

# **Fort Bragg**

## **Department of Public Health**



### **Community Health Assessment**

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## COMMUNITY HEALTH ASSESSMENT

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**HISTORY:** This is the first iteration of the 2024 Community Health Assessment. This section will reflect future updates.

**SUMMARY:** This document provides the results of the Fort Bragg Department of Public Health Community Health Status Assessment and other assessments included in the Mobilizing through Action in Planning and Partnerships framework conducted with the Fort Bragg Community, as a 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.

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## Record of Changes

Verified updates indicate that the assigned Department of Public Health personnel has updated the public website and internal team page with the up-to-date version of this document. Initial once complete.

<b>Date (DDMONYYYY)</b>	<b>Description of change and contributor</b>	<b>Page</b>	<b>Verified Update</b>
10MAR2025	Fort Bragg to Fort Bragg Name Change - Defense Secretary Order	All	WN
19MAR2025	Update of Executive Summary - Executive order that mandates federal agencies to remove diversity, equity, and inclusion (DEI) initiatives.	3	WN
29MAY2025	Added an examination of disparities between subpopulations.	94-96	KP
21JUL2025	Logo updates, changed Figure 5 (removed Figure 6) combining surrounding counties with NC map.	13	WN

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## Acknowledgement: Document Preparation

Fort Bragg Department of Public Health (DPH) would like to thank the many team members and supporting partners who helped prepare this document. We are proud to present the comprehensive work aimed to improve the health of the Fort Bragg community with this thoroughly prepared document. DPH leadership acknowledges the important daily work performed by the department, our stakeholders, and therefore, further appreciates the contributions made to this document. A special thanks to the Fort Bragg leadership team that prepared this document. In addition, special thanks to the UNC Lineberger Comprehensive Cancer Center Military Health Research Team for their extensive contributions to the 2024 CHA.



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## Executive Summary

This comprehensive community health assessment (CHA) was produced as a result of work led by the Fort Bragg Department of Public Health (DPH), North Carolina (NC). The development of this CHA required a collaborative process between key installation stakeholders, the military community, and neighboring community partners. Primary and secondary data sources were collected via the Community Strengths and Themes Assessment (CSTA), Community Health Status Assessment (CHSA), Forces of Change Assessment (FoC), focus groups, and supplementary community surveys conducted between the start of 2019 and the end of 2023. This CHA describes the health of the community, identifies contributing factors that impact health outcomes, and outlines community assets and resources that can be mobilized to educate and improve the community's health.

Results of the CHA are continuously analyzed and reflected upon as the needs of the Fort Bragg community evolve. Partnerships and key stakeholder input influence community integration and response. Forums such as the Public Health Working Group (PHWG), Commanders Ready & Resilient Council (CR2C), Integrated Prevention Advisory Group (I-PAG), Installation Prevention Team (IPT), and the NC South Central Public Health Directors are leveraged to improve health outcomes of the total Fort Bragg community.

In March of 2020, the Fort Bragg Department of Public Health was accredited by the Public Health Accreditation Board (PHAB). Accreditation provided continuous improvement pathways that evolved into multiple partnerships, population-health based initiatives, quality and process improvements, and enhanced efforts throughout public health emergency response.

The CHA will continue to evolve with the needs of the community. Further iterations of this comprehensive document are made possible by the valued efforts of Fort Bragg DPH personnel, the Public Health Partnership, installation level groups, medical treatment facilities, and the community members.



FORT BRAGG, NORTH CAROLINA  
**DEPARTMENT OF PUBLIC HEALTH**  
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## **Disclaimer**

The views expressed herein do not necessarily reflect the official policy of the Department of Defense, Department of Army, US Army Medical Department, or the US Government.

## **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: 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 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.

## **Introduction**

The 2024 Fort Bragg CHA includes the following components:

- A description of collaborative methods used to collect and analyze primary and secondary non-surveillance population health data to inform this CHA.
- A community profile providing overall information on community demographics and socioeconomic factors, including social determinants of health.
- An analysis of access to health services, health/surveillance systems and community assets.
- A description of the most recent MAPP surveys and assessments that aim to improve the health and quality of life of the total community.
- An overview of the community health profile based where conclusions are drawn on multiple health-related topics.

## Understanding the Data

### Data Limitations

The population health data collected to inform this CHA is from calendar years 2019 – 2023. The analysis of data from this time period allows for the most up-to-date snapshot of Fort Bragg's health behaviors and medical readiness. Primary data was compiled largely from public health partnership work and input from community stakeholders, military leadership, health professionals and community members. Multiple sources of primary data were collected through community surveys, assessments, and focus groups. Secondary data was derived from a combination of several national, state, and federal sources. Slight data discrepancies may arise from differences between collection and reporting by military sources, counties, and the state. Differences noted during data collection and analysis did not significantly impact overall outcomes of the CHA. Data throughout the assessment will be depicted in a combination of charts and tables, combined or separated, to provide a broad overview that can be used to improve the health status of the community.

Data may be limited by reporting units, scheduled collection of data, and release of reports, especially among secondary sources. For primary sources, data was limited to random community samples. In recent years, Military Treatment Facilities (MTF) have transitioned to the new Military Health System (MHS) Genesis. Fort Bragg underwent the MHS Genesis transition in 2022. The change of systems for electronic record keeping led to limitations in data sharing and locating of historical data, as well as some discrepancies from the changeover.

### Methods

This CHA represents the comprehensive analysis of the health of the Fort Bragg community. Completing the CHA periodically allows for a more detailed view of the strengths, weaknesses, and opportunities to improve the health of our community. This CHA serves as a guide to leaders among the Fort Bragg Garrison (installation), Womack Army Medical Center (WAMC), the Dental Activity (DENTAC), tactical units, and the XVIII Airborne Corps to prioritize and improve respective programs, resources, and policies to best support the community needs. This CHA describes the health of the community, identifies contributing factors that impact health outcomes, and outlines community assets and resources that can be mobilized to educate and improve the community's health. Overall, the goals of the CHA are to inform community decision-making, address health equity and quality of life, and to provide utility to develop strategies to address health needs.

The CHA represents multiple iterations of data collection from primary and secondary data sources over a 5-year span. Conclusions drawn from surveys and assessment results are continuously reviewed as the health-related needs of the community evolve.

Fort Bragg Department of Public Health (DPH) utilized Mobilizing for Action through Planning and Partnerships (MAPP) model as a framework for completing the CHA. The model requires strategic partnerships aimed to assess the community to identify the most pressing public health issues. MAPP also requires community engagement to align program policies, systems, and resources for strategic action by DPH or other Fort Bragg entities. Military data were derived from a variety of sources, with clinical data largely from electronic medical records. The surveys and assessments conducted by the Fort Bragg DPH to create this CHA were:

**Primary Data Sources:**

- 2018 Fort Bragg DPH Community Strength and Themes Assessment (CSTA)
- 2021 Fort Bragg DPH CSTA
- 2023 Fort Bragg DPH CSTA
- 2023 Forces of Change Assessment (FoC)
- Fort Bragg DPH Surveillance
- Mass Vaccination Event Surveys
- Public Health Partnership Focus Groups

**Secondary Data Sources:**

- America's Health Rankings
- Army Disease Reporting System internet
- Armed Forces Wellness Center Health and Wellness Tracker
- Behavioral Risk Factor Surveillance System
- Centers for Disease Control and Prevention
- County Health Rankings & Roadmaps
- Data Management Information System
- Defense Casualty Analysis System
- DEERS Person-Data-Repository
- Defense Medical Epidemiology Database
- Fort Bragg Department of Public Works
- Fort Bragg Housing Office
- Fort Bragg Risk Reduction Program
- 2022 Health of the Force Report (Defense Center for Public Health- Aberdeen)
- Military Family Advisory Network
- Military Health Service Population Health Portal in Care Point
- National Cancer institute
- US Army Garrison Fort Bragg, Plans Analysis, and Integration Office
- US Census Bureau
- US Department of Defense, Defense Manpower Data Center
- US Department of Health and Human Services
- US School Census Data
- State Center for Health Statistics, NC
- WAMC Beneficiary Services
- WAMC Program Analysis & Evaluation

In addition to assessments identified in the MAPP framework there were other surveys and focus groups conducted in the community. For example, DPH disseminated tobacco and nicotine use surveys to Active Duty Service Members (ADSM) during the mass influenza vaccination events in 2022 and 2023. DPH and other entities shifted strategic priorities as identified in ongoing forums within the Fort Bragg medical treatment facility and Garrison command channels. Activities were conducted that involved planning, implementation, and evaluation of Fort Bragg programs and services.



Figure 1: Explanation of the MAPP Framework

Source: National Association of County and City Health Officials (NACCHO)

The collection of data and the development of this CHA required a collaborative process with key installation, military community, and neighboring community partners and other various stakeholders. The CHA would not be complete without the diverse perspectives that the community health department and academic institution partnerships provide.

## Public Health Partnership

The Fort Bragg DPH has long-standing established partnerships between North Carolina Department of Health and Human Services, Cumberland County, University of North Carolina (UNC)-Greensboro, UNC Chapel Hill Lineberger Comprehensive Cancer Center, and UNC Chapel Hill Gillings School of Global Public Health which has been named the “Public Health Partnership”. The Public Health Partnership highly supports the non-surveillance population health data collected and work performed to complete the 2019 and 2024 CHA. This Partnership have allowed for sizeable grants awarded, a Master of Public Health student practicum program within DPH, and several partnership presentations on and off the installation. In addition to the student program, UNC Lineberger Comprehensive Cancer Center has allocated personnel to support the work performed at Fort Bragg showing this academic institution’s support and commitment to the military community. The work performed by the Partnership will be described throughout this CHA.

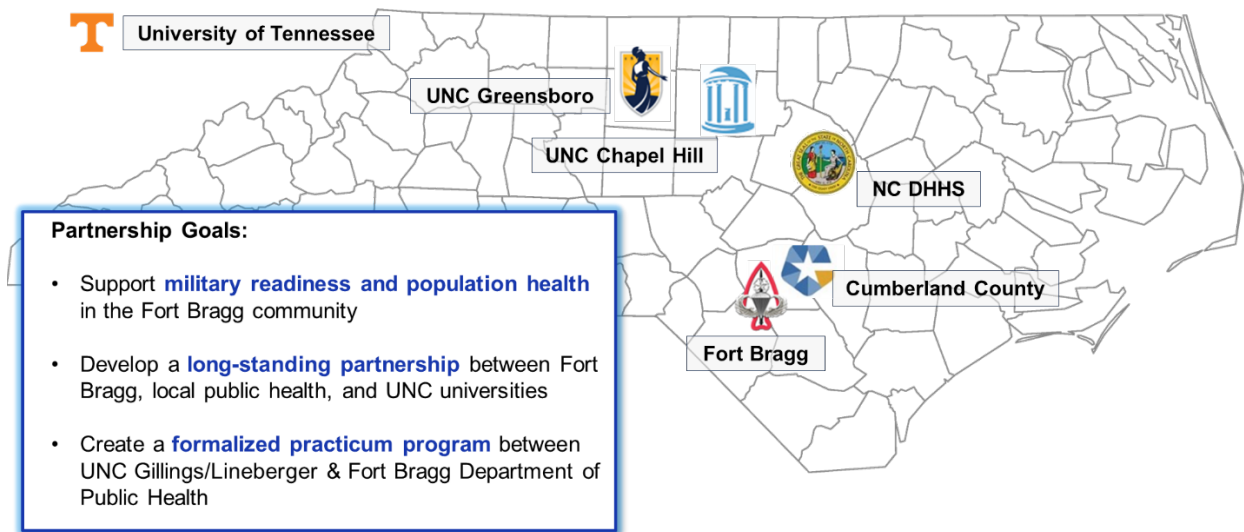


Figure 2: Fort Bragg DPH Public Health Partnership

## Fort Bragg Stakeholders

This CHA will revisit initiatives and programs that began because of the 2019 CHA. New findings derived from survey results and assessments will be displayed in this 2024 CHA. Forums such as the Public Health Working Group, Commanders Ready & Resilient Council (CR2C), Installation Prevention Team, the NC South Central Public Health Directors, and the Public Health Partnership, are leveraged to improve health outcomes of the total Fort Bragg community. The CHA Stakeholder List below is a complete list of the stakeholders that contributed to the CHA that are internal to Fort Bragg. These internal contributors represent 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 have been invited to internal working groups that support the CHA such as the Public Health Working Group or Public Health partnership meetings, depending on the working group topic. Students and residents who are rotating in public health are encouraged to attend these internal forums.

## Fort Bragg CHA Stakeholder List

Affiliation	Title
Army Community Service	Director
Child and Youth Services	Director
DHA - WAMC	Commander
Department of Pastoral Care	Chief
DODEA	Community Superintendent
Fort Bragg DPH	Director
Fort Bragg DPH	Deputy Director
Fort Bragg DPH	Administrative Officer
Fort Bragg DPH	Non-Commissioned Officer in Charge



Fort Bragg DPH	Epidemiologist
Fort Bragg DPH	Compliance Consultant
Fort Bragg DPH	Health System Assistant
Fort Bragg DPH, Armed Forces Wellness Center	Senior Health Educator
Fort Bragg DPH, Army Hearing Program	Chief
Fort Bragg DPH, Environmental Health	Chief
Fort Bragg DPH, Environmental Health	Environmental Science & Engineering Officer (ESEO)
Fort Bragg DPH, Health Physics	Chief
Fort Bragg DPH, Industrial Hygiene Service	Chief
Fort Bragg DPH, Occupational Health Clinic	Supervisory Nurse
Fort Bragg DPH, Public Health Clinic (PHC)	Chief
Fort Bragg DPH, PHC	Supervisory Nurse
Fort Bragg Plans, Analysis, and Integration Office (PAIO)	Chief
Fort Bragg Public Health - Activity	Commander
Garrison Public Affairs Office (PAO)	Chief
Installation Prevention Team	Coordinator
Morale, Welfare, and Recreation	Director
Plans, Analysis, and Integration Office (PAIO)	Chief
Population Health	Chief
WAMC Behavioral Health	Chief
WAMC Beneficiary Services	Chief
WAMC Department of Nutrition	Chief
WAMC Department of Research	Chief
WAMC Emergency Department	Chief
WAMC Laboratory	Chief
WAMC Patient Administration Division	Chief
WAMC Pharmacy	Chief
WAMC PAO	Chief
WAMC Population Health	Chief
WAMC Primary Care Services	Chief
WAMC Program Analysis & Evaluation (PA & E)	Chief
WAMC Quality and Services Division	Chief
XVIII Airborne Corps	CR2C/I-PAG

## Fort Bragg Demographics

Fort Bragg is one of the largest military installations in the world by population. Fort Bragg is home to approximately 47,342 ADSMs including all branches of the United States Armed Forces (Fort Bragg PAIO, 2022). Fort Bragg is located just west of Fayetteville in eastern North Carolina and spans across 162,848 acres or 254.5 square miles. Approximately 90% of Fort Bragg's total average (145,737) is utilized for training by some of the Army's most-deployed units.

Fort Bragg is known as the home of the Airborne and Special Operations Forces. With nearly 10% of the Army's active component assigned to the installation, it is often called "the center of



the Army universe” by the entire Army community. Established in September 1918, Fort Bragg was originally designated “Camp Bragg” as an artillery training center. Due to increased personnel and facilities Camp Bragg was renamed “Fort Bragg” in 1922. In June 2023, the military installation was renamed “Fort Liberty” in accordance with the National Defense Authorization Act. In 2025, the Pentagon reinstated “Fort Bragg” with a new namesake. Fort Bragg continues to be a key installation in the security of American interests and serves as headquarters and home for several significant military units. Below are the units located at Fort Bragg:

- US Army Forces Command
- XIII Airborne Corps
- US Army Special Operations Command
- US Army Reserve Command
- Joint Special Operations Command
- US Army Civil Affairs and Psychological Operations Command (Airborne)
- 82nd Airborne Division
- Security Force Assistance Command
- 108th Air Defense Artillery Brigade
- Dental Health Activity
- 419<sup>th</sup> Contracting Support Brigade
- 406<sup>th</sup> Army Field Support Brigade
- 192<sup>nd</sup> Ordnance Battalion (EOD)
- 50th Signal Battalion
- US Army Golden Knights (Parachute team)
- 4<sup>th</sup> ROTC Brigade
- Joint Interoperability Division
- Airborne and Special Operations Test Directorate
- Defense Health Agency – WAMC
- 3-58<sup>th</sup> Airfield Operations Battalion
- US Army Security Assistance Training Management Organization
- JSOC Intelligence Brigade

Fort Bragg has a significant Federal, state, and local economic impact. Per Fort Bragg Plans, Analysis, and Integration Office (PAIO), the installation’s total direct and indirect economic impact on the local area spans across 11 counties and accounted for over 8.5 billion dollars in Fiscal Year (FY) 2022. The military accounts for North Carolina’s second largest economic sector, supports 578,000 jobs, and contributes over \$30 billion in personal income and \$66 billion in gross state product.

## **Total Population**

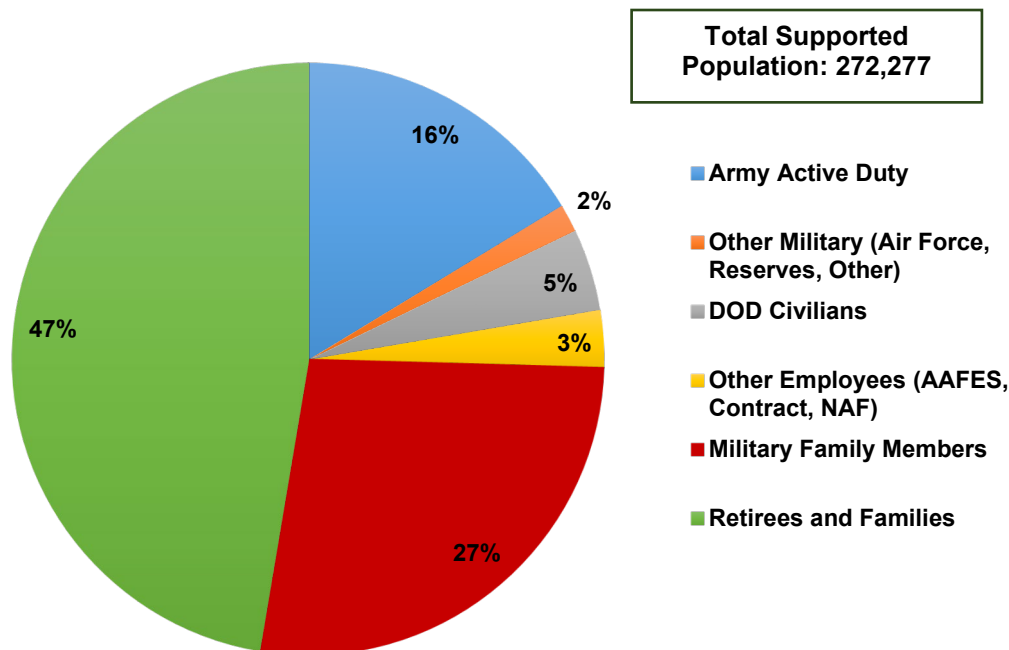
The Fort Bragg community is defined as the number of beneficiaries (ADSM, Retirees, and Dependents) residing within the 40-mile catchment area from the center of Fort Bragg. The community is further defined as the supported population including DOD Civilians, Nonappropriated Fund (NAF), Defense Army and Air Force Exchange Services (AAFES), and contract employees that support Fort Bragg. The total supported population on Fort Bragg as of FY2022 was 269,805. Data from WAMC Beneficiary Services (2023) shows there are over 198,800 TRICARE (TRICARE eligible, TRICARE Plus, TRICARE for Life, and Direct Care) beneficiaries living within the Fort Bragg catchment area. Fort Bragg has property in six different

North Carolina counties, but is headquartered in Fayetteville, which lies in Cumberland County.

### **SUPPORTED POPULATION**

Total Fort Bragg Military Population	47,342
Army Active Duty	43,294
Other Military (Air Force, Reserves, Other)	4,048
DOD Civilians	11,847
Other Employees (NAF And AAFES)	8,125
Military Family Members	71,960
Retirees And Families	125,278
<b>Total Supported Population</b>	<b>272,277</b>

**Fort Bragg Supported Population by Percent  
(FY 2022)**



*Figure 3: Fort Bragg Total Population (FY 2022)*

*Source: Fort Bragg PAIO, Garrison Stat Card FY22*

The Fort Bragg community is diverse both culturally and geographically. Service members, their dependents, retirees, as well as the civilian workforce reside on the installation in on-post housing, apartments, and barracks as well as in the surrounding counties. According to the April 2023 report from the Defense Enrollment Eligibility Reporting System (DEERS) Person Data Repository (PDR), more than 70% of the Fort Bragg beneficiaries reside in Cumberland, Harnett, and Moore counties. Less beneficiaries live in Hoke, Bladen, Robeson, Lee, Johnston, and Sampson counties which could be due to a number of factors including commuting distance

to Fort Bragg where many work or seek medical care. Due to data limitations a significant amount data in this report will be from Cumberland, Moore, and Harnett counties.

