

# Fort Bragg Department of Public Health



## Community Health Assessment

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Health  
Fort Bragg, NC 28310

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## COMMUNITY HEALTH ASSESSMENT

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**HISTORY:** This is the first iteration of this document. This section will reflect future updates.

**SUMMARY:** This document provides the results Army Public Health Nursing (APHN) Community Health Status Assessment and the Community Health Promotion Council (CHPC) Community Strengths and Themes Assessment, in conjunction with the Fort Bragg Community, as comprehensive community health assessment.

**APPLICABILITY:** This assessment applies to the entire Fort Bragg Community.

**SUGGESTED IMPROVEMENTS:** For revisions and updates to this document, contact the Fort Bragg Department of Public Health Army Public Health Nursing Section.

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## List of Abbreviations

ACS	Army Community Service
AER	Army Emergency Relief
AFAP	Army Family Action Plan
AFTB	Army Family Team Building
APHN	Army Public Health Nursing
ASAP	Army Substance Abuse Program
AVCP	Army Volunteer Corps Program
AWC	Army Wellness Center
BMI	Body Mass Index
BOSS	Better Opportunities for Single Soldiers
BTEC	Fort Bragg Training and Education Center
CBMH	Community Based Medical Home
CDC	Child Development Center
CHA	Community Health Assessment
CHSA	Community Health Status Assessment
CSTA	Community Strength and Themes Assessment
CYSS	Child, Youth and School Services
DA	Department of Army
DENTAC	Dental Activity
DES	Department of Emergency Services
DoD	Department of Defense
DoDEA	Department of Defense Education Activity
DPH	Department of Public Health
EFMP	Exceptional Family Member Program
ERP	Employee Readiness Program
FAP	Family Advocacy Program

FoC	Forces of Change
FORSCOM	US Army Forces Command
FPL	Federal Poverty Level
FRP	Financial Readiness Program
FTCC	Fayetteville Technical Community College
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Health and Human Services
HP	Healthy People
LPHSA	Local Public Health System Assessment
MAPP	Mobilizing for Action Through Planning and Partnerships
MDSSO	Mobilization, Deployment, and Support Stability Operations
MFLC	Military and Family Life Counselor
MHSPHP	Military Health Service Population Health Portal
MRP	Multicultural Readiness Program
MSK	Musculoskeletal
MWR	Morale, Welfare and Recreation
NC	North Carolina
NPSP	New Parent Support Program
OSHA	Occupational Safety and Health Administration
PA&E	Program Analysis and Evaluation
PAO	Public Affairs Office
PreK	Pre-Kindergarten
RRP	Risk Reduction Program
SFAC	Soldier Family Assistance Center
SHARP	Sexual Harassment/Assault Response and Prevention
SIDS	Sudden Infant Death Syndrome
SOS	Survivor Outreach Services
STI	Sexually Transmitted Infection

TIMR	Targeted Infant Mortality Reduction
USARC	US Army Reserve Command
VA/VAMC	Veterans Affairs/Veterans Affairs Medical Center
VAP	Victim Advocacy Program
WAMC	Womack Army Medical Center
WG	Working Group

# Executive Summary

A comprehensive community health assessment (CHA) that reflects the Army Public Health Nursing (APHN) Community Health Status Assessment and the Community Health Promotion Council (CHPC) Community Strengths and Themes Assessment is completed at least every five years (or earlier if directed by leadership) through a collaborative process with key installation, military community, and neighboring community partners and stakeholders. These assessments collect and analyze data and information to describe the health of the community, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to educate and improve the community's health. The Fort Bragg Department of Public Health (DPH) leads the collaborative process to complete the CHA for Fort Bragg, NC.

The 2018 Fort Bragg Community Health Assessment includes the following components:

- A community profile providing overall information on community demographics and socioeconomic factors, including social determinants of health
- An analysis of access to health services on Fort Bragg
- An overview of the clinical care, health behaviors, health outcomes and public safety on Fort Bragg
- Information about Womack Army Medical Center (WAMC) health services
- Information about Fort Bragg community assets
- Results from the Community Strengths & Themes Assessment
- A description of the Forces of Change Assessment which identifies forces—such as trends, factors, that are or will influence the health and quality of life of the Fort Bragg community

Fort Bragg community members primarily live in eight different counties with 68 percent living in Cumberland County. Using 2017 data, there are almost 200,000 enrolled TRICARE beneficiaries living within a 40 mile radius of Fort Bragg.

Among Fort Bragg Active Duty Service Members, 13 percent are smokeless tobacco users, exceeding Army prevalence. Fort Bragg Active Duty has a higher percentage (41 percent) of injuries that result in a medical encounter than the overall Army percentage (37 percent). Injuries and musculoskeletal conditions are the highest cost to the Fort Bragg medical system. Among Active Duty, 28 percent of women and 16 percent of men experience behavioral health disorders.

According to the Community Strengths & Themes Assessment, 54 percent of respondents felt that injuries are among the top physical health-related concerns at Fort Bragg. Approximately 61 percent felt that getting more sleep was a desired activity to improve their health. Sixty percent of respondents felt that alcohol and drug



abuse was a top behavioral or emotional risk factor of concern to the installation, followed by stress (57 percent) and depression (46 percent). Approximately 49 percent of respondents cited financial issues as a top family-health concern at Fort Bragg, followed by deployments/military separation (44 percent) and lack of work-life balance (38 percent).

The Forces of Change Assessment was performed by the Fort Bragg Public Health Working Group. Two of the 'forces' discussed were increases in temperature and increase in sexually transmitted infections. Both can lead to severe morbidity. Awareness and education are essential to reduce incidence of both.

## **Background and Purpose**

A community health assessment (CHA) is a collaborative process of collecting and analyzing data and information for use in educating and mobilizing communities, developing priorities, garnering or using resources in different ways, adopting or revising policies, and planning actions to improve the population's health. The development of a CHA involves the systematic collection and analysis of data and information to provide a sound basis for decision-making and action. CHAs are conducted in partnership with other organizations and members of the community and include data and information on: demographics; socioeconomic characteristics; quality of life; community resources; behavioral factors; the environment (including the built environment); morbidity and mortality; and other social determinants of health status. The CHA will be the basis for development of the community health improvement plan.

The purpose of the CHA is to determine the health status of the community members and the community as a whole in order to prioritize and develop strategies and interventions to improve the overall health of the community. The goal of the CHA is to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status.

# Methods

The Fort Bragg Department of Public Health (DPH) chose to utilize the Mobilizing for Action through Planning and Partnerships (MAPP) model as a framework for completing their CHA.

The model typically includes six distinct phases (Figure 1); however, this iteration of the Fort Bragg CHA will not include the local public health system assessment. These steps are:

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

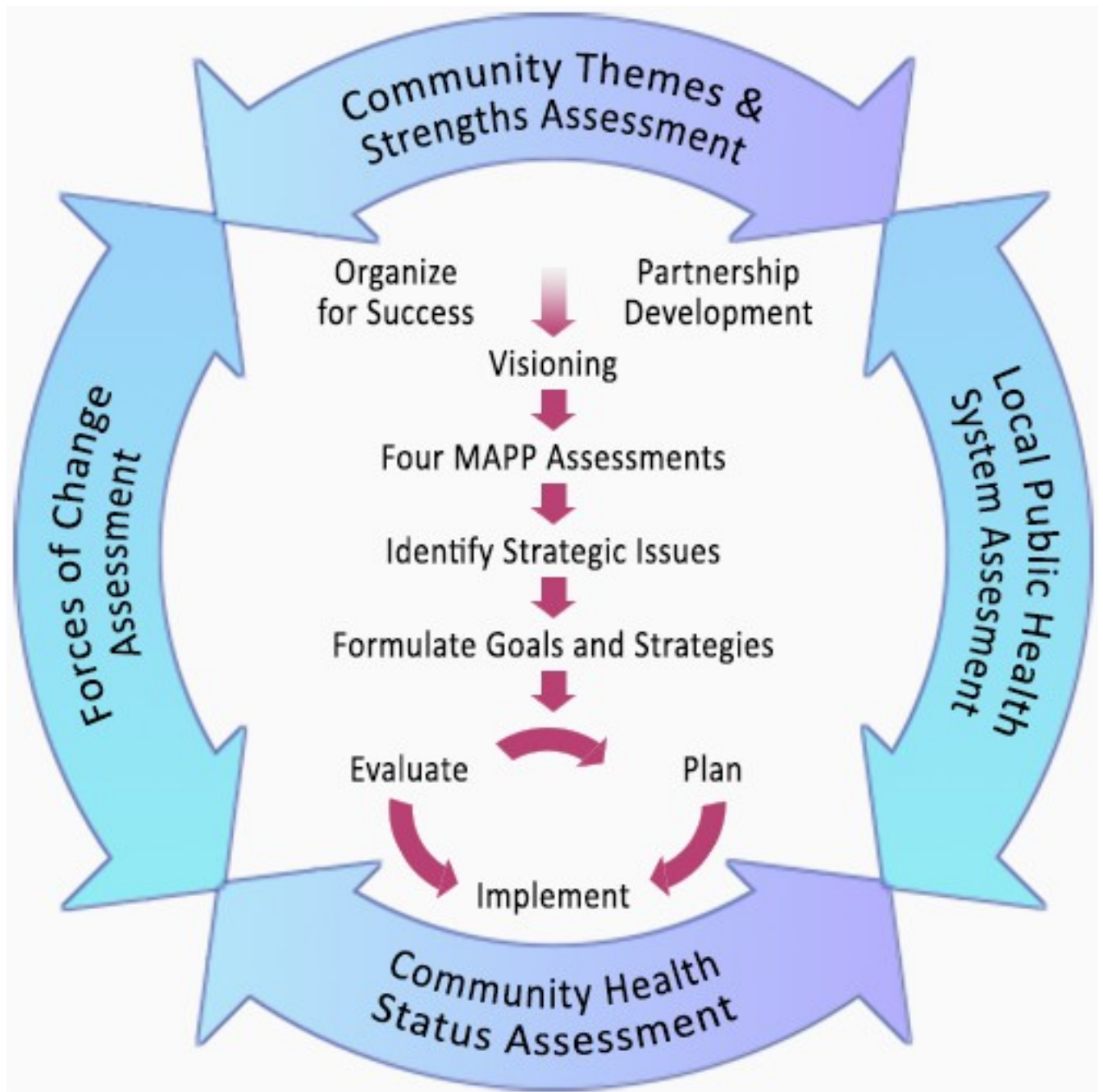


Figure 1. Explanation of the MAPP framework

## Community Health Assessment Working Group

To conduct the CHA, the Fort Bragg DPH leveraged the Public Health Working Group to discuss components of the CHA including data and review components of the document. The Working Group is made up of different members of the installation community, including representatives from Womack Army Medical Center (WAMC), which the DPH is a part of, and Fort Bragg Garrison (installation), and tactical units, including the largest unit on-post, the XVII Airborne Corps. The membership of this WG is provided below.

The CHA was also discussed as part of the Fort Bragg Commander's Ready and Resilient Council (CR2C) (formerly the Community Health Promotion Council) as well as with local health departments.

*Table 1. Public Health Working Group Members\**

XVIII Airborne Corps	Public Health, Nutrition, or Other
Fort Bragg Army Community Service (Garrison)	Designee
Army Hearing Program (DPH)	Chief or Designee
Army Public Health Nursing (DPH)	Chief or Designee
Fort Bragg Army Wellness Center	Director or Designee
Behavioral Health (WAMC)	Chief or Designee
Business Operations (DPH)	Designee
Commander's Ready and Resilient Council (CR2C) Staff (Garrison, WAMC, and all tactical units)	Coordinator or Designee
Environmental Health (DPH)	Chief or Designee
Forces Command (FORSCOM)	Public Health Officer or Designee
Epidemiology & Disease Control (DPH)	Chief or Designee
Health Physics (DPH)	Chief or Designee
Health System Specialist (DPH)	Designee
Industrial Hygiene (DPH)	Chief or Designee
(WAMC)	Dietitian
Occupational Health (DPH)	Chief or Designee
Physical Therapy (WAMC)	Chief or Designee
Population Health (WAMC)	Designee
Primary Care Service (WAMC)	Chief or Designee
Public Affairs Office (WAMC and/or Garrison)	Public Affairs Officer
Public Health-Activity	Commander or Designee
Public Health Non-Commissioned Officer (DPH)	Public Health Enlisted Representative
Fort Bragg R2 Performance Center	Performance Expert
Research Dept (WAMC)	Chief or Designee
Secretary/Administrative Assistant (DPH)	Designee

\*Members reflect a range of expertise and position (supervisory and non-supervisory, officer and enlisted, and military and civilian). Additional personnel from WAMC and/or Fort Bragg may be invited depending on the WG topic. Students and residents who are rotating in public health are encouraged to attend.

## Community Health Assessment Data

Military data were derived from a variety of sources, with clinical data largely from electronic medical records. Most of the local, state, and national community data (Cumberland County, North Carolina, and U.S.) were self-reported from various community members via surveys.

### Data Sources:

- Army Corporate Dental System
- Army Health of the Force Report (U.S. Army Public Health Center)
- Community Commons
- Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care
- Fort Bragg Department of Public Works
- Fort Bragg Risk Reduction
- Fort Bragg Tobacco Free Living
- Military Health Service Population Health Portal in CarePoint
- North Carolina State Center for Health Statistics
- State of Obesity, North Carolina
- U.S. Army Garrison Fort Bragg, Plans Analysis and Integration Office (PAIO)
- U.S. Census Bureau
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
- U.S. Department of Health & Human Services, Health Indicators Warehouse
- U.S. Department of Labor, Bureau of Labor Statistics
- Womack Army Medical Center Program Analysis & Evaluation

### Data Limitations

Most of the data in the CHA are from Calendar Year 2017. However, when 2017 data were not available, data from the most recent year were used (2015 or 2016, if possible). As mentioned above, there are differences between the data derived from military sources and the North Carolina county and state data. The aim of this CHA report is not to compare the Fort Bragg and community data but to provide a broad overview. For this

reason, we separated data tables and charts for military and community data. Some data were not available to us. We could not find a source for some data that we wished to include. Through our Public Health Working Group, we aim to improve our data collection so the next CHA will be more comprehensive.

# Assessment Results

## Community Health Status Assessment

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

### Definition of Community

The Fort Bragg community is defined as the number of beneficiaries (Active Duty Service Members, retirees, and dependents) residing within the 40-mile catchment area from the center of Fort Bragg. Fort Bragg is home of the Airborne and Special Operations and is often called “the center of the Army universe.” Fort Bragg has property in six different North Carolina counties, but Fayetteville, where it is headquartered, lies in Cumberland County. The DPH offers services to the military beneficiaries who live and work on Fort Bragg, which includes Pope Army Airfield.

The Fort Bragg community is diverse both culturally and geographically. Soldiers residing on Fort Bragg, their dependents and the civilian workforce of Fort Bragg primarily live in eight different counties; Cumberland, Harnett, Hoke, Lee, Moore, Robeson, Sampson, and Wake. Sixty eight percent of Fort Bragg community members live in Cumberland County, NC (Source: WAMC Program Analysis and Evaluation (PA&E)) Below are the counties that surround Fort Bragg.

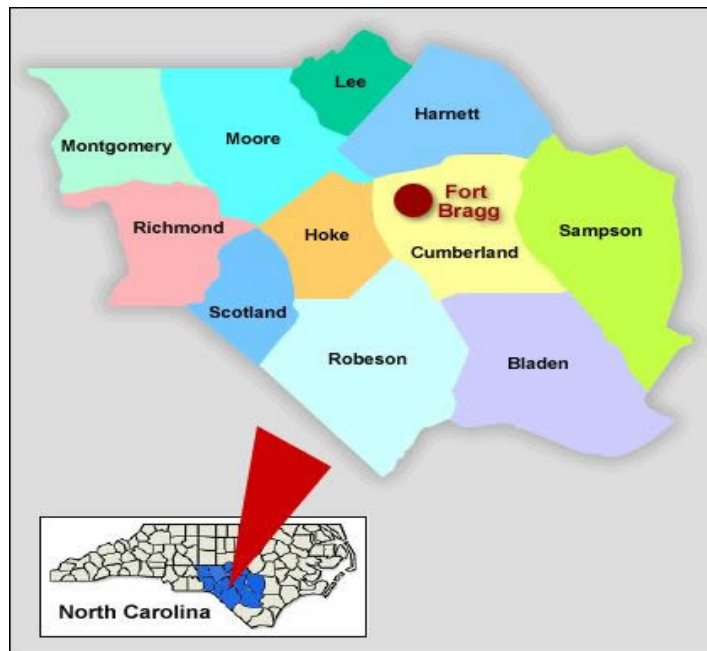


Figure 2. Fort Bragg surrounding counties



### Demographics for Fort Bragg

According to the Womack Army Medical Center (WAMC) PA&E Office, there were 195,782 enrolled TRICARE beneficiaries living within a 40 mile radius of Fort Bragg in 2017. According to the Fort Bragg Housing office, there are 33,734 Active Duty personnel living off post (67 percent) and 16,973 Active Duty personnel living on the Fort Bragg post (33 percent) as of March 2018. There are 15,342 military dependents and 534 non-Active Duty personnel living on the Fort Bragg post.

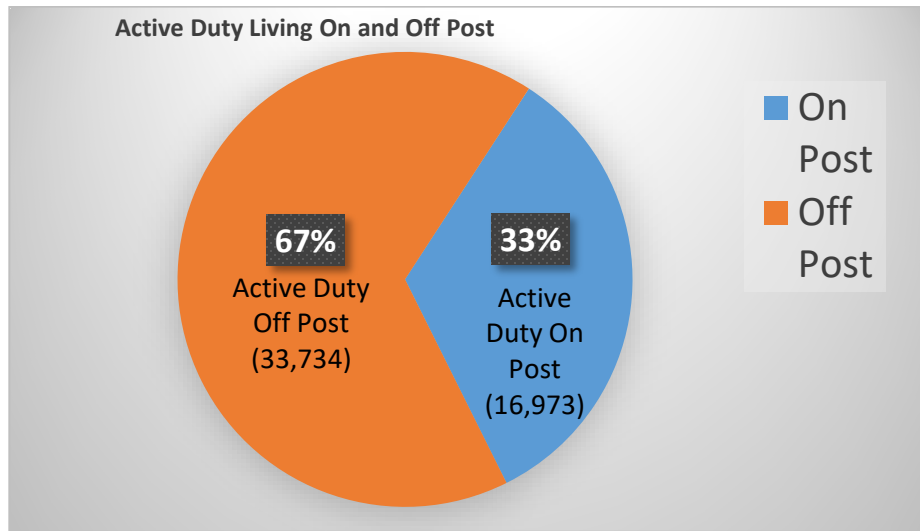


Figure 3. Active Duty Living On and Off Fort Bragg

(Data Source: Mr. Desmond Herbert, Fort Bragg Department of Public Works, Housing Management Specialists, March 2018) Note: These numbers include Randolph Point and Barracks

There are more Active Duty Army males (88 percent) than females (12 percent) stationed at Fort Bragg. This is a major difference from the overall U.S. and North Carolina male and female averages.

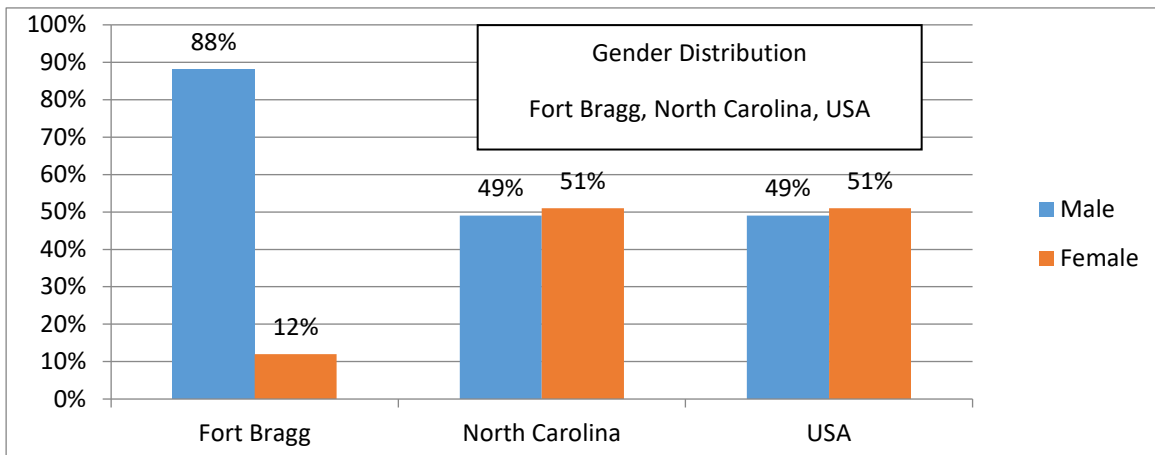


Figure 4. Fort Bragg Active Duty Gender Distribution

\*Source U.S. Census Bureau American FactFinder, Profile of General Population and Housing Characteristics: 2010,

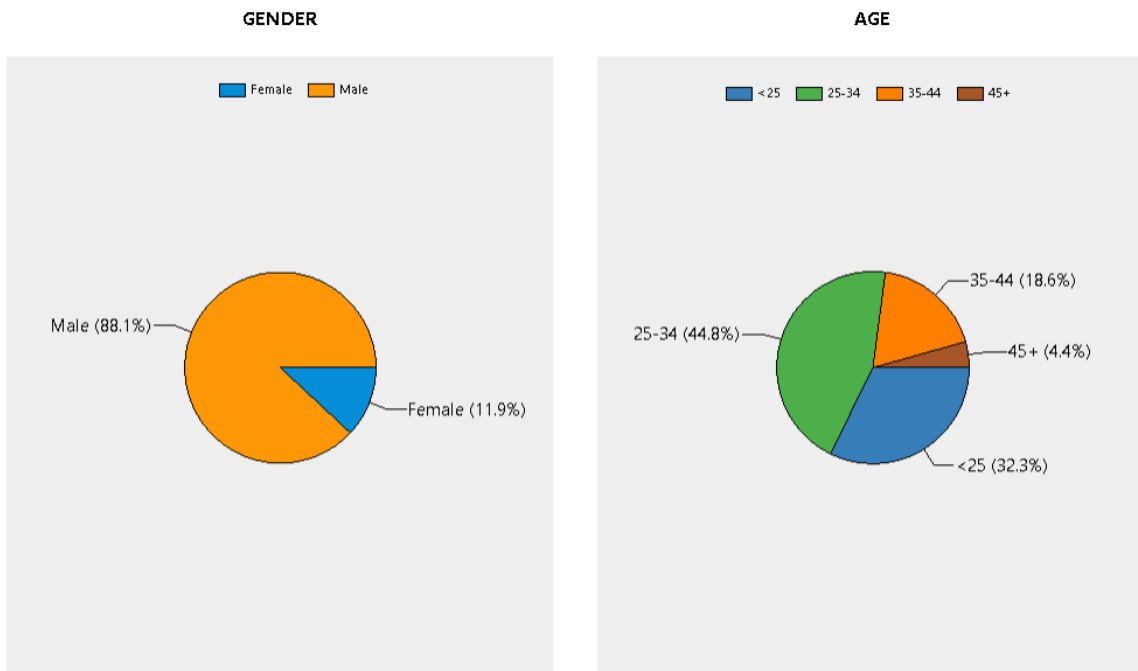
2010 Demographic Profile Data <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=>

**Age.** The age distribution of Fort Bragg Active Duty members in 2016 is depicted in the chart below. The Fort Bragg population for the ages of 0 to 4 years old is 9 percent. The population for the ages of 5 to 14 is 14 percent. Nineteen percent (19 percent) of the overall Fort Bragg population, not just Active Duty, is between 25 and 34 (19 percent) years of age. (Source: WAMC PA&E).

