



Public Health

Prevent. Promote. Protect.



Fort Leonard Wood, MO



FORT LEONARD WOOD

2021 COMMUNITY HEALTH ASSESSMENT

COMMUNITY HEALTH ASSESSMENT

A community health assessment (CHA) is a systemic examination of the health status for a specific population. Four assessments were analyzed to gather the necessary information. The Fort Leonard Wood CHA should answer these basic questions:

- How healthy are our residents?
- What does the health status of our community look like?

4 Assessments of the CHA

Community Strengths & Themes Assessment	Local Public Health System Assessment	Community Health Status Assessment	Forces of Change Assessment
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COMMUNITY STRENGTHS & THEMES ASSESSMENT

The Community Themes and Strengths Assessment (CSTA) provides a deep understanding of the issues that residents feel are important by answering the questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

The Commander's Ready & Resilient Council (CR2C) completed the Fort Leonard Wood 2021 CSTA survey with 875 respondents.





PHYSICAL HEALTH

Top 2 physical health-related concerns that affect our installation

Poor diet

299 responses

Overweight / Obesity

282 responses

Top 2 activities our installation needs to address to support the health of our community

Weight loss programs

325 responses

Stress management

275 responses

Perceptions of the people on our installation

Somewhat healthy

59%

Somewhat unhealthy

28%

Emphasize and implement programs and services that address:

- Nutrition / Weight loss
- Physical activity
- Healthy lifestyle skills
- Tobacco cessation
- Stress management
- Chronic health conditions



Behavioral or emotional risk factors cause the most concern in our installation

Depression

408 responses

Substance abuse

334 responses

Would seeking help for a behavioral or emotional concern negatively impact your career

Somewhat likely

30%

Very unlikely

26%

If experiencing a life challenge, how likely would you be to seek support on our installation

Somewhat likely

38%

Very likely

26%

our community is behaviorally, psychologically, or emotionally healthy

Somewhat healthy

50%

Somewhat unhealthy

22%

Emphasize and implement programs and services that address:

- Depression/ Anxiety
- Stress management
- Alcohol/Drug Abuse
- Barriers to behavioral health support
- Organizational trust
- Communication issues

Top 2 Social and
Environmental Health-related
concerns for our installation

Work-life balance

417 responses

Financial issues

370 responses

Satisfaction with (professional)
working relationships on our
installation

Somewhat satisfied

36%

Very satisfied

27%

Top strengths of
our installation

Diverse community

231 responses

Clean environment

227 responses

Emphasize and implement programs and services that address:

- Financial readiness
- Work-life imbalance
- Mentorship / career opportunities
- Community connectedness
- Military transition support