### Fort Bragg Percent Population by County, 40-mile radius (FY 2022)

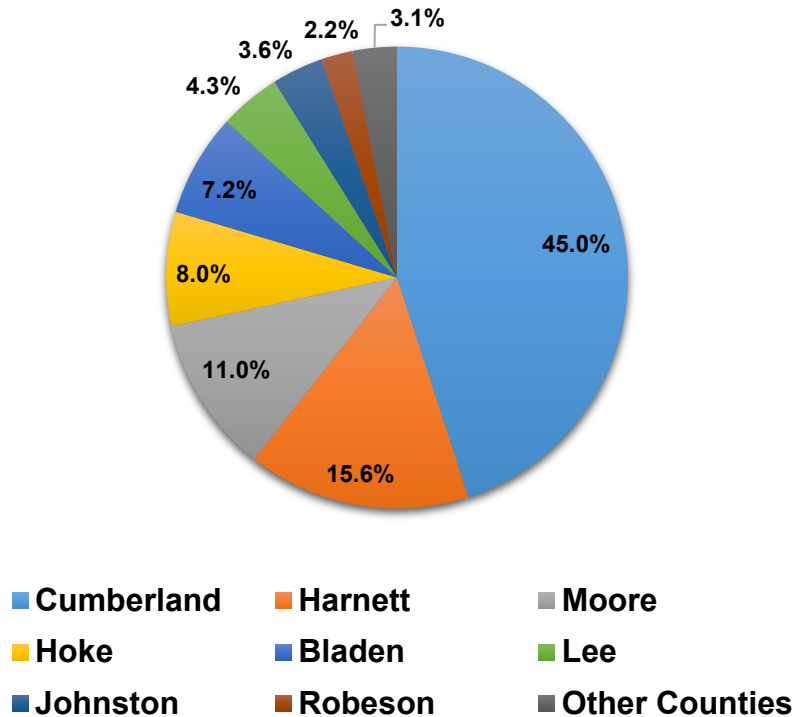


Figure 4: Fort Bragg Population by County (FY 2022)

Source: DEERS Person-Data-Repository (PDR)

Fort Bragg is in the south-central region of North Carolina in northwest Cumberland County. Surrounding counties include Harnett, Moore, Hoke, Robeson, Bladen, and Sampson counties as depicted in the map below. Other counties include Sampson, Chatham, Scotland, and Richmond Counties.

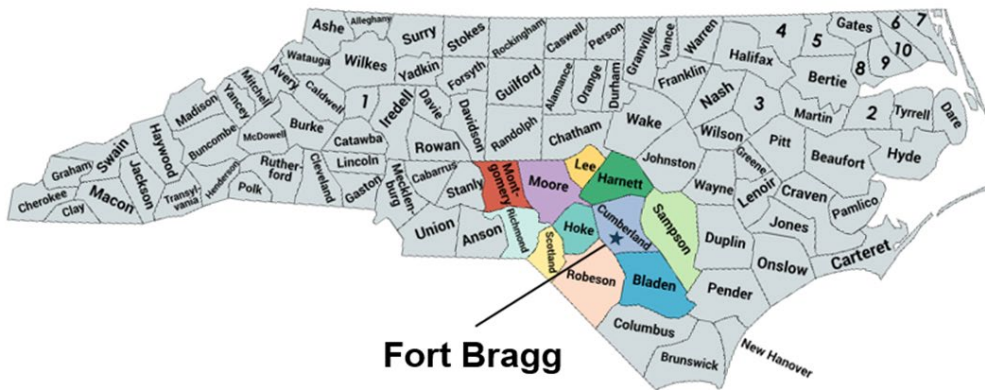


Figure 5: Fort Bragg, NC Location and Surrounding Counties

## ADSM Population

Although all military service branches are represented at Fort Bragg, the Army presence remains the largest, with 45,277 Army ADSMs assigned as of July 2023. The FY23 Defense Medical Epidemiology Database (DMED) is the data source for the ADSM Population by Service FY 2023 figure below. As noted in the Data Limitations section of this document, various data sources will depict value irregularities, however, data is accurate per timelines and data sources. For example, the number of ADSM on Fort Bragg, depict two different values, which are each accurate, from respective data sources.

### Fort Bragg Population by Service FY 2023 (N= 47,425)

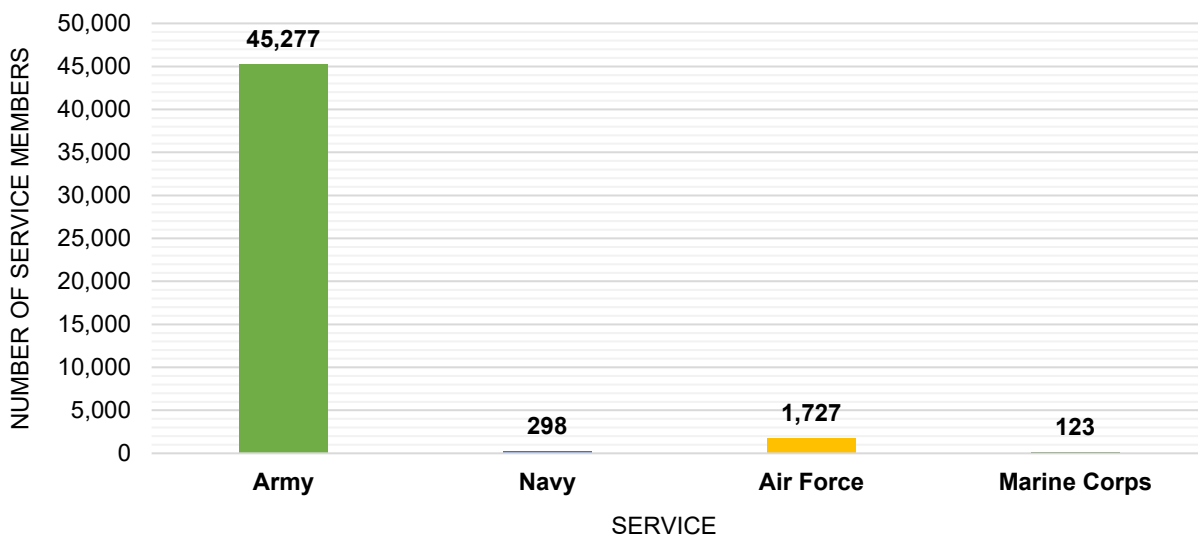


Figure 6: Fort Bragg Population by Service (FY 2023)

Source: Defense Medical Surveillance System (DMSS)

The ADSM population on Fort Bragg has periods of fluctuation but remains just below 50,000 personnel assigned consistently every year.

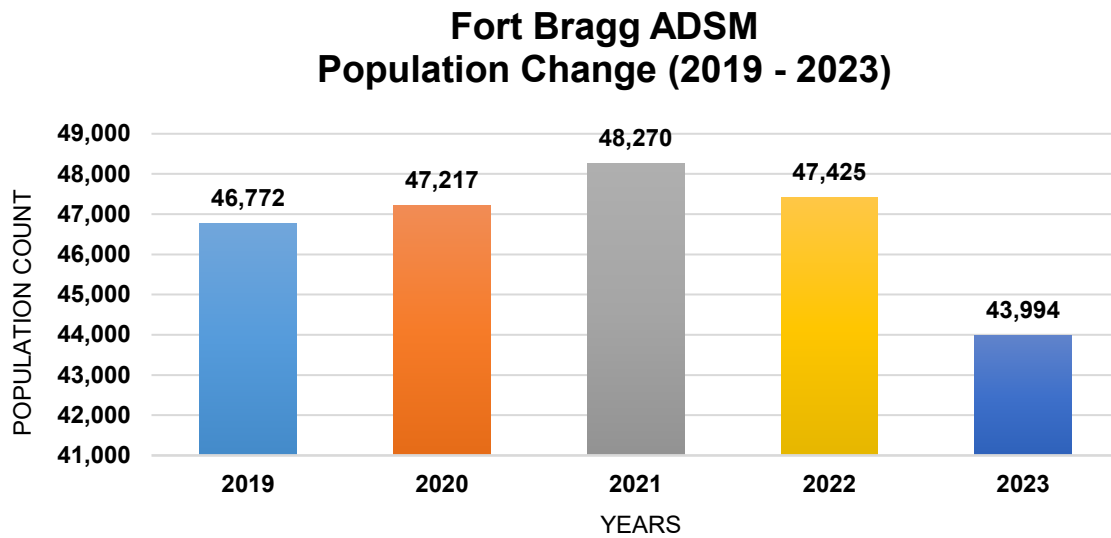


Figure 7: Fort Bragg ADSM Population Change (2019 - 2023)

Source: DMSS

### Fort Bragg Percent Population Age Distribution (2022)

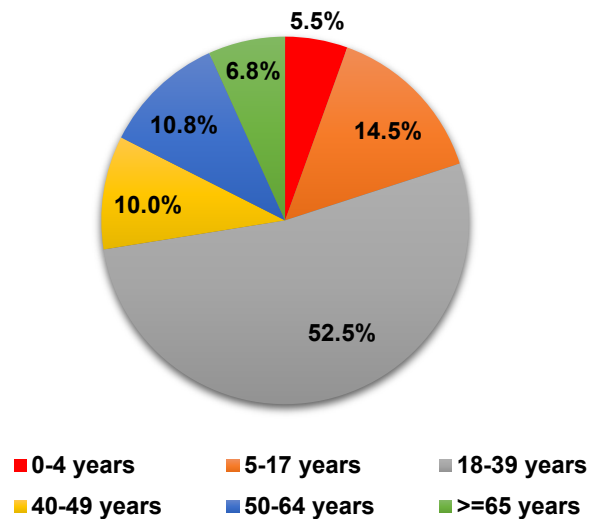


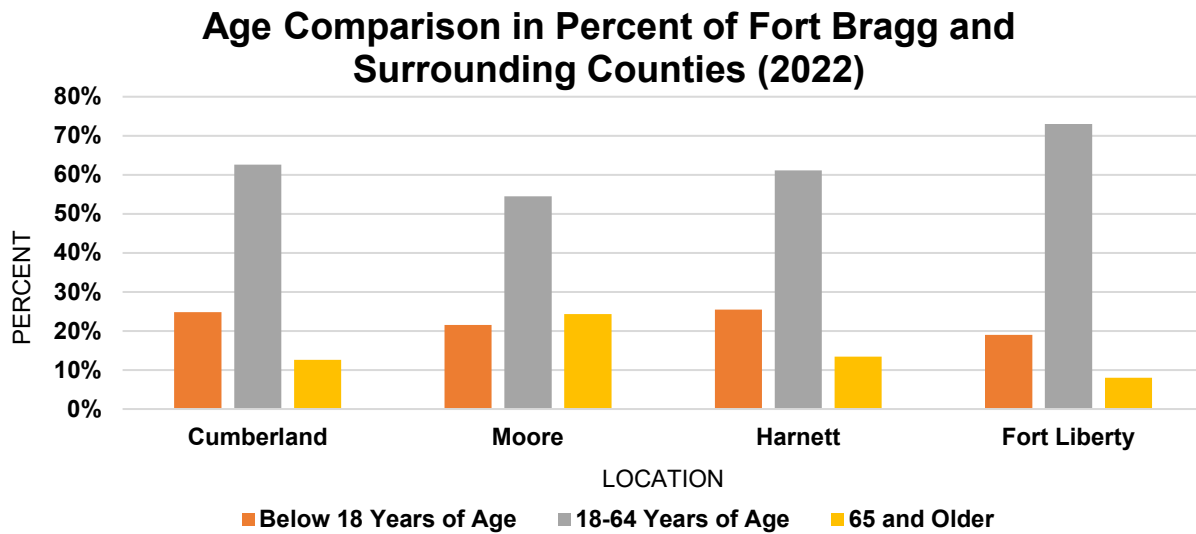
Figure 8: Fort Bragg Percent Population Age Distribution (2022)

Source: DMSS

## Age

At Fort Bragg, the majority of the total population (52.5%) is between 18-39 years of age. Younger TRICARE beneficiaries between 0-17 years of age make up 20% of the total population and age groups 40 years and above make up 27.5%.

Fort Bragg age distribution is consistent with the surrounding counties with most of the population being between 18-64 years old. Differences are seen in comparison to children below 18 years and adults above 65 years old where the surrounding counties have larger populations of these age groups.

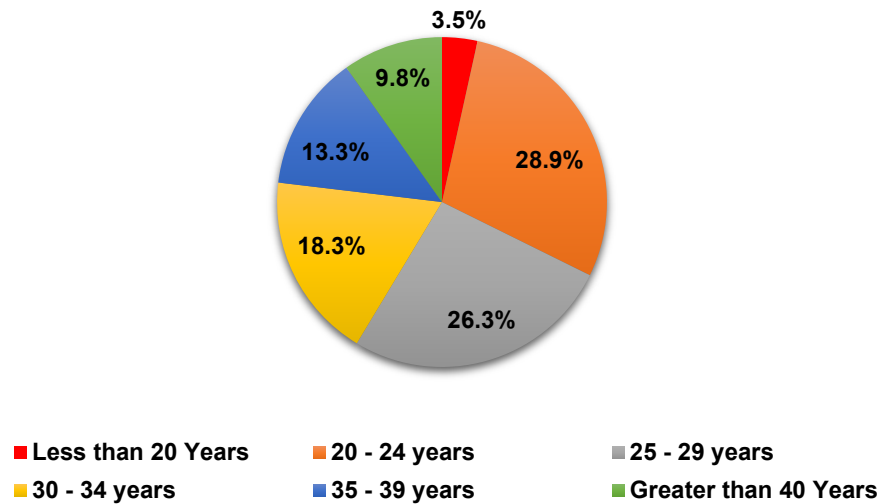


*Figure 9: Age Comparison, Fort Bragg and Surrounding Counties*

*Source: DMSS & County Health Rankings & Roadmaps (CHR&R)*

Over 90% of the Fort Bragg ADSM population is younger than 39 years old and only 9.8% are greater than 40 years old.

### Fort Bragg ADSM Age Distribution by Percent (2023)



Source: DMSS

Figure 10: Fort Bragg ADSM Age Distribution (2023)

### Gender

ADSMs at Fort Bragg are disproportionate in gender distribution as 85.8% of assigned personnel are males while 14.2% are female. This is within range for the Army as a whole, with the Health of the Force 2022 reporting that 15.5% of Service Members are female.

### Fort Bragg Gender Distribution by Percent (2022)

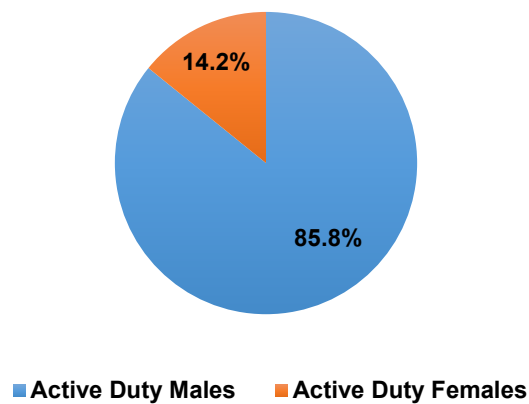


Figure 11: Fort Bragg Gender Distribution (2022)

Source: DMSS

## Race & Ethnicity

According to the US Census Bureau's 5-year estimates of Fort Bragg population based on school-based Census data, almost 52% of people self-report as White. This category makes up the largest racial group. It is important to note that in this survey, the Hispanic population includes respondents of any race. This would include people identifying as White Hispanic or Black Hispanic. Other categories are reported as non-Hispanic.

2022 U.S. Census Bureau school-based data has similar distribution compared to that of the Fort Bragg beneficiary and ADSM populations. Of all WAMC enrolled beneficiaries, almost 30,000 self-report as White, while almost 13,000 self-report as Black. It is important to note that over 39,000 beneficiaries did not report race and over 1,300 reported as Other.



### Racial Distribution of Fort Bragg Beneficiaries by Percent (2022)

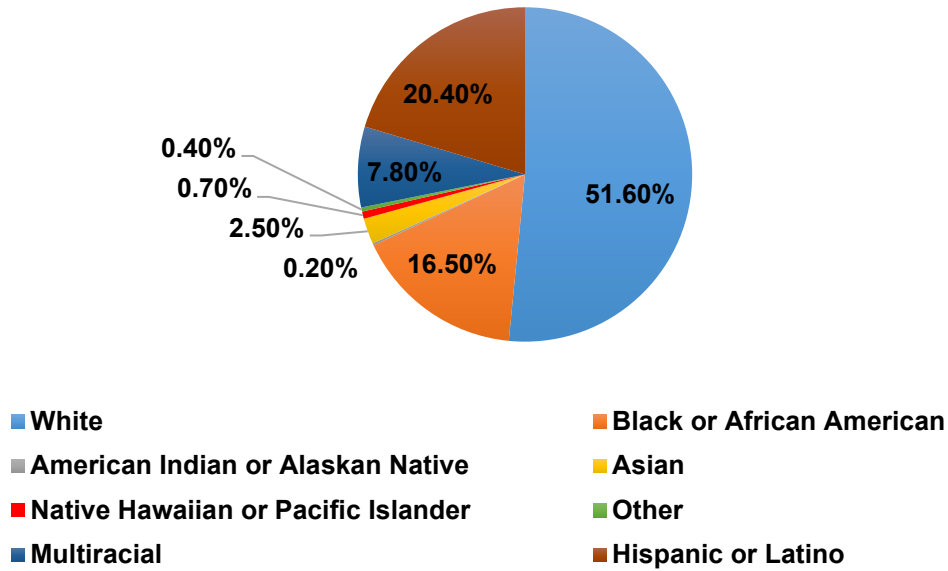


Figure 12: Racial Distribution of Fort Bragg Beneficiaries (2022)

Source: U.S. Census Bureau (2022), School Census Data. American Community Survey 5-year estimates.

### Ethnicity of Fort Bragg Population by Percent (2022)

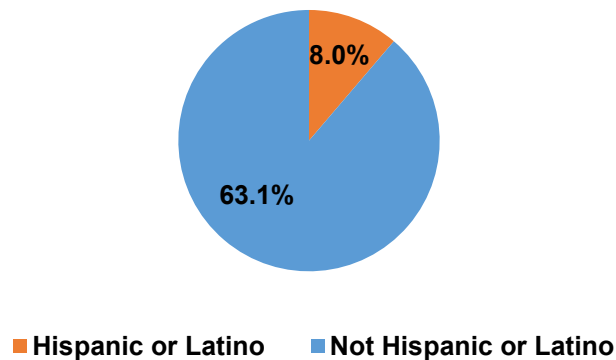


Figure 13: Ethnicity of Fort Bragg Population (2022)

Source: U.S. Census Bureau (2022), School Census Data. American Community Survey 5-year estimates.

## Languages

English proficiency is a requirement to serve in the US military. All recruits must pass the Armed Services Vocational Aptitude Battery (ASVAB), which assesses English language skills such as word knowledge and paragraph comprehension. The ASVAB ensures that all service members can effectively communicate and understand orders, training, and crucial mission-related information. Military families, of course, are not held to the same language proficiency standards as service members and so it is important the primary jurisdiction where military families reside is also monitored. According to US Census Bureau data from the 2022 American Community Survey 1-year Estimates, 12.6% of Cumberland County residents speak a language other than English at home. English is the primary language spoken at home for 87.4% of Cumberland County residents and Spanish follows at 8%.

Types of Language Spoken at Home (Cumberland County, NC)	Value
English only	87.4%
Spanish	8.0%
Other Indo-European languages	1.7%
Asian and Pacific Islander languages	2.2%
Other languages	0.7%

*Table 1: Languages Spoken at Home in Cumberland County, NC*

*Source: US Census Bureau, 2022 American Community Survey 1-year Estimates*

## Rank

The military service career path is highly dictated by the decision to join by enlisting or becoming an officer. Both career paths offer rewarding experiences, educational and training benefits, and compensation. The requirements, commitments and responsibilities differ between enlisted service members and officers. Officers require more training and education prior to joining the military as this role requires strategic decision-making, planning, management, and supervision. Enlisted service members perform specific job functions in a specialty that supports the unit they serve in. As the enlisted personnel grow in their career, they too take on leadership roles as “Non-Commissioned Officers” that support the Officers. Pay grades differ between the Officer and enlisted ranks, including by the amount of time served in the military and dependents.

Historically, there are more enlisted personnel on military installations than Officers. At Fort Bragg, 82% of the ADSMs are enlisted, while only 18% are Officers. The Officer to enlisted ratio is consistent compared to the US Military as a whole with only 18-20% being Officers in the Army and across all Armed Forces.