**POPULATION DISTRIBUTION  
BY GENDER AND AGE, ACTIVE DUTY**

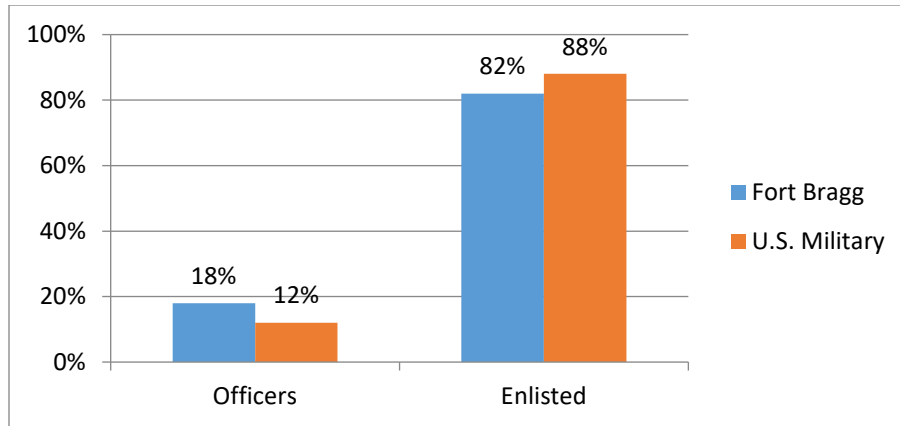


Fort Bragg // Calendar year **2016**



*Figure 5. Fort Bragg Active Duty Age Distribution*

**Rank.** Active Duty Soldiers are broken down into Enlisted and Officers, which have different pay grades, opportunities, supervisory roles, and career paths. Most Fort Bragg Active Duty personnel are Enlisted (82 percent) versus Officers (18 percent).



*Figure 6. Fort Bragg Active Duty Officer and Enlisted*

\*Source: Army Stationing and Installation Plan (ASIP) data base. United States Army Garrison Fort Bragg, Plans Analysis and Integration Office (PAIO)

### Economy/Social Factors

Social and economic insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affects access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy Fort Bragg community.

The wages for Soldiers are based on rank and time in service. Civilian employees and their pay are based on General Schedule or Federal Wage guidelines.

**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, their grade/ rank, and whether they have dependents. This ensures that Active Duty Soldiers and their families are able to afford to live off and on post.

**Economic Well-Being and Household Income:** Military pay on Fort Bragg is standardized by rank and time in service. This standardized pay is published each year by the Department of Defense through Congressional approval.

**Poverty:** The U.S. Department of Health & Human Services (HHS) releases the federal poverty level (FPL) guidelines annually. The FPL is also known as the “poverty guidelines.” Adjusted each year for inflation, the FPL can help determine if a family qualifies for certain government benefits, such as Medicaid, food stamps, or funds for educating. Military families may be eligible for some of these benefits based on their income (and housing allowance, if living off-post). According to the U.S. Census Bureau 2012-16 of Cumberland County, which Fort Bragg geographically falls into, 26 percent of children aged 0-17 are living in households with income below the

FPL guidelines. This indicator is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status.

**Unemployment:** According to the U.S. Department of Labor, Bureau of Labor Statistics, the unemployment rate in 2017 in Cumberland County was 6 percent. The unemployment rate in North Carolina in 2017 was 5 percent and the rate in the United States in 2017 was 5 percent. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. Although Active Duty members have consistent employment, their family members (especially the spouse) may not.

**Uninsured Population:** The lack of health insurance is considered a *key driver* of health status. This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of health insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contribute to poor health status. Although Active Duty members are insured to include vision and dental, and beneficiaries receive medical insurance, they may also be underinsured (e.g., not have dental or vision insurance) unless additional plans are purchased.

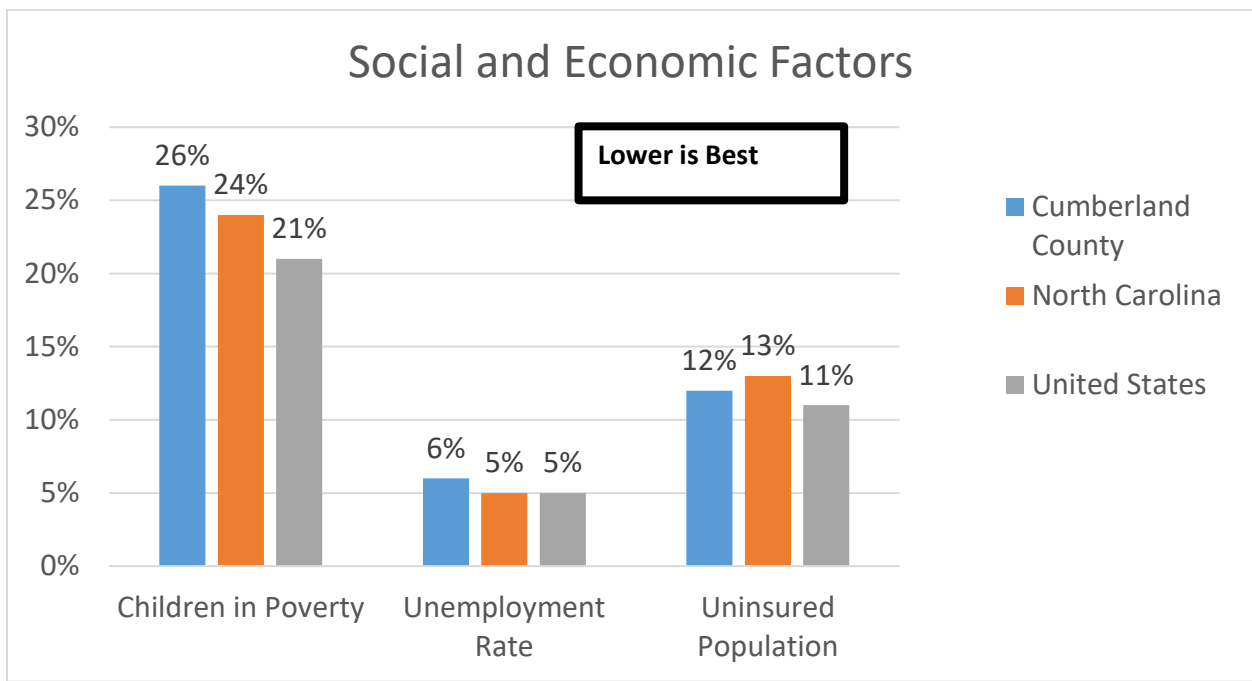


Figure 7. Cumberland County, N.C. Social and Economic Factors

Note: This indicator is compared with the state average.

Data Sources: Community Commons,  
<https://assessment.communitycommons.org/CHNA/report?page=2&id=207&reporttype=libraryCHNA>  
US Census Bureau, *American Community Survey*. 2012-16. Source geography  
US Department of Labor, *Bureau of Labor Statistics*. 2017 - November. Source geography: County

### Access to Health Services

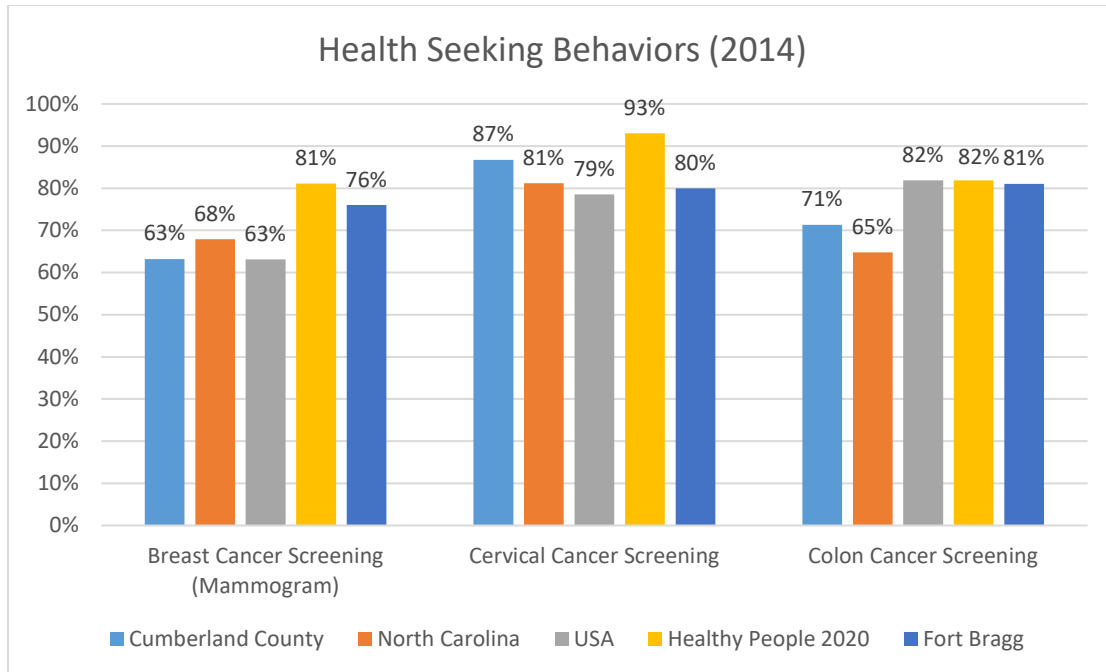
According to Health People (HP) 2020 “access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.” (<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>)

Fort Bragg has a unique community because many of its members have healthcare through the military, namely TRICARE. On Fort Bragg there is one hospital, WAMC. There are three healthcare clinics located within WAMC (Executive Medicine Clinic, Womack Family Medicine Clinic and the Urgent Care Clinic). There are four health clinics located outside of WAMC: Clark Health Clinic, Joel Health Clinic, Robinson Health Clinic and Byars Health Clinic. Additionally, there are three Community Based Medical Homes (CBMH) located off post: Fayetteville CBMH, Hope Mills CBMH, and Linden Oaks CBMH. The purpose of the CBMH is to improve access to care and continuity of care. Also WAMC Dental Command provides dental services to Active Duty personnel through the following six dental clinics: Davis Dental Clinic, Joel Dental Clinic, LaFlamme Dental Clinic, Rohde Dental Clinic, Smoke Bomb Hill Dental Clinic and WAMC Dental Clinic.

### Clinical Care

The Fort Bragg community as a whole possesses a number of community assets capable of having a positive impact on the mental health, physical health and well-being of its community members. Access to preventive health services is a tool to improving overall health and reducing premature mortality rates. Screening tests are done to detect potential health disorders or diseases in people who do not have any symptoms of disease. The goal is early detection and lifestyle changes or surveillance, to reduce the risk of disease, or to detect it early enough to treat it most effectively. The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 81 measures across five domains of care.

The graph below depicts Health Seeking Behaviors for Cumberland County, N.C., USA and compares it to the HP 2020 target.



*Figure 8. Health Seeking Behaviors: Cumberland County, North Carolina, USA, and Fort Bragg (versus Healthy People 2020)*

Data Sources: Community Commons,

<https://assessment.communitycommons.org/CHNA/report?page=2&id=207&reporttype=libraryCHNA>\*Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#). 2014. Source geography: County

\*\*Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County.

Military Health Service Population Health Portal (MHSPHP) in CarePoint

Note that data (percentages) were rounded in this chart.

### Health Behaviors

A healthy community is one in which individuals adopt healthy behaviors such as eating nutritious foods, being physically active, and getting adequate sleep - all of which can prevent or control negative health outcomes, including diabetes, heart disease, hypertension and depression. Poor health behaviors are linked with lost workdays and lower productivity that can affect the economic status for individuals and community businesses. There is also an added burden to private and government health care programs.

**Obesity:** North Carolina has the 16th highest adult obesity rate in the nation, according to The State of Obesity: Better Policies for a Healthier America released August 2017. According to the Centers for Disease Control and Prevention, weight higher than what is considered as a healthy weight for a given height is described as overweight or obese (<https://www.cdc.gov/obesity/adult/defining.html>). The Body Mass Index, or BMI, is a person's weight in kilograms divided by the square of height

in meters. BMI does not measure body fat directly. It is used as a screening tool for overweight or obesity. North Carolina's adult obesity rate is currently 31.8 percent up from 20.9 percent in 2000 and from 12.3 percent in 1990 (see Figure 9). Although much of the Fort Bragg population is physically active due to the military lifestyle (Active Duty Soldiers exercise 3-5 mornings a week), there is still a small percentage (14 percent) of Active Duty adults on Fort Bragg who are obese. The Cumberland County and North Carolina obesity data may also be representative of the military beneficiary obesity prevalence. Military beneficiaries are part of the community in which they live including various risk factors for obesity (types of food, physical activity options, etc).

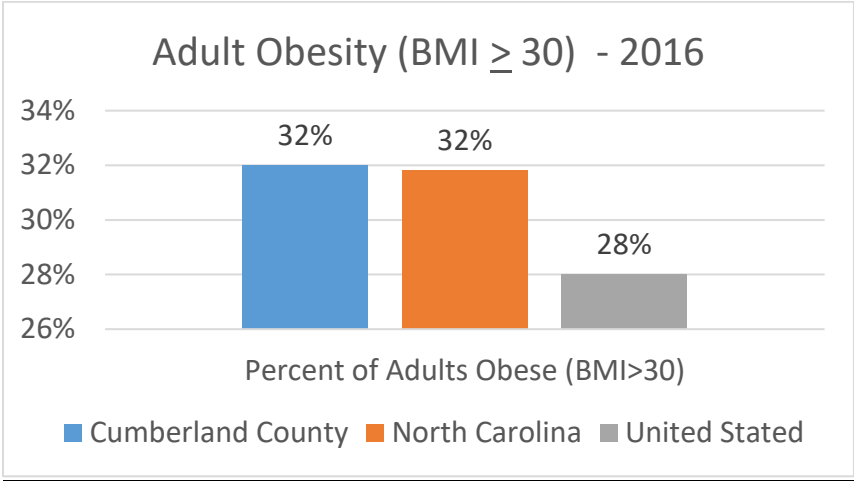


Figure 9. Cumberland County, N.C. Adult Obesity

Community Commons, <https://assessment.communitycommons.org/CHNA/report?page=2&id=207&reporttype=libraryCHNA>  
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County



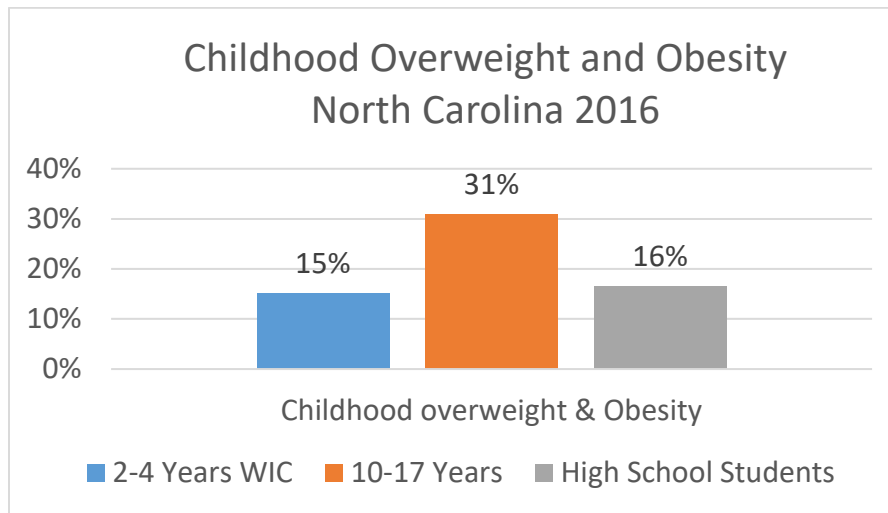


Figure 10. North Carolina Childhood Overweight and Obesity

Data Source: State of Obesity North Carolina <https://stateofobesity.org/states/nc/>

**Tobacco Use:** Smoking leads to disease and disability and harms nearly every organ of the body. It is the leading cause of preventable death.\* The percentage of Active Duty personnel who self-reported using tobacco on Fort Bragg in March 2018 was higher than the percentage of Active Duty personnel who self-reported using tobacco in the Army in 2016.

Table 2. Percentage of Individuals Who Use Tobacco

	**Fort Bragg	***U.S. Army	United States
Smokers	13%	14.3%	15.1% ****
Smokeless Tobacco Users	13%	9.1%	3.4% *****
Dual Users	3%	3%	No data available
Total Use	29%	26.4%	

Sources:

U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on

Smoking and Health, 2014 [accessed 2018 Feb 22].

\*\*Source: Personal communication, Karen Goepfrich, Fort Bragg Tobacco Free Living Facilitator, Data obtained from the Army Corporate Dental System, March 2018

\*\*\* Military (Army) Health of the Force 2017 Edition:

<https://phc.amedd.army.mil/Periodicalpercent20Library/2017HealthoftheForceweb.pdf>

\*\*\*\* CDC Smoking Data 2015: [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm)

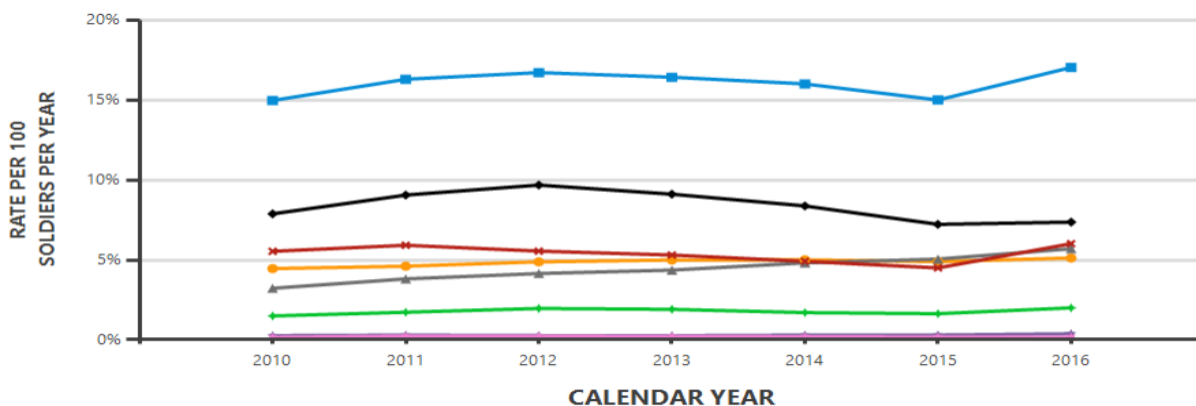
\*\*\*\*\* CDC Smokeless tobacco use 2014:

[https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/smokeless/use\\_us/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/use_us/index.htm)

**Behavioral Health:** Many different behavioral health diagnoses are seen on Fort Bragg. The top 3 behavioral health diagnosis rates for Fort Bragg in 2016 were Any Behavioral Health disorder (17.1 percent), Adjustment Disorder (7.4 percent), and other Substance Disorder (6.0 percent).

