns for our community. The CHPC supports the health and resiliency of Soldiers, dependents, and civilians, prioritizes public health issues and standards, and promotes risk prevention. The CHPC focuses on behavioral, physical, spiritual, and environmental aspects of health. The CHPC meets monthly and is facilitated by Fort Riley’s Health Promotion Officer and is chaired by the highest ranking Active Duty Soldier on Fort Riley, the Senior Commander. Other attendees include Brigade commanders, Fort Riley program managers, medical assets and community partners.

The CHPC members stated that their primary concerns were (as recorded in December 2013):

- How to avoid pre-deployment Behavioral Health concerns
- Require BH guidance on Medical Evaluation Board (MEB) and Separation from the military

- Need more embedded Behavioral Health Officers and clinics
- How to teach coping skills to Active Duty Soldiers
- Injury Prevention and recovery
- Drug Abuse
- Rape
- Alcohol Abuse and DUI Prevention
- Domestic Violence Prevention

Army Family Advocacy Program Survey- Along with the Community Health Survey, DPH also gathered information from the Army Family Advocacy Program (AFAP). The Family Advocacy Program works to prevent, educate, report, investigate and intervene in cases of spouse and child abuse. The program offers several services to Soldiers and families to enhance their relationship skills and to improve their quality of life. AFAP accomplishes their mission through various focus groups, seminars, workshops, counseling and intervention services.

AFAP conducts annual conferences on Fort Riley to discuss issues at a community level and to ascertain community concerns. Two conferences were held in 2013. The Teen AFAP Conference was held September 28, 2013, and the Adult Conference was held November 19-20, 2013. The teen conference hosted five delegates and five staff members, and the adult conference hosted 60 delegates and 14 staff members.

Thirty concerns were identified and addressed in the 2013 AFAP conferences and were taken in the executive steering committee to be addressed. Concerns most related to health included:

- Lack of walking and biking trails on Fort Riley
- Lack of instructors to adequately accomplish the Pregnancy and Postpartum Physical Training Program (PPPT)
- Lack of adequate street lights on Fort Riley for running or walking in the evening
- Lack of childcare service at gyms on Fort Riley

Next describe how these answers compare to the overarching Army programs.

Assistance Provided:

Fort Riley assistance:

- Army Community Service (ACS)
- Exceptional Family Member Program (EFMP)
- Family Advocacy Program (FAP) Abuse and Neglect
- Social Work Services
- Survivor Outreach Services
- Casualty Assistance Center
- Irwin Army Community Hospital
- Army Substance Abuse Program (ASAP)
- Sexual Harassment/Assault Response and Prevention (SHARP) advocates
- Child Youth and Social Services
- Resiliency Campus
- Dental Corps
- Veterinary Services

Wildcat Region assistance:

- USD 475 Geary County Schools
- USD 383 Manhattan/Ogden Schools
- USD 378 Riley County Schools
- Geary County Community Hospital
- Geary County Health Department
- Riley County Health Department
- Pottawatomie County Health Department
- Woman, Infants and Children (WIC) Program

Key Health Issues and Data Analysis

This section will state which health issues are the most concerning based on the data in this CHA and the data collected from the DPH partners.

The Key Issues are:

- based on Community feedback:
 - Tobacco Use
 - Alcohol Use
 - Need for Healthy Options (Farmer's Markets)
- Based on Local Partners' feedback:
 - Access to Mental Healthcare
 - Alcohol Use
 - Suicide
 - Need for walking and biking trails
- Based on Demographical data
 - Tobacco Use
 - Obesity
 - Suicide
 - Cardiovascular Disease
 - Mental Health diagnoses
 - Musculoskeletal injury

On June 17, 2014 the DPH PHAB accreditation team members met to review the data collected from the community survey, community partner survey and demographic data. Using this data the DPH PHAB accreditation team members conducted the Forces of Change Assessment. This assessment in the MAPP process identifies trends, factors and events that occur in the community which affect the local public health system and the community. See below for the definitions the accreditation team was instructed to use:

Trend: Pattern over time, such as migration in and out of a community or a growing disillusionment with government.