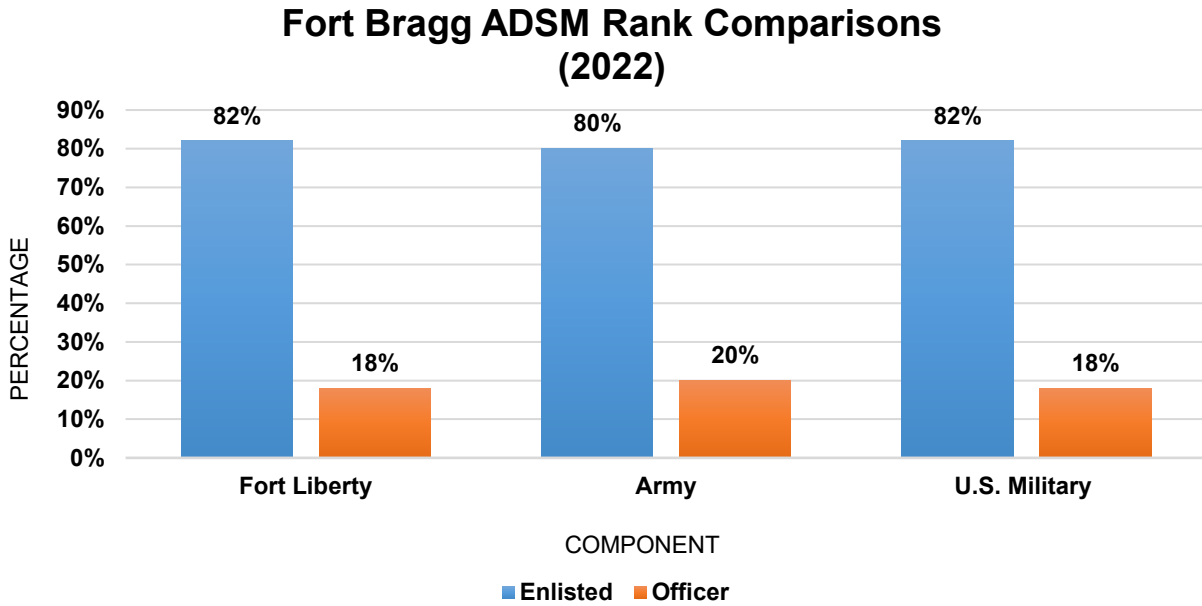


Figure 14: Fort Bragg ADSM Rank Comparisons (2022)

Source: DMSS

### Percent Rank Distribution Among ADSM, Fort Bragg (2022)

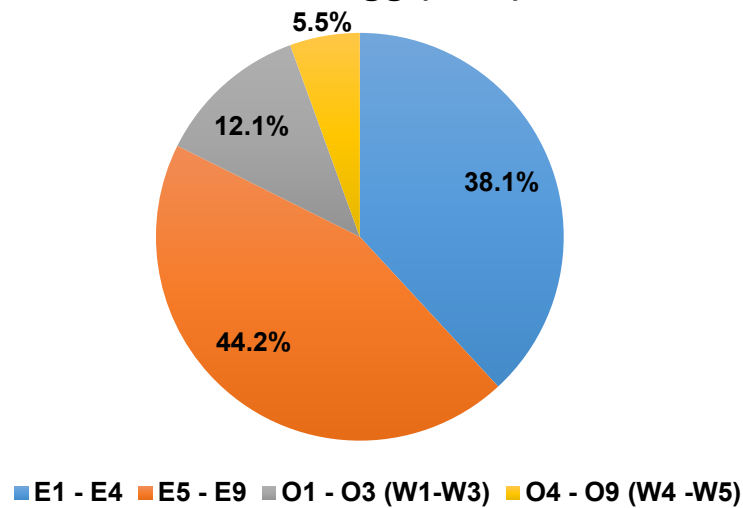


Figure 15: Fort Bragg ADSM Rank Comparisons (2022)

Source: DMSS

The majority of Fort Bragg's enlisted personnel are NCOs in the ranks of E-5 to E-9 but is closely followed by enlisted service members in the rank of E-1 to E-4. Warrant Officers and Officers in the ranks of W1-W5 and O1-O9 only make up 17.6% of the total ADSM population on Fort Bragg.

## Socioeconomic Factors and Economic-Wellbeing

Socioeconomic status is a multifaceted variable comprising multiple factors, such as income, education, employment status, and food security. 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 community. Military service members at Fort Bragg, like in other Armed Forces, are assumed to be immune from health disparities due to employment status and universal healthcare coverage accessibility. This is not always true as some military service members and military families also struggle with issues such as poverty, food security, and low income. Consequently, the 2020 DOD-wide Status of Forces Survey (SOFS-A) of ADSMs showed the prevalence of food insecurity among Service members was 24% in 2020.

Figure 17 shows the rate of children in poverty and the rate of unemployment in Cumberland County is higher than the state of North Carolina and the US.

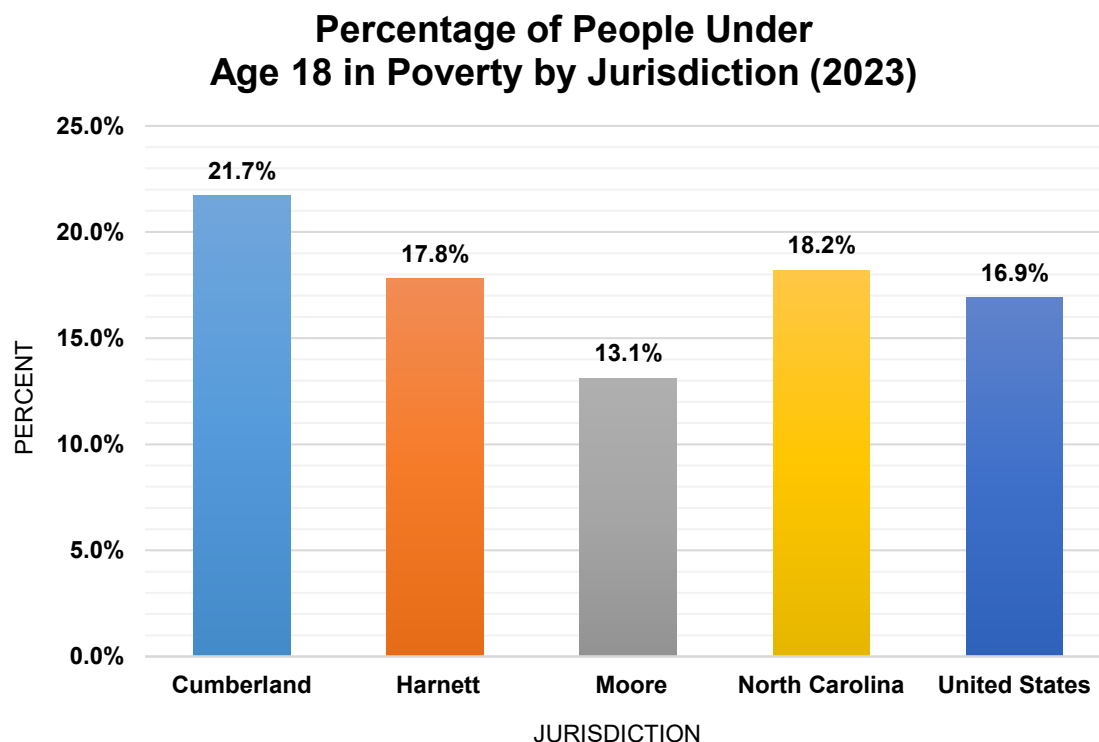


Figure 16: Percentage of People Under Age 18 by Jurisdiction (2023)

Source: Fort Bragg Social and Economic Factors, CHR&R (2023)

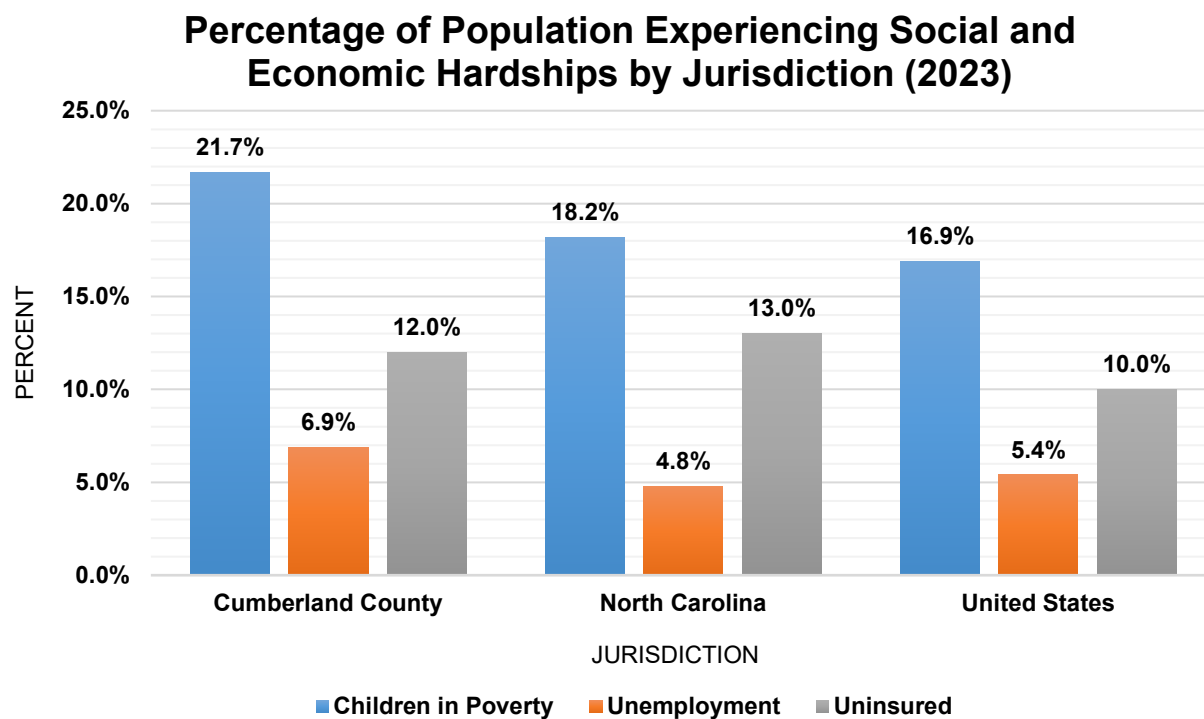


Figure 17: Percentage of Population Experiencing Social and Economic Hardships by Jurisdiction (2023)

Source: Fort Bragg Social and Economic Factors, CHR&R (2023)



Figure 18: CSTA Results Social and Economic Health (2023)

Source: Fort Bragg CSTA (2023)

## Social Health

Respondents identified Fort Bragg's diversity (37%) and various recreation/sport (26%) and support programs (24%) as Fort Bragg's top strengths. Specifically, respondents appreciated the Better Opportunities for Single Soldiers (22%) and DoDEA (22%) programs. Fort Bragg's emergency responsiveness was also well-regarded (20%).

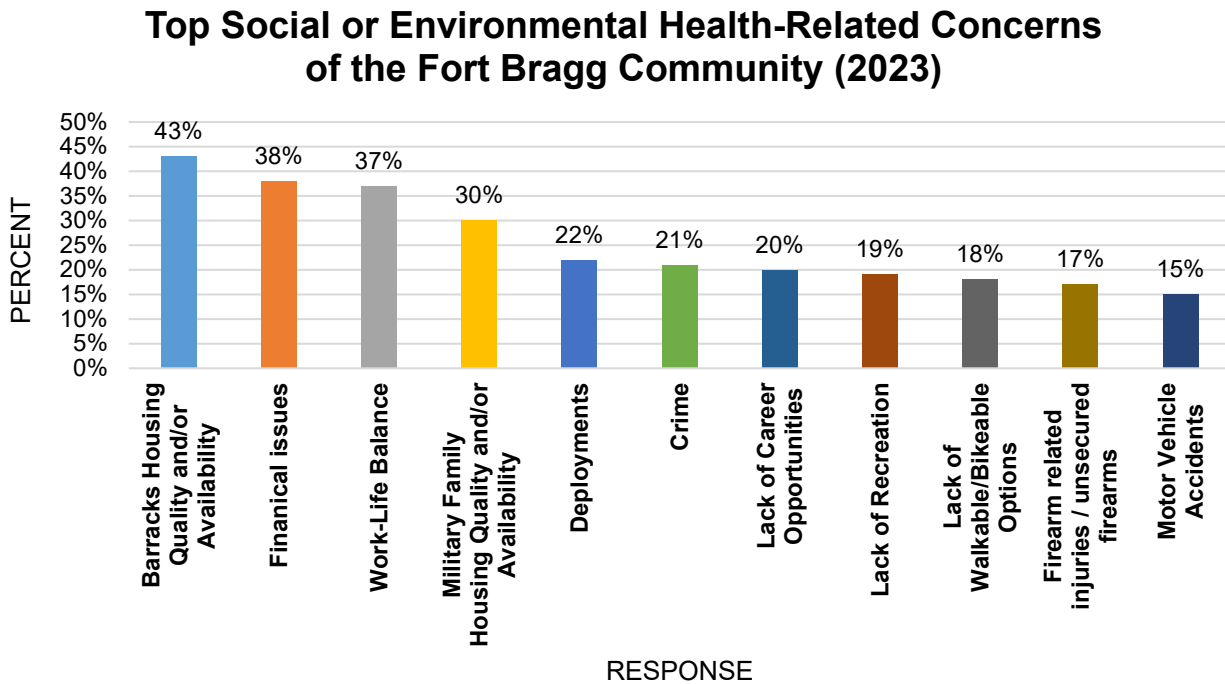


Figure 19: Top Social or Environmental Health-Related Concerns of the Fort Bragg Community (2023)

Source: Fort Bragg CSTA (2023)

## Economic Health

Over half of respondents felt budgeting (59%), debt elimination (57%), and retirement planning (56%) were the top 3 financial trainings or education that would benefit the community.

### Percent Response for financial training or education that would benefit the Fort Bragg community (2023)

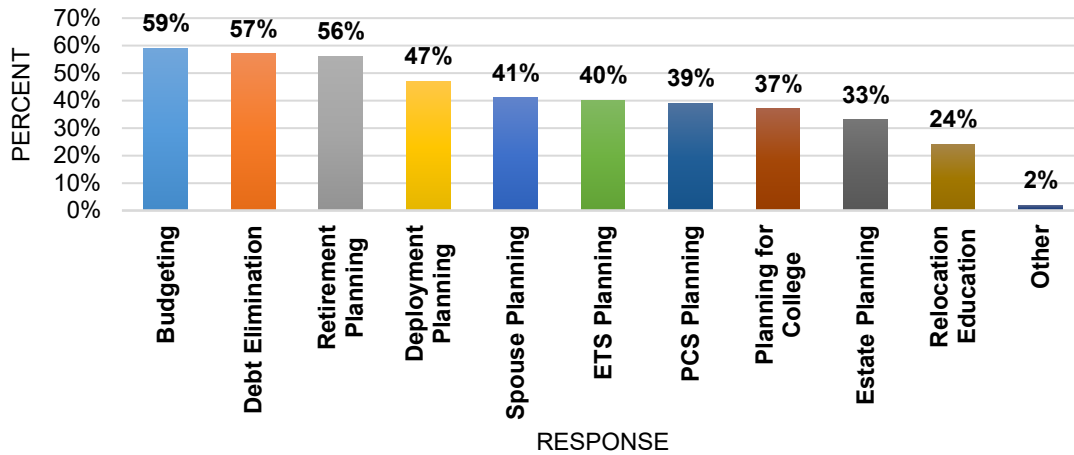


Figure 20: Financial Training or Education (2023)

Source: Fort Bragg 2023 CSTA

## Basic Living Costs

ADSMs and their families receive a Basic Allowance for Housing (BAH) based on the housing costs of the area they live in, their rank, and whether they have dependents. The cost of living or BAH provides equitable housing compensation based on housing costs in the local housing market. Single-Soldiers often reside in the barracks provided on the installation, and military families may live on the installation or opt to live off the installation.

## Housing

According to the Fort Bragg Housing Services Office (HSO), there are 33,138 ADSMs living off-post (66%) and 17,213 ADSMs living on-post (34%) as of FY2022. As of FY2022 there were 3,030 military dependents and 92 non-Active-Duty personnel living on Fort Bragg, such as retirees and civilian workers.

## Fort Bragg ADSM Housing Status (FY 2021)

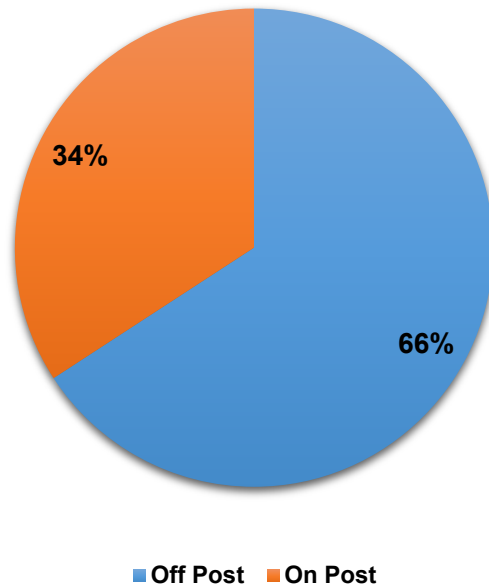


Figure 21: Fort Bragg ADSM Housing Status (FY 2021)

Source: Fort Bragg Housing Office

The HSO is a Directorate of Public Works Housing office, which is an element of Fort Bragg Garrison. HSO provides on- and off-post resident tools and information (schools, utility waivers, etc.) and assists with resolving landlord/tenant disputes.

Fort Bragg offers several on-post housing options for families, single service members, families that are enrolled in the exceptional family member program, pet owners, and unaccompanied personnel.

On-post family housing is managed by Corvias Military Housing. Housing is separated into communities, each with its own Neighborhood Manager and a dedicated maintenance team, along with amenities for residents to enjoy including playgrounds, picnic areas, and state-of-the-art Community Centers. Fort Bragg communities are comprised of sub-neighborhood enclaves that are exclusive to rank, including Junior Enlisted, Senior NCOs, Sergeant Major, Company-Grade, or Field Grade Officers.

Single Soldiers without dependents in the rank of SSG and below are required to reside on-post in the barracks. This also applies to Soldiers married to Soldiers SSG and below when the spouse is stationed elsewhere. Single Soldiers in the rank of SFC and above can live-off post if desired.

### Household Income

Military pay on Fort Bragg is standardized by pay-grade, length of service, duties, and location. This standardized pay is published each year by the DOD through Congressional approval.



Current military pay tables can be found at this website: <https://militarypay.defense.gov/pay/> . Civilian employees pay is based on the General Schedule of Federal Wage guidelines and is based on time and grade.

## **Additional Pay Allowances**

Military pay includes a number of components including allowances. These allowances can be a major portion of a service members pay and are based on duty location, status, and pay-grade. Basic Allowance for Housing (BAH) is designed to compensate service members for current housing costs and are tax-free. The BAH rate will increase by 5.4% for ADSMs in 2024. Other allowances include Basic Allowance for Subsistence (BAS), the continental United States (CONUS) and outside the continental United States (OCONUS) Cost of Living Allowance (COLA), Overseas Housing Allowances (OHA and MHA), and Military Clothing Allowances.

Additional components of pay that some service members receive based on status, education and other factors include Bonuses Pay such as Re-enlistment Bonuses and Incentive Pay, and Special Pay such as Jump Pay, and Hardship Duty Pay.

## **Poverty**

The US 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, Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), or funds for educating. Military families may be eligible for some of these benefits based on their income. In the state of North Carolina, BAH does not count as income for WIC eligibility but will count as income for SNAP eligibility. According to the County Health Rankings 2021, in Cumberland County, which Fort Bragg geographically falls into, 22% of children aged 0-17 are living in households with income below the FPL guidelines. This is important as poverty creates barriers to accessing resources such as health services, healthy food, and other necessities that contribute to poor health status. Furthermore, poverty impacts physical and mental health, which may impact soldier readiness.

## Percentage of Children Living Below the Federal Poverty Level by Jurisdiction (2023)

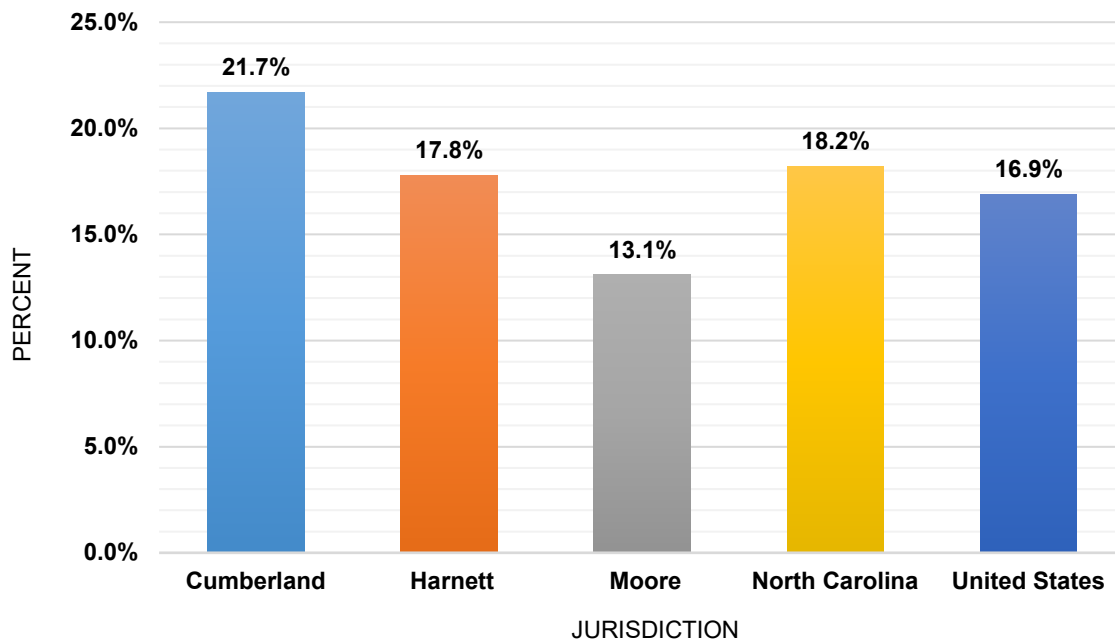


Figure 22: Percentage of Children Living Below the Federal Poverty Level by Jurisdiction (2023)

Source: Fort Bragg Social and Economic Factors, CHR&R (2023)

## Unemployment

According to County Health Rankings, the unemployment rate in 2021 in Cumberland County was 6.9 %. The unemployment rate in North Carolina in 2021 was 4.8 % and the rate in the United States in 2021 was 5.4 %. Unemployment creates financial instability and barriers to access insurance coverage, health services, healthy food, transportation, and other necessities that contribute to poor health status and soldier readiness. ADSMs experience the rising cost of living and unexpected expenses just as the average American citizen does. Military families are also known to move often which leads to a higher potential for spousal unemployment. The research and development corporation, RAND, surveyed military families and found that 1 in 4 military families are experiencing food insecurity due to the rising cost of living and other causal factors which will be further explained in this CHA.