## BEHAVIORAL HEALTH DIAGNOSIS RATES BY YEAR AND DIAGNOSIS CATEGORY, ACTIVE DUTY

Fort Bragg // Calendar years **2010 - 2016**



	2010	2011	2012	2013	2014	2015	2016
Any BH Disorder	15.0%	16.3%	16.7%	16.4%	16.0%	15.0%	17.1%
Mood Disorder	4.5%	4.6%	4.9%	5.0%	5.0%	4.9%	5.1%
Adjustment Disorder	7.9%	9.1%	9.7%	9.1%	8.4%	7.2%	7.4%
Other Anxiety Disorder	3.2%	3.8%	4.2%	4.4%	4.8%	5.1%	5.7%
Substance Disorder	5.5%	5.9%	5.6%	5.3%	4.9%	4.5%	6.0%
PTSD	1.5%	1.7%	2.0%	1.9%	1.7%	1.6%	2.0%
Personality Disorder	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.4%
Psychosis	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%

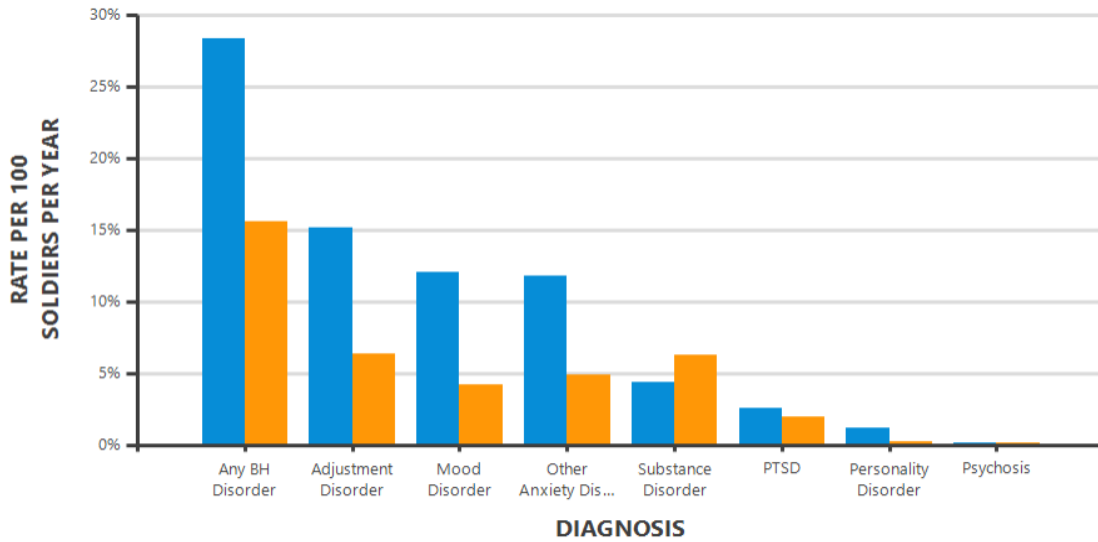
Figure 11. Fort Bragg Behavioral Health Diagnosis Rates by Year and Category

Figure 12 (below) illustrates behavioral health diagnosis rates by gender and diagnosis category for Active Duty Soldiers on Fort Bragg in 2016. Women had higher rates of all behavioral health diagnoses except for psychosis (rates equivalent) and substance disorders.

# BEHAVIORAL HEALTH DIAGNOSIS RATES BY GENDER AND DIAGNOSIS CATEGORY, ACTIVE DUTY



Fort Bragg // Calendar year 2016



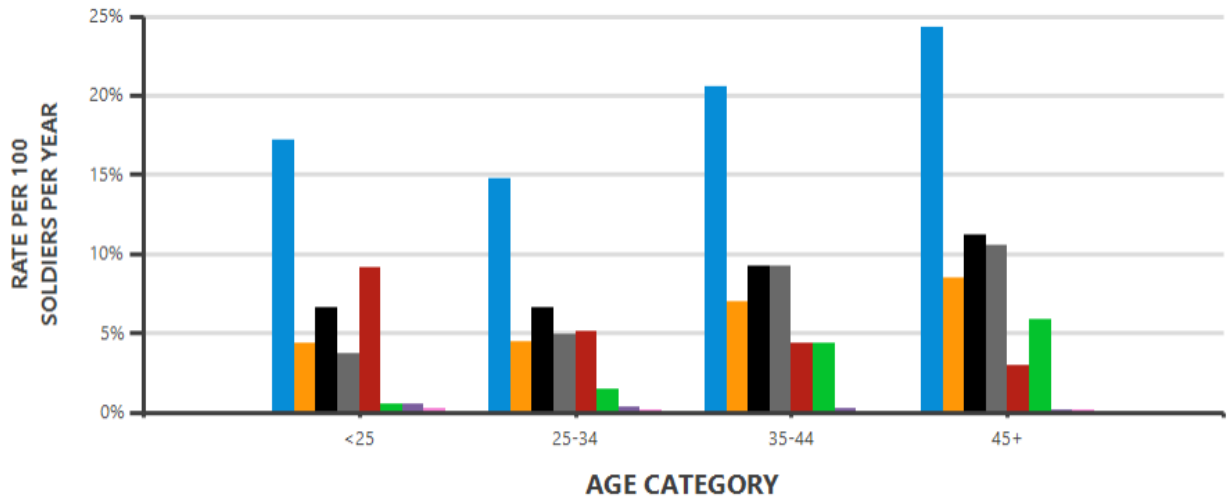
	Any BH Disorder	Adjustment Disorder	Mood Disorder	Other Anxiety Disorder	Substance Disorder	PTSD	Personality Disorder	Psychosis
Female	28.3%	15.2%	12.0%	11.8%	4.4%	2.6%	1.2%	0.2%
Male	15.6%	6.3%	4.2%	4.9%	6.2%	1.9%	0.3%	0.2%

Figure 12. Behavioral Health Diagnosis Rates by Gender and Category

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



Fort Bragg // Calendar year 2016



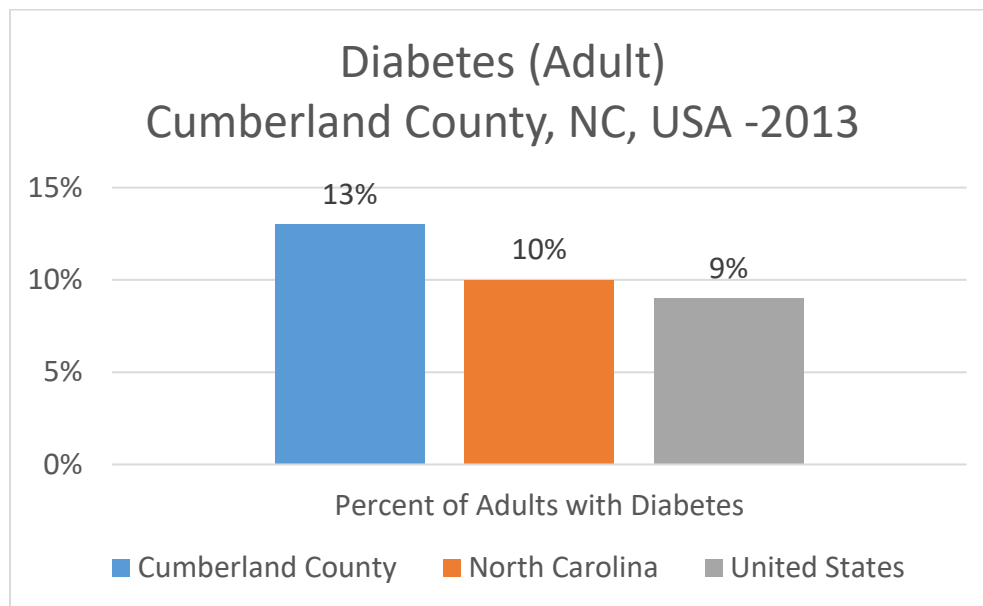
	<25	25-34	35-44	45+
Any BH Disorder	17.2%	14.7%	20.6%	24.3%
Mood Disorder	4.4%	4.4%	7.0%	8.5%
Adjustment Disorder	6.6%	6.6%	9.2%	11.2%
Other Anxiety Disorder	3.7%	4.9%	9.3%	10.6%
Substance Disorder	9.1%	5.1%	4.3%	2.9%
PTSD	0.6%	1.5%	4.4%	5.9%
Personality Disorder	0.6%	0.3%	0.2%	0.1%
Psychosis	0.3%	0.1%	0.1%	0.2%

Figure 13. Behavioral Health Diagnosis by Age and Category

### Health Outcomes

Analyzing data of health outcomes for a community provides insight into identifying trends, and targets for potential intervention. With identified benchmarks/targets such as HP 2020, communities can set priorities for program planning and use quantitative results for evaluation. In 2017, 3 percent of adult beneficiaries on Fort Bragg were diagnosed with diabetes. During that same year, 1 percent of adults on Fort Bragg were diagnosed with heart disease. Although not necessarily measured the exact same way for accurate comparison, in general Fort Bragg's rates are much lower than the rates in Cumberland County, North Carolina as a whole or the U.S. (Source: Military Health Service Population Health Portal (MHSPHP) in CarePoint)

Figures 14 and 15 illustrate the percent of adults with diabetes and heart disease in Cumberland County, North Carolina, and the United States.

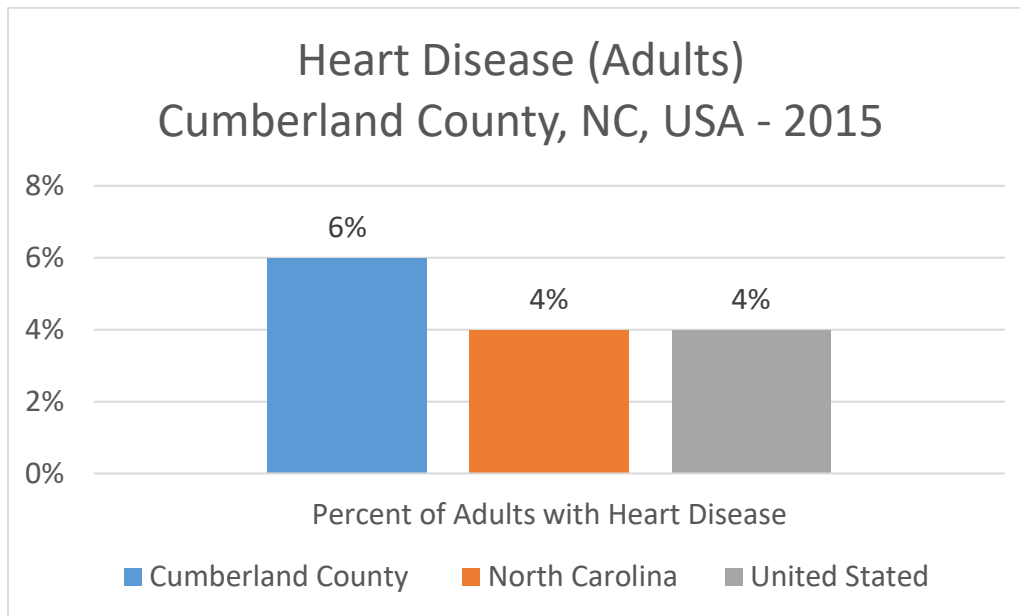


*Figure 14. Cumberland County, N.C. Adult Diabetes 2013*

Community Commons,

<https://assessment.communitycommons.org/CHNA/report?page=2&id=207&reporttype=libraryCHNA>

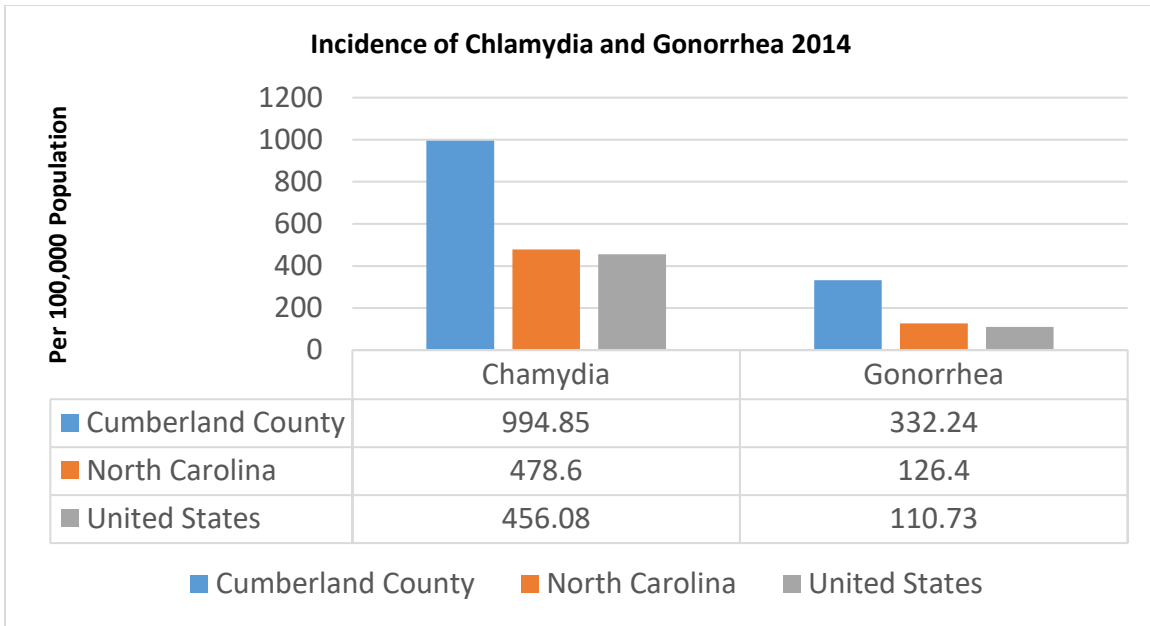
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County



*Figure 15. Cumberland County, N.C. Adult Heart Disease 2015*

**Data Sources:** Community Commons, <https://assessment.communitycommons.org/CHNA/report?page=2&id=207&reporttype=libraryCHNA> Centers for Medicare and Medicaid Services. 2015. Source geography: County

**Sexually Transmitted Infections (STIs):** Target objectives for rates of reported chlamydial infection were removed from HP 2020 and deemed not a good measure of chlamydia burden, therefore, not an appropriate metric for health objectives at this time. HIV and gonorrhea incidence target rates are currently unavailable with no reason given at this time. As shown in the graphs below, Cumberland County experiences STI rates nearly double that of North Carolina. Fort Bragg's STI rates are calculated in a different manner, so that a direct comparison of rates is not possible. However, Fort Bragg STI data show that the rate of Chlamydia in females is nearly five times that of males. Fort Bragg STI rates are lower than rates in the Army overall. Clinicians must consider age as a possible contributing factor for STI rates as individuals in their late teens to early twenties are more likely to exhibit feelings of invincibility. Often there are disparities in prevention and treatment due to cultural beliefs and norms. Stigma may also play a role.



*Figure 16. Cumberland County, N.C. Incidence of Chlamydia and Gonorrhea 2014*

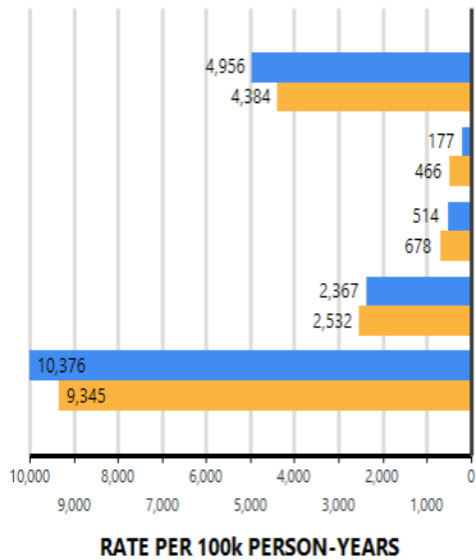
Data Sources: Community Commons,  
<https://assessment.communitycommons.org/CHNA/report?page=2&id=207&reporttype=libraryCHNA>

# CHLAMYDIA TRACHOMATIS INCIDENCE RATES BY GENDER AND AGE, ACTIVE DUTY

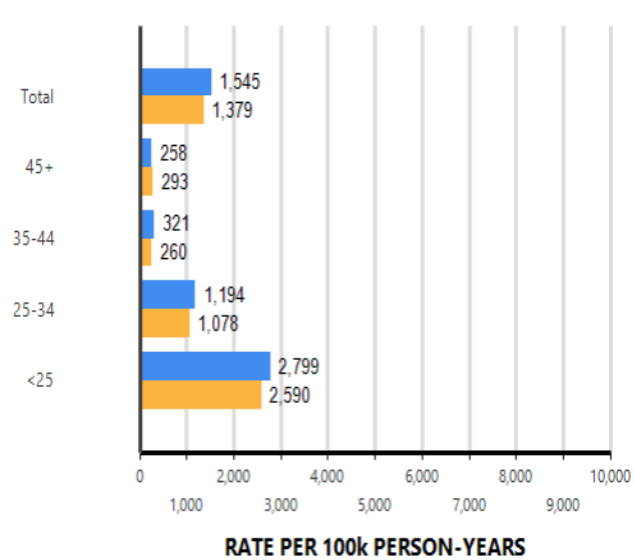


Fort Bragg // Calendar year **2016**

## Females



## Males



Population	Gender	<25		25-34		35-44		45+		Total	
		Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
ARMY	Female	10,376	2,627	2,367	633	514	60	177	6	4,956	3,326
	Male	2,799	3,918	1,194	1,813	321	250	258	54	1,545	6,035
Fort Bragg	Female	9,345	163	2,532	62	678	6	466	1	4,384	232
	Male	2,590	327	1,078	188	260	19	293	5	1,379	539

Figure 17. Fort Bragg Active Duty Chlamydia Incidence Rates by Gender and Age 2016

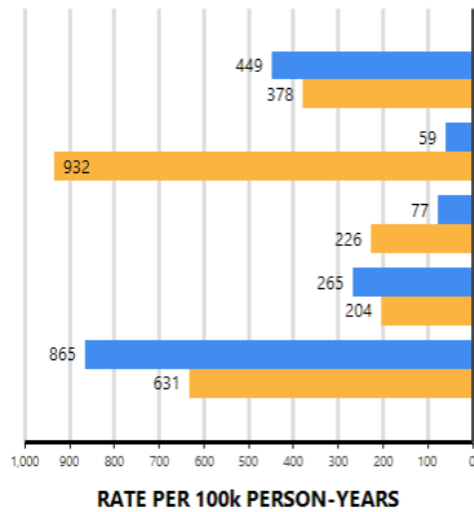


# GONORRHEA INCIDENCE RATES BY GENDER AND AGE, ACTIVE DUTY

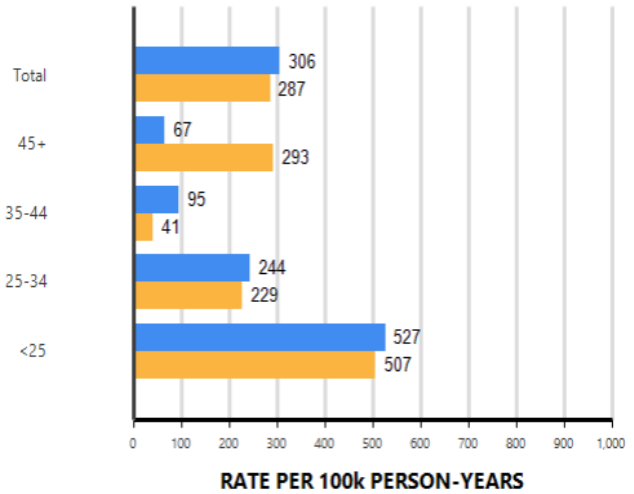


Fort Bragg // Calendar year **2016**

**Females**



**Males**



■ ARMY ■ Fort Bragg

Population	Gender	<25		25-34		35-44		45+		Total	
		Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
■ ARMY	Female	865	219	265	71	77	9	59	2	449	301
	Male	527	738	244	370	95	74	67	14	306	1,196
■ Fort Bragg	Female	631	11	204	5	226	2	932	2	378	20
	Male	507	64	229	40	41	3	293	5	287	112

Figure 18. Fort Bragg Active Duty Gonorrhea Incidence Rates by Gender and Age

**Morbidity and Mortality:** Injuries and musculoskeletal (MSK) conditions are the highest cost to the Fort Bragg medical system; whereas behavioral health (also referred to as mental health) have the longest hospital bed days. Injuries (including MSK) are also the leading cause of medical encounters or appointments. Fort Bragg Active Duty has a higher percentage (41 percent) of injuries that result in a medical encounter than the overall Army percentage (37 percent) (Figure 19). Additionally, Fort Bragg has a higher percent of MSK conditions encounters. However, Fort Bragg also has a lower percentage of mental health encounters or appointments (14 percent) than that of the overall Army (18 percent).

In 2016 the highest categories on Fort Bragg for medical encounters were injuries (including MSK), behavioral health (mental illness), and signs and-symptoms.