Top 2 Spiritual Health-related concerns for our installation

No concerns

311 responses

Lack of morals

249 responses

Where do you find spiritual support

Off post

47%

On post

12%

Satisfied with spiritual needs being met in our installation

No spiritual needs

43%

Somewhat satisfied

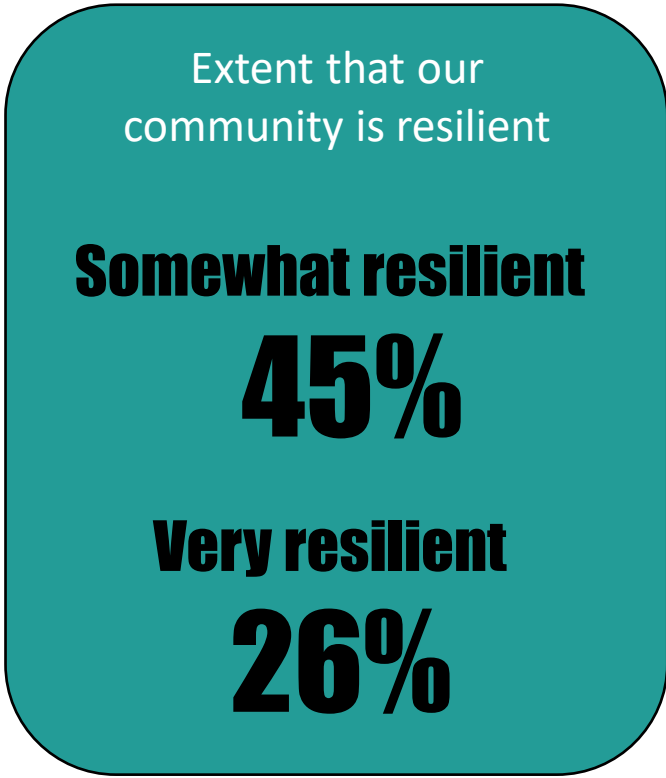
27%

Emphasize programs and services to promote the following:

- The Army value system and ethics
- Community cohesion and shared purpose
- Diverse spiritual support offerings



SPIRITUAL HEALTH



Highlight the connections between spiritual health to resiliency in community forums.

Assess Spiritual Fitness time, activities, and opportunities; including non-traditional and faith focused spiritual needs.





“I feel a sense of purpose in
our installation”

Somewhat

34%

Strongly

34%

Top choices to improve
Spiritual Health in our
community

More time

146 responses

More activities

139 responses

Leverage a multidisciplinary approach to incorporate spiritual health data and address identified concerns related to shared purpose, ethical behavior and resiliency.



Top 2 Family Health-related concerns in our installation

Work – life balance

279 responses

Financial

268 responses

Satisfaction with support available in our community to assist with a financial setback

Somewhat

30%

No support needed

22%

What type of financial training or education would interest you

Retirement planning

337 responses

Budgeting

325 responses

Highlight financial planning and support resources in community forums.

Emphasize and implement programs and services that address:

- Work-life-family balance
- Military separations, retirement and transitions
- Healthy relationships and communication skills

Are you aware of programs
and services on our installation

Aware

33%

Somewhat aware

27%

Use of the Community
Resource Guide

No

45%

Yes

26%

If yes, why do you use the
Community Resource Guide

Easy to access

54%

Comprehensive

29%

Recommendations for Programs and Services

- Incorporate the CRG into community and leader dialogue on available support systems.
- Develop communication plans to improve awareness of support programs and resources across holistic health domains.

If no, why do you not use the
Community Resource Guide

Not aware of it

56%

Cannot locate

11%

Barriers to accessing programs
and services on this
installation

No barriers

269 responses

Unaware of services

176 responses

Who do you feel comfortable
talking to about a problem

Friend

274 responses

Chaplain

194 responses

For Programs and Services

- Ensure CRG is updated with current information on programs, resources and local initiatives.
- Connect health education topics to the relevant local resources.



“In the past year, I was able to receive the health services I needed”

None required

28%

Always

20%

Preferred method of receiving information

Email

40%

Facebook

27%

Qualitative responses highlighted hours of operations, employment status, and privacy concerns as barriers to healthcare.

For Programs and Services addressing high need areas:

- Assess hours, availability, and capacity to meet community needs
- Incorporate resource information into leader talking points



Survey participants were predominantly ...

Gender: Male (62%)

Age Group: 26 – 39 years (40%), 40 – 54 years (25%)

Race and Ethnicity: White/ Caucasian (52%)

Marital Status: Married (63%)

Military Association: Service Member (52%)

Service Branch: Army (94%)

Education: Bachelor's degree (31%), Some college (25%)

Rank: E5 – E6 (28%), E7 – E9 (16%), GS 9 – 11 (12%)

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The Local Public Health System Assessment (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions:

- What are the components, activities, competencies, and capacities of our local public health system?
- How are the Essential Services being provided to our community?

Information comes from the General Leonard Wood Army Community Hospital (GLWACH) webpage and from the FLW Department of Public Health.