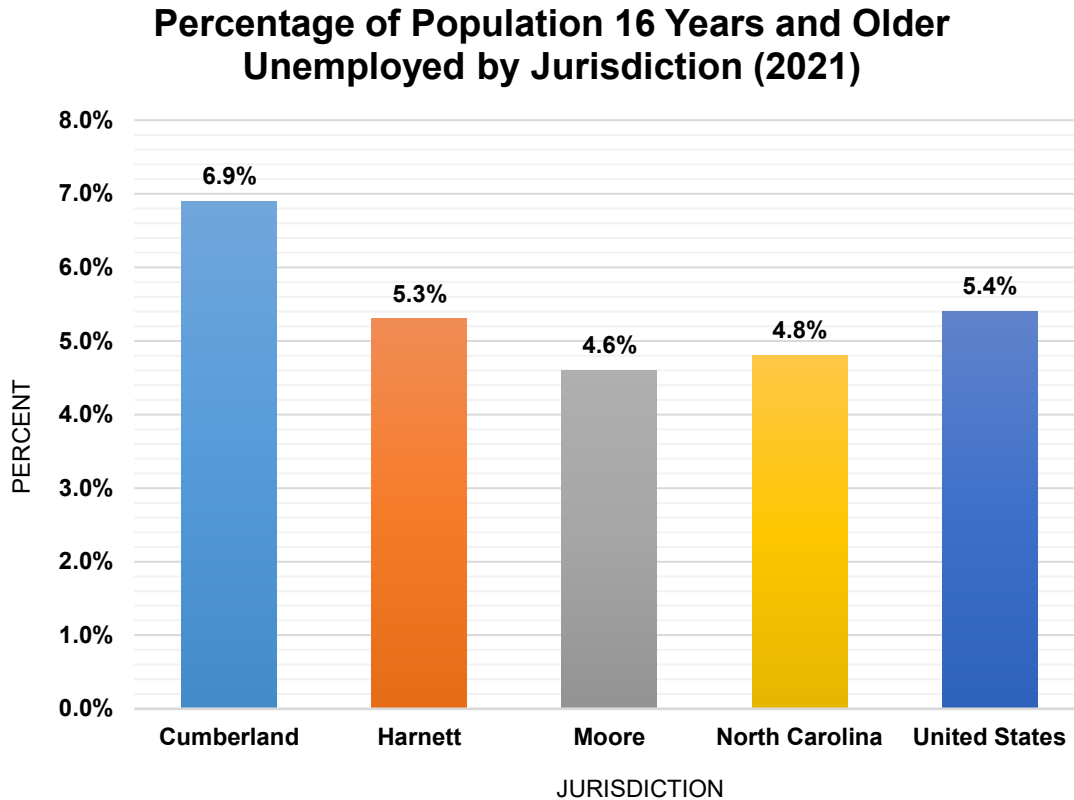


Figure 23: Percentage of Population 16 Years and Older Unemployed by Jurisdiction (2021)

Source: Fort Bragg Social and Economic Factors, CHR&R

## Uninsured Population

Health insurance coverage is considered a key indicator of health status. Uninsured individuals have increased risk health and financial liabilities and decreased access to primary care, specialty care, and other health services. ADSMs have full healthcare coverage to include vision and dental insurance. Beneficiaries have options for medical insurance, depending on the market, but may be underinsured as dental and vision plans must be purchased separately. As seen in Figure 24, the Cumberland County uninsured population falls above national averages.

### Percentage of Population Under Age 65 Without Health Insurance by Jurisdiction (2023)

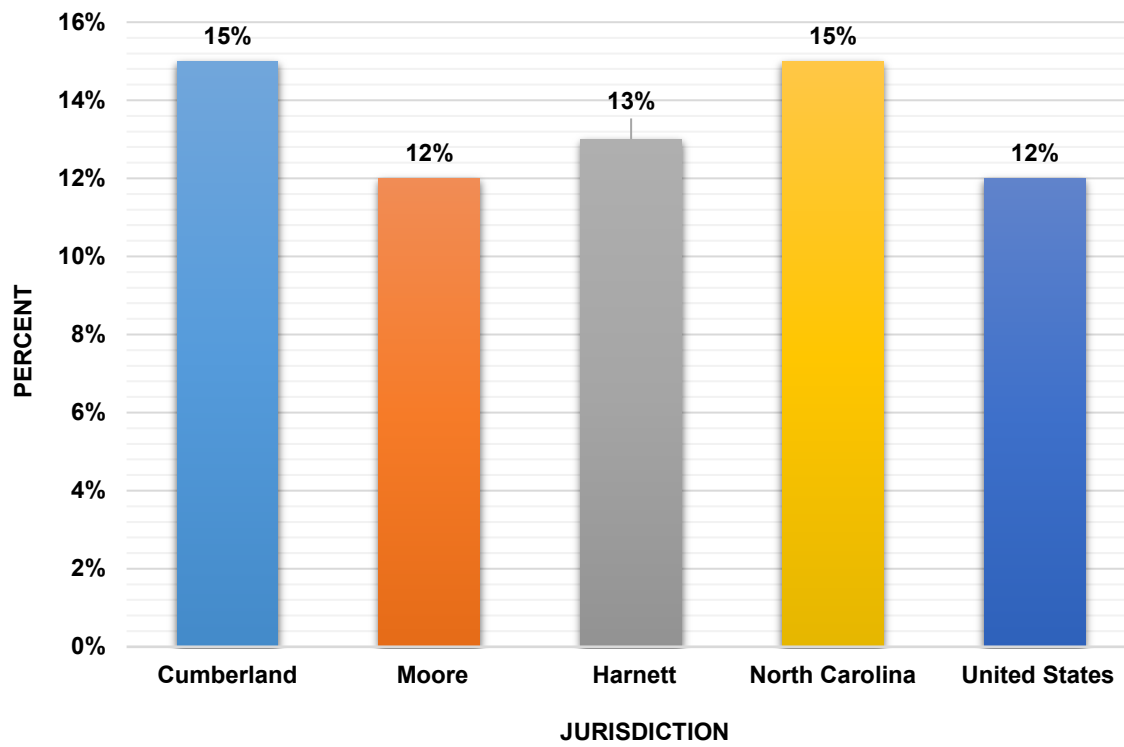


Figure 24: Percentage of Population Under Age 65 Without Health Insurance by Jurisdiction (2023)

Source: Fort Bragg Social and Economic Factors, CHR&R (2023)

### Healthcare Access

According to Healthy People (HP) 2030, “Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing disability and premature death, decreasing health disparities, and achieving health equity for all Americans. Important components of access include insurance coverage, timeliness of care, and accessibility of primary and preventive health care services.”

The Military Health System (MHS) is the one of the largest, most complex health care institutions in the US. The MHS provides health services to approximately 9.6 million ADSMs, retirees, and family members. Fort Bragg beneficiaries have access to direct care via MHS Military Treatment Facilities (MTF) and private sector care in the form of network and non-network TRICARE-authorized civilian facilities, pharmacies, and suppliers in the local area.

In 2022, WAMC and all outlying health clinics transitioned a new Electronic Health Record (EHR) system, MHS Genesis. This transition upgraded the EHR and allows for full collaboration between services, inpatient, Emergency Department (ED), specialty clinics along with all Service Branches and the Veterans Administration. MHS Genesis Patient Portal gives the patient the ability to exchange secure messages with their healthcare team. The website also

allows you to view your health information, request medication renewals, view clinical visit notes, labs/test results, request to schedule appointments, and manage dependent children's information online.

## **TRICARE**

TRICARE is the uniformed services health care program for ADSMs, Active-Duty family members (ADFMs), National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide.

TRICARE brings together the health care resources of the Military Health System—such as military hospitals and clinics—with a network of civilian health care professionals, institutions, pharmacies, and suppliers to foster, protect, sustain, and restore health for those entrusted to their care. Plan options:

**TRICARE Prime** is a managed care option available in TRICARE Prime Service Areas (PSA). A PSA is a geographic area where TRICARE Prime benefits are offered. ADSMs must be enrolled to TRICARE Prime. ADFMs and other eligible beneficiaries may enroll in TRICARE Prime, or TRICARE Select. Each TRICARE Prime enrollee is assigned a Primary Care Manager (PCM).

**TRICARE Select** is an enrollment option available to any non-Active-Duty TRICARE eligible beneficiary who has not enrolled in TRICARE Prime. TRICARE Select involves cost-shares and deductibles. TRICARE Select patients who see network providers for their care will incur lower out-of-pocket costs. TRICARE Select beneficiaries do not have PCMs and may self-refer to any TRICARE authorized provider. However, certain services (e.g., inpatient admissions for substance abuse disorders and behavioral health, adjunctive dental care, and home health services) require prior authorization.

**TRICARE For Life (TFL)** is a Medicare wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Part B. With TFL, patients can seek care from any Medicare-participating or nonparticipating provider or at a military hospital or clinic on a space-available basis. Enrollment is not required, but beneficiaries must pay Medicare Part B premiums.

WAMC is the MTF located on Fort Bragg and provides clinical services to beneficiaries via several service-lines that are based on and off the installation.

## **Fort Bragg Clinical Services**

A healthy social environment is largely dependent on community assets and resources that support the mental health, physical health, environmental health, and overall well-being of its community members. The Fort Bragg installation has several assets capable of having a positive impact on those who live, work, and visit the installation.

## Womack Army Medical Center



WAMC is a state-of-the-art medical complex and an integral component of Fort Bragg's military mission. It is a United States DHA-run MTF that is located at 2817 Rock Merritt Avenue on Fort Bragg. WAMC is a fully accredited 117-bed, evidence-based regional medical center that provides emergency medical care to over 70,000 patients yearly in the hospital's ED and admits more than 7,100 in-patients yearly. In FY2023, medical providers performed over 7,200 surgical procedures, delivered over 1,100 newborns infants, and performed over 580,000 dental procedures.

WAMC 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.

**Mission:** Provide safe, high quality, cost-effective care ensuring zero harm for patients, staff and visitors that generates readiness and positive outcomes.

**Vision:** "The Future of Army Medicine"

**Values:** "Loyalty, Duty, Respect, Selfless Service, Honor, Integrity and Personal Courage."

**Website:** <https://womack.tricare.mil/>

## Number of Medical Services Provided by WAMC (FY 2023)

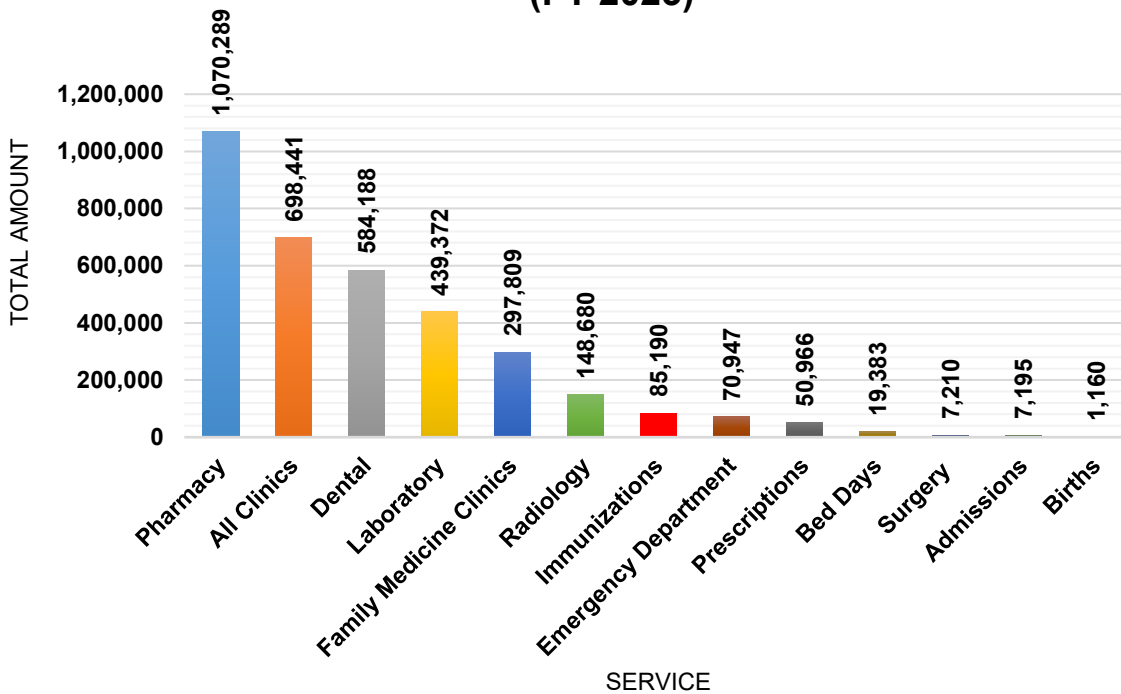


Figure 25: Number of Medical Services Provided by WAMC (FY 2023)

Source: WAMC Beneficiary Services

WAMC serves more than 198,000 eligible beneficiaries in the region which include ADSMs, retirees, and family members. WAMC Beneficiary Services report the current empanelment or amount of TRICARE beneficiaries who are enrolled to the facility, is 93,301 patients. TRICARE status is depicted in the following data sets (FY23).

<b>TRICARE Eligible</b>	<b>159, 252</b>
<b>TRICARE for Life</b>	<b>22,963</b>
<b>TRICARE Plus</b>	<b>6,561</b>
<b>Direct Care</b>	<b>10,033</b>
<b>Total</b>	<b>198,809</b>
<b>WAMC Empanelment</b>	<b>93,301</b>

## WAMC TRICARE Eligible Patient Population (FY 2023)

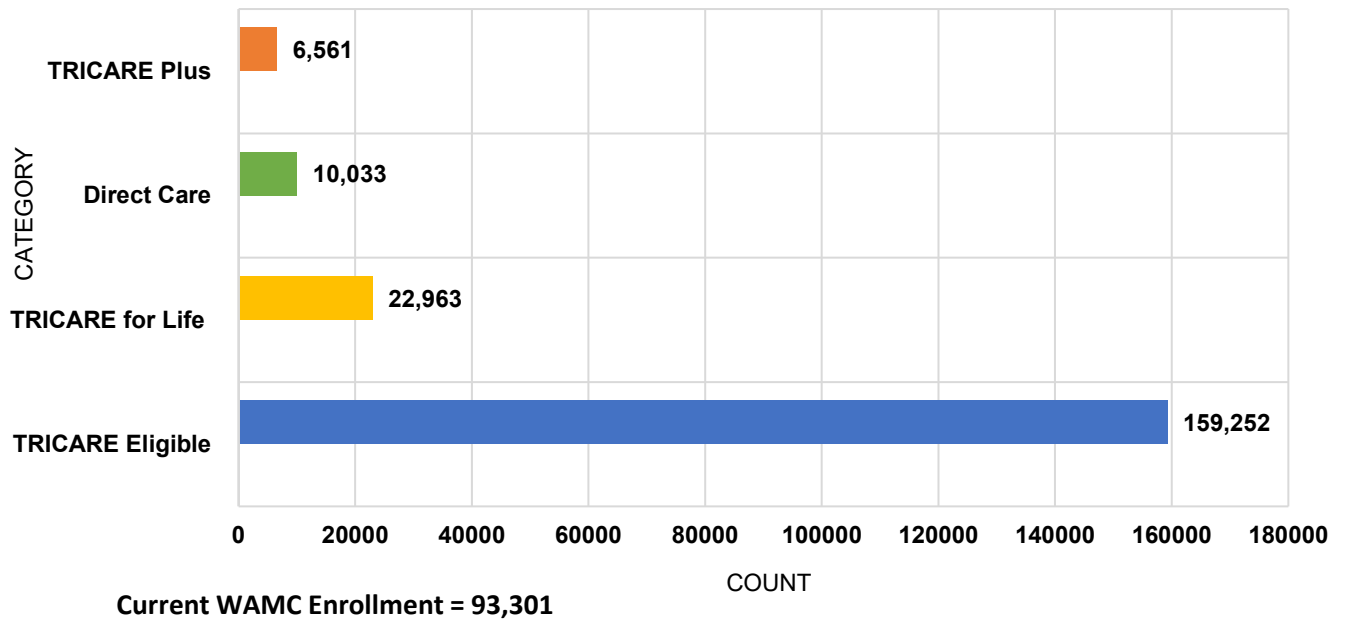


Figure 26: WAMC TRICARE Eligible Patient Population (FY 2023)

Source: WAMC Beneficiary Services

The WAMC Family Medicine Clinics offer a variety of specialty care services. Each patient partners with a team of healthcare providers physicians, nurses, behavioral health professionals, pharmacists, and others to develop a comprehensive, personal healthcare plan. Patients are assigned to a Primary Care Provider located in one of seven clinics operated by the MTF:

MEDICAL CLINIC	LOCATION	SERVICES OFFERED
<b>Byars Health Clinic</b>	2864 Woodruff Street Fort Bragg, NC 28302	Air Force Medicine, Behavioral Health, Clinical Pharmacist- PharmD, Family Practice, Immunizations, Minor Procedures, OB Intake, Laboratory, Radiology, Optometry, Population Health, Well Baby & Child Exams, Women's Health, Physical Therapy
<b>Clark Health Clinic</b>	4527 Bastogne Fort Bragg, NC 28310	Behavioral Health, Clinical Pharmacist- PharmD, Family Practice, Immunizations, Minor Procedures, OB Intake, Laboratory, Radiology, Optometry, Population Health, Well Baby & Child Exams, Women's Health, Physical Therapy, Audiology, Chiropractic



<b><i>Family Medicine Residency Clinic</i></b>	1st floor, Clinic Mall 2817 Rock Merritt Avenue Fort Bragg, NC 28310	Behavioral Health, Clinical Pharmacist- PharmD, Family Practice, Immunizations, Minor Procedures, OB Intake, Population Health, Well Baby & Child Exams, Women's Health, Laboratory
<b><i>Hope Mills Medical Home</i></b>	3351 South Peak Drive Suite 100 Hope Mills, NC 28306	Behavioral Health, Clinical Pharmacist- PharmD, Family Practice, Immunizations, Minor Procedures, OB Intake, Laboratory, Radiology, Optometry, Population Health, Well Baby & Child Exams, Women's Health, Physical Therapy, Audiology
<b><i>Womack Pediatric Clinic</i></b>	<i>Womack Army Medical Center</i> 2817 Rock Merritt Ave Fort Bragg, NC 28310  <i>Joel Health Clinic</i> 4861 Logistics St Fort Bragg, NC 28307	Case Management, Pediatric Pharmacy, Family Practice, Immunization Clinic, Synagis Clinic, Laboratory, Well Baby & Child Exams, Adolescent Medicine, Developmental Pediatrics, Pediatric Endocrinology, Pediatric Evaluation and Treatment (PETT), Pediatric Gastroenterology, Exceptional Family Member Program (EFMP), Educational and Developmental Intervention Services (EDIS)
<b><i>Linden Oaks Medical Home</i></b>	55 Centennial Parkway Cameron, NC 28326	Behavioral Health, Pharmacy, Family Practice, Immunizations, Minor Procedures, Laboratory, Radiology, Optometry, Population Health, Well Baby & Child Exams, Women's Health
<b><i>Robinson Health Clinic</i></b>	1722 Tagaytay Drive Fort Bragg, NC 28310	Behavioral Health, Chiropractic, Clinical Pharmacist- PharmD, Family Practice, Immunizations, Minor Procedures, OB Intake, Laboratory, Radiology, Optometry, Population Health, Well Baby & Child Exams, Women's Health

Hope Mills and Linden Oaks are located off the installation, offering a more convenient location for patients who reside in the local area. The Patient-Centered Medical Home health care team consists of Family Medicine physicians, pediatricians, nurse practitioners, physician assistants, nurses, nurse case managers, clinical pharmacists and behavioral health consultants who are specially trained to care for adults and children of all ages and health conditions.