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



Fort Bragg // Calendar year 2016

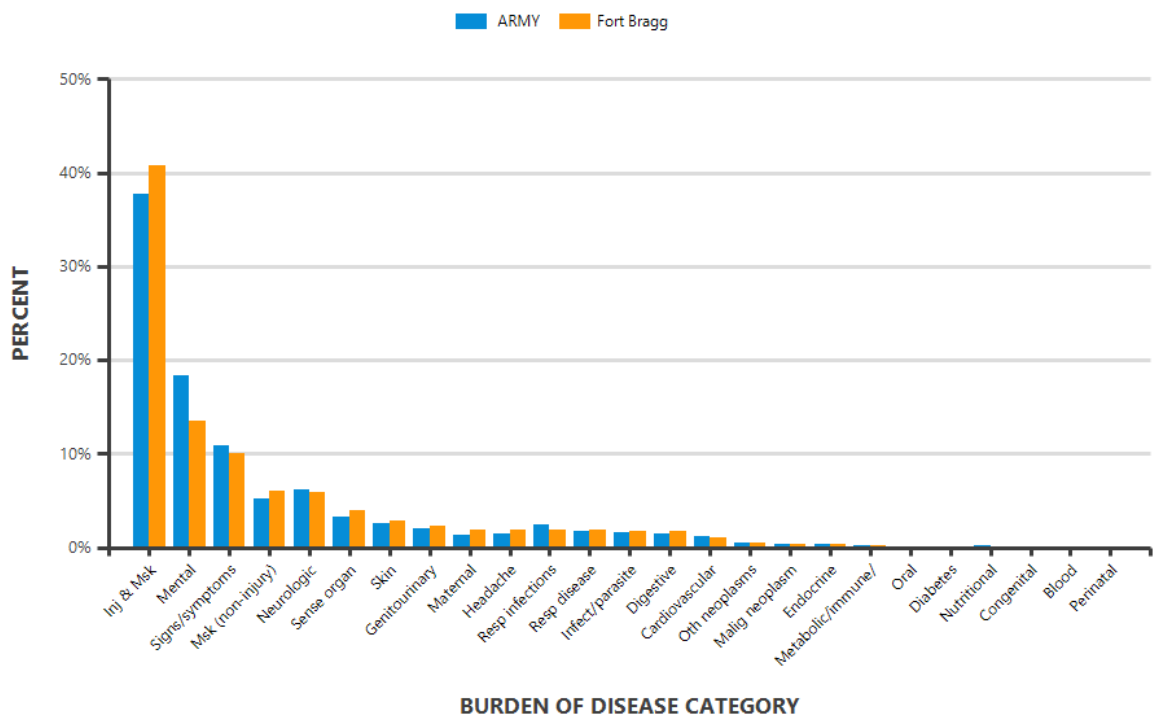


Figure 19. Burden of Disease (Fort Bragg versus Army)

# MORBIDITY BURDEN SUMMARY BY DISEASE CATEGORY, ACTIVE DUTY



Fort Bragg // Calendar year 2016

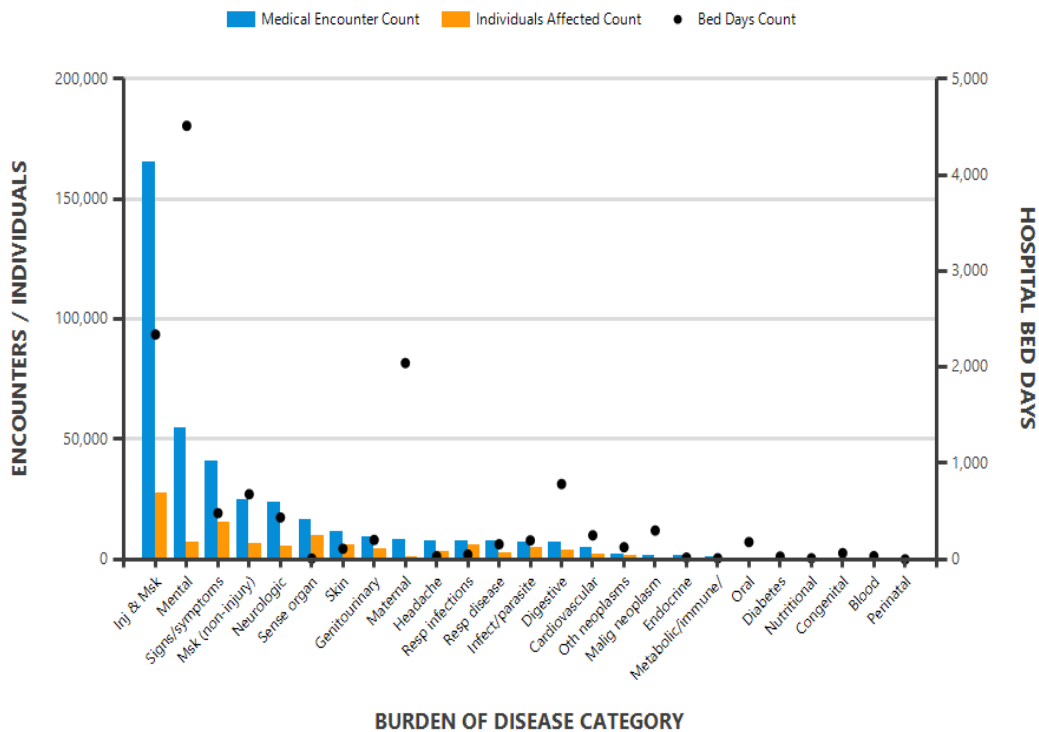


Figure 20. Fort Bragg Morbidity by Disease Category 2016

**Chronic Diseases:** Multiple chronic diseases are seen on Fort Bragg including arthritis, asthma, cancer and cardiovascular disease. There has been a steady increase in arthritis. The rate of arthritis has increased annually from 2010 to 2016 by 2 percent overall. Chronic Obstructive Pulmonary Disease (COPD), on the other hand, has been steadily decreasing.

# MORBIDITY BURDEN TOP TEN MEDICAL CONDITIONS, ACTIVE DUTY



Fort Bragg // Calendar year 2016

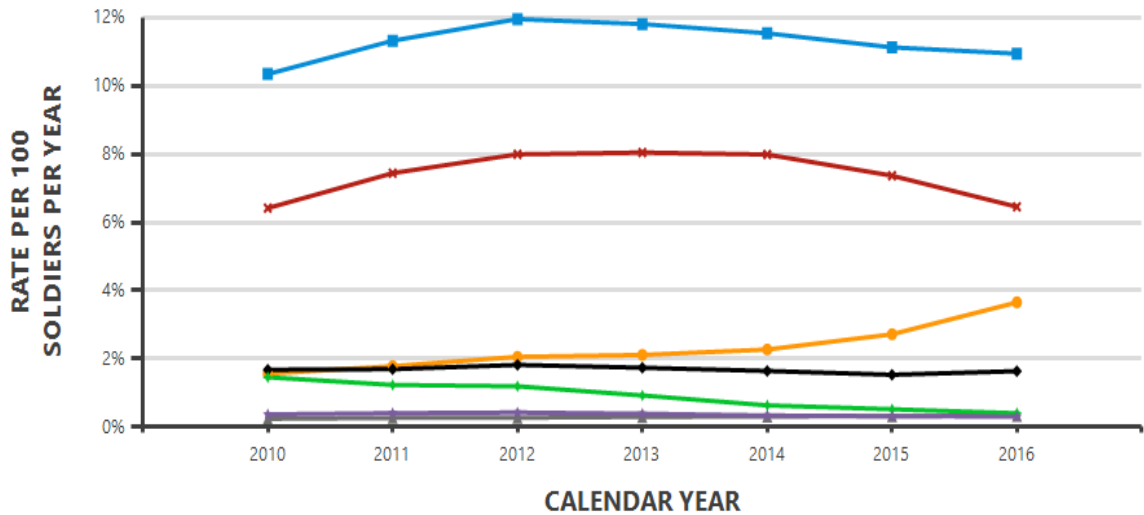
Medical Encounters		Individuals Affected		Bed Days	
Rank	Diagnostic Category and Subcategory	Rank	Diagnostic Category and Subcategory	Rank	Diagnostic Category and Subcategory
1	Inj & Msk - Poisoning, drugs	1	Signs/symptoms - All other signs and symptoms	1	Mental - Substance abuse disorders
2	Inj & Msk - Underdosing	2	Inj & Msk - Poisoning, drugs	2	Maternal - Pregnancy complications
3	Inj & Msk - Other shoulder disorders	3	Inj & Msk - Underdosing	3	Inj & Msk - Poisoning, drugs
4	Signs/symptoms - All other signs and symptoms	4	Inj & Msk - Other shoulder disorders	4	Mental - Adjustment
5	Neurologic - Organic sleep disorders	5	Sense organ - Refraction/accommodation	5	Inj & Msk - Underdosing
6	Mental - Substance abuse disorders	6	Resp infections - Upper respiratory infections	6	Mental - Mood
7	Inj & Msk - Head and neck	7	Inj & Msk - Foot and ankle	7	Maternal - Delivery
8	Inj & Msk - Foot and ankle	8	Inj & Msk - Head and neck	8	Inj & Msk - Other shoulder disorders
9	Inj & Msk - Hand and wrist	9	Neurologic - Organic sleep disorders	9	Digestive - All other digestive diseases
10	Mental - Anxiety	10	Skin - All other skin diseases	10	Mental - Anxiety

Figure 21. Fort Bragg Active Duty Morbidity Top Ten Medical Conditions

# CHRONIC DISEASE RATES BY DIAGNOSIS CATEGORY, ACTIVE DUTY



Fort Bragg // Calendar year 2010 - 2016



	2010	2011	2012	2013	2014	2015	2016
Any Chronic	10.3%	11.3%	12.0%	11.8%	11.5%	11.1%	10.9%
Arthritis	1.6%	1.8%	2.1%	2.1%	2.3%	2.7%	3.7%
Asthma	1.7%	1.7%	1.8%	1.7%	1.6%	1.5%	1.6%
Cancer	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
Cardiovascular	6.4%	7.4%	8.0%	8.0%	8.0%	7.4%	6.5%
COPD	1.5%	1.2%	1.2%	0.9%	0.6%	0.5%	0.4%
Diabetes	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%

Figure 22. Fort Bragg Active Duty Chronic Disease Rates 2010 - 2016

**Injuries:** The rate of injury and overuse injuries on Fort Bragg has stayed mostly constant from 2010 to 2016, except for an increase in overuse injuries in 2016.

# INJURY AND OVERUSE INJURY RATES BY YEAR, ACTIVE DUTY



Fort Bragg // Calendar years 2010 - 2016

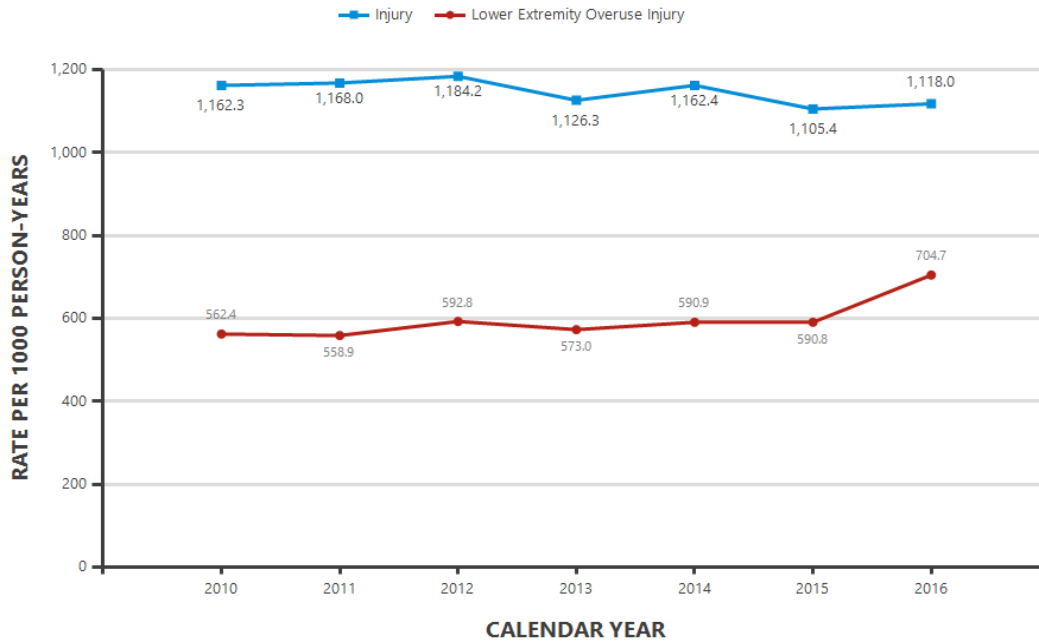


Chart adapted from Public Health 360 (<https://pasba.army.mil/MEDCOM360>). Injury definition includes acute injuries and injury-related musculoskeletal conditions. A 60-day incident rule is used to identify new injuries and exclude follow-ups. Data source: Defense Medical Surveillance System

Figure 23. Fort Bragg Active Duty Injury and Overuse Injury Rates 2010 - 2016

The greatest percentages of unintentional injuries on Fort Bragg were Transport other (24.3 percent) and Falls (17.4 percent).

**TOP FIVE CAUSES OF UNINTENTIONAL INJURY RATES  
ACTIVE DUTY OUTPATIENTS**



Fort Bragg // Calendar year 2016

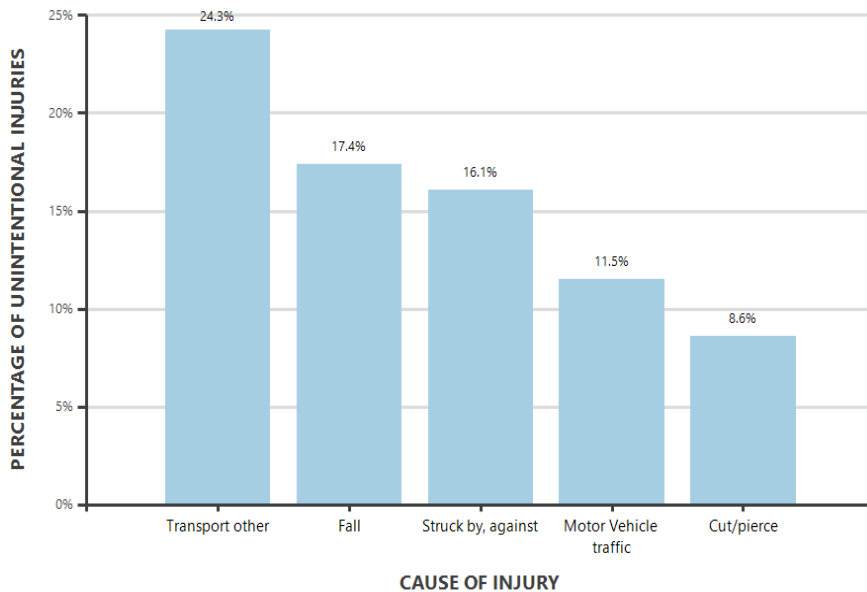


Chart adapted from Public Health 360 (<https://pasba.army.mil/MEDCOM360>). Injury definition includes acute injuries and injury-related musculoskeletal conditions. A 60-day incident rule is used to identify new injuries and exclude follow-ups. Data source: Defense Medical Surveillance System

*Figure 24. Fort Bragg Active Duty Outpatient Top Fives Causes of Unintentional Injuries*

**Accidents:** These data comprise the amount of accidents, including injuries that occur on post defined as either C, D or E class. These data are tracked by the Risk Reduction Program on Fort Bragg.

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: 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: 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 accidents in 2016 and 2017 fluctuate each month, however the rate/1000 persons stayed constant, below 20.

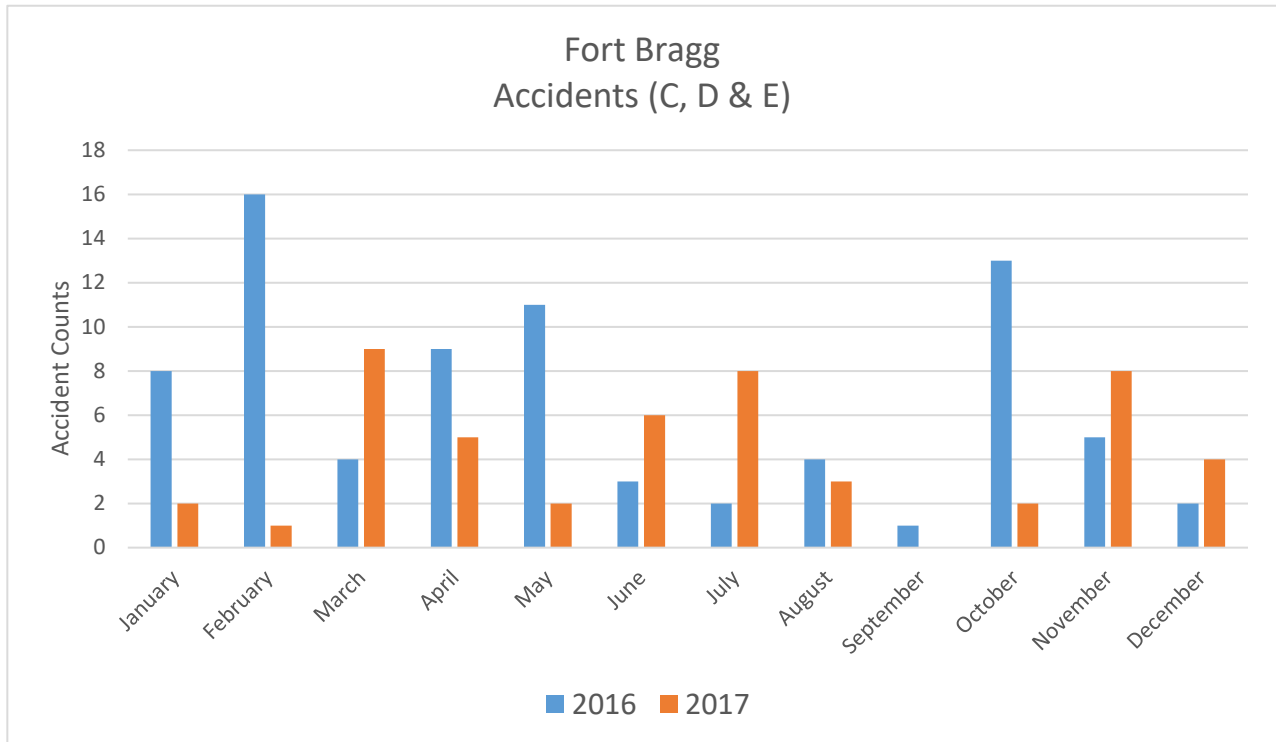


Figure 25. Fort Bragg Class C, D, & E Accidents 2016 - 2017

Data Source: Fort Bragg Risk Reduction Coordinator

**Infant Mortality:** In 2010, Cumberland County’s infant mortality rate (9.8 per 1,000 live births) was higher than the rate for North Carolina (8 per 1,000 live births) and the United States (6.5 per 1,000 live births). Over 1,000 babies (under age 1) died in 2009 in North Carolina. The most prevalent causes of infant mortality are birth defects, prematurity, low



birth weight, and Sudden Infant Death Syndrome (SIDS) (North Carolina Institute of Medicine, Healthy North Carolina 2020: A Better State of Health). Targeted Infant Mortality Reduction (TIMR) Projects: TIMR provides funding to local health departments for maternal and infant health services in counties with especially high rates and numbers of infant deaths.

Healthy Beginnings: Healthy Beginnings is North Carolina's minority infant mortality reduction program. Resources are provided to community and faith-based organizations along with local health departments to implement programs and partner with communities of color.

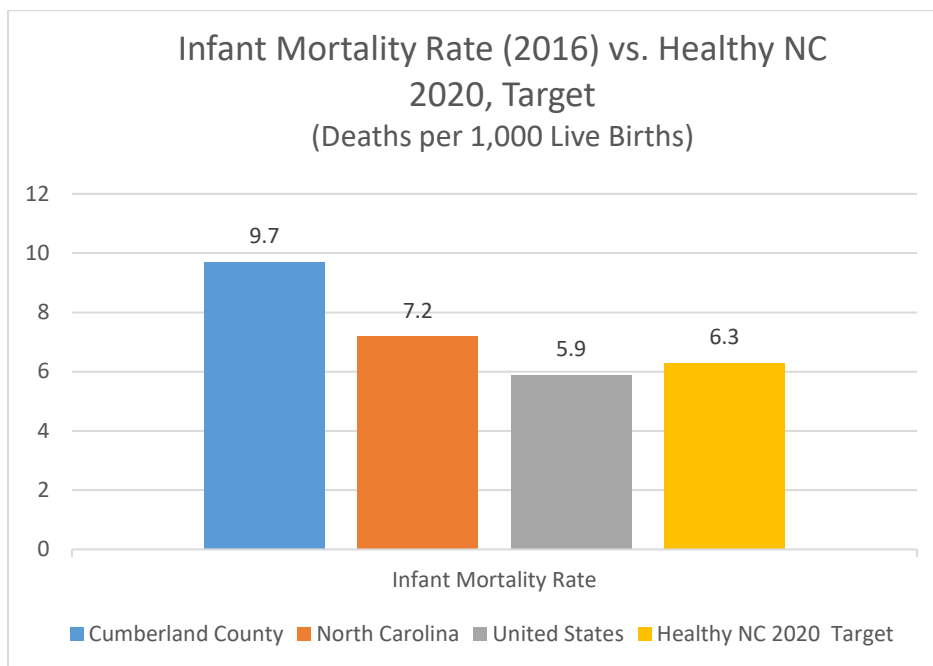


Figure 26. Infant Mortality Rate Comparisons (2016 Data)

Sources: North Carolina State Center for Health Statistic:  
[http://healthstats.publichealth.nc.gov/indicator/complete\\_profile/InfantDth.html](http://healthstats.publichealth.nc.gov/indicator/complete_profile/InfantDth.html)  
 Community Commons:  
<https://assessment.communitycommons.org/CHNA/report?page=6&id=628&reporttype=libraryCHNA>

### Leading Causes of Death in the U.S. Military

The four leading causes of death for U.S. Military personnel are from combat, suicide, traffic accidents and military accidents (Source: Congressional Research Service, 2010). For the years 2012/2013, suicide outranked war, cancer, heart disease, homicide, transportation accidents and other causes as the leading killer, accounting for about

three in 10 military deaths each of those two years. (USA Today, *Suicide surpassed war as the military's leading cause of death*, Oct 31, 2014)

### Leading Cause of Death in Cumberland County

In 2016 the leading cause of death in Cumberland County was Cancer. The other top leading causes of death include heart disease, chronic lower respiratory disease and all other unintentional injuries.