Department of Public Health (DPH)

DPH Sections	Services to community
Occupational Health (OH)	<ul style="list-style-type: none"> — Fit Testing — Worker's Compensation — Employment and DOT Physicals — Return To Duty Evaluations & Work Restrictions — Worker's Compensation Evaluations and Work-Site Safety Inspections
Industrial Hygiene (IH)	<ul style="list-style-type: none"> — Indoor Air Quality Sampling and Ventilation Testing — Work-Site Evaluations (Engineered & Administrative Controls) — Mold and Asbestos Assessment and Abatement — Lead Exposure Surveys and Consultation — Employee Exposure Monitoring (Noise, Radiation, Chemicals, etc.)
Public Health Nursing (PHN)	<ul style="list-style-type: none"> — Communicable Disease Surveillance & contact tracing (Tuberculosis, STDs, Hepatitis, etc.) — Environmental Injury Prevention and Education (Heat and Cold Injuries) — Rabies Prevention and Education — Travel Medicine Clinic
Environmental Health (EH)	<ul style="list-style-type: none"> — Water Surveillance — Online Food Handlers Course — Sanitation Inspections of Community Facilities (Gyms, Pools, Daycares, Barber Shops, etc.) — Insect Surveillance and Management — Field Sanitation Training
Health Physics	<ul style="list-style-type: none"> — Radiation Exposure Assessment — Radiation Exposure Monitoring
Army Hearing Program	<ul style="list-style-type: none"> — Annual Hearing Screenings — Hearing Protection Fittings (Earplugs) and Hearing Aids — Tactical Communications Systems — Hearing Conservation Officer Training

10 Essential Public Health Services in our community (examples below)

Epidemiology reports (weekly), community surveys, regular meetings with hospital and garrison leaders

Reportable diseases sent to Department of Public Health for reporting, patient follow-up, and contact investigation

Public health announcements issued through social media, newspaper, health fairs, and town halls

Regular participation in meetings at the hospital, in military community, and at local civilian public health department

Each section within Department of Public Health has an ongoing Process Improvement Plan to initiate positive change

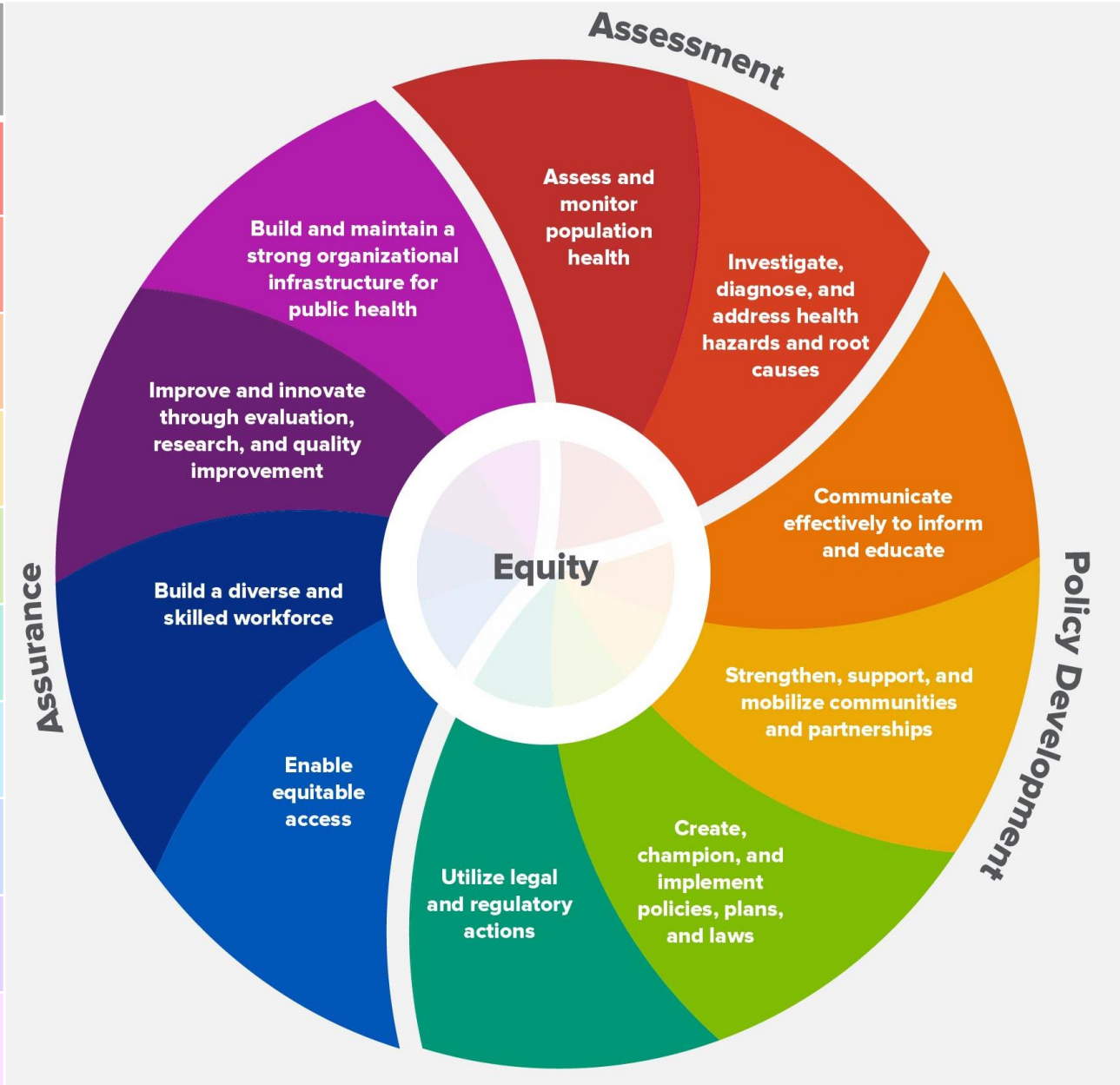
Ensure that health and safety policies in the community are in accordance with latest guidelines and recommendations