### **Accessing Medical Care After Hours**

**WAMC Emergency Department (ED)** is staffed with caring trained military, civilian, contract, and government providers who are board certified in emergency medicine. The department is comprised of two units within the MT—the ED and the Ambulance Section.

- Open 24/7, 365 days a year (both units)
- Location: 2817 Rock Merritt Avenue, Fort Bragg, NC 28310; 911
- 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.

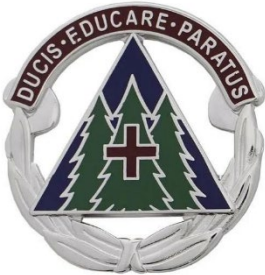
**The Fast Track Clinic** treats non-life-threatening health issues that require immediate attention, such as sprains, the flu, colds, and other common illnesses. This urgent care medical facility is located in the WAMC main hospital closest to the All American entrance.

- Open Monday – Friday, from 0700-1500.

- Location: 2817 Rock Merritt Avenue, Fort Bragg, NC 28310; (910) 907-6000.

WAMC offers an ED and urgent care clinic at the main hospital. For non-emergent care required outside of normal operating hours patients have the option to contact the 24/7 MHS Nurse Advice Line via phone, web chat, or video chat. Patients will receive recommendations for the appropriate level of care or information on an urgent care or emergency care facility within a close proximity that accepts their health insurance. The Nurse Advice Line is especially beneficial when the patient is traveling, is unaware of care options close to them or is unsure of what path to take based on their health-related reason for contacting the advice line. Patients who are not covered by TRICARE may still contact the Nurse Advice Line but are responsible for ensuring recommended providers are within their “other health insurance” network.

## Dental Health Activity



**Mission:** To provide responsive and reliable oral health services and influence Dental Health to improve soldier readiness and advance wellness in support of the force, military families, and all those entrusted to our care.

The Dental Health Activity (DENTAC) provides comprehensive services to include dental exams, cleanings, fluorides, sealants, X-rays, fillings- including white fillings on back teeth, root canals, gum surgery, oral surgery, tooth extractions, crowns, dentures, orthodontics, braces, endodontics, periodontics, pediatric dentistry, dental implants. Dental services vary by location. Fort Bragg is home to the following dental clinics:

### DENTAC Headquarters

- Location: Bldg. 6837 Normandy Road, Fort Bragg, NC 28310

### Davis Dental Clinic

- Location: 4-1838 Normandy Drive, Fort Bragg, NC 28310

### Joel Dental Clinic

- Location: M-4861 Logistics Avenue, Fort Bragg, NC 28310

### LaFlamme Dental Clinic

- Location: C-6238 Ardennes Street, Fort Bragg, NC 28310

### Rhode Endodontic Residency Dental Clinic

- Location: D-3836 Ardennes Street, Fort Bragg, NC 28310

### Smoke Bomb Hill Dental Clinic

- Location: H-3718 Gruber Road, Fort Bragg, NC 28310

### Pope Dental Clinic

- Location: M-260 Rock Merritt Avenue, NC 28310

**WAMC Dental Clinic**

- Location: 2<sup>nd</sup> floor, Clinic Mall, 2817 Rock Merritt Avenue, Fort Bragg, NC 28310

**Website:** <https://womack.tricare.mil/Health-Services/Dental>

**Additional Health Resources**

**Womack Health & Support Center (WHSC):** This center combines Resource Management, Family Member Behavioral Health, and Service Member Behavioral Health.

- Location: 3219 Womack Health and Support Center (WHSC), Building 4 (on All American side), Fort Bragg, NC 2830

**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.

- Location: 4156 Souter Place, Building 8, Fort Bragg, NC 28310.

**Army Fisher House, Fort Bragg at WAMC:** Fisher House Foundation builds comfort homes where military & veteran families can stay free of charge, while a loved one is in the hospital. Fort Bragg Fisher House is a non-profit organization and does not receive any government financing. At Fort Bragg, all lodging fees for guest families at this house are paid through a grant from Fisher House Foundation.

- Location: 3120 Loop Rd. Fort Bragg, NC 28307-5000; (910) 849-3466.

**A Day in the Life of Military Medicine – WAMC, FY 2023**

During a typical day at WAMC, there are over 2,700 patients seen in the entire facility, over 1,180 seen in the primary care clinic, 1,182 pharmacy prescriptions filled, and over 2,300 dental visits. WAMC is also one of the few MTFs that have a Labor and Delivery department, delivering on average, 3 infants daily.

### A Day in the Life - Count of Services, WAMC (FY 2023)

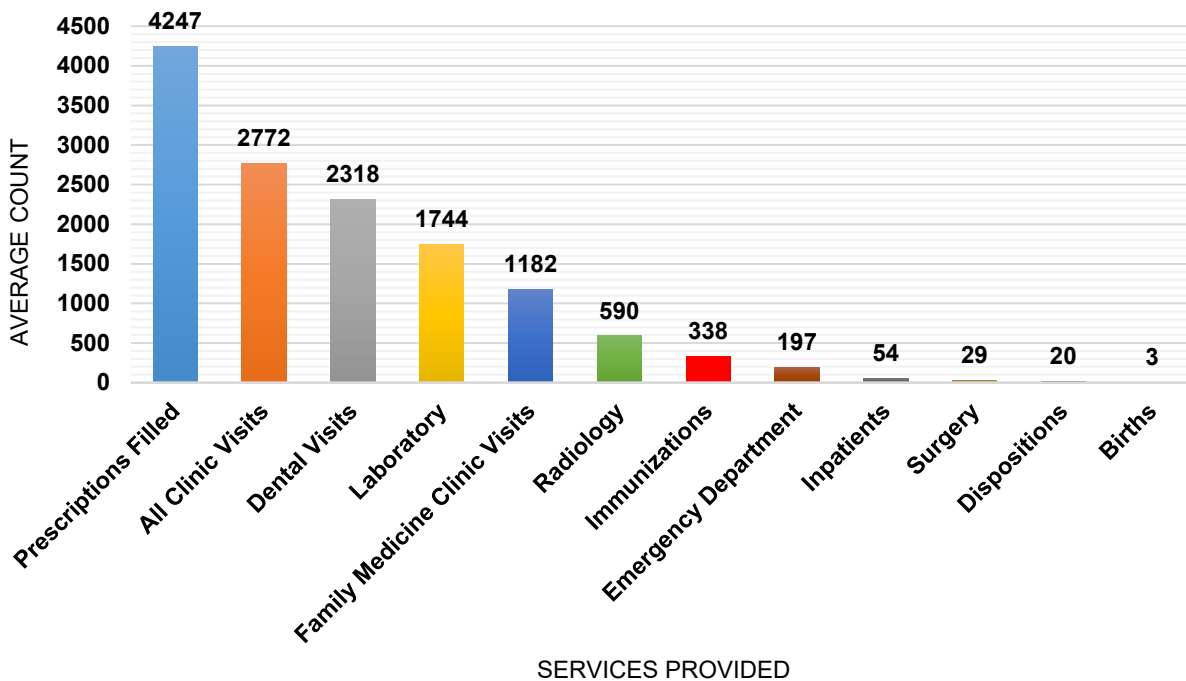


Figure 27: A Day in the Life - Count of Services, WAMC (FY 2023)

Source: WAMC Beneficiary Services

### A Day in Military Medicine (2023)

Note: Values are a daily average beginning from OCT 2022 through the SEP 2023 (FY23).

SERVICE	AVG
Visits- All Clinics	2,772
Dispositions	20
Primary Care Visits	1,182
Lab Services	1,744
Pharmacy Scripts	4,247
Newborn Births	3
ER Visits	197
Immunizations	338
Radiology Services	590
Dental Visits	2,318

Table 2: A Day in Military Medicine (2023)

Source: WAMC PA&E

## Number of Physicians and Providers

As of January 2024, WAMC has 1,460 credentialed Physicians and Providers on staff in varying specialties.

Provider Type	Count of Providers
Physician	429
Physician Assistant	201
Physical Therapist	134
Social Worker	130
Dentist	125
Psychologist	106
Nurse Practitioner	73
Nurse Anesthetist	59
Registered Dietitian	41
Pharmacist	37
Occupational Therapist	33
Dental Hygienist	22
Optometrist	19
Counselor/Therapist	17
Certified Nurse Midwife	8
Audiologist	7
Speech Language Pathologist	6
Chiropractor	5
Other	3
Podiatrist	3
Nutritionist	2
Total	1460

*Table 3: Count of WAMC Credentialed Physicians and Providers (2024)*

*Source: WAMC PA&E, January 2024*

## WAMC Providers, N=1460 (December 2023)

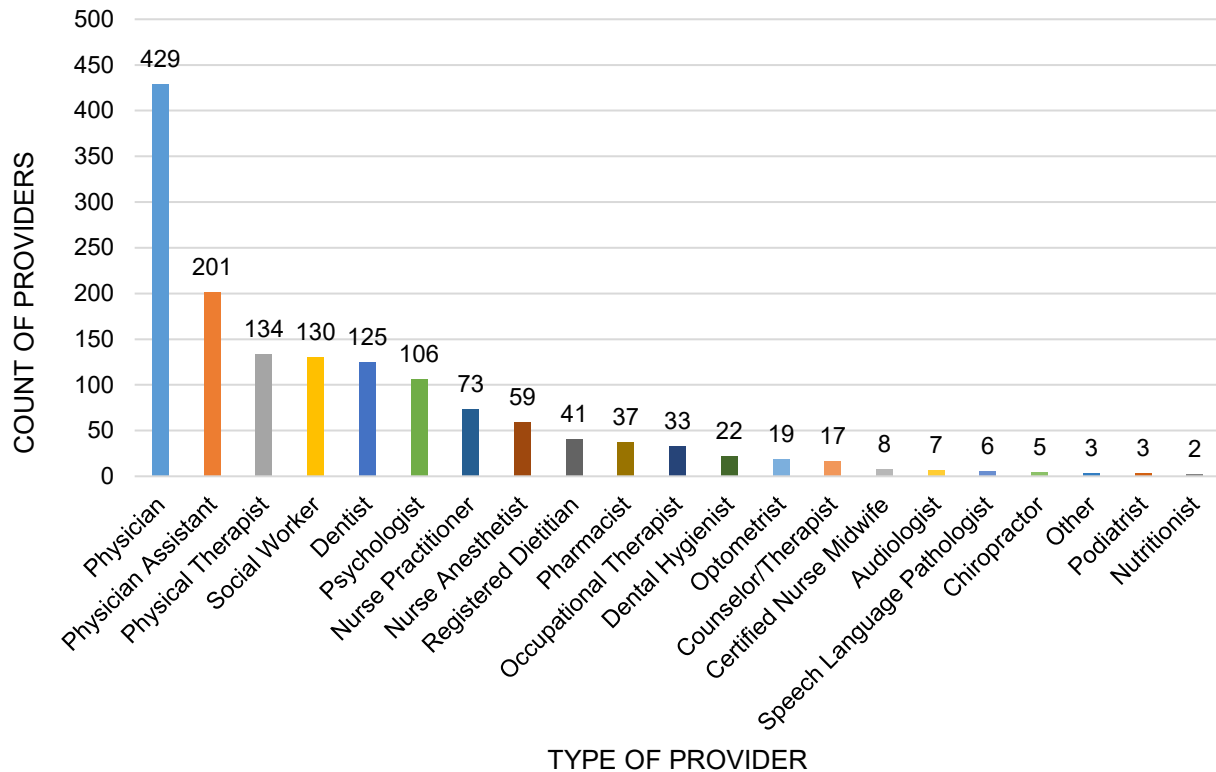


Table 4: WAMC Providers (2023)

Source: WAMC PA&E

## Public Health

### Fort Bragg Department of Public Health



FORT BRAGG, NORTH CAROLINA  
**DEPARTMENT OF PUBLIC HEALTH**  
 PREVENT. PROMOTE. PROTECT.



**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.

**Vision:** A comprehensive public health system that provides support through cooperative efforts, a broad focus on health promotion, disease and injury prevention, shared leadership, and accountability. The Fort Bragg Department of Public Health is positioned to respond to current and future public health challenges and protects and promotes the health and well-being of all Fort Bragg community members.

### Organizational Values/Guiding Principles

- Commitment to health improvement

- Prevention and wellness
- Interdisciplinary perspectives and practices
- Consensus and partnership building
- Innovation and data-driven solutions
- Evidence-based performance improvement
- High reliability organization
- Local community connectivity

Fort Bragg Department of Public Health (FLDPH) became the world's 2<sup>nd</sup> military installation to achieve accreditation by the standards of the Public Health Accreditation Board (PHAB) on March 17, 2020. FLDPH is a comprehensive public health system that provides support through cooperative efforts, a broad focus on health promotion, disease and injury prevention, shared leadership, and accountability. The FLDPH is positioned to respond to current and future public health challenges and protects and promotes the health and well-being of all Fort Bragg community members.

**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.

FLDPH offers a variety of public health programs and services in the Army Hearing Program, Army Public Health Nursing (APHN) /Epidemiology and Disease Control Clinic, Armed Forces Wellness Center, Environmental Health, Health Physics, Industrial Hygiene, and Occupational Health.

**Website:** <https://womack.tricare.mil/Health-Services/Public-Health>

## Community Health Improvement Process

This visual was used to present the community health improvement process to the entire DPH staff and Supervisors at a training event. The image is from the Army directorate 40-11 named a "Public Health Program."

**Primary data:**  
Surveys, focus groups, key informant interviews

**Secondary data:**  
Variety of national, state and local sources

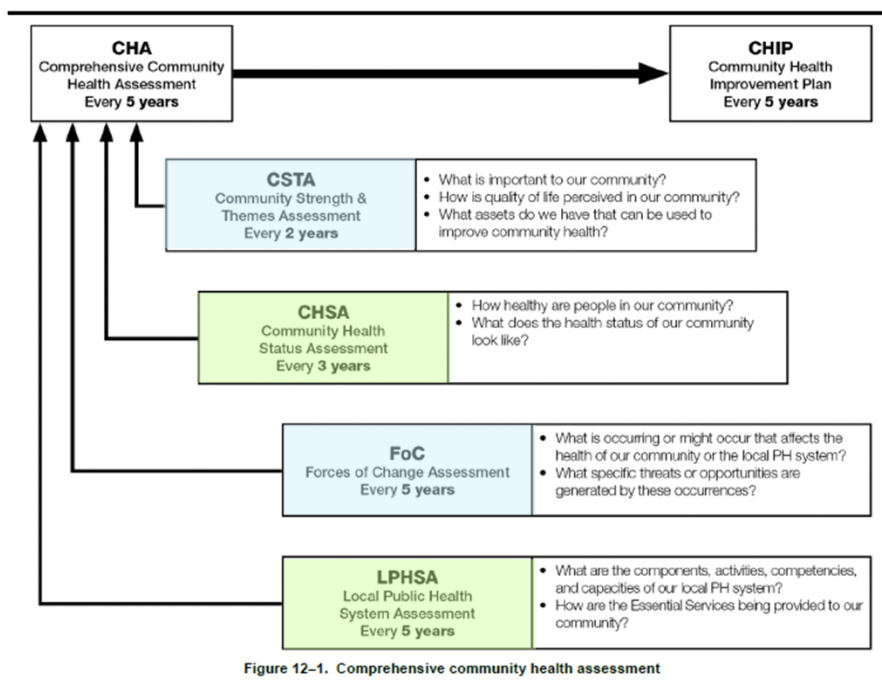


Figure 28: Comprehensive Community Health Assessment

Source: Department of the Army Pamphlet (PAM) 40-11: Army Public Health Program

## Survey and Assessment Historical Health Topic Crosswalk

Health topics that were addressed in the plans and surveys in the 2019 CHA, 2019 Community Health Improvement Plan (CHIP), the CSTAs, and FoCs are displayed below.



	Alcohol & Tobacco	Behavioral Health	Chronic Conditions	Environmental Health	Family/ Child Health	Fitness & Exercise	Food & Nutrition	Health Behaviors	Health System	Safety/ Injuries	Sexual Health	Social & Economic Health	Spiritual Health	Wellness & Lifestyle
<b>2019 CHA</b>	X	X	X	X	X	X		X	X	X	X	X	X	X
<b>2019 CHIP</b>	X	X			X	X	X							
<b>2020 CSTA</b>	X			X	X		X	X				X		X
<b>2023 CSTA</b>		X	X	X	X			X	X	X	X	X	X	
<b>2023 FoC</b>	X	X		X	X	X	X		X		X	X		X

## Historical Review: 2019 CHA

The 2019 Fort Bragg CHA was the first published by Fort Bragg DPH. Fort Bragg had achieved accreditation soon after by the Public Health Accreditation Board (PHAB) in March of 2020. It is important to note that the data collected prior to the 2019 CHA publication did not contain information about the pending pandemic. Additional surveys have been conducted since the public health emergency was declared and post-public health emergency response. Overall, public health and overall installation efforts shifted to this public health emergency however, essential mission functions were still conducted. Thanks to the already-instituted partnerships in place, Fort Bragg DPH was able to streamline pandemic response efforts and eventually shift focus to non-pandemic related public health priorities indicated from the 2019 CHA below.

### Top health priorities identified in the 2019 CHA:

- Healthy nutrition access (food insecurity, healthy food options)
- Injuries and musculoskeletal conditions
- Overweight and obesity
- Behavioral health issues (anxiety, depression, suicide rates)
- Addiction or substance use (drugs, alcohol, tobacco)
- Lack of sleep
- Sexually transmitted infections (STIs)
- Chronic disease
- Financial issues
- Lack of work-life balance
- Changes in the environment (increased temperatures)

Through strong partnerships and community integration, Fort Bragg DPH used the CHA data to support complex projects and initiatives to improve the health of the community. The work performed to combat health disparities in the community will be cited throughout this document.

## Top Health Priorities: 2024 CHA

The cumulative results from the surveys and assessments completed by the Fort Bragg community indicated top health-related priorities for the 2024 Fort Bragg CHA.