*Table 3. Leading Cause of Death in Cumberland County, N.C. 2016*

Rank	Cause	Cumberland County, N.C. N (percent)
1	Cancer	546 (21.3%)
2	Diseases of heart	528 (20.6%)
3	Chronic lower respiratory disease	136 (5.3%)
4	All other unintentional injuries	111 (4.3%)
	Cerebrovascular disease	111 (4.3%)
6	Alzheimer's disease	103 (4.0%)
7	Diabetes Mellitus	89 (3.5%)
8	Influenza and pneumonia	63 (2.5%)
9	Septicemia	59 (2.3%)
10	Motor Vehicle Injuries	51 (2.0%)
	All other causes (residual)	764 (29.9%)
	Total Deaths – All Causes	2561 (100%)

\* Leading causes of death are generated from a list of 51 causes of death categories developed by the National Center for Health Statistics to promote comparability in analyses of mortality. For deaths under 1 year of age, a list of 72 causes of death was used. Data Source: Vital Statistics, 2016 — Volume 2 ♦ October 2017 North Carolina Department of Health and Human Services Division of Public Health ♦ State Center for Health Statistics

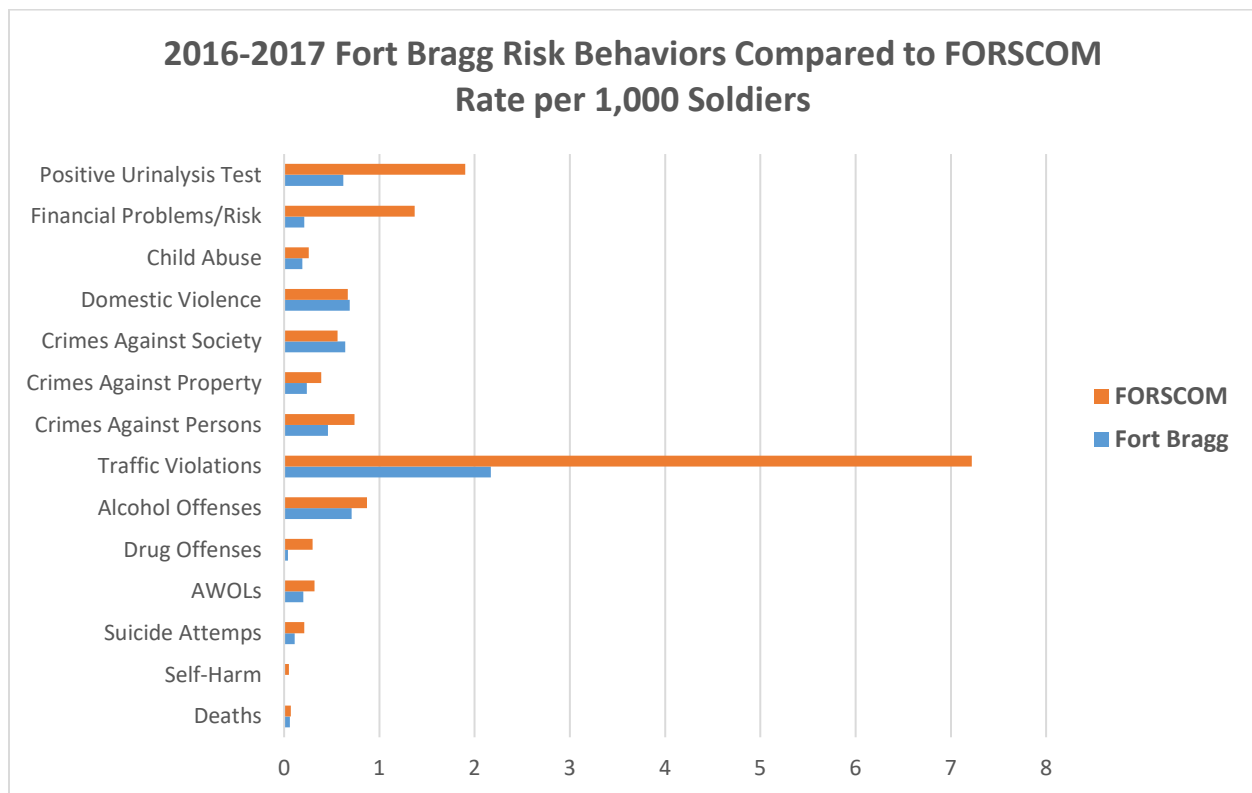
**Suicide:** The U.S. Army Public Health Center collects and analyzes surveillance data on suicidal behavior among active duty Army soldiers. During calendar year 2016, there were 2,129 Active Duty Army Soldiers engaged in suicidal behavior and of these, 127 Soldiers died by suicide, 532 attempted suicide, and 1,470 had suicidal ideation. The majority of suicidal behavioral cases in 2016 were non-Hispanic white, males, between 17 and 34 years of age, and of enlisted ranks. In 2016, 13 suicides occurred among Fort Bragg Active Duty Soldiers (compared to 13 in 2014 and 11 in 2015). More detailed information is available through US Army Public Health Center.

### Public Safety

On Fort Bragg there is a military police force and a civilian police force comprising the Department of Emergency Services (DES) that work together to protect the Fort Bragg community. This section contains information from the Fort Bragg Risk

## Reduction Program.

**High Risk Behaviors:** The Fort Bragg Risk Reduction Program (RRP) is a Commander's Program that visually depicts 15 high risk behavior areas as a target display. The program focuses on the effective use of installation resources and coordinates efforts between agencies and commanders to implement effective interventions. The 15 high risk behavior areas for Active Duty Soldiers include: deaths, accidents, self-harm, suicide attempts, absence without leave (AWOL) drug offense, alcohol offenses, traffic violations, crimes against persons, crimes against property, crimes against society, domestic violence, child abuse, financial problems and positive urinalysis. According to the data collected from 2016-2017 several Fort Bragg risk behaviors are less than the overall United States Army (Forces Command (FORSCOM)) rates. The top 3 risk behaviors on Fort Bragg in 2016-2017 were traffic violation, positive urinalysis test for illegal substances, and alcohol offenses.



*Figure 27. 2016 - 2017 Fort Bragg Risk Behaviors Compared to U.S. Army Forces Command (FORSCOM)*

Source: Fort Bragg Risk Reduction Program, 2016-2017

## Community Strengths & Themes Assessment

The Fort Bragg Community Strengths and Themes Assessment (CSTA) was administered online and could be accessed through a web link or by scanning the QR

code. The CSTA was marketed to the entire Fort Bragg community (those who live, work, and play on the installation), and there was a Directive sent out to all unit Commanders to direct their Soldiers to take the CSTA. This assessment was last completed in 2016.

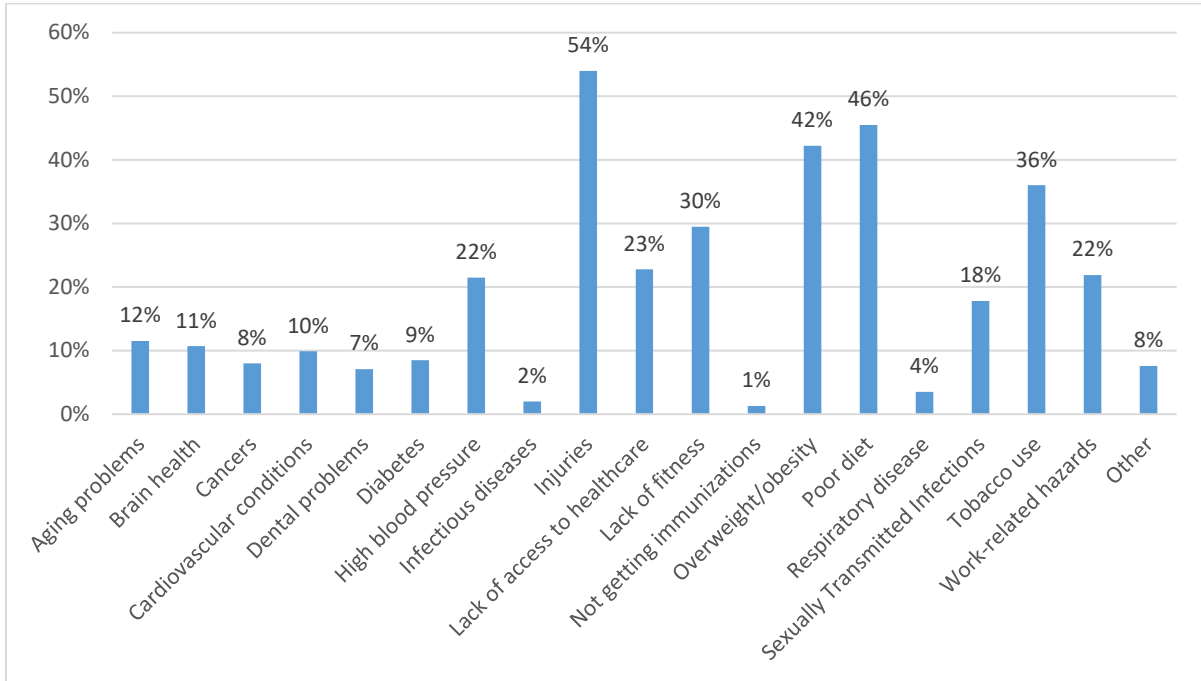
Background: U.S. Army Public Health Center Health Promotion and Wellness portfolio subject matter experts developed a standardized Community Strengths and Themes Assessment to assist installations with evaluating the community's feelings on quality of life, health, safety, and satisfaction of like services on the installation. The review of the community needs was supposed to be used to assist in the identification of priorities for the community health promotion council process and the results should have been included in the strategic plan and the top identified issues addressed through the Community Health Promotion Council working groups.

The assessment was available from May 2, 2016 through June 30, 2016 to all Fort Bragg Service Members, Families, Department of Army (DA) Civilians, and DoD Contractors who live, work, or recreate on the installation. Almost 1,400 individuals responded to the survey. Approximately 64 percent of those who completed the survey were men and 43 percent were 26-39 years of age (34 percent were 25 years and below; 24 percent were over 40). Fifty-five percent were White/Caucasian; 17 percent were African-American; 9 percent were Hispanic/Latino; 4 percent were Asian/Pacific Islander; 2 percent were Native; and 12 percent did not respond to this question. The respondents reflected a range of educational background with 23 percent having a high school education, 39 percent having an Associate Degree or some college, and the remainder (37 percent) having a Bachelor's degree or higher. Most of the respondents were Active Duty Service Members (68 percent) and 36 percent were lower enlisted (E1-E4).

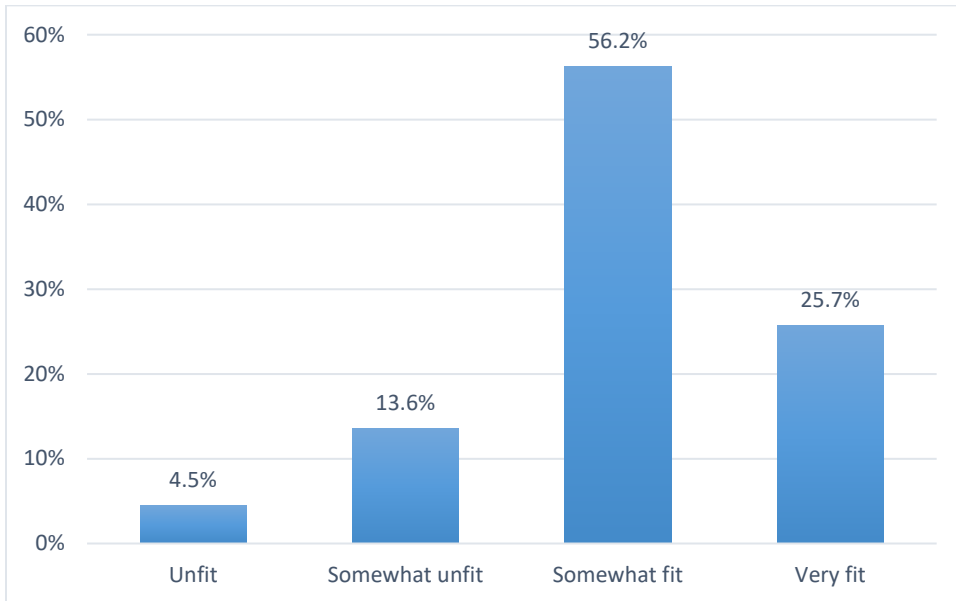
In summary, 54 percent of respondents felt that injuries are among the top physical health-related concern, followed by poor diet (46 percent), overweight/obesity (42 percent), and tobacco use (36 percent). Approximately 61 percent felt that getting more sleep was a desired activity to improve their health. Sixty percent of respondents felt that alcohol and drug abuse was a top behavioral or emotional risk factor of concern to the installation, followed by stress (57 percent) and depression (46 percent). For the top social or environmental health-related concerns, over 61 percent of respondents cited financial issues, 52 percent cited work-life imbalance, and 43 percent reported deployments. Approximately 49 percent of respondents cited financial issues as a top family-health concern at Fort Bragg, followed by deployments/military separation (44 percent) and lack of work-life balance (38 percent). Some highlights from the responses are provided below. Regarding top strengths of Fort Bragg, 35 percent of respondents cited access to sports and recreational activities and 33 percent stated a diverse community. The full survey and aggregate responses are available by request.

### *Community Strengths & Themes Assessment Responses*

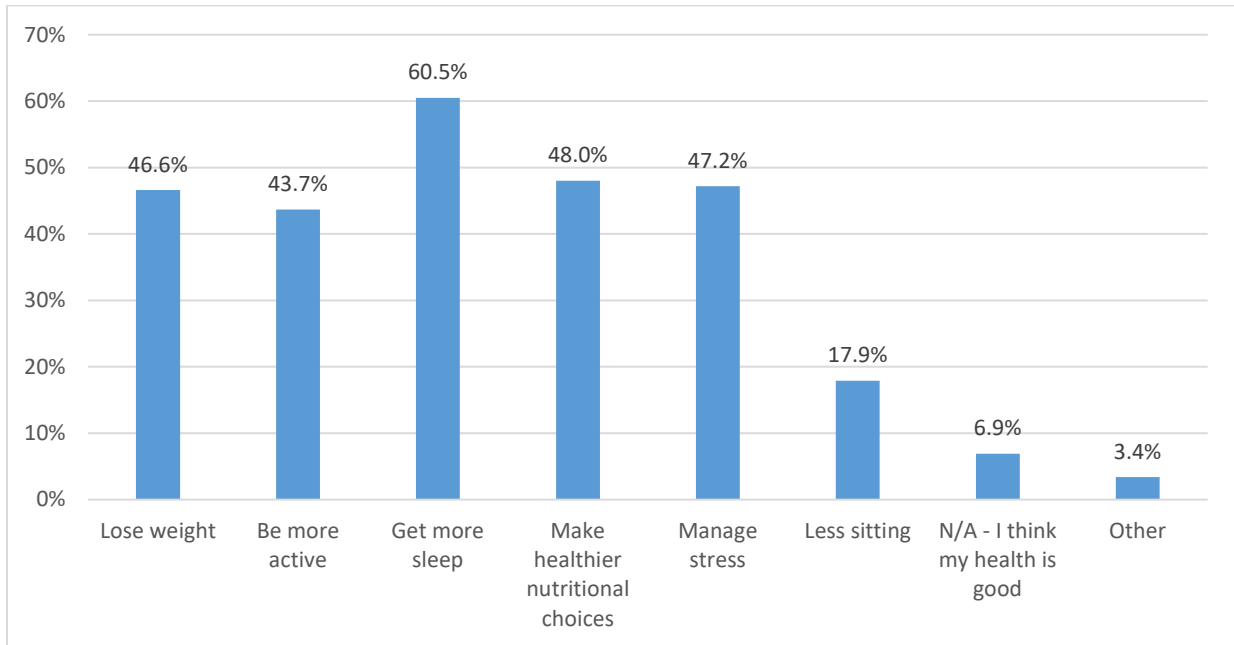
What do you think are the top physical health-related concerns that affect our installation? (Up to five responses)



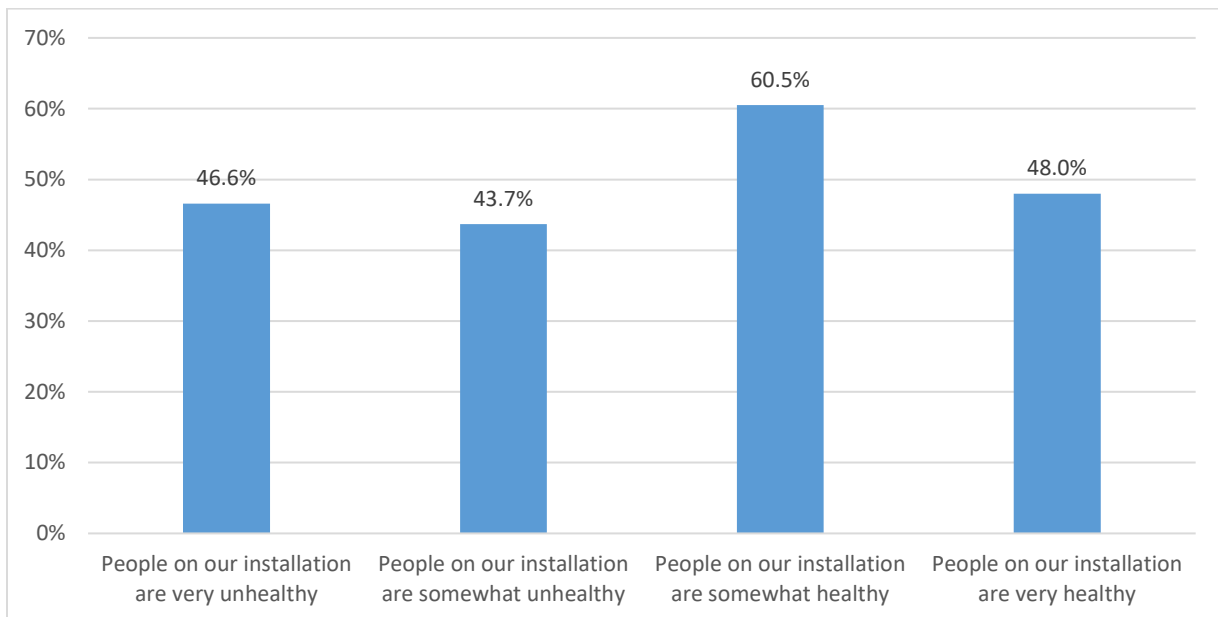
To what extent do you feel that you are physically fit? (Select one response)



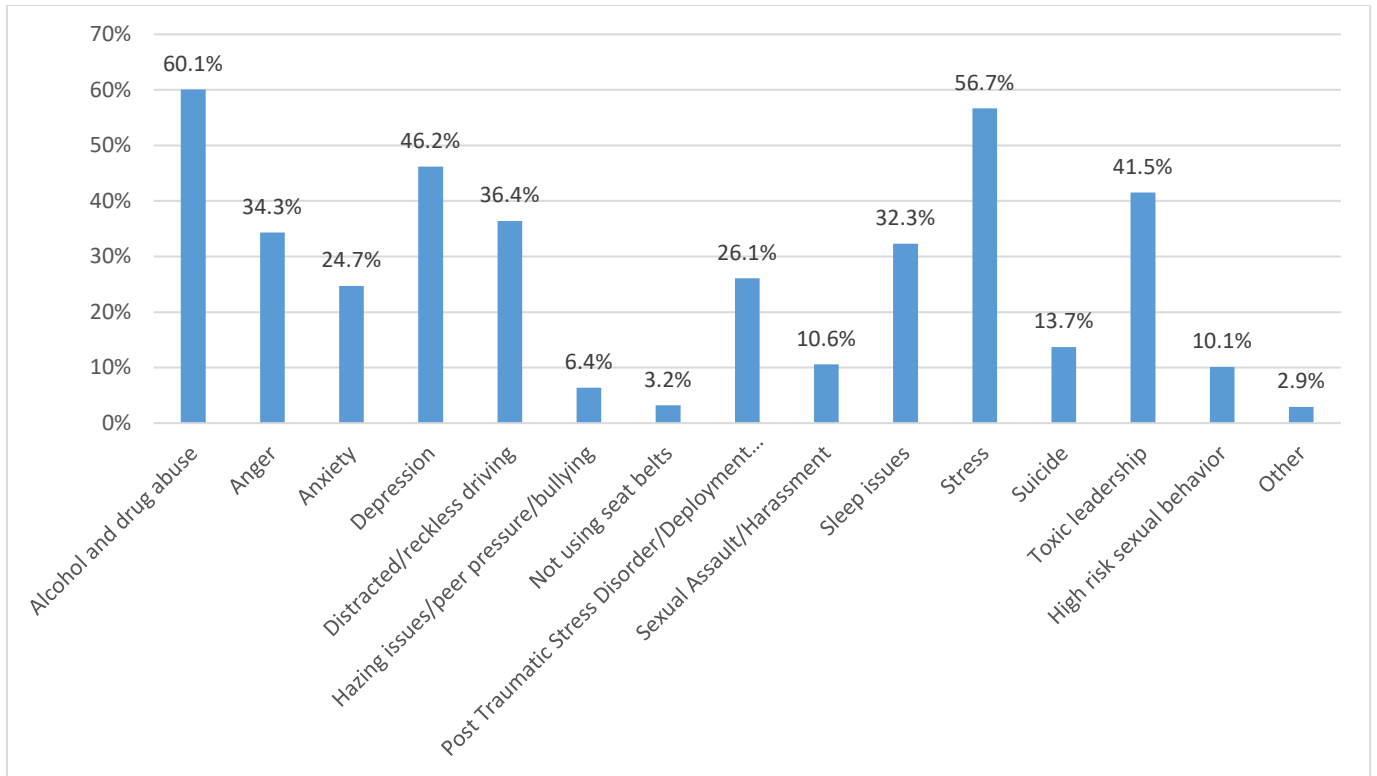
Of the following, what are some activities you want to do to improve your health? (As many choices as apply)



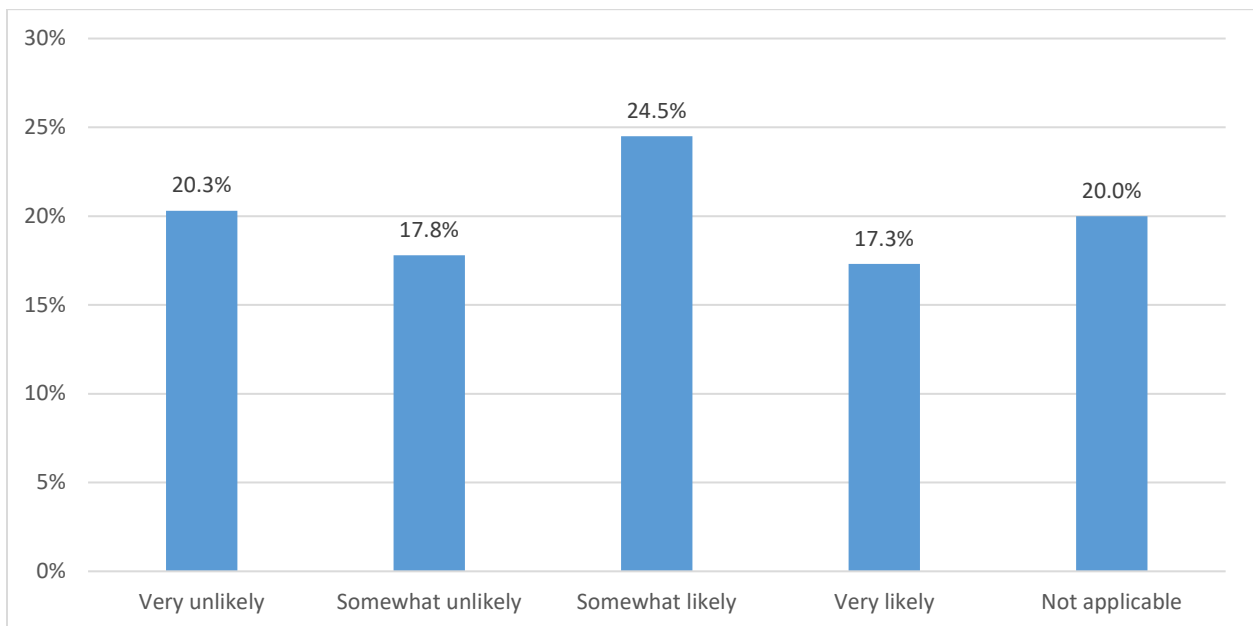
Which of the following best characterizes your perceptions of the people on our installation?