Ensure community members have equal access to Department of Public Health services

Department of Public Health sends staff to necessary training for certification or further education in their field

On a monthly basis, Department of Public Health leaders evaluate and update current process improvement plans

The department communicates regularly regarding policy updates, CEU's, and public health accreditation criteria



COMMUNITY HEALTH STATUS ASSESSMENT

The Community Health Status Assessment identifies priority community health and quality of life issues. Questions answered include:

- How healthy are our residents?
- What does the health status of our community look like?

Information collected from 2020 Health of the Force Report, Military Health System Population Health Portal (aggregate data for GLWACH enrollees), 2021 Community Health Status Assessment conducted by FLW Public Health Nursing (129 respondents).



2020 Health of the Force Report

Health Concern	Fort Leonard Wood	Army	% difference
Tobacco Use	26%	17%	9% increase
Injury (rate per 1,000)	2,147	1,756	391 increase (22.2%)
7+ hours of sleep during the week	36%	37%	1% decrease

- Tobacco use is higher at Fort Leonard Wood than the average use across the Army.
- The injury rate (most likely due to basic training) is 22.2% higher than Army average.
- The Soldiers at Fort Leonard Wood tend to get less sleep during the week when compared to the rest of the Army.

2021 FLW Community Health Status Assessment

Average hours of sleep/ 24hrs	5-6 hours (7+ recommended)	54.7% (majority)
Fruit + Vegetable Servings/ day	1-2 servings (5-6 recommended)	27.3% (majority)
Do you use tobacco products?	19.5% stated "YES"	Cigarettes (53.8%) Smokeless tobacco (38.5%)
How participants rated overall PHYSICAL HEALTH		
Excellent 9.4%	Very Good 32%	Good 41.4%
How participants rated overall MENTAL HEALTH		
Excellent 15.6%	Very Good 28.9%	Good 31.3%
Best way to receive health information: "Social media" 84.9% (majority)		

- The majority of survey participants responded with **"5-6 hours" of sleep**, which falls short of the recommendation of 7+ hours of sleep per night.
- The most common response for number of **fruit and vegetable servings per day** was **"1-2 servings,"** which is far less than the recommended 5-6 servings per day.
- When asked what would be the most helpful for tobacco cessation, the majority chose **"Online tobacco-cessation class" (38.1%),** followed by **"Tobacco cessation medication" (28.6%)**
- Most responded with **"Good"** for both physical and mental health.