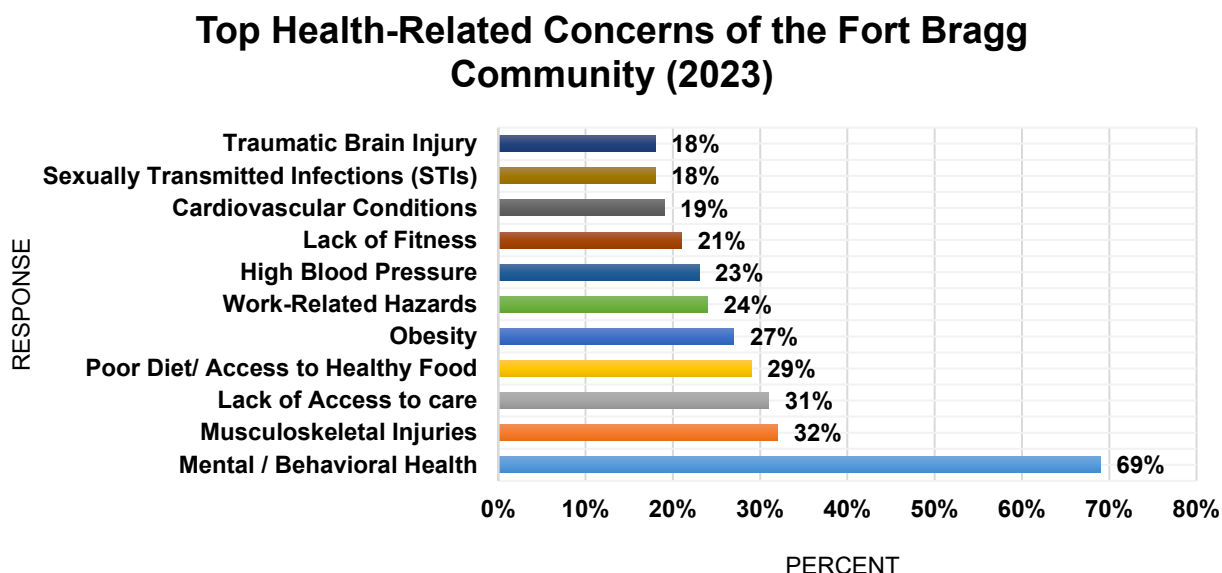


Figure 29: Top Health-Related Concerns of the Fort Bragg Community (2023)

Source: Fort Bragg DPH 2023 CSTA

### Top health priorities to address identified in the 2024 CHA:

- Mental & emotional health (behavioral health, drugs, alcohol and tobacco/nicotine use)
- Access to and quality of programs and services
- Housing quality
- Childcare options
- Financial concerns
- Sexually transmitted infections
- Healthy nutrition access (food insecurity, healthy food options)
- Overweight and obesity
- Injuries and musculoskeletal conditions

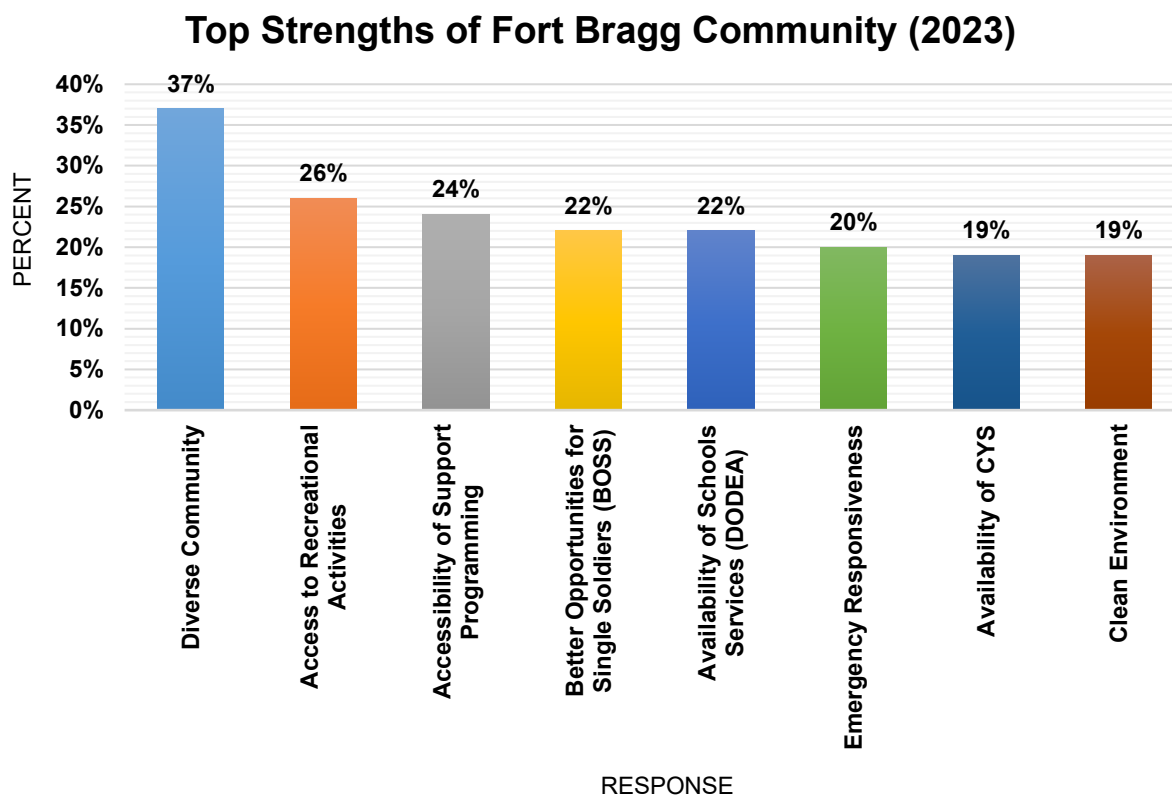


Figure 30: Top Strengths of Fort Bragg Community (2023)

Source: Fort Bragg DPH 2023 CSTA

#### The top strengths of the Fort Bragg community:

- Diversity
- Access to sports and recreational activities
- Availability of supportive programs and activities
- Better Opportunities for Single Soldiers (BOSS) events
- Availability of school services (DoDEA)

### Developing the Plan Ahead: CHIP

The CHA requires a great deal of collaborative effort to develop a true understanding of community health-related problems and assets. The CHIP systematically addresses health problems identified in the CHA. The approach to develop the plan involves diverse leadership perspectives aligning health-related goals from the CHA. This cross-sector collaboration is done with leaders around the installation in the CR2C and other forums. The process of developing the CHIP promotes health equity for the total Fort Bragg community. Resources, target assets and priorities are identified in the CHIP to provide the framework to address health challenges. Ultimately, the goal of the CHIP is to define the total mission of health for the Fort Bragg community. The next CHIP is set to publish in 2024.

## Community Strengths & Themes Assessment (CSTA)

Fort Bragg DPH conducts CSTA's every two years or as needed. The Fort Bragg CSTA was administered online and in person at various events on Fort Bragg. The survey could be accessed through a web link or by scanning the quick response (QR) code. The CSTA was marketed to the entire Fort Bragg community. A directive was sent out to all Commanders to encourage Soldiers in their Unit to complete the CSTA. This assessment was last started in November 2022 and concluded in July of 2023.

**Background:** Defense Centers for Public Health (DCPH) portfolio subject matter experts developed a standardized CSTA 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 community needs is to be used to identify health-related priorities on the military installation. The results also should be included in the strategic plan and the top identified issues addressed through the CR2C working groups.

The most recent CSTA was available from November of 2022 through July 2023 to all Fort Bragg Service Members, Families, Civilians, and DOD Contractors who live, work, or play on the installation. Almost 1,300 individuals responded to the survey. Respondents were encouraged to take a secondary "incentives survey" and if completed 50 survey takers were eligible to receive \$25 gift cards via email.

Approximately 54% of those who completed the survey were men and 40% were 26-39 years of age (23% were 25 years and below; 21% were over 40). 56% were White/Caucasian; 22% African American; 20% Hispanic/Latino; 5% Asian/Pacific Islander; 2% American Indian or Alaskan Native; 1% Native Hawaiian and Pacific Islander; and 10% did not respond to this question.

The respondents reflected a range of educational background with 16% having a high school education, 35% having an associate degree or some college, and the remainder (46%) having a bachelor's degree or higher. Most of the respondents were ADSMs (43%) and 27% were junior enlisted (E1-E4).

## CSTA Respondent Demographic Summary, N=1,271 (2023)

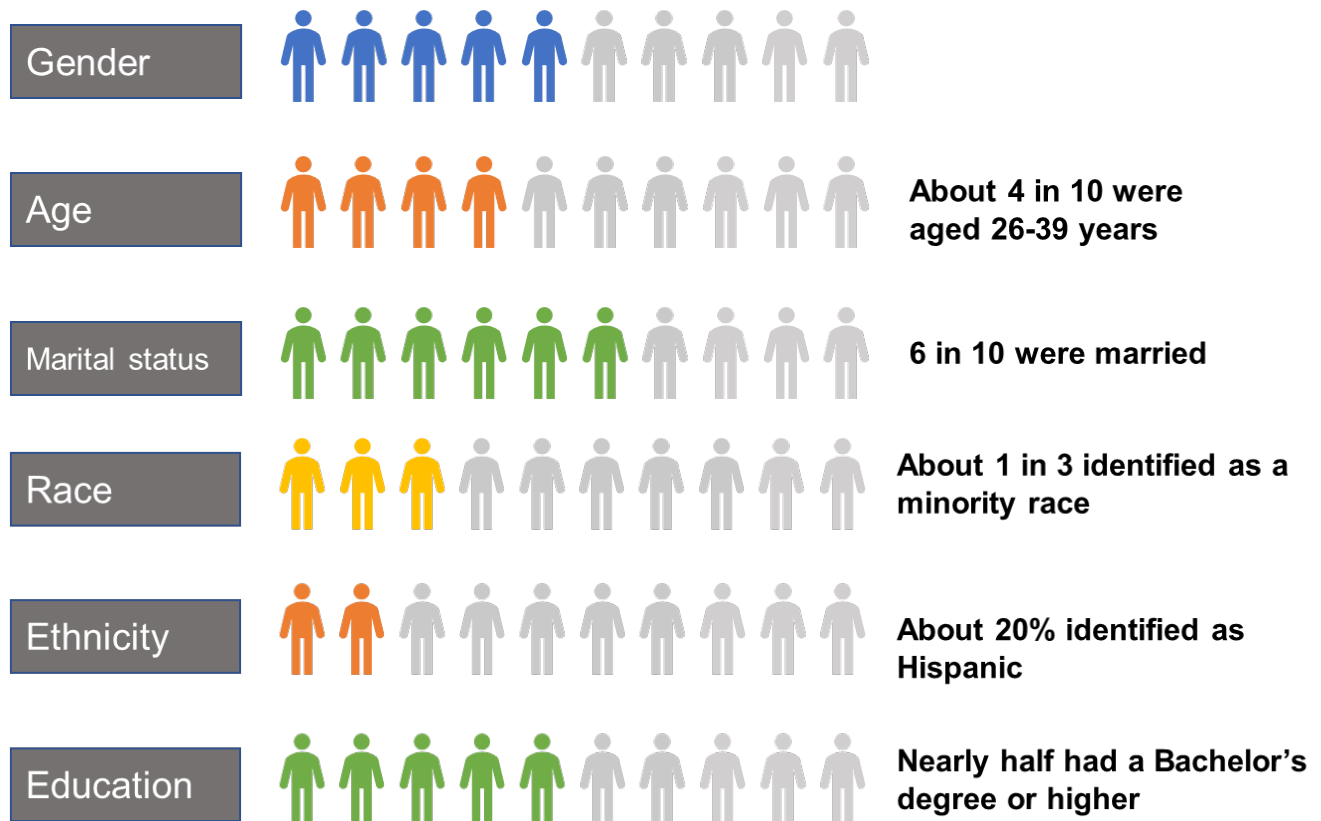


Figure 31: CSTA Respondent Demographic Summary (2023)

Source: Fort Bragg DPH 2023 CSTA

## Community Health Profile

### Fort Bragg Health Profile Highlights

Prevention efforts expanded greatly after the publication of the 2019 CHA. Notable prevention and population health initiatives conducted by the Fort Bragg Public Health Partnership are annotated within the various sections of the community health profile.

### Public Health Emergency: COVID-19

The 2019 CHA was published prior to the start of the global pandemic. Mission priorities shifted to meet the demands of the public health emergency response.

The coronavirus disease 2019 is a disease caused by the virus SARS-CoV-2. COVID-19 is an illness that most often causes respiratory symptoms much like a cold or flu and can lead to

pneumonia. The SARS-CoV-2 Virus is spread when an infected person breathes out droplets or small particles containing the live virus. Most people afflicted by COVID-19 have mild symptoms, but some people, especially those who are immunocompromised, may become severely ill and even require hospitalization. A small percentage of those infected with SARS-CoV-2 may die from complications related to the illness.

## Fort Bragg & COVID-19

As of December 2023, there have been more than 33,200 cases of COVID-19 recorded in the Fort Bragg Community including ADASM, dependents, retirees, contractors, civilian employees, and visiting foreign military SMs. There have been 914 hospitalizations at WAMC amongst COVID-19 positive individuals across this same population with a bulk of severe cases being amongst retirees and their beneficiaries. 213 SMs who have tested positive for COVID-19 have been hospitalized, but only 58 of those individuals had symptoms of disease related to the virus. Over the course of the pandemic, there have been 48 deaths reported at Fort Bragg due to complications from COVID-19, none of which among SMs. Currently, only hospitalizations and deaths from COVID-19 are considered Reportable Medical Events (RME) by both the State and Federal Governments.

The COVID-19 pandemic still caused a significant strain on overall installation operations as well as hospital staff and public health staff. This strain has influenced work moving forward, especially in terms of emergency operations. Surveillance of all respiratory illnesses and hospitalizations is a daily priority of the Public Health Clinic and staff to monitor trends and report potential safety concerns.

### Number of COVID-19 Cases by Week in Fort Bragg Catchment Area (2020-2023)

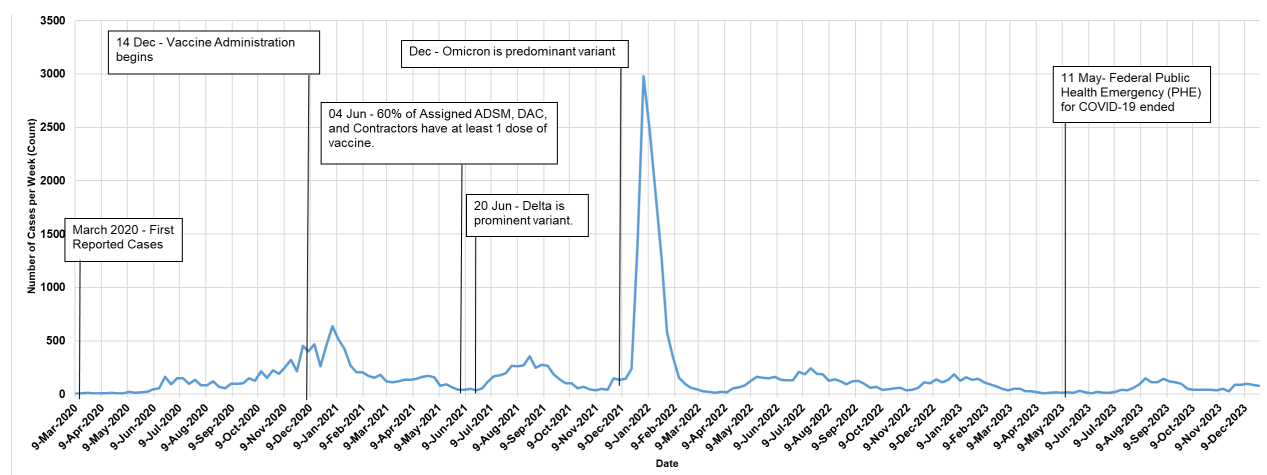


Figure 32: Number of COVID-19 Cases by Week in Fort Bragg Catchment Area (2020-2023)

Source: Fort Bragg DPH Surveillance

### Timeline of Events

- On January 31, 2020, Alex Azar, the Secretary of the Department of Health and Human

Services (HHS), declares the 2019 Novel Coronavirus (2019-nCoV) outbreak a public health emergency.

- On March 13, 2020, the first confirmed cases of COVID-19 at Fort Bragg were reported. Shortly after “stay at home” orders were issued to slow the spread of the disease.
- On March 27, 2020, the Trump Administration signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act into law.
- On December 14, 2020, vaccination against COVID-19 began at Fort Bragg, and by the beginning of June 2021 more than 60% of ADSM were vaccinated against the virus.
- On August 24, 2021, Secretary of Defense Lloyd J. Austin issued a memorandum directing mandatory COVID-19 vaccinations all service members. Following this memorandum was the issuance of Executive Order 14043 on September 9, 2021, requiring Federal employees to receive the vaccine.
- The Federal Public Health Emergency (PHE) for COVID-19 ended on May 11, 2023, and with this official COVID-19 reporting guidelines changed.

### Rate of Confirmed COVID-19 Infections Yearly (2020-2023)

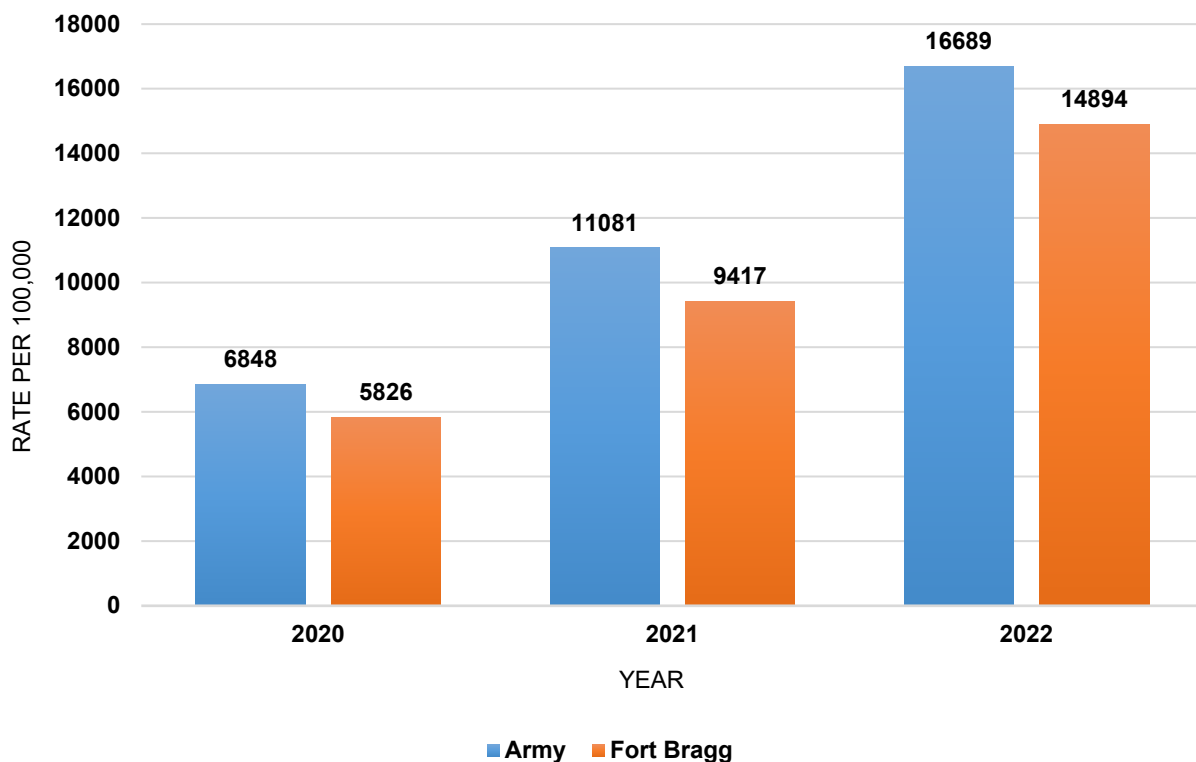


Figure 33: Rate of Confirmed COVID-19 Infections Yearly (2020-2023)

Source: DMED

## 2023 Forces of Change Assessment

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 status. If there is discrepancy between perspective and data, educational interventions can be done to correct misperceptions or address issues within the community.

The FoC aims to identify all the forces and associated opportunities and threats that can affect, either now or in the future, the local public health system. The FoC asks:

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

On October 12, 2023, DPH leadership were trained on the FoC during the Public Health Working Group. October 26, 2023, the total department evaluated the FoC for the Fort Bragg Community (see results in Table 4 below). Conducting the FoC in this manner allowed for a full-spectrum of public health services to be represented from diverse perspectives of public health professionals.

#### Forces of Change Assessment FY 2023

Force of Change (Events, Trends, Factors)	Possible Impact/Threat	Possible Opportunities
Electronic Healthcare System Migration to Military Health System-Genesis (MHS Genesis)	System is not built for public health specific requirements and lacks overall infrastructure to sync with external systems such as DRSi, Essence, and MEDPROS. Experience staff inefficiencies and work stoppages that impact access to care.	Opportunities to increase communication between Providers, increase efficiency during mass vaccination events and to cross train and collaborate with other military installations migrating to the new healthcare system. Overtime high-risk trends will decrease given current opportunity to submit concerns and recommendations to the MHS-Genesis transition team and DHA.
Post-pandemic impact on workforce	Increase in staffing shortages, decreased in-person workforce, observed vaccination hesitancy (Influenza and COVID-19) among military, relaxation of enforceable standard precautions post-pandemic, decreases in readiness and routine preventive care, and increase in mental health issues (depression and anxiety).	Opportunity to increase awareness of high-risk factors and to decrease high-risk trends associated with readiness and preventive measures. Overall increased use of technology in the workforce and specialized counseling, and ability to hire and train new members of workforce.
Decrease in vaccination compliance within overall community and among healthcare personnel.	Increase in vaccine-preventable outbreaks and epidemics, spread of diseases, and decrease in overall health status.	Opportunity to increase awareness, develop education, and utilize new methods of delivery to serve the community and healthcare workers.



Government shutdown/furlough	Stress related to job security and finances, basic needs such as food or shelter, potential increase in workload due to loss of staff, and potential decrease in access to care for beneficiaries.	Opportunity to increase awareness of emergency resources for the military community through messaging and resource sharing. Opportunity to update Emergency Operations Plan and Contingency of Operations Plan through lens of food security.
Inflation	Increase in cost of living and financial issues, elevated interest rates, and increases in food insecurity.	Opportunity to increase awareness through educational messaging and increasing outreach opportunities. Data and resource sharing through the Cumberland County Women, Infants and Children (WIC) facility on-post (2023), the Fort Bragg Military WIC Office Council, and the joint military and county Food Policy Council. Opportunity to improve overall education on finances and economy.
Increase in deployments and global conflicts (Israel, Ukraine)	Increase in divorce, domestic violence, mental health issues, family stress, financial problems, suicides, and deployment acquired illnesses; heightened levels of security on/off post; and negative impacts on supply chain and staffing.	Opportunity to increase awareness of high-risk factors and to decrease trends, improve resource sharing with military families, increase mandatory family briefings, to enhance purposeful reintegration for best outcomes for deployed individuals, and education
Organizational realignment impacts on the workforce (WAMC transition from Department of the Army to DHA)	Overall impact on human resource processes and systems; budget, administrative processes, and clinical systems causing organization-wide system interruptions and failures; staff burnout; patient care interruptions; lack of awareness of how industrial sites are affected; and delayed access to programs. Overall decrease in staffing and retention across the Civilian and Military workforce leading negative impacts on safety.	Opportunity to increase teamwork and solidify manpower requirements with realized staffing requirements. Opportunity to retain staff with retention bonuses, pay increases, re-evaluation of hiring process, improved Workforce Development Plan, and to recruit new talent for projected retirements/staff losses.
Increase in Sexually Transmitted Infections (STI)	Significant increase in overall rate of STIs resulting in medical complications due to lack of identification and delayed treatment. Reports indicate an increase in deployment acquired STIs, an increase in risky behavior, and alcohol use.	Opportunity to increase educational opportunities for staff, beneficiaries, and Units on health-related impact of STIs.
Confluence of required events (health system upgrades and administrative system changes)	Decrease access to care due to multiple competing administrative burden and "one size fits all" training approach. Abundance of change has negative impacts on mission.	Opportunity to re-define tasks associated with newly acquired staff to meet demands of new operational system requirements.
Poor condition of installation facilities and infrastructure	Decrease in health and safety of occupants and workers, negative psychological and emotional impacts of occupants and workers, and decrease in perceived quality of life	Opportunity to allocate funding to renovate/rebuild and increase Active-Duty Civil Engineering MOS. Increase awareness on basic standards of cleanliness and opportunity to educate families on mold prevention and remediation.
Updated standards for environmental and occupational exposures	Standards have changed regarding exposure to chemicals and hazardous noise levels which indicate a potential wide-spread misconception of acceptable healthy levels of various environmental	Opportunity to offer remedial training, update the Public Health Hazards Plan, and increase education and awareness throughout Fort Bragg.

	and occupational related exposures.	
Increased risk of hearing injuries	Lack of hearing protection training and use of proper hearing protection can lead to potential injuries, disability, or death. Threat is heightened in areas with highest noise exposure such as Airfields, live-fire exercises, and deployments.	Opportunity to increase awareness and communicate preventive measures that will protect from hearing loss or injury, provide education and counseling to personnel on audiometric thresholds, allocate appropriate funds for hearing protection, increased trained personnel, and Unit/workplace education.