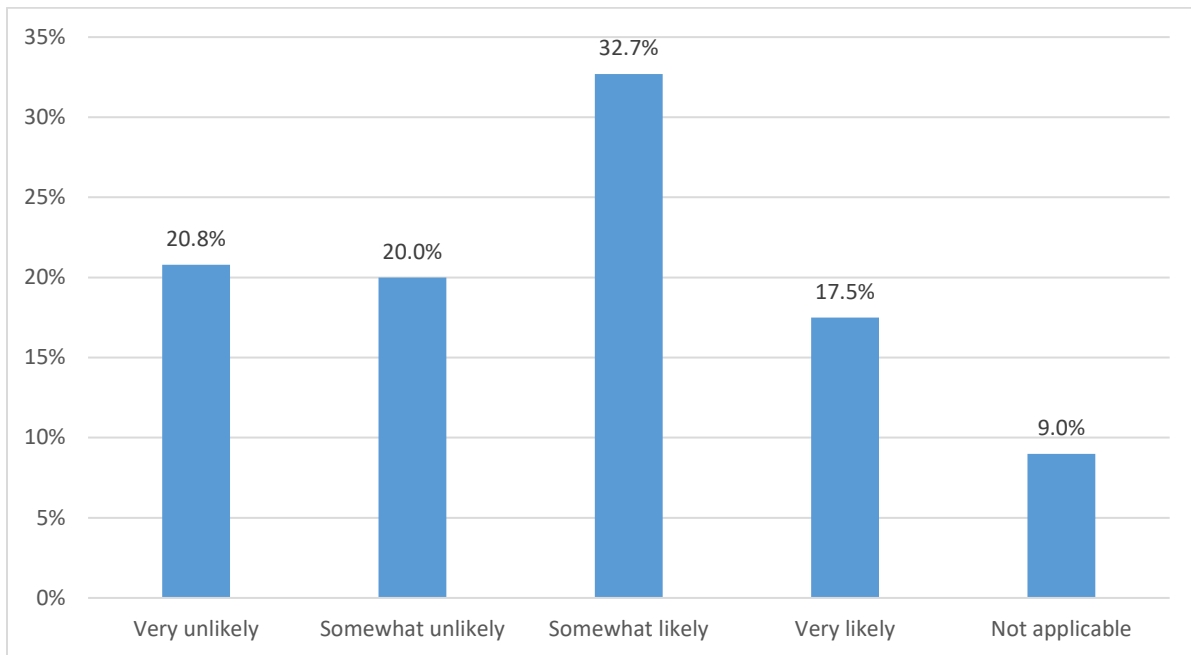
What behavioral or emotional risk factors do you think cause the most concern in our installation? (Up to five responses)



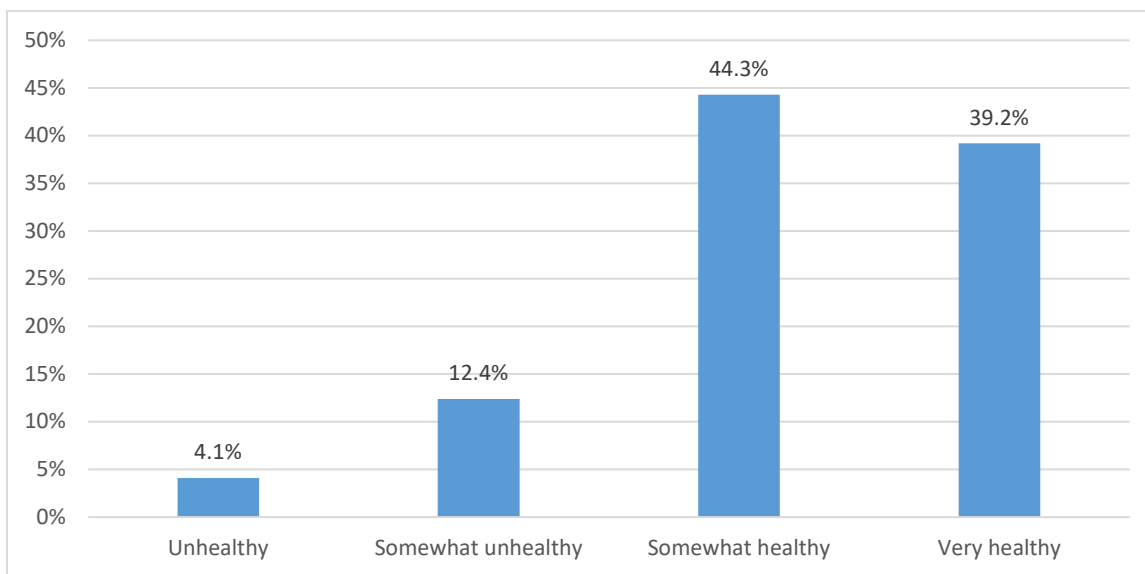
In your opinion, how likely would seeking help for a behavioral or emotional concern negatively impact your career? (Select one response)



If you or a family member were experiencing a life challenge, how likely would you be to seek support on our installation? (Select one response)

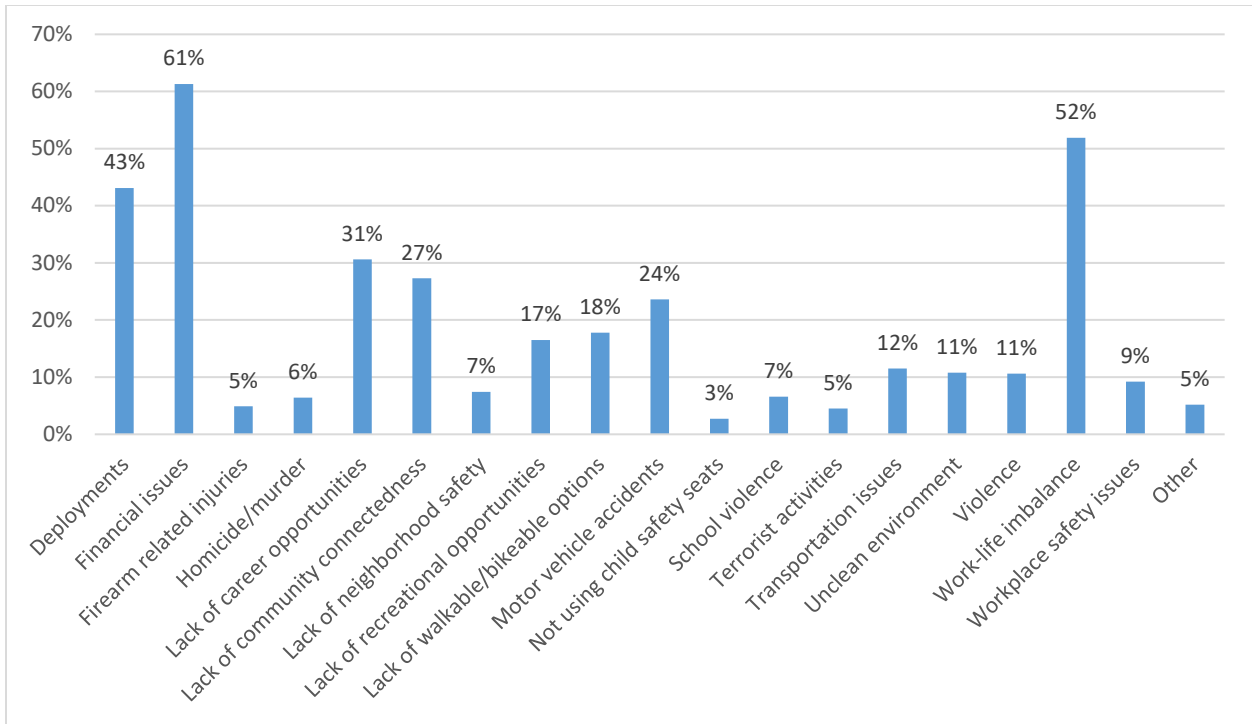


To what extent do you feel that you are behaviorally or emotionally healthy? (Select one response)

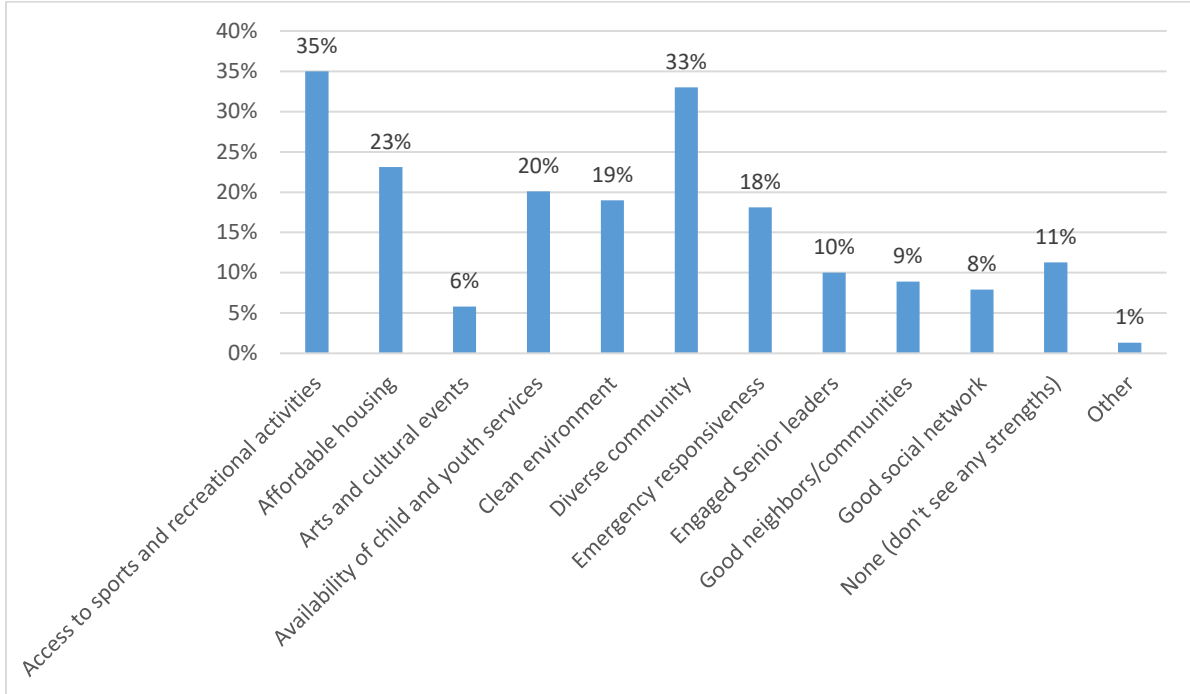


What do you think are the top five Social or Environmental Health-related concerns for our installation? (Up to five responses)

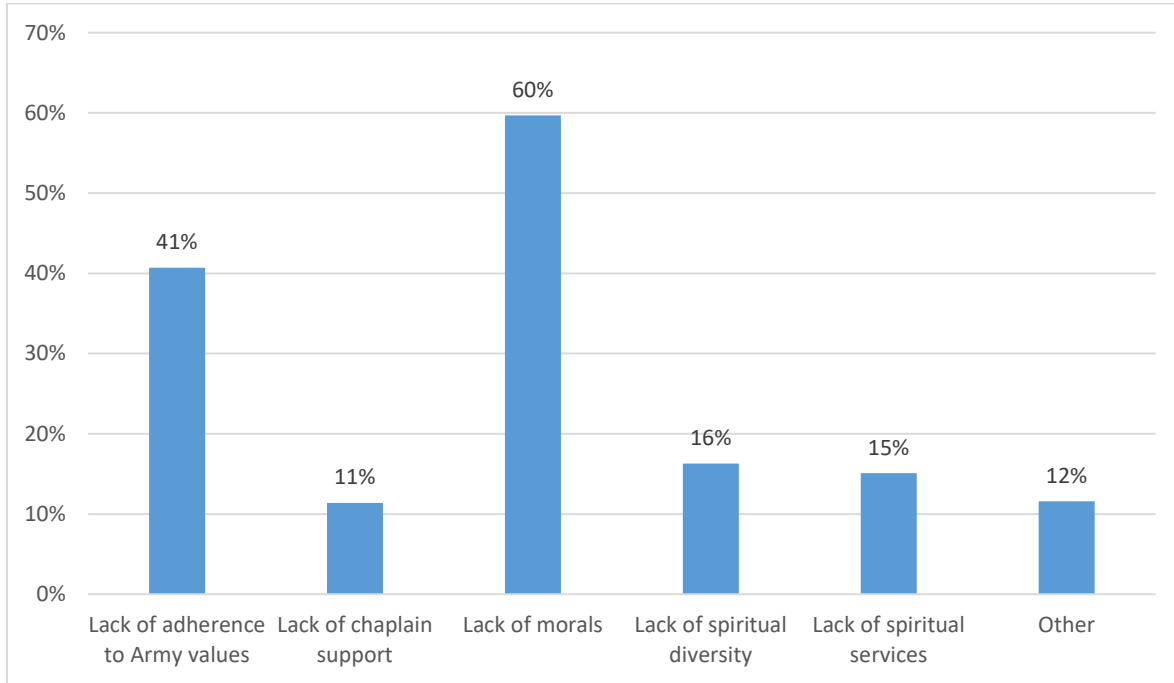




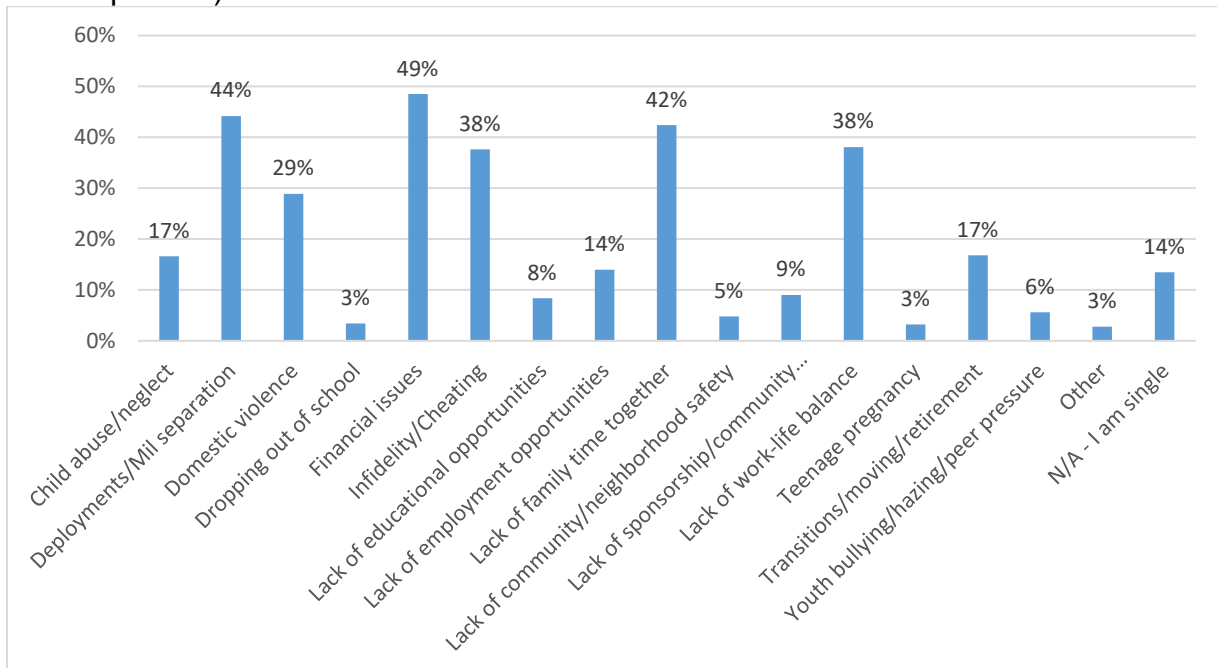
What do you think are the top strengths of our installation? (Up to five responses)



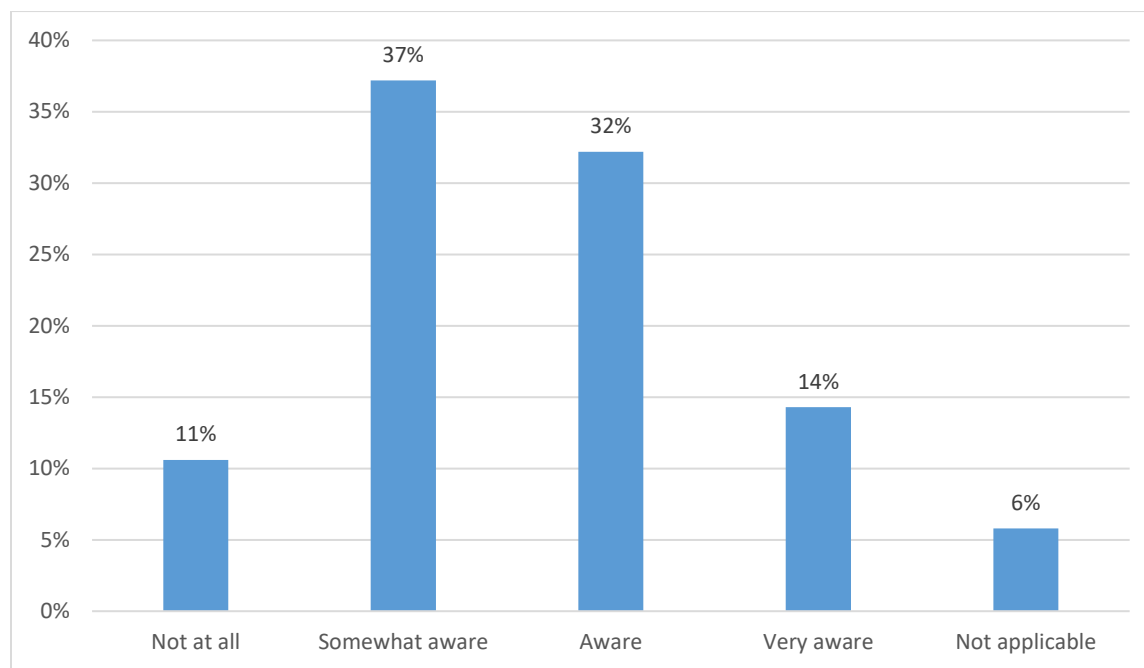
What do you think are the top Spiritual Health related concerns for our installation? (Up to three responses)



What do you think are the top Family Health related concerns for our installation? (Up to five responses)



To what extent are you aware of programs and services on our installation?



## Forces of Change

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

On May 4, 2018 the Public Health Working Group evaluated the Forces of Change for the Fort Bragg Community (see table below).

*Table 4. Forces of Change Assessment - 2018*

<b>Forces of Change (Events, Trends, Factors)</b>	<b>Possible Impact/Threat</b>	<b>Possible Opportunities</b>
<b>Increase in Deployments</b>	Increase in domestic violence, alcohol/drug abuse, stress, financial problems, traffic violations, suicides, depression, and	Opportunity to increase awareness of high-risk factors and to decrease high-risk trends

	deployment acquired illnesses	
<b>Summer Permanent Change of Station (PCS)</b>	Increase in domestic violence, alcohol/drug abuse, stress, increase in financial problems, traffic violations	Opportunity to increase awareness of high-risk factors and to decrease high-risk trends
<b>Increase in temperatures (summer activities e.g. boating and swimming)</b>	Increase in heat-related illnesses and summer related accidents	Increase awareness of summer safety tips
<b>Increase in Sexually Transmitted Infections (STIs)</b>	Increase in medical complications and cost of treatment	Increase STI education and awareness briefs to units, Possible justification to increase staff in order to ensure patient treatment
<b>Increase in mosquito and tick population</b>	Vector Borne Illnesses	Data collection, increase awareness, educational outreach
<b>WAMC's Transition to Defense Health Agency Command and Control</b>	Unknown	Unknown

Community Partners

DPH has many organizations and individuals that it works with in order to provide the highest level of service to the Fort Bragg community. These partners include the Fort Bragg Command Staff, WAMC, the surrounding counties' health departments, and other various organizations on Fort Bragg. For a graphic representation of these partnerships see Figure 28 below. The various colors represent the external and internal community partners.