Factor: Discrete elements, such as a socioeconomic setting or ethnic demographics.

Event: One-time occurrence such as a natural disaster or new elected official.

This assessment answers two different questions:

1. What is occurring or might occur that affects the health of our community or the local public health system?
2. What specific threats or opportunities are generated by these concerns?

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.

-Educational: Forces such as public schools, universities and educational opportunities.

-Political: Forces such as public policy, Army Regulations, state laws and feral laws.

-Environmental: Forces such as land zoning, natural disaster and emergency preparation.

-Scientific/Technological: Forces such as healthcare advances, modern technology, and communication advances.

-Legal/Ethical: Forces such as privacy and religion.

-Community: Forces such as community initiatives and reforms.

These forces, along with potential threats and opportunities are presented in the tables below.

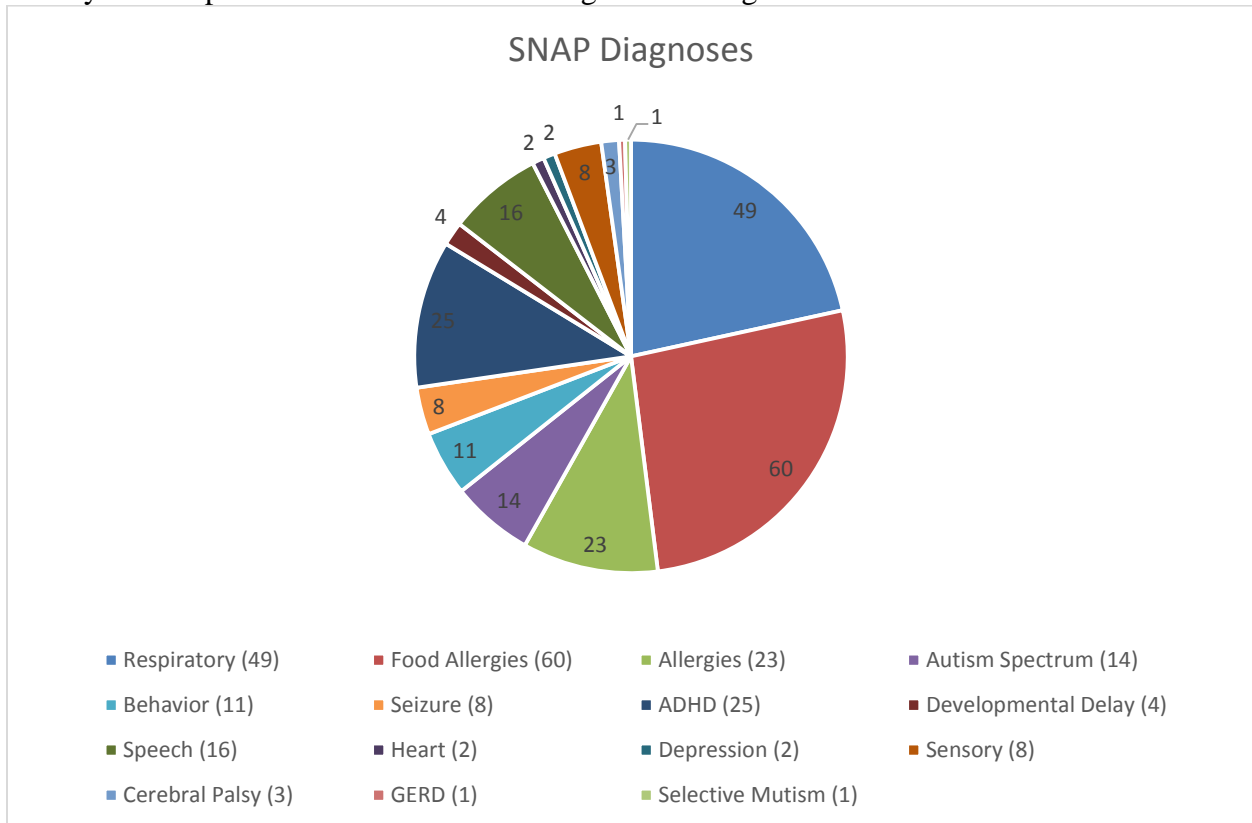
Force	Factor	Opportunity	Threat
Social	1. Influx of foreign ethnic groups 2. Increase in Behavioral Health Issues. 3. Aging civilian workforce 4. Negative perceptions of vaccinations due to anti-vaccination campaigns 5. Rising costs of healthy foods 6. Constant movement of Soldiers and their families 7. Multiple Army Campaigns (Ready and Resilient, Voluntary Protection Program and Periodic Health Assessment, etc)	1. To expand public health services and surveillance. 2. N/A 3. N/A 4. To educate community on safe vaccinations and affect childcare rules on vaccinations 5. Promote ideas for cheaper access to healthy food such as community gardens and Farmer's Markets. 6. N/A 7. Community involvement in healthcare and prevention of risky health behaviors. Opportunities for Army leaders to gain useful metrics related	1. Strained local resources and introduction of new diseases. 2. Civilian personnel do not currently receive behavioral health 3. Decreased output, increased cost of healthcare, and less work availability 4. Families moving onto installation who have not been vaccinated properly, increasing the risk for vaccine preventable illnesses. 5. Our community purchasing cheaper, less nutritious foods. 6. Fragmented medical care 7. Multiple