## Alcohol & Substance Use

The Fort Bragg Army Substance Abuse Program (ASAP) supports the entire command, service member, and community in maintaining, providing unit and personnel readiness, and quality of life regarding substance abuse deterrence efforts; community education and prevention programs, identification and rehabilitation services while shaping the capability to meet future requirements.

WAMC is home to the Substance Use Disorder Care Clinic (SUDCC). The goal of this program is to provide integrated, unit-aligned, co-located behavioral health care for service members. The SUDCC program provides Substance Use Disorder Care as part of a comprehensive plan to address the total behavioral health needs. Integrated care will maximize the opportunity for a rapid and successful recovery and return to full readiness status.

- Integrated SUDCC care with the Behavioral Health System of Care
- Unit-align and co-located care to improve access and continuity of care
- Utilize Behavioral Data Portal to track and improve SUD clinical outcomes
- Utilize Behavior Health Service Line capabilities and performance tools to improve value
- Partner with command teams to ensure safety and maintain readiness

## Alcohol and Drug Use

The misuse of alcohol and other abusive substances can negatively impact readiness, family life, careers, and finances and may even lead to death. According the 2022 HOF, drug and alcohol overdoses were the leading method of suicide attempts among ADSM. On Fort Bragg, psychoactive substance use, which includes the use of alcohol, was the second highest ranked behavioral health diagnosis from 2019 to 2022.

### Rate of Behavioral Health Diagnosis Among ADSM at Fort Bragg (2019 - 2023)

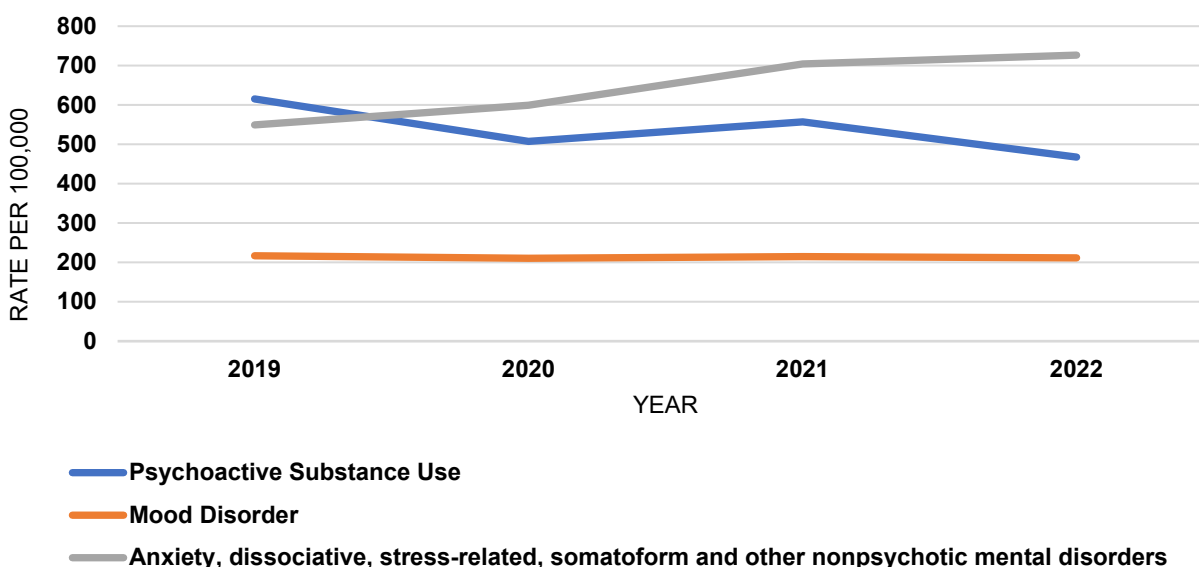


Figure 34: Rate of Behavioral Health Diagnosis Among ADSM at Fort Bragg (2019 - 2023)

Source: DMED

The Army Law Enforcement and Tracking System (ALERTS) define alcohol offenses as the number of Soldiers in the reporting unit who are titled with an alcohol-related offense by law enforcement. These include, but are not limited to, driving under the influence (DUI), public intoxication, drunk and disorderly, reporting to work while intoxicated, alcohol-related reckless driving, possession by a minor, and consumption by a minor (includes alcohol as a secondary or tertiary offense). The Fort Bragg Law Enforcement Center reported that in FY 2023, there were 267 alcohol offenses involving ADSMs and 191 alcohol involved cases. The majority of subjects were E-4 and below.

### Count of Fort Bragg Soldiers with Alcohol-Related Offenses (2023)

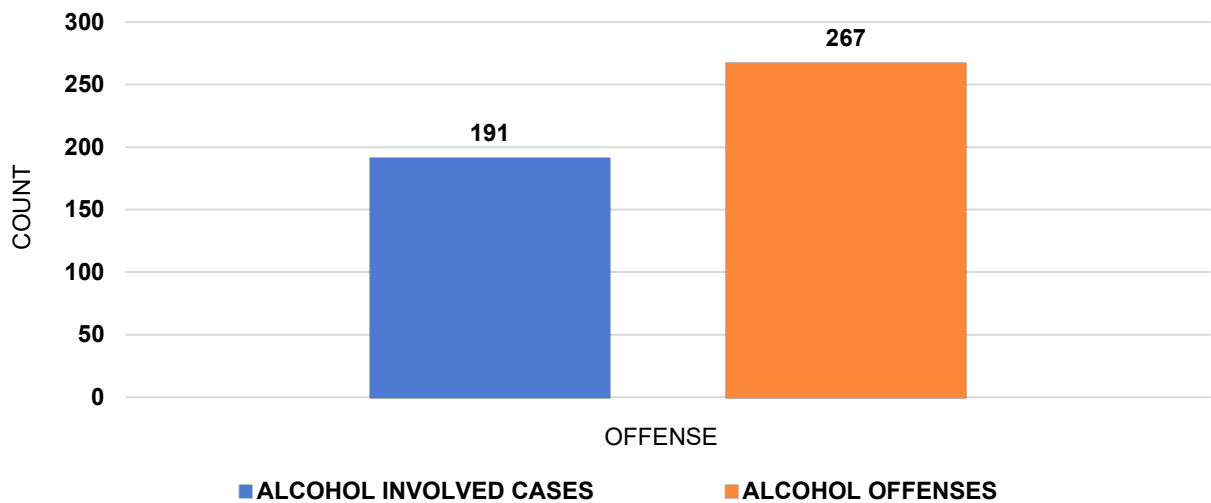


Figure 35: Count of Fort Bragg Soldiers with Alcohol-Related Offenses (2023)

Source: ALERTS

In 2022, Fort Bragg Department of Public Health began working with the Army Substance Abuse Program (ASAP) to analyze and provide feedback on drug testing data for the Commanders Ready and Resilient Council (CR2C). For both FY 2022 and FY 2023, DPH has provided feedback and support for the random drug testing program. During this time, ASAP helped increase the number of random samples and ensure tests were conducted randomly. Between FY 2022 and FY 2023 more tests were done, but the overall positivity rate decreased, further supporting following the regulations as written. Paying special attention to the fact that Monday tends to have the highest rate of positive tests, yet constantly is one of the least tested weekdays.

Fiscal Year	Total Tests	Total Positives	Rate of Positives per 1,000
2022	43,113	542 (1.3%)	12.6
2023	63,526	515 (0.8%)	8.1

Table 5: Random Drug Testing Program Results (2022 – 2023)

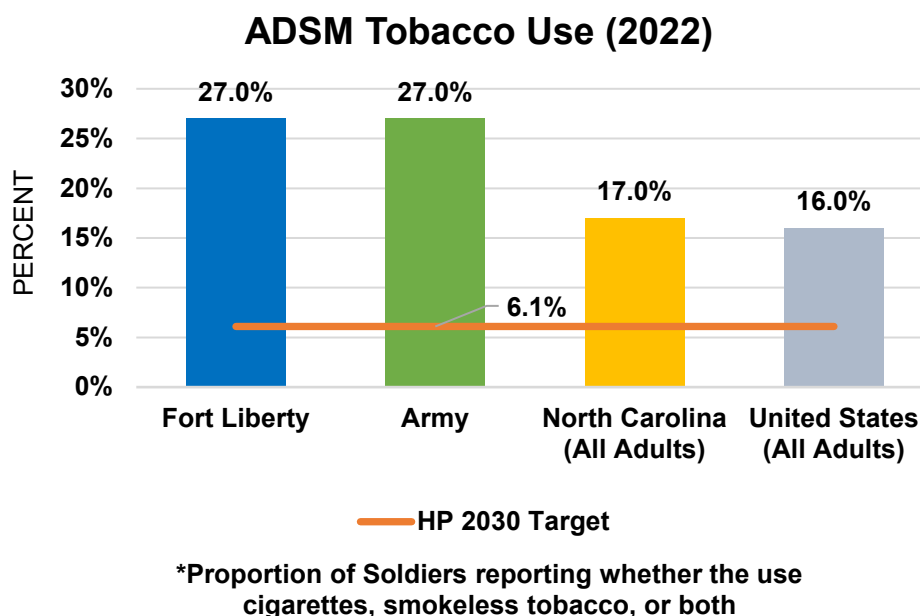
Source: Fort Bragg DPH Surveillance

For 2024, Fort Bragg DPH plans to continue work with ASAP and expand data analysis and programming to include SUDCC to meet the needs and concerns of the Fort Bragg population.

### Tobacco Use

Tobacco and nicotine product usage leads to disease and disability and harms nearly every organ of the body.

The HOF report produced yearly (2022) estimated that 27% of ADSM at Fort Bragg have used any tobacco product in the last 30 days. We estimate this number actual number to be between 34% - 48% based on surveys conducted at Fort Bragg.



*Figure 36: ADSM Tobacco Use (2022)*

*Source: HOF Yearly Report (2022)*

The HOF Tobacco section is based on data from yearly PHA data alone. The PHA is concerned with product use in the last 30 days and does not explicitly include nicotine-only products. With the popularity of nicotine-only products and common misconceptions about their possible health benefits on the rise, making sure we included these products in surveys was important to improving health behaviors. Following examination of PHA and CHA data in 2022 and 2023 FLNC DPH in conjunction with partners at Cumberland County Public Health Department, UNC Lineberger Comprehensive Cancer Center, and The University of Virginia conducted voluntary anonymous surveys at the Soldier Readiness Site for the 82<sup>nd</sup> Airborne Division to create estimates of tobacco and nicotine product use on the installation outside of a required medical examination. In 2022 at a pilot mass readiness event, surveys were distributed at the soldier readiness site. In 2022, 766 surveys were collected and 748 used for analysis. The Community Health Survey in 2021 had 3024 participants for questions about tobacco use with 677 (22%) of respondents identifying as ADSM. Our 2022 Total Surveys counted were 766 with 748 used for analysis.

Inspired by the success of survey work in 2022, FLNC DPH pursued making the mass readiness event tobacco survey an annual item. The 2023 data collection event was the largest tobacco and nicotine-only focused study conducted on Fort Bragg in recent years, collecting 1,564 paper surveys on tobacco and nicotine product use and an additional 3 days of focus groups with community partners yielding 55 more participants. One of the most alarming findings between the years was that overall product use increased across all groups.

## Fort Bragg Mass Readiness Tobacco Survey Results (2022-2023)

### 2022



### 2023

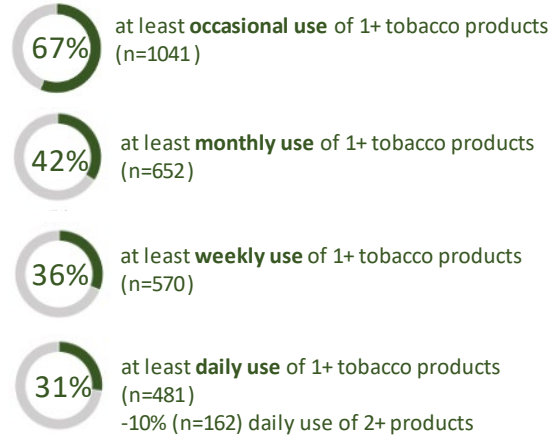


Figure 37: Fort Bragg Mass Readiness Event Tobacco Survey Results (2022-2023)

Source: Fort Bragg DPH Surveillance

Lifetime Use	Cigarettes / Roll your own	Dip / Smokeless tobacco / Snus	Vape / E- cigarettes / pens	Cigars or cigarillos	Hookah	Nicotine pouches (i.e. Zyn, Fre, Lucy)
<b>Never</b>	760 (50.4%)	894 (59.2%)	734 (48.5%)	839 (55.6%)	1136 (75.2%)	866 (57.3%)
<b>Occasionally (socially, less than monthly)</b>	529 (35.1%)	363 (24.1%)	353 (23.3%)	515 (34.2%)	310 (20.5%)	304 (20.1%)
<b>Monthly</b>	64 (4.2%)	66 (4.4%)	65 (4.3%)	93 (6.2%)	25 (1.7%)	77 (5.1%)
<b>Weekly</b>	45 (3.0%)	56 (3.7%)	60 (4.0%)	26 (1.7%)	11 (0.7%)	70 (4.6%)
<b>Daily</b>	109 (7.2%)	130 (8.6%)	301 (19.9%)	35 (2.3%)	28 (1.9%)	195 (12.9%)

Table 6: Mass Readiness Event Tobacco Survey Results (2023)

Source: Fort Bragg DPH Surveillance

In total for the 2023 survey, 47.6% (n=745) of the 1564 respondents reported use of tobacco products on at least “some days” over the last 30 days prior to taking the survey, with the most common product being e-cigarettes followed closely by nicotine pouches and cigarettes. Of these 745 users 32% (n=241) were considered poly-users, or users of multiple nicotine products. With these alarming statistics, we have made a concerted effort with our partners to make tackling tobacco product use and increasing tobacco education public health priorities.

## HOF vs. Fort Bragg Mass Readiness Event Tobacco Survey (2023)



**Demographics:** Approximately 46,000 AC Soldiers  
77% <35 years old, 13% female

**Main Healthcare Facility:** Womack Army Medical Center  
**Electronic Health Record:** AHLTA

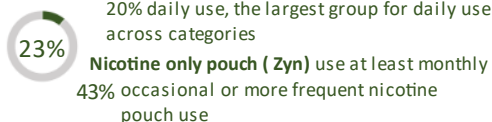
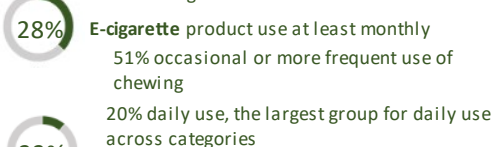
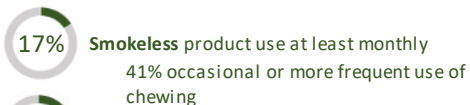
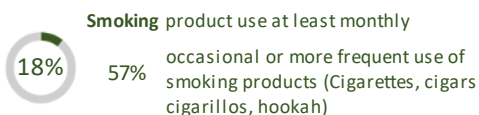
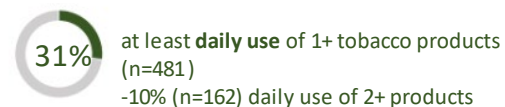


Figure 38: HOF vs. Fort Bragg Mass Readiness Event Tobacco Survey (2023)

Source: Fort Bragg DPH Surveillance and HOF

In the 2022 HOF, it was estimated that 13% of respondents use some based tobacco products, while 12% use e-cigarettes, and 9.8% of individuals use smokeless products. When comparing monthly use data, our 2022 survey indicated that 23% of respondents used e-cigarettes, 14% used smoke based products, 12% used smokeless products, and 9% used nicotine-only products. The 2023 survey results indicated that at least monthly 18% of respondents used smoke based products, 28.2% used e-cigarettes, 22.6% used nicotine-only products, and 16.7% used smokeless products. These are alarming findings as it appears use of tobacco products are growing in all categories and that PHA data may be underestimating the true problem.

## **Partnership Programs for Cessation**

### **Tobacco Use Treatment & Prevention Training (TTS Training) for Fort Bragg Healthcare Providers (9.0 CEs)**

Fort Bragg Department of Public Health sponsored two TTS training events for Fort Bragg prescribing providers in 2022 and 2023. This two-part, half-day training focused on tobacco use, treatment, and prevention. The training was provided by the Duke University-UNC Tobacco Treatment Specialist team. The audience included prescribing providers, and all health professionals providing education on tobacco cessation in a healthcare environment were encouraged to attend. The training aimed to help those healthcare professionals comfortably talk about tobacco use with soldiers, cessation treatment, and prevention of future tobacco use.

In 2022, 50 Fort Bragg medical providers participated in the TTS training event. In 2023, 79 prescribing providers completed the TTS training.

### **University of Virginia (UVA) Partnership**

Fort Bragg Department of Public Health partnered the UVA Cancer Center, in 2022-2025 to explore the determinants of tobacco initiation and relapse among US Military Soldiers (“The Determinants of Tobacco Relapse and Initiation in the US Military: A Social Ecological Approach”, R01 Funding: NIDA 5R01DA043468).

The projects initial goals include:

1. Understand tobacco use culture on base
2. Refine educational messages and approaches
3. Adapt interventions to be delivered by embedded medics
4. Create effective messages delivered by leadership to soldiers
5. Enable better enforcement of tobacco control policies

In 2023, the research included focus groups and surveys conducted at the 82<sup>nd</sup> Airborne soldier readiness site by UVA, UNC Lineberger Comprehensive Cancer Center, and Fort Bragg DPH. After successful completion of this work, these groups are working to expand funding to explore interventions based on knowledge obtained during initial data collection.

The project’s next steps include:

1. Continue in-person TTS training and partnership with Duke TTS and State of North Carolina Tobacco Control Branch.



2. Develop cessation systems and clinics, including working with pharmacists and providers on-post as well as developing interventions targeted to needs of our unique community.
3. Promote a Smoke & Tobacco-Free Policy through leveraging existing work and policy.
4. Begin qualitative work to understand tobacco use on installation.

### **Quitline Campaign:**

QuitlineNC provides free cessation services to any North Carolina resident who needs help quitting commercial tobacco use. The Public Health Partnership created a military-focused tobacco free campaign in 2023 and continues to drive military-focused tobacco prevention and cessation initiatives.