# Fort Bragg Public Health Stakeholders



Figure 28. Fort Bragg Community Public Health Stakeholders

\*All local health departments in the South Central Region

A stakeholder survey for attendees and partners invited to the 14 March 2018 public health community meeting was created and published using the online survey tool Survey Monkey. The survey invitations were sent to Public Health stakeholders (many identified in the figure above) on 16 March 18, reminders were sent out 20 March 18, and the survey was closed for responses on 22 March 18. Twenty-two (22) individuals responded to the survey, which was a response rate in excess of 50 percent; approximately two-thirds of the respondents were directly affiliated with Fort Bragg. The nine-question survey (six questions required responses, three were optional and provided space for write-in comments) asked for broad demographic information from the respondents, assessed their basic knowledge of the mission and capabilities of Department of Public Health (DPH) at Fort Bragg, and gauged their confidence in and willingness to partner with DPH on community health. Nearly all respondents had favorable or highly favorable views of DPH, but notable write-in responses stated a lack of clarity on the capabilities of DPH. The write-in responses are provided below.

Community Partner Survey Results : Open-Ended Response
1. "Always a pleasure working with the Department; the providers there are always professional and if they don't know an answer are willing to go out of their way to find one for you."
2. "Should be held quarterly to enhance PH readiness."
3. "Please continue moving forward with meetings. Great information share."
4. "I'm not familiar with the services offered by your Agency. Therefore it's hard for me to answer many of these questions."
5. "Great meeting - I was impressed by the comprehensive planning, with Army/County/State PH personnel present! Thanks"
6. "I felt the meeting was well organized and put together. My only recommendation is if the plan is to only meet a few times per year to maybe have a group email that is sent out monthly or quarterly with any updates/important information."
7. "Would like to receive more health flyers for trending or seasonal threats. This material is very useful in broadcasting to the organization. Access to trend analysis would be useful to help convince our workforce to take preventive measure - i.e. 50 people was treated for the flu; 49 didn't get a flu shot."
8. "I enjoyed interaction of groups."
9. "Really enjoyed the presentation. Recommend to continue and provide information about agency role during a CBRN event."

### Local County Public Health Services:

As noted earlier, Fort Bragg community members primarily live in eight nearby counties. Fort Bragg Department of Public Health participates in the South Central Health Directors group. Fort Bragg surrounding counties and their health departments include:

Bladen County Health Department: <https://bladennc.govoffice3.com/?SEC=A8A2468C-7CA6-406E-AA96-D7D4A14CD741>

Cumberland County Health Department:  
<http://www.co.cumberland.nc.us/departments/public-health-group/public-health>

Harnett County Health Department: <http://www.harnett.org/health/>

Hoke County Health Department: <http://www.hokecounty.net/181/Health-Department>

Lee County Health Department: <https://leecountync.gov/Departments/PublicHealth>

Montgomery County Health Department:  
<http://www.montgomerycountync.com/departments/health-department>

Moore County Health Department: <https://www.moorecountync.gov/health>

Richmond County Health Department: <https://www.richmondnc.com/202/Division-of-Public-Health>

Robeson County Health Department: <http://www.robesoncountyhealthdepartment.com/>

Sampson County Health Department:  
[http://www.sampsonnc.com/departments/health\\_department/index.php](http://www.sampsonnc.com/departments/health_department/index.php)

Scotland County Health Department: <https://www.scotlandcounty.org/148/Health-Department>

## Community Assets

### Department of Public Health (Fort Bragg):

**Mission:** Utilize evidence-based practices to promote health and prevent disease, injury, and disability of our community members through clinical services, medical investigation, surveillance, and educational outreach.

### Army Public Health Nursing (APHN)

**Mission:** Army Public Health Nursing enables Total Force readiness through promoting population-focused health, mitigating disease and injury, assuring Force Health Protection, informing policy, and responding to emerging health threats.

- Tobacco Free Living Education
- Child, Youth, and School Services
- Latent Tuberculosis Infection Evaluations
- Rabies prevention
- Influenza vaccinations and education
- Deployment & Overseas Briefings

### **Epidemiology and Disease Control Clinic**

**Mission:** Reduce morbidity and mortality due to communicable disease threats and environmental hazards through surveillance, early detection, treatment, counseling, education, immunization, and outreach activities

- Evaluate, diagnose, and treat sexually transmitted infections
- Evaluate, diagnose, and profile Soldiers with environmental illnesses
- Medical case management of sexually transmitted infections, disease tracking, counseling and referral
- STI consultation and education for medical students and Primary Care Providers
- HIV case management – coordinate specialty care and other services for HIV infected population receiving care at WAMC
- Medical Surveillance for reportable conditions and communicable diseases
- Epidemiological outbreak investigation – initiate investigation to determine cause and thereby assist with management & disease control
- Blood Donor Clinic Disease Look Back Program: notification and counseling.
- Disease prevention and control through STI awareness i.e. classes, briefings and collaboration with local, and DoD agencies

### **Occupational Health**

**Mission:** The overall mission of the Occupational Health is to promote the health, safety and quality of life of all workers in the Fort Bragg Installation and its associated agencies.

- Collecting, analyzing, interpreting and disseminating information about work-related injuries, occupational illnesses, and occupational hazards
- Using data and surveys to target intervention activities, guide the development of prevention programs and policies, and raise awareness of workplace risks



- Educating workers, supervisors, and health care workers to address identified occupational health and safety problems
- Integrating occupational health into other ongoing public health activities in compliance with federal, state and local regulatory guidelines
- Evaluation and management of work-related illnesses and injuries
- Medical case management of work-related illnesses and injuries
- Work-site assessments of health hazards
- Pre-placement Medical Evaluations

### **Army Hearing Program**

**Mission:** To promote army readiness, quality of life and reduce incidence of noise-induced hearing loss through a state-of-the-art hearing loss prevention program across the Fort Bragg installation.

- Hearing readiness
- Clinical hearing services
- Operational hearing services
- Hearing conservation

### **Industrial Hygiene Service**

**Mission:** Anticipate, identify, evaluate and make recommendations that eliminate or control occupational and environmental exposures to chemical, physical, and biological health hazards. Provide hazard awareness training, support to occupational health medical surveillance programs, and public health/environmental compliance programs. Determine overall risk assessment for potential and residual exposures to noise, confirmed human carcinogens, solvents, fuels, mold, asbestos, metal fumes/dust, organic vapors, highly toxic substances, and conditions that require confined space entry and/or respiratory protection. Assist Installation assets with evaluations of engineering controls, design reviews of new construction and renovation projects, reasonable accommodations, and employee return to work initiatives. Monitor and report on Occupational Safety and Health Administration (OSHA) compliance programs that coincide with Industrial Hygiene's involvement with keeping workforce healthy and safe.

### **Environmental Health Services**

**Mission:** To provide environmental and sanitary monitoring of water, food services, hazardous and medical waste, pest surveillance, Wet Bulb Globe Temperature, and general sanitation for the Fort Bragg military and civilian community.

- Potable Water Program
- Food Service Sanitation Program
- Hazardous and Regulated Medical Waste
- Pest Surveillance
- Environmental Program
- General Sanitation Program

### **Health Physics**

**Mission:** The Health Physics Service of Womack Army Medical Center strives to ensure radioactive material and radiation producing devices are used safely and in accordance with the Nuclear Regulatory Commission License and all applicable federal regulations. We protect from radiation hazards while ensuring the benefits of radiation are able to be used.

### **Army Wellness Center**

**Mission:** Army Wellness Centers (AWC) provide integrated and standardized primary prevention programs and services that promote enhanced and sustained healthy lifestyles to improve the overall well-being of Service Members, their Families, Civilians, Retirees, and Eligible Contractors. The AWC programs help build and sustain good health. AWC Health Educators and services empower individuals to set their own health goals and achieve them. AWC programs and services address lifestyle change in areas that affect both short- and long-term health, engaging people in their “life space”—the places where they live, work, relax and rest.

- Health Assessment Review
- Body Composition Analysis
- Physical Fitness Testing
- Healthy Nutrition
- Stress Management
- General Wellness Education
- Tobacco Education

Womack Army Medical Center

Womack Army Medical Center, a state-of-the-art medical complex, is an integral component of Fort Bragg's military mission. Womack Army Medical Center is a United States Army-run military hospital that is located on Fort Bragg near Fayetteville, North Carolina. It contains 160 beds with about 66,000 patients visiting the hospital's emergency department and a total of more than 11,000 patients are admitted yearly. Its physicians perform about 2,700 inpatient and 7,400 outpatient surgeries each year. The Medical Center serves more than 200,000 eligible beneficiaries in the region, the largest beneficiary population in the Army.

Womack Army Medical Center is dedicated to Medal of Honor recipient PFC Bryant Homer Womack, a courageous medic who gave his life tending to the wounds of his fellow soldiers, even though he, himself, had sustained mortal wounds during a surprise enemy attack in Korea in 1952.

By population, Fort Bragg is the largest Army installation in the world, home to nearly 10 percent of the Army's active component forces. There are 200,000 eligible beneficiaries living in eight counties.

**Mission:** Compassionate, high quality healthcare for our military, former military, and their families. Training, sustaining and advancing the capabilities of medical force. Supporting and developing our team.

**Vision:** One Team - Quality Care - Quality Caring. A premier health care Organization in DoD leading transformation in healthcare, training and research.

**Values:** The Army Values: Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage

### A Day in Military Medicine (WAMC) – as of March 2018

Enrollment	118,474
Births	6
Bed Days	74
Patients Discharged	30
Out Patient Encounters	3,808
Virtual Encounters	0.121
Lab Services	4,241
Radiology Services	969
Vaccines	299
Pharmacy Scripts	4,193
Emergency Department Visits	188
Dental Services	1, 662

Data Source: WAMC Public Affairs Office

Note: With the exception of Enrollment, A Day in Military Medicine values are a daily average beginning from 01 Oct 17 through the end of March 2018. Enrollment Values are for the current.

## Number of Physicians and Providers

The number of physicians and providers on record with the WAMC credentialing department is: 404 Physicians, 43 Nurse Practitioners, 55 Certified Registered Nurse Anesthetists, 13 Nurse Midwives, 184 Physician Assistants, 16 Occupational Therapists, 75 Physical Therapists, 5 Speech Pathologists, 8 Audiologists, 89 Psychologists, 19 Dietitians, 104 Social Workers, 37 Pharmacists, 5 Chiropractors, 5 Marriage Family Counselors, 23 Optometrists, and 7 Podiatrists.

### WAMC Services Offered

Allergy - Immunology Service	Immunizations	Pharmacy
Bariatric Surgery Clinic	Infectious Disease Clinic	▶ Physical Therapy
Behavioral Health	Interdisciplinary Pain Management	▶ Plastic Surgery Clinic
Bereavement Support	Internal Medicine Service	Pre-Admission Unit (PAU)
Brain Injury Medicine - Intrepid Spirit	Laboratory	Podiatry ▶
Breast Health Clinic	Neurology Service	Public Health ▶
Cardiology	Nurse Recognition Program	Pulmonary and Respiratory Services
Dental Clinic	Nutrition Clinic	Radiology
Deployment Health ▶	Obstetrics and Gynecology ▶	Refractive Eye Clinic
Dermatology	Ophthalmology Service	Sleep Disorders Clinic
Maternal Child Health ▶	Optometry	SUDCC - Substance Use Disorder Clinical Care
EFMP	Orthopedics & Rehabilitation	Surgery
Emergency Medicine	Otolaryngology, Head and Neck Services (ENT)	Tobacco Free Living ▶
Family Medicine ▶	Outcomes Management	DHA - Immunization Healthcare Regional Office
Gastroenterology Service	Pathology	Vascular Surgery
Hematology - Oncology	Pediatrics ▶	WAMC American Red Cross

## WAMC Health Support Center (WHSC)

The WHSC combines Resource Management, Family Member Behavioral Health and Service Member Behavior Health. It is located at the All American Expressway entrance.

## WAMC Primary Care Clinics

### Robinson Health Clinic:

Robinson Health Clinic serves Soldiers and their Family Members from the 82nd Airborne Division, the 44th Medical Brigade and the 82nd Sustainment Brigade, as well as TRICARE Prime retirees and their Family members. Robinson Health Clinic is located in Bldg. C-1722 at the intersection of Gruber Road and Longstreet.

**Joel Health Clinic:**

Joel Health Clinic serves Soldiers and their Family Members from 1st Sustainment Command (Theater), 507th Corps Support Group and the U.S. Army Parachute Team, as well as TRICARE Prime retirees and their Family members. Joel Health Clinic is located in Bldg. M-4861 on Logistics Avenue.

**Clark Health Clinic:**

Clark Health Clinic serves Soldiers and their Family Members from the 50th Signal Battalion, 20th Engineer Brigade, 3/4 Air Defense Artillery, and the U.S. Army Special Operations Command, as well as TRICARE Prime retirees and their Family members. Clark Health Clinic is located in Bldg. 5-4257 on Bastogne Street.

**Byars Medical Clinic:**

Byars Medical Clinic serves Airmen, Soldiers and Family Members from FORSCOM, USARC, the Air Force, as well as enrolled TRICARE Prime retirees and their Family members. Troop and Family Medical Clinic is located in Bldg. 2-1959 on Woodruff Street.

**WAMC Family Medicine Residency Clinic:**

Soldiers assigned to WAMC Family Medicine Clinic include WAMC, DENTAC, Military Police, Military Intelligence, finance, Garrison and more, as well as Retirees enrolled in TRICARE Prime and their Family members. The Family Medicine Residency Clinic is located on the first floor of Womack Army Medical Center at the All American Freeway entrance.

**Hope Mills Medical Home:**

A community based clinic capable and staffed to provide a full range of family medicine within the medical home model. This clinic is impaneled to see a maximum of 8,000 patients consisting of active-duty Family members. Hope Mills Medical Home is located in the Millstone Town Center in Hope Mills, N.C., on Camden road, one mile west of Highway 59.

**Fayetteville Medical Home:**

A community based clinic capable and staffed to provide a full range of family medicine within the medical home model. This clinic is staffed to see a maximum of 8,000 active-duty Family members. Fayetteville Medical Home is located in the Woodland Office Building on the second floor off Highway 401(Raeford Road) in Fayetteville, N.C.

**Linden Oaks Medical Home:**

A community based clinic capable and staffed to provide a full range of family medicine within the medical home model. This clinic is staffed to see a maximum of 8,000 active-duty Family members. Linden Oaks Medical Home is located at 55 Centennial Parkway in Cameron, N.C., across from the Linden Oaks housing area off of Highway 87.

**Womack Health & Support Center:**

This center combines Resource Management, Family Member Behavioral Health and Service Member Behavioral Health. Womack Health and Support Center is located at the All American Expressway entrance, within walking distance to the main hospital.

**Fort Bragg Blood Donor Center:**

The Fort Bragg Blood Donor Center has a mission to provide blood and blood components for our troops overseas, as well as maintain a level of blood and blood components for designated troops located at Fort Bragg. In conjunction with supporting our troops on the battlefield, the Blood Donor Center must maintain a required level of blood and blood components for the treatment of patients at Womack Army Medical Center to include O negative red blood cells for our Womack babies.

In addition to whole blood collections, the Blood Donor Center has an active Platelet Pheresis Program. The primary function of platelets in the body is to control bleeding. Transfused platelets are vital to many cancer patients, particularly those undergoing chemotherapy.

**Accessing Care After Hours:**

The Womack Army Medical Center Emergency Department is for emergencies. An emergency is a medical, maternity or psychiatric problem that threatens life, limb or eyesight; or an injury/illness that causes severe pain or suffering. Examples may include: heart attacks, automobile injuries, poisoning, burns, injuries caused by violence, animal bites, broken bones, chest pains/shortness of breath and severe depression.

Patients that come into the ED with non-urgent and non-emergent cases are seen by a medical care provider after all urgent care cases have been seen. These patients might have a waiting time ranging anywhere from 45 minutes to many hours depending on the type of cases that are being treated.

If someone is not sure if their condition qualifies as a medical emergency, they can take advantage of the 24-hour Nurse Advice Line at 1-800-TRICARE (1-800-874-2273), option 1, with their urgent healthcare questions.

## Fort Bragg Installation Services

### **Army Community Service (ACS):**

The mission of ACS is to facilitate the commander's ability to provide comprehensive, standardized, coordinated and responsive services that support Soldiers, Department of the Army civilians, and Families regardless of geographical location and to maximize technology and resources, eliminate duplication in service delivery and measure service effectiveness.

### **ACS Volunteer Program:**

The ACS Volunteer Program offers valuable opportunities to gain experience and directly impact change within Army Community Service programs. ACS Volunteers are eligible to receive 10 hours per week in **free** childcare. All volunteers must be registered in the Volunteer Management Information System (VMIS).

### **Army Emergency Relief (AER):**

The AER is a private nonprofit organization incorporated in 1942 by the Secretary of War and the Army Chief of Staff. The mission of AER is to provide emergency financial assistance to Soldiers and their Families

### **Army Family Action Plan (AFAP):**

The **AFAP** is a platform to voice quality-of-life issues, feedback, ideas, and suggestions. It's the best way to let Army leadership know about what works, what doesn't, and how you think problems can be resolved. The AFAP give Active and Reserve Component Soldiers, Army Civilians, Retirees, Survivors, and Family members a primary tool to help identify issues and concerns and shape their standards of living.

### **Army Family Team Building (AFTB):**

The **AFTB** is a Family resiliency and readiness training program that provides participants with an understanding of Army culture, and the skills and resources they need to become self-reliant, self-sufficient members of the military community. Additionally, AFTB offers Company Command Team Spouse Training to prepare spouses to assume additional responsibilities as Soldiers progress through their positions.

### **Army Substance Abuse Program (ASAP):**

The mission of ASAP is to strengthen overall fitness & effectiveness of soldiers, enhance soldier's combat readiness, incorporate command conservation and retention with risk reduction, and promote early identification & referral. The program provides high quality treatment. They may be referred through ASAP Evaluation, ADAPT Education Class, Alcohol Abuse Treatment, and Alcohol Dependence Treatment. Command involvement throughout the process is critical.

### **Army Volunteer Corps Program (AVCP):**

The Army Volunteer Corps Program promotes and strengthens volunteerism by uniting community volunteer efforts, supporting professional management, enhancing volunteer career mobility and establishing volunteer partnerships to support individual personal growth and life-long volunteer commitment.

### **Child, Youth and School Services (CYSS):**

CYSS provides a variety of programs including, childcare, recreation, socialization and development for children of all ages. Currently, there are 5 child development centers, and 50 certified family-care homes on post.

### **Employment Readiness Program (ERP):**

ERP assists Service members, Family members, Retirees, and DoD Civilians in acquiring skills, networks and resources that allow them to join the work force and develop a career plan. ERP seeks to prepare these people to identify and develop personal marketable skills, whether or not they intend to enter the job market currently. Workshops are held regularly on such topics as local area job search, career development, federal employment application, resume preparation and a variety of other job-related subjects.

### **Exceptional Family Member Program (EFMP):**

EFMP offers support, education, information, systems navigation, referrals, and more to Active Duty Soldiers with a special needs spouse or child. The EFMP Respite Care program provides temporary rest periods for Family members responsible for the regular care of persons with disabilities.

### **Family Advocacy Program (FAP):**

FAP provides parenting, couples and related workshops and informational tables anywhere on or off post aimed at making military couples and Families more aware of available supports, strengthening family relationships and alleviating the stress of everyday family life. The program is required to provide awareness/identification/prevention and response to Family violence briefings to new unit leaders and annual briefings to units and first responders, including all personnel who work with children on post.



### **Family Readiness Group Center:**

The Army Community Service **Family Readiness Group Center** serves the Fort Bragg Community. Soldiers and Families now have a location where it is possible to host meetings, schedule a Video Teleconference (secure and unsecured), utilize computers, printers, copiers, and much more.

### **Financial Readiness Program (FRP):**

FRP offers individual and family financial counseling/coaching; debt elimination programs; mandatory Financial Readiness Training for first-term Soldiers; mandatory initial PCS move training for first-term Soldiers; Army Emergency Relief (AER); Consumer Advocacy/Complaint Resolution; and regular classes on various financial topics such as home buying, investing, insurance, and budget management.

### **Military & Family Life Counselor (MFLC):**

MFLC provides short term, situational, problem-solving counseling services to Active Duty Service members and their Family members. MFLCs assist with the impact of deployments, family reunions following deployments, and the stresses of military life.

### **Mobilization, Deployment, and Support Stability Operations (MDSSO):**

The MDSSO helps support community readiness during deployments and emergencies. They make sure installation programs align with unit deployment cycles, provide pre- and post-deployment support, and help unit Commanders with their Family Readiness plans and deployment support services for Service Members and their Families. They are responsible for operating an Emergency Family Assistance Center in the case of an all-hazards event, and supporting Service Members and Families during Non-Combatant Evacuation Operations and Repatriation. We also act as a case manager for all requests for assistance through the Army Disaster Personnel Accountability and Assessment System (ADPAAS).

### **Multicultural Readiness Program (MRP):**

The purpose of the **MRP** is to provide Active Duty, Reserve, and National Guard Soldiers and their families access to international services regardless of language and/or cultural differences. They strive to minimize cultural and language barriers while enhancing the quality of life by providing skills development and coping mechanisms to assist with minimizing the challenges language and cultural barriers can bring. MRP provides the opportunity for foreign born Soldiers and their family members to interact with others who are from their native countries as well as learn the culture of their new home, Fort Bragg, North Carolina.