		to health and behaviors for use in decision making.	campaigns could lead to messages being watered down and blurred to the community.
Economic	<p>1. Shrinking Military healthcare and moving it out to the civilian sector</p> <p>2. New IACH building on Fort Riley</p> <p>3. Creation of Medical Homes on Fort Riley and movement of clinics</p> <p>4. Creation of Flint Hills Clinic in Junction City</p>	<p>1. Develop and strengthen relationship with local providers</p> <p>2. Access to new technology and services resulting in greater access to care</p> <p>3. Movement of clinics closer to the community</p> <p>4. Greater Access to Care</p>	<p>1. Less workforce, less effect on community</p> <p>2. Time to train employees on new technology and time to move into new hospital</p> <p>3. Could hinder communication because clinic are further away from IACH</p> <p>4. Strained staffing resources.</p>
Educational	<p>1. Expansion of Kansas State University</p> <p>2. Modernized educational settings such as the use of tablets and virtual schools</p>	<p>1. Could lead to more partnership opportunities and better availability of education</p> <p>2. Better education</p>	<p>1. Changes to roads and commuting times</p> <p>2. Higher cost of schooling</p>
Political	<p>1. Hospital Commander and other Fort Riley Commanders change every two to three years. Also civilian election cycles bring in new officials every few years.</p>	<p>1. New ideas and fresh look from a new commander or public official.</p>	<p>1. New priorities of a new commander or official could lead to changes that are opportunities or threats in healthcare.</p>
Environmental	<p>1. Disease outbreaks</p> <p>2. Local Pasture burning each spring</p>	<p>1. Possible partnerships of U.S officials and DPH to study diseases, the outbreak and develop</p>	<p>1. Death and decreased readiness of the US Army.</p> <p>2. Increased</p>

	<p>3. Lack of walking and biking trails on Fort Riley</p>	<p>treatment. Also chance to learn and improve emergency action plans.</p> <p>2. Regrowth of natural grasses and plants.</p> <p>3. Possible partnership with Fort Riley command to build walking and biking paths</p>	<p>allergens, could increase use of medical resources</p> <p>3. Risk for accidents on trails, also could take time to build so community will not be able to utilize them right away.</p>
Scientific/Technological	<p>1. Agreement with Kansas State University</p> <p>2. Utilization of modern technology in hospitals (such as tablets in clinics and DPH)</p>	<p>1. Opportunity to be involved with scientific studies and research.</p> <p>2. Quicker and more efficient appointments and storage of medical records.</p>	<p>1. N/A</p> <p>2. Time training staff on new technology</p>
Legal/Ethical	<p>1. New regulations</p> <p>2. Relationship with Public Affairs Office (PAO) and requirements to notify the community</p>	<p>1. Ability to improve current practices</p> <p>2. To connect with the community and inform them about current topics and events</p>	<p>1. Time to train staff on new standards, could lead to some confusion initially</p> <p>2. Community panic concerning certain public threats</p>
Community	<p>1. Constant movement of Active Duty Soldiers to Fort Riley and out</p> <p>2. Community Outreach through Morale, Wellness and Recreation programs</p>	<p>1. N/A</p> <p>2. Community gathering can take place.</p>	<p>1. Large changes to the population can make it difficult to track and medical data can be lost or Soldiers do not attend appointments due to movement.</p> <p>2. Those without transportation may not be able to attend events.</p>