2021 FLW Community Health Status Assessment

Unable to get medical care in the past year?

11.7% stated “Yes”

Reason for inability to access care?

56.3% “wait time for an appointment was too long”

Survey participants selected activities they would like to participate in (if offered at Fort Leonard Wood):

The top 4 responses:

Personal training (one-on-one): 54.2%

Commissary Farmer’s Market: 51.7%

Cooking demonstrations/ Meal prep demonstrations: 50%

Group fitness activities/ classes: 43.3%

- Most survey participants stated they were able to receive medical care when it was needed. Of the 11.7% who were unable to get medical care, 56.3% (majority) stated it was due to long wait time for an appointment. Similarly, 10.2% responded that they were unable to get behavioral health care when needed. Out of these, 42.9% (majority) stated the same reason that “wait time for an appointment was too long.”
- More than half of survey participants stated they would like personal training (one-on-one) and a commissary farmer’s market. 50% also stated interest in cooking demonstrations/ meal prep demonstrations. 43% stated interest in group fitness activities and classes.

GLWACH Diseases and Conditions

Data from Military Health System Population Health Portal for GLWACH Enrollees NOV2021

Disease or Condition	% of enrollees diagnosed
Dyslipidemia (<i>high levels of fat in blood</i>)	13.54%
Hypertension (<i>high blood pressure</i>)	12.43%
Low Back Pain	5.85%
Diabetes	4.85%
Diabetes Microalbumins (<i>kidney damage/disease</i>)	4.26%
Depression	2.92%
Asthma	1.91%
Chronic Obstructive Pulmonary Disease (COPD)	1.74%

- The most common condition among GLWACH enrollees is **Dyslipidemia (13.54%)**, which is abnormally high levels of lipids (or fats) circulating in the blood.
- The next most common condition is **Hypertension (12.43%)**, which is high blood pressure.

GLWACH DUE/OVERDUE Preventive Screening Tests

Data from Military Health System Population Health Portal for GLWACH Enrollees NOV2021

DOD HEDIS Guidelines

Preventive Screening Test	Completed Screening	Due	Overdue	% Due or Overdue
Breast Cancer Screening	1511	426	833	45.50%

Women ages 52-74 should have a mammogram completed at least once every 2 years.

Cervical Cancer Screening	2763	36	1605	37.30%
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Women ages 24-29 years should complete a Cervical cytology (Pap test) at least once per 3 years.

Women over 30 years of age must complete a Cervical cytology (Pap test) + Human papillomavirus (HPV) test at least once per 5 years.

Chlamydia Screening	73	8	51	44.70%
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Women ages 16-24 who are sexually active must have a Chlamydia screening test at least once per year.

Colon Cancer Screening	2450	10	2006	45.10%
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Adults ages 51-75 must complete one of the following:

- Colonoscopy at least once per 10 years
- Flexible sigmoidoscopy at least once per 5 years
- CT colonography at least once per 5 years
- FIT-DNA test at least once per 3 years
- Fecal occult blood test at least once per year.

Diabetes A1C Screening	717	25	193	23.30%
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All patients diagnosed with Diabetes must have at least one A1C screening test per year.

FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions:

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

Information from the US Census Bureau 2019.



2019 US Census Bureau Data

	United States	Missouri	Pulaski County	Fort Leonard Wood
Living in the same house as 1 year ago	85.8%	84.8%	64.0%	25.9%
Households with a computer	90.3%	89.0%	92.2%	99.5%
Households with a broadband internet subscription	82.7%	80.2%	81.9%	87.8%
Highschool graduate or higher	88.0%	89.9%	92.8%	96.8%
Bachelor's degree or higher	32.1%	29.2%	28.3%	39.6%
Persons without health insurance under age 65	9.5%	12.0%	10.8%	4.6%
Persons in poverty	10.5%	12.9%	14.6%	6.4%

Notes from 2019 US Census Bureau data

The percentage of FLW residents who were living in the same house 1 year ago (25.9%) is drastically lower than the national average of 85.8%. Due to the constant movement of military families and the large trainee population, numbers are rarely static at any given time.