### **New Parent Support Program (NPSP):**

The **NPSP** promotes healthy Families through a variety of services including free weekly home visits to parents of children up to age 36 months anywhere within the 7 county area, play morning activities for parents and children 5 times per month at three locations and new parent workshops. Army Families who are expecting a child or who have children up to age three can participate in all of these services confidentially and free of charge.

### **Relocation Readiness Program:**

Moving is a part of life for Soldiers, civilian government employees and their Families. The Army Community Service **Relocation Readiness Program** is here to help with a comprehensive support system, whether it's a first move or the last of many. They have all kinds of information and resources to help military beneficiaries navigate their next military move.

### **Sexual Harassment/Assault Response and Prevention (SHARP) Program:**

The Armed Forces' **SHARP Program** is the Armed Forces' integrated, proactive effort to end the crimes of sexual harassment and sexual assault within our ranks. Sexual harassment and sexual assault have no place in the Armed Forces. If individuals are a victim of sexual harassment or sexual assault, they have a voice, they have rights, and they can get help from the SHARP Program.

### **Soldier and Family Assistance Center (SFAC):**

The **SFAC** is a one-stop location built to equip and aid Wounded, Ill, and Injured Soldiers who are assigned or attached to Warrior Transition Units. SFAC services help these Soldiers make life-changing decisions as they transition back to duty or on to civilian life. The SFAC strives to deliver tailored, compassionate, and coordinated transitional services designed to promote self-reliance, wellness, and healing during their medical recuperation and transition. The facilities provide a warm, relaxed environment where Soldiers and their Families can gather to foster physical, spiritual, and mental healing.

### **Survivor Outreach Services (SOS):**

The mission of **SOS** is advocate on behalf of all Families who have suffered the loss of a Soldier and to educate the community about the Survivor Outreach Services Program. The program strives to build a unified support program which embraces and reassures Survivors that they are continually linked to the Army Family for as long as they desire. They provide an avenue of resources to include **support groups, bi-monthly newsletters, information briefs, and social activities.**

### **Victim Advocacy Program (VAP):**

The **VAP** provides emergency and follow-up support services to adult victims of intimate partner abuse. Advocacy services are available to Service members, their current or former spouses, an individual with whom the Service member shares a child, and significant others of Service members who live together. Their services are available twenty-four hours a day, seven days a week via a hotline (322-3418).

Civilian Health Care Resources

### **Cape Fear Valley Health System:**

The Cape Fear Valley Health System's medical facilities include Cape Fear Valley Medical Center, Highsmith-Rainey Specialty Hospital, Cape Fear Valley Rehabilitation Center, Behavioral Health Care, Bladen County Hospital, Hoke Hospital, Central Harnett Hospital, Betsy Johnson Hospital, as well as several medical offices and clinics spread throughout the Cape Fear region. It is a private, not-for-profit health system.

The newest clinic is the Stephen A. Cohen Military Family Clinic at Cape Fear Valley. It offers comprehensive mental healthcare, at no or low-cost, to area veterans and their families coping with the invisible wounds of war.

- **Services:**
  - Primary Care
  - Urology
  - Orthopedics
  - Specialists
  - Cancer
  - Weight Loss Surgery
  - Walk-in Care
  - Heart & Vascular
  - Physical Rehabilitation
  - Women & Children
  - Neuroscience
  - Other Services

### **Veterans Affairs Medical Center (VAMC):**

Provide exceptional health care to Veterans in Cumberland County and areas served by the Fayetteville VAMC.

- **Services:**
  - Call Center
  - Compensation and Pension
  - Extended Care and Rehabilitation
  - Health Promotion & Disease Prevention

- Mental Health
- Pharmacy
- Primary Care
- Seasonal Flu Shots Available for Enrolled Veterans
- Social Work
- Specialty Care
- Spinal Cord Injury
- Women Veterans Health Program

**Central Carolina Hospital, Sanford NC:**

Provides safe, quality compassionate healthcare for the residents of Lee County and surrounding areas. Central Carolina Hospital strives to be a leader in service excellence by delivering quality services, courteously and promptly, and respecting the patient's dignity and individual needs.

- **Services:**
  - Breast Cancer Screening
  - Emergency Department
  - General Medical Surgical
  - HIV-AIDS Services
  - Health Screenings
  - Hemodialysis
  - Medical Surgical Intensive Care
  - Nutrition programs
  - Occupational Health
  - Oncology
  - Outpatient Physical Rehab
  - Outpatient surgery
  - Pediatric Medical Surgical
  - Psychiatric Care
  - Sleep Center

**First Health of the Carolinas:**

Non-profit health care provider network. Hospitals include First Health Moore Regional Hospital, Pinehurst NC and First Health Moore Regional Raeford NC.

- **Services:**
  - Alcohol/Drug Dependency Care
  - Angioplasty
  - Breast Cancer Screening
  - Cardiac Cath Lab
  - Drug Dependency Care
  - Emergency Department

- End of Life Services: Hospice Program
- General Medical Surgical
- Geriatric Services
- Health Screenings
- Hemodialysis
- Lithotripsy
- Medical Surgical Intensive Care
- Neonatal Intensive Care
- Nutrition programs
- Occupational Health
- Oncology
- Open heart surgery
- Outpatient Care
- Outpatient Physical Rehab
- Outpatient surgery
- Patient Education Center
- Pediatric Medical Surgical
- Physical Rehabilitation
- Psychiatric Care
- Psychiatric Outpatient Services
- Radiation Therapy
- Sleep Center
- Support Groups
- Tobacco Treatment/Cessation
- Women's Health

**Humana:**

Humana Military is the contractor for the TRICARE East Region partnering with the Department of Defense, to administer the TRICARE health program for military members, retirees, and their families.

Humana Website Resources:

- Web link to Humana Urgent Care Provider Directory Listing: <https://hmd.humana-military.com/ProviderSelection>
- Web link to Humana Preferred Provider Directory Listing: <https://www.humanamilitary.com>

Communication

There are a great many different modes of communication: communication in person (speech, writing,) or communication at a distance by means of letters, radio, telephone, television, and computer to name a few. The internet is the most popular form of communication. The cell phone is easy to access and cost the least amount.

### **Websites/ Social Media:**

U.S. Army Fort Bragg: Home of the Airborne and Special Operations Forces has a webpage.

Website: <https://www.bragg.army.mil/> and additional social media platforms.

Social media platforms:

<https://www.facebook.com/fortbraggnc/>

<https://twitter.com/FtBraggNC>

[https://www.youtube.com/channel/UCd\\_syK5drPbbXt-rDr6Bohw](https://www.youtube.com/channel/UCd_syK5drPbbXt-rDr6Bohw)

<https://www.instagram.com/fortbraggnc/>

Besides providing Fort Bragg's history and information about units/ tenants the website provides visitor and newcomer information as well as links to online news and links to social media options.

The main web page also provides links to additional webpages for the 22 Units/Tenants on Fort Bragg.

The Units / Tenants on Fort Bragg include: U.S. Army Forces Command; XVIII Airborne Corps; U.S. Army Special Operations Command; U.S. Army Reserve Command; Joint Special Operations Command; U.S. Army Civil Affairs and Psychological Operations Command; 82nd Airborne Division; 108th Air Defense Artillery Brigade; Dental Health Activity; 419th Contracting Support Brigade ;406th Army Field Support Brigade; 192nd Ordnance Battalion (EOD); 50th Signal Battalion; U.S. Army Security Assistance Training Management ;Army Golden Knights; 4th ROTC Brigade; Joint Interoperability Division; Airborne and Special Operations Test Directorate; 139th Infantry Regiment - North Carolina National Guard; Womack Army Medical Center; and 3-58th Airfield Operations Battalion.

Each Unit/Tenant has their own website, Public Affairs Officers, and additional social media options such as facebook, twitter, youtube and Instagram.

### **Public Affairs Office (PAO):**

#### Fort Bragg PAO

Mission - Fulfills the Army's obligation to keep the American people and the Army informed, and helps to establish the conditions that lead to confidence in America's Army and its readiness to conduct operations in peacetime, conflict and war.

**Media Relations | (910) 643-9829:** All news media representatives who wish to enter Fort Bragg on official business and/or to cover events must first coordinate with and request permission through the Public Affairs Office. News media also must be escorted

by a member of the Public Affairs Office. Due to the limited number of public affairs staff to provide escort, media are asked to make their requests as far in advance as possible.

**Community Relations | (910) 643-2741:** The Community Relations Division communicates Soldiers' stories by directly engaging a wide spectrum of businesses, organizations, and local community and education leaders to bring the American people closer to the Soldiers who serve them.

**Command Information | (910) 396-6991:** Command Information assists the commander in keeping the command's internal audience informed of events and policies while providing timely, accurate, truthful, two-way communication between the commander and the command's internal audiences. An avenue to tell the Soldier's story and to stay informed of command events, visit [THE PARAGLIDE](#).

**Social Media | (910) 432-0502:** Fort Bragg keeps the community informed with current events and information through several social media platforms:

Womack Army Medical Center PAO, 910-907-7247

Provides patients, staff and community the most up to date healthcare information. There are 202,000 eligible beneficiaries living in eight counties. WAMC utilizes social media to engage in conversation while at the same time promoting awareness of the organizations main communication priorities. WAMC Social Media.

Social media Sites are best viewed with Mozilla Firefox.

[www.facebook.com/WomackAMC](http://www.facebook.com/WomackAMC)

<https://www.instagram.com/WomackAMC>

<https://twitter.com/WomackAMC>

<https://www.youtube.com/channel/UCu54FP4Zb6-YmrG7ShNSaiQ>

Staff at Womack Army Medical Center utilize the Vocera System of communication. Vocera technology provides care team communication and collaboration, connecting people instantly by voice or secure text, without having to know phone numbers or names.

### **Newspapers:**

The Paraglide, weekly newspaper, published for military and civilian personnel at Fort Bragg. The paper is distributed free to all post quarters and selected on and off post locations of Thursday afternoons or Friday mornings. Also located on line:

<http://www.paraglideonline.net/>

Fayetteville Observer; Fayetteville newspaper published daily

XVIII Corps U.S Army E-Edition <https://www.army.mil/xviiiicorps>

Various publications are distributed on post to include Relocation guides, recreation guides and what's happening in the community booklets.

### **Postal Service:**

Fort Bragg Postal Service; Two zip codes 28307 and 28310

2 store locations on post, several kiosks and 9 post offices with in a 10 mile radius

1) 1605 Reilly Rd, Fort Bragg, NC 28307-5001

2) Fort Bragg Maccomb, 1256 Maccomb St Bldg 2, Fort Bragg NC 28310

### **Radio:**

Fort Bragg, North Carolina Radio Stations

63 FM radio stations and 57 AM radio stations in the Fort Bragg, NC area

The Fort Bragg radio station, AM 1700, is an emergency warning system that broadcasts important information.

### **Telephone Service:**

Landline service is offered on Fort Bragg

Area Code 910

The Fort Bragg Community utilizes wireless carriers of their own choosing.

### **Television:**

Fort Bragg has two main wired TV providers including Charter and CenturyLink. Two additional satellite providers offer service to areas of Fort Bragg. The most channels available to homes in Fort Bragg is 330.

### **Internet Providers:**

Fort Bragg has two main internet providers on post. One additional company and two satellite providers offer service to areas of Fort Bragg. The fastest access available to homes in Fort Bragg is 300 to 500 Mbps.

### **Fort Bragg Local Area Libraries:**

John L. Throckmorton Library

>100,000 volumes, 20 US Newspapers, 150 Magazines some of which are international, 75 CAC-enabled computers; Foreign language materials; Internet access in compliance with federal regulations via the NIPRNet (Non-classified Internet Protocol (IP) Router Network).

Cumberland County offers 5 libraries, 4 law libraries and mobile Outreach services.



## Language Class:

English as a second language classes are offered by FTCC, located at the Soldier Support Center

## Emergency Mass Notification System:

The Integrated Incident Management Center (I2MC) dispatchers receive all 911 calls made on the installation and includes emergency dispatch, alarm detection, and mass notification. Mass notification systems are the "giant voice," Fort Bragg's all hazard sound, AM radio station 1700, AM radio signs, marquee for alert messages, and computer and telephone alert messages. The messages are delivered to computers and mobile devices via text, pop-up, and email.

## Child Development Centers

Fort Bragg has twelve (12) Child Development Centers (CDCs) for ages 6 weeks to Kindergarten. CDC's are on-post child care centers that offer full-day, part-day and hourly care for children, in nationally accredited environments. See the table directly below to view the services offered at each CDC. Full Day care is offered from 5:30 a.m. to 6:15 p.m. Hourly care is offered from 8:30am to 5:00pm.

Active duty military personnel, reservists on active duty and DOD contractors at Fort Bragg are eligible sponsors for this program.

The Army's Strong Beginnings/Pre-Kindergarten program is designed to prepare children to be successful to enter school. Curriculum focuses on the social, emotional, and physical development of children; equips them with basic academic and "Kindergarten Classroom Etiquette" skills to enhance "school readiness".

- CYS membership required
- Cost based on Total Family Income IAW DoD Fee Policy for the Part Day Strong Beginnings Program
- No extra charge for Full Day parents in the Strong Beginnings programs

*Table 5. Child Development Services*

CDC	Services Offered
Alexander	Full Day, Part Day Preschool, Hourly Care, Strong Beginnings
Baugess	Full Day, Strong Beginnings

Cook	Full Day, Strong Beginnings
Eagle	Full Day, Strong Beginnings
Fernandez	Full Day
Loredo	Hourly Care
Maholic	Hourly Care, Kids on Site (Group Care)
Prager	Full Day, Strong Beginnings
Rodgers	Full Day
Rodriguez	Full Day, Part Day Preschool, Hourly Care, Strong Beginnings ( <b>Closed</b> for renovations)
SFAC	Hourly Care
Stout	Full Day, Strong Beginnings

Education (Fort Bragg on Post Schools)

<https://www.dodea.edu/Americas/midAtlantic/FortBragg/index.cfm>

The Fort Bragg Community is part of the DoDEA Americas Mid-Atlantic District. Fort Bragg Schools are proud of the educational opportunities offered in the community. The focus is on improving academic achievement for all students while supporting the mission of military families. The military commands, school boards and parents provide wonderful community support to the schools and we feel fortunate to serve the families of our military sponsors.

There are a total of 9 schools to serve students living on Fort Bragg in grades Pre-Kindergarten (PreK) through 8.

- 5 Elementary Schools (ES)
  - Bowley ES (PreK - 5)
  - Devers ES (PreK - 5)
  - Gordon ES (PreK - 5)
  - Poole ES (PreK - 5)
  - Shughart ES (PreK - 5)

- 1 Primary School (PreK – 1)
  - Hampton PS
- 1 Intermediate School (IS) (Grades 2 - 5)
  - Irwin IS
- 2 Middle Schools (MS) (Grades 6 - 8)
  - Albritton MS
  - Shughart MS

Students living on Fort Bragg in grades 9 - 12 attend the local county schools listed below.

- Cumberland County Schools
- Harnett County Schools

According to the Fort Bragg Superintendent staff, as of April 20, 2018 Fort Bragg has 4,003 total students enrolled. To be a part of the Fort Bragg Schools, students need to have one parent serving as the military sponsor and live in on-post housing. Based on these criteria, all students have at least one parent, who is fully employed, with all the benefits ascribed to them by the Federal government.

Living on post provides dependents of Active Duty Service Members and DoD employees the opportunity to attend the Department of Defense Education Activity (DoDEA) schools located on Fort Bragg. Fort Bragg is fortunate enough to be one of the installations in the states to have DoDEA schools located on post. DoDEA's focus is on improving the academic achievement of active duty military dependents while supporting the mission and unique needs of military Families. Fort Bragg is home to a total of 11 schools (pre-K through 8th grade) to serve students residing on post.

DoDEA offers a wide range of programs and resources to help children reach their academic goals. To learn about programs ranging from special education services to gifted education to their fine arts program.

Free and reduced meal enrollment: DoDEA Americas Schools participate in the federally assisted U.S. Department of Agriculture National School Lunch and National School Breakfast programs, School meals meet a variety of important nutrition goals and provide nutritionally balanced meals to children each school day. Free meals are provided to children who live on Fort Bragg from households where the family size and income level are at or below 130 percent of the poverty guidelines. Reduced-price meals are provided to children from households where the size and income

level exceeds 130 percent up to 185 percent of the poverty guidelines. An application for free or reduced meals can be requested at the school or can be filled out online. This application must be submitted each year to the school the child attends, and the information is kept confidential.

## Fort Bragg's Colleges and Universities

Fort Bragg offers a variety of colleges from Campbell University to Fayetteville Technical Community College (FTCC). Below is a list of the colleges offered:

<https://www.bragg.army.mil/index.php/my-fort-bragg/all-services>

Fort Bragg Training and Education Center (BTEC). Located at: BLDG 1-3571, 4520 Knox Street

### **On-Post Colleges and Universities:**

- Campbell University
- Embry Riddle Aeronautical University
- Fayetteville State University
- Fayetteville Technical College
- Methodist University
- Northeastern University
- University of North Carolina at Pembroke
- Webster University

### **Additional Services and Resources:**

Apprenticeship Program - Soldier Development Center

Financial Aid Assistance BTEC Wing F

Green To Gold/ROTC - BTEC

National Testing Center - BTEC

Veterans Affairs (VA) Advisors - Tuesday, Thursday

### Recreation

Fort Bragg, NC provides a wide variety of recreational activities with it being the largest military installation with more than 50,000 active duty soldiers, covering 163,000 acres. Recreational activities include conference centers/dining facilities that can facilitate meetings and parties, fitness centers, bowling alleys, indoor/outdoor pools, an 18-hole golf course, gun range, library, picnic/playground areas, ice skating rinks, hobby/craft center, baseball/soccer fields, various children sports programs, and basketball/volleyball courts.



Fort Bragg Family & Moral, Welfare, and Recreation (MWR) is home to 14 fitness centers, open from 5:00 am to 8:00 pm, with varying times depending on the facility. Fort Bragg also has three parks and a Smith Lake Recreation Area. The Iron Mike Conference Center is open to the public and provides an excellent setting for functions such as large group meetings, weddings, graduation, birthday/sweet 16 party, military/FRG function, corporate party, job fair, conference, anniversary, bridal shower, or baby shower.





Fort Bragg's MWR offers many activities for the entire family and a program for single soldiers, "Better Opportunities for Single Soldiers" (BOSS) as well. It assists single Soldiers in identifying and planning recreational and leisure activities that are offered in a safe and exciting environment.

There are historical sites located near Fort Bragg, NC that provide educational opportunities as well as attract tourists to the area, such as the National Historic Landmark Market House, located in the center of Downtown Fayetteville, Museum of the Cape Fear Historical Complex where visitors to this museum will enjoy their permanent Civil War exhibit. There also is Oak Grove Plantation at Averasboro, in the Town of Godwin and Averasboro Battlefield & Museum that provides private tours and public events, such as reenactments, several times throughout the year.



With Fort Bragg, NC being surrounded by cities such as Charlotte, Raleigh, and Greensboro families have many choices when it comes to recreational activities and family outings. Whether it be going to nearby beaches, amusement parks, bowling alleys, or weapon ranges there is something for all ages to enjoy.

## **Fort Bragg Fisher House:**

"We make a living by what we earn, but we make a life by what we give." Those words have been attributed to Sir Winston Churchill, but they also sum up the life of the late Zachary Fisher and his wife, Elizabeth, who established the Zachary and Elizabeth Fisher House Program.

We presently have Soldiers serving all over the world, including many from Fort Bragg. In the event that an injured Soldier requires long-term care, it is the policy of the Army to get the Soldier as close to their home base as possible for specialized medical care. However, the nearest military treatment facility could still be many miles away from the Soldier's Family.

Fisher House Foundation donates "comfort homes" as a "home away from home" to enable Family members to be close to a loved one during their hospitalization for an unexpected illness, disease, or injury. Fort Bragg Fisher House is a non-profit organization and does not receive any government financing. It is funded solely by corporate and private donations.

At Fort Bragg, Families of persons undergoing medical treatment at Womack Army Medical Center can stay at the house for a cost of \$10 per night. This fee may be waived. For more information, please call 910-849-3466.

## **TRICARE Options**

**TRICARE Prime** is the only option active-duty Family members and retirees who are not Medicare eligible need to enroll in. Active-duty Family members do not have an enrollment fee and are automatically enrolled after filling out the enrollment form. Retirees pay \$282.60 per year for themselves or \$565.20 for the entire family to receive healthcare. These rates are subject to change each fiscal year.

**TRICARE Extra** saves money, but it limits your choice of providers. Military beneficiaries may only use authorized civilian providers. There is no enrollment process for TRICARE Standard or TRICARE Extra.

**TRICARE Standard** offers the most choice of providers at the highest cost. Family Members and retirees pay current deductibles and cost shares.

**TRICARE Appointments Online:**

All primary care appointments available over the phone are also available online ([www.TRICAREonline.com](http://www.TRICAREonline.com)). Patients can also view laboratory results and access medication refills online.

**Nurse Advice Line:**

The Nurse Advice Line is available to all TRICARE eligible patients 24 hours a day, seven days a week by calling 1-800-TRICARE (1-800-874-2273), option 1.

This service is at no cost to patients and can assist in making informed decisions about self-care at home or when to see a healthcare provider.

**Army Medicine Secure Messaging Service:**

Secure messaging, also sometimes referred to as Relay Health, is a web-based service that gives providers and patients the ability to communicate securely online. The interactive website allows you to initiate a consultation, receive preventive care reminders, send a note to the provider's office, request prescription renewals and refills, request lab or test results, and request appointments. Unlike a phone conversation, it also provides an audit trail so patients and providers can view the entire message history.

Once can sign-up for secure messaging at your primary care clinic during your next visit. It only takes a few minutes and it can potentially save hours of time in the future.



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