High Risk Population Concerns and Analysis: The two high risk populations that DPH identified were Children and Adolescents and Exceptional Family Members (EFM) in the Exceptional Family Member Program (EFMP). The Children and Adolescent population data is in the Child and Adolescent Health section of this CHA. The USD 475 contacts and meetings, as outlined in the Partners in Our Community section, were the representatives for this population and were the ones who answered the DPH surveys on this population's behalf.

The EFMP population is defined in the Fort Riley MEDDAC Memorandum 608-1. This states that the EFMP is “a mandatory DoD program designed to screen, identify and enroll Family Members of Active Duty Soldiers who have a physical, intellectual, medical, or emotional disability.” The Public Health Nursing section of DPH meets with these program leads weekly in the Special Needs Assessment Program meetings.



As of February 2016, the total number of EFM's is 1,564, and of the total of EFM's children enrolled are 1,001.

The EFMP children's breakdown of diagnoses can have variables such as children have more than one diagnoses which is not reflected and more often true than not.

DPH works in tandem with the EFMP managers. Each time a child is screened to be able to attend one of the Childcare Centers on post (or a learning or behavioral issue is identified) they are referred to Public Health Nursing. Public Health Nursing then decides which diagnosis fits, and provides recommendations based on the diagnosis for specific accommodations that the child needs. Therefore DPH is integral in making sure these EFM's have the proper care and accommodations that they need.

On-Going Surveillance

DPH is currently conducting the Tobacco Cessation Program. This program is composed of smoking cessation intervention by clinicians. This consists of counseling sessions with a provider. This intervention works more effectively than just simple advice to quit. Counseling with self-help materials offered by a trained clinician can improve cessation rates by 30 to 70 % according to Behavioral Intervention studies. This type of counseling and intervention also improves quit rates by 50% over patients going “cold turkey”.

The providers follow a 5 A’s step process:

- Ask about tobacco use
- Advise to quit
- Assess willingness to make a quit attempt (utilizes the 5 R’s)
 - Relevance*: indicate why quitting is personally relevant
 - Rewards*: identify potential benefits
 - Risk*: identify negative consequences of tobacco
 - Roadblocks*: identify barriers and how to address them
 - Repetition*: repeat at every visit
- Assist in quit attempt
- Arrange follow-up

The Ask, Advise and Assess portions should take approximately one minute each. Whereas the Assist should take three minutes and Arrange should also take around one minute. The clinical advice for this approach can be found in the strategies developed by the American Medical Association, the National Cancer Institute and the DoD CPG guidelines.

Currently DPH has publicized this program through social media, DPH newsletters, posters, online, and during community events (such as Safety Day and at health fairs). People are encouraged to call Public Health Nursing and set up an appointment for a counseling session.

Public Health Nursing reported seeing 735 patients for the Tobacco Cessation Program in 2015. This program is still ongoing.

DPH is also conducting an ‘Alcohol Sticker Shock’ program. This program is meant to combat underage drinking by educating adults as they buy alcohol in local stores. All alcohol sellers on Fort Riley have agreed to be a part of this program in the summer of 2016. See below for an example of one of the stickers.



The stickers are going to be placed on Solo cups, beer pong, 6 packs, 12 packs, 30 packs, wine coolers, and liquor sacks. It will also be advertised by the Manhattan Mercury, DPH

Facebook, KCLY out of Clay center, and First News out of Topeka.