Owning a computer and having access to internet are imperative for connecting with people, services, entertainment, employment, and other necessities of life. Information from the US Census Bureau showed that 99.5% of Fort Leonard Wood residents have at least a household computer. This is higher than the national average of 90.3%. The installation residents are also more likely to have broadband internet (87.8%) versus the national percentage of 82.7%.

Education is key for achieving a variety of career opportunities. Success and enjoyment in work lead to a healthier and more fulfilling lifestyle. 96.8% Fort Leonard Wood residents have completed high school education or higher and 39.6% have completed a Bachelor's degree or higher. These numbers are both higher than the national percentages of 88.0% and 32.1%, respectively.

Fort Leonard Wood residents are more likely to have health care insurance (95.4%), compared with national (90.5%), state (88%), and local county (89.2%) percentages.

The FLW poverty rate is 6.4%, which is lower than the national percentage of 10.5%. The military provides security of salary, housing, and other services that are not necessarily available to other US citizens.

Summary of CHA Findings				
	Community Strengths & Themes	Local Public Health System	Community Health Status	Forces of Change
Nutrition	Top 2 physical health concerns: “ poor diet ” & “ overweight/obesity ” Participants requested “ weight loss programs ”	10 Essential Public Health Services: “Investigate and address health hazard and root causes.”	Most participants responded with “1-2 servings” of fruit + vegetables per day, which is less than the recommended 5-6 servings per day.	The FLW poverty rate is 6.4%, lower than the national percentage of 10.5%. Military salary and subsistence allowance makes food affordable for those in the military.
Sleep	Participants requested “ stress management ” activities. #1 concern for both social and family health is “ Work-life balance ,” which impacts sleep.	10 Essential Public Health Services: “Investigate and address health hazard and root causes.”	Majority responded with “5-6 hours” which is below the recommended 7+ hours of sleep per 24hr period.	25.9% of the Fort Leonard Wood population are in the same house as the previous year. A transient lifestyle can greatly impact sleep.
Tobacco Use	“Emphasize and implement programs and services that address tobacco cessation”	10 Essential Public Health Services: “Create, champion, and implement plans...”	Tobacco use at FLW (26%) is 9% higher than overall Army (17%). “Online cessation class” (38.1%), and “Tobacco cessation medication” (28.6%) are preferred.	99.5% of FLW residents have a computer and 87.8% internet. Both are helpful tools that tobacco users seek help and information about tobacco cessation.
Preventive Health Screenings	Survey participants most often perceive individuals at FLW to be “Somewhat healthy” (59%) and “Somewhat unhealthy” (28%)	10 Essential Public Health Services: “Assess and monitor population health”	% Women due/overdue screening for: breast cancer (45.5%), cervical cancer (37.3%),chlamydia (44.7%). 45.1% adults need colon cancer screening.	95.4% of the FLW population have healthcare insurance (according to Census Bureau data), so coverage is not a large barrier.
Behavioral Health	“Depression” and “substance abuse” were listed as the most common BH issues at FLW. 30% stated that it is “somewhat likely” that seeking BH help would negatively impact their career.	10 Essential Public Health Services: “enable equitable access” to care that is needed.	The majority of survey participants rated mental health as “Good,” which was the mediocre option. 2.92% of GLWACH enrollees are diagnosed with “Depression.”	25.9% of FLW residents were living in the same house 1 year ago, which is drastically lower than the national average of 85.8%. This disrupts continuity of BH care.
Access to Care	Survey participants stated the top 2 activities the installation needs to support the health of the community: “Weight loss programs” and “stress management.”	10 Essential Public Health Services: “enable equitable access” to care that is needed.	11.7% of survey participants were unable to get medical care when needed. Of those unable to get care, 56.3% said “The wait time for an appointment was too long.”	95.4% of the FLW population have healthcare insurance (according to Census Bureau data), so coverage is not a large barrier.