- Primary audience: male service members
- Tested ads with active-duty tobacco users
- Digital and mobile ads delivered to region
- 15 and 30 second online videos and streaming
- On-post promotions of Quitline NC and Ads

More information: <https://quitlinenc.dph.ncdhhs.gov/>



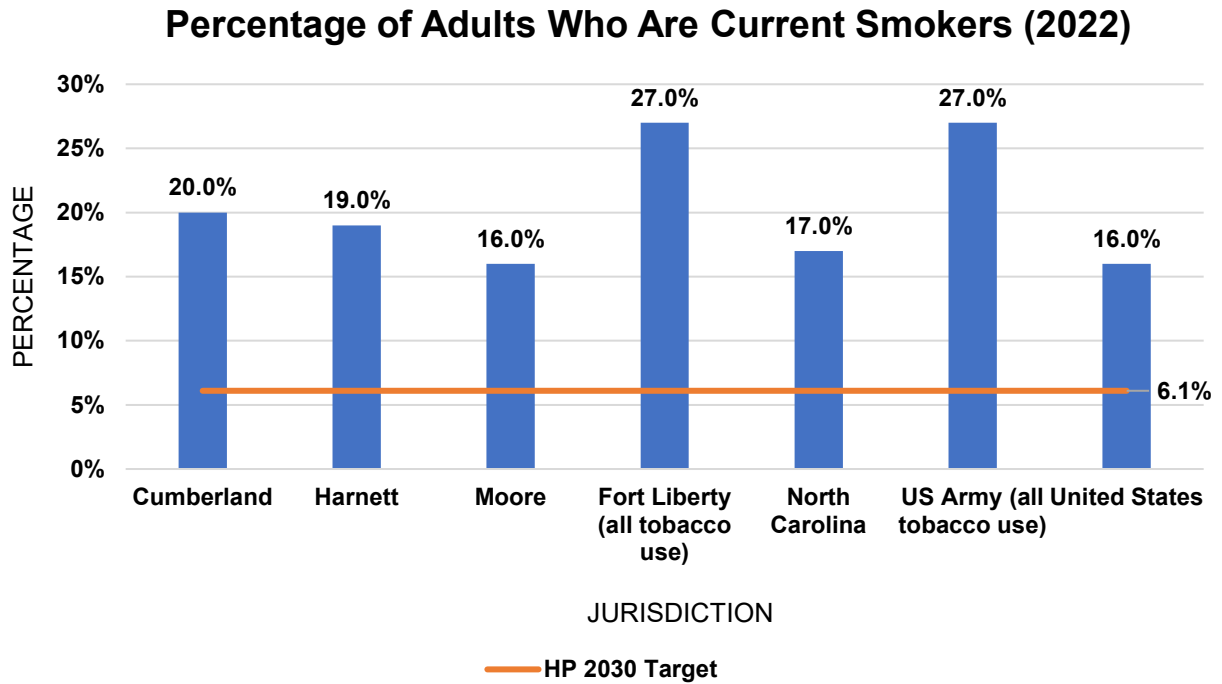


Figure 39: Percentage of Adults Who Are Current Smokers (2022)

Source: CHR&R & HOF

## Behavioral Health

### Behavioral Health Diagnosis Rates

The top three behavioral health diagnosis for ADSMs on Fort Bragg in 2022 were Any Psychoactive Substance Use; Mood Disorder and Anxiety; Dissociative, Stress-Related, Somatoform, and Other Nonpsychotic Mental Disorders. Anxiety disorders (ICD Codes F40 – F48) have increased steadily since 2019, rising from 549 cases per 100,000 service members in 2019 to 727 cases per 100,000 service members in 2022. The rates of the other top 5 behavioral health diagnoses have mostly decreased since 2019, except for Disorders of Adult Personality and Behavior (ICD Codes F60-F69).

“ICD Codes” or International Classification of Disease codes, are used by healthcare providers to classify and code diagnoses, symptoms, procedures, and causes of death. The codes are used for medical claim reporting and are the primary way to establish medical necessity of healthcare services (American Medical Association, 2024).

## Fort Bragg Rates of Behavioral Health Diagnoses (2019 - 2022)

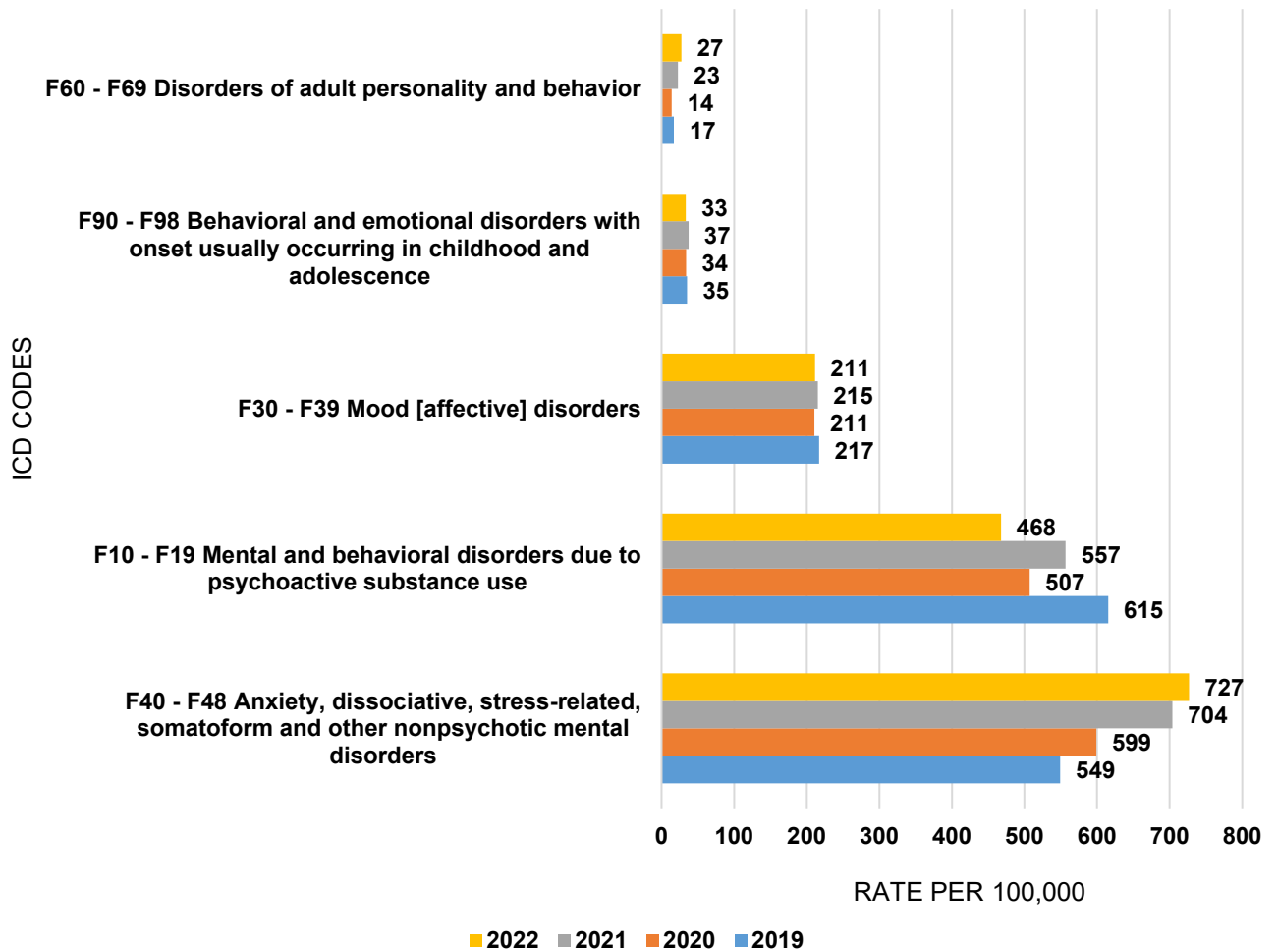


Figure 40: Fort Bragg Rates of Behavioral Health Diagnoses (2019 - 2022)

Source: DMED

## ADSM Behavioral Health Diagnosis Rates (2019-2022)

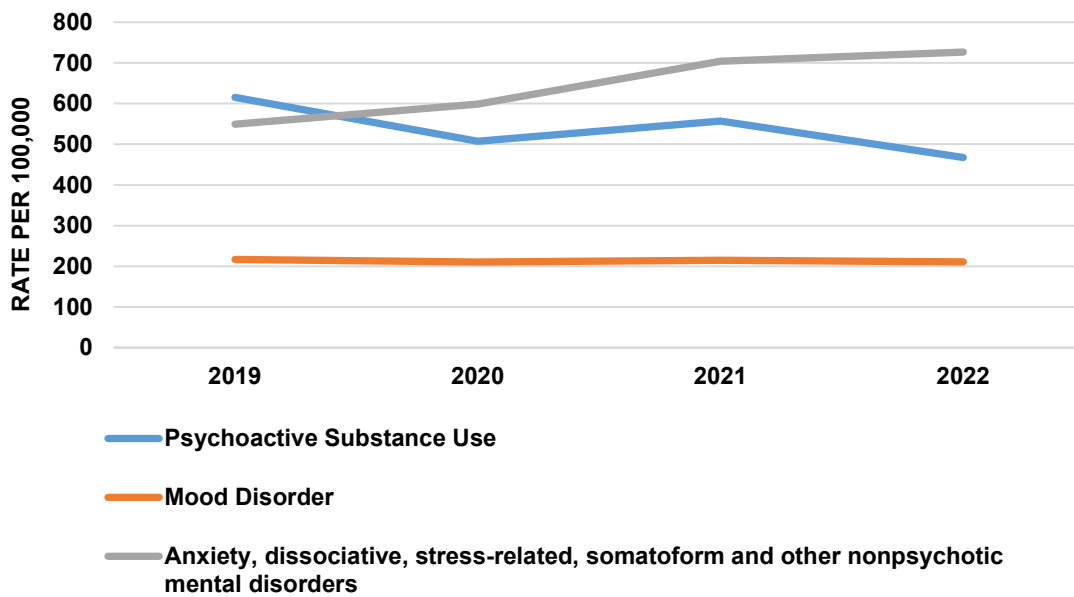


Figure 41: ADSM Behavioral Health Diagnosis Rates (2019-2022)

Source: DMED

According to HOF, Behavioral Health diagnosis' among Fort Bragg ADSM is at 3.7%, slightly higher than the Army average of 3.3%.

Overall, mental health is seen as a major concern on Fort Bragg. Over half of respondents (51%), felt depression was the top behavioral or emotional concern on Fort Bragg. This was closely followed by general mental/behavioral health (49%) and alcohol and substance abuse (49%). Toxic leadership (31%), anxiety (30%), and anger management (30%) were also noted amongst many respondents.



Figure 42: Behavioral Health Concerns CSTA Results (2023)

Source: Fort Bragg 2023 CSTA

## Percent Response of Behavioral and Emotional Factors Causing Concern at Fort Bragg (2023)

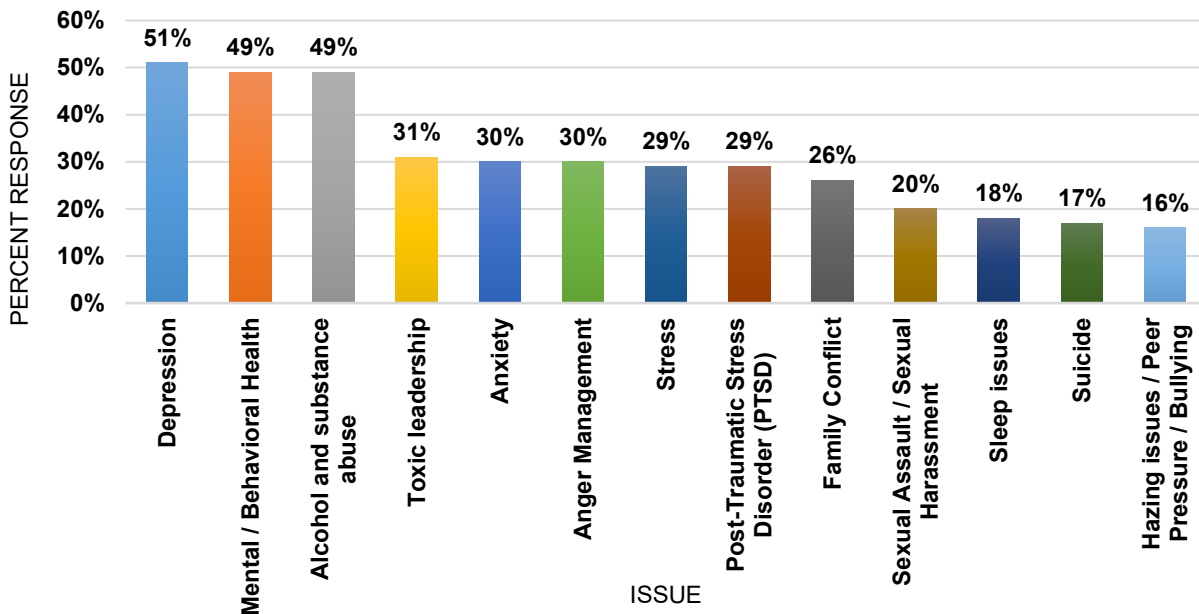


Figure 43: Percent Response of Behavioral and Emotional Factors Causing Concern at Fort Bragg (2023)

Source: Fort Bragg 2023 CSTA

Most respondents (70%) felt that seeking help for behavioral or emotional concerns on base would sometimes (38%), very often (22%), or always (10%) negatively impact their career. However, 69% of respondents said they would be neutral (26%), somewhat likely (30%), or very likely (13%) to seek support at Fort Bragg for themselves or a family member if they were experiencing a life challenge.

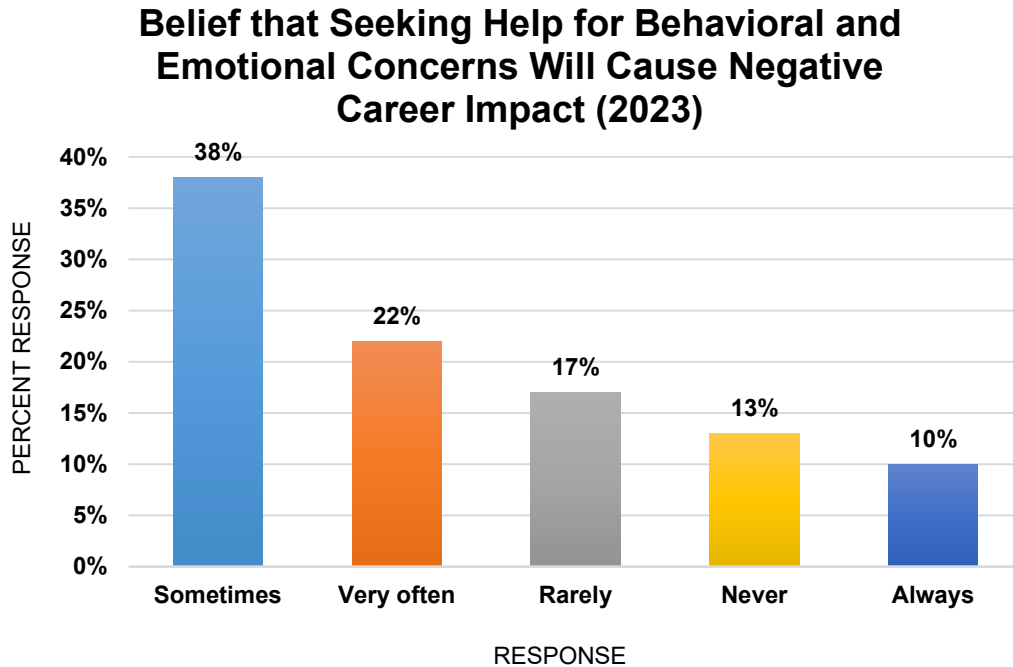


Figure 44: Belief that Seeking Help for Behavioral and Emotional Concerns Will Cause Negative Career Impact (2023)

Source: Fort Bragg 2023 CSTA

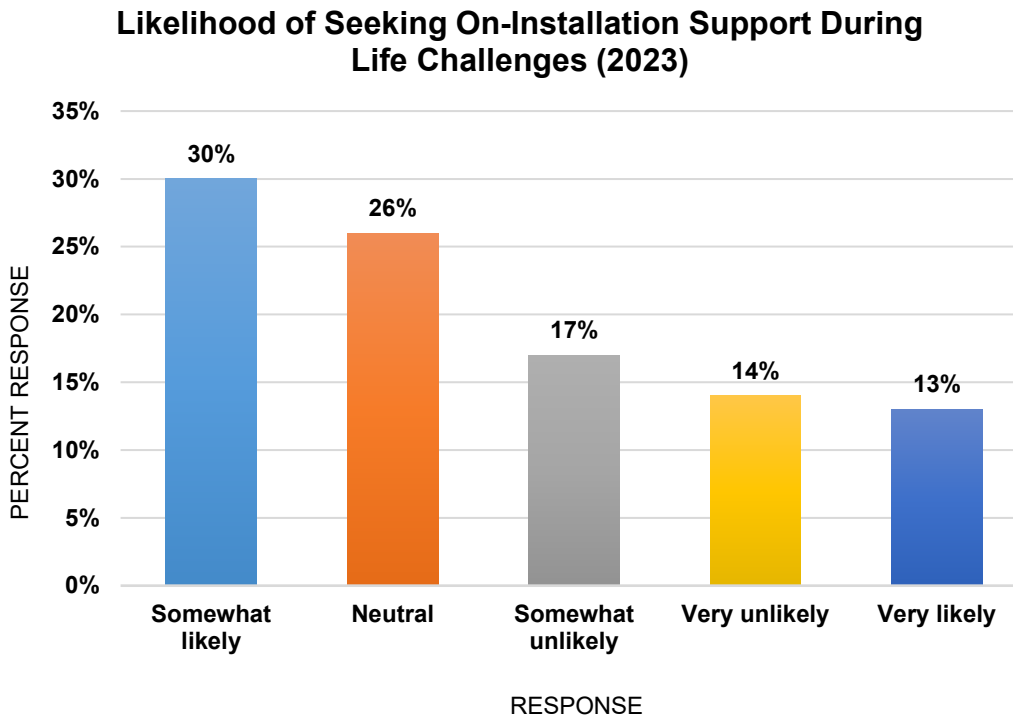


Figure 45: Likelihood of Seeking On-Installation Support During Life Challenges (2023)

Source: Fort Bragg 2023 CSTA

## Chronic Conditions

### Leading Cause of Death in North Carolina

In 2019 the leading cause of death in North Carolina was cancer. The other top leading causes of death include heart disease, chronic lower respiratory disease, and cerebrovascular diseases. In contrast, for US Army ADSMs in 2020, 39% of deaths were suicide, followed by accident (26%), and natural deaths (27%). These numbers can be attributed to the demographics of the Army as most ADSMs are younger, physically fit, and do not suffer from terminal disease.

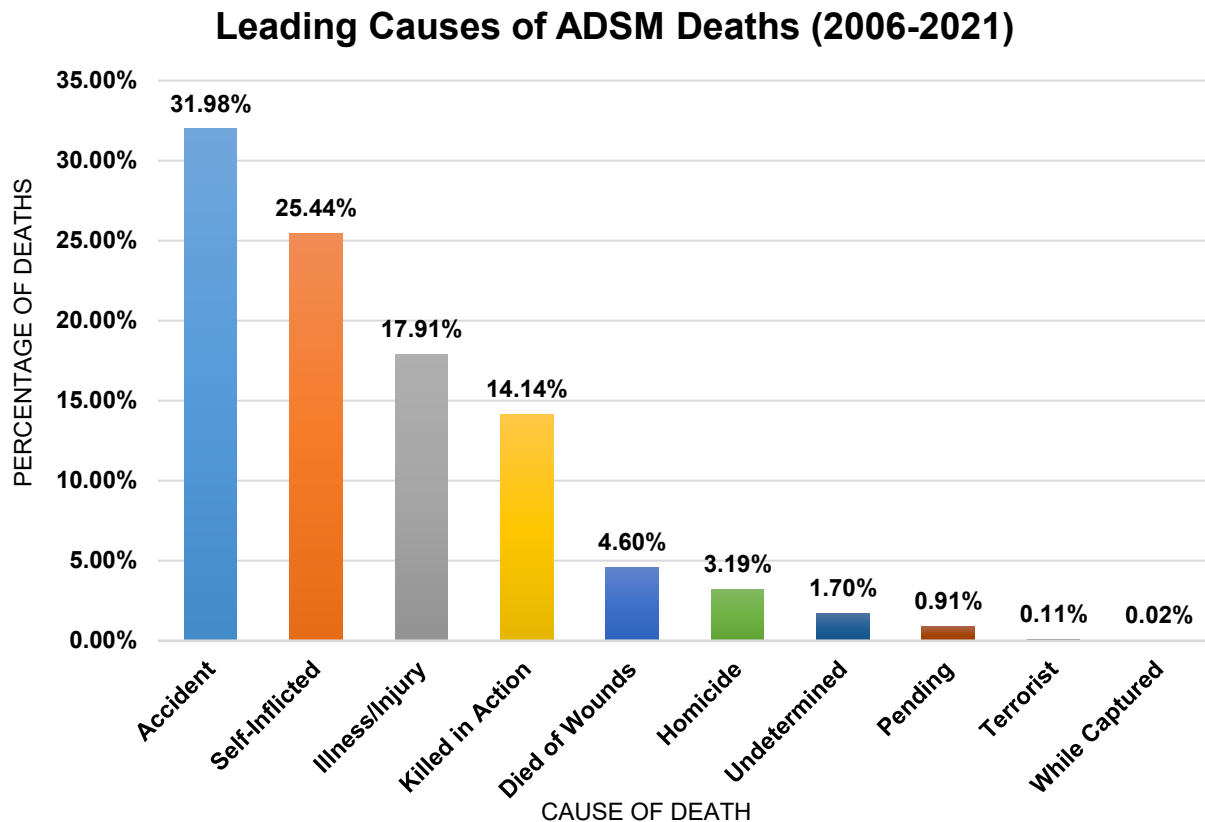


Figure 46: Leading Causes of Death ADSM Deaths (2006-2021)

Source: US Department of Defense, Defense Manpower Data Center (DMD), Defense Casualty Analysis System report provided to CRS, April 1, 2022.

## Leading Causes of Death in Cumberland, Harnett & Moore Counties, NC (2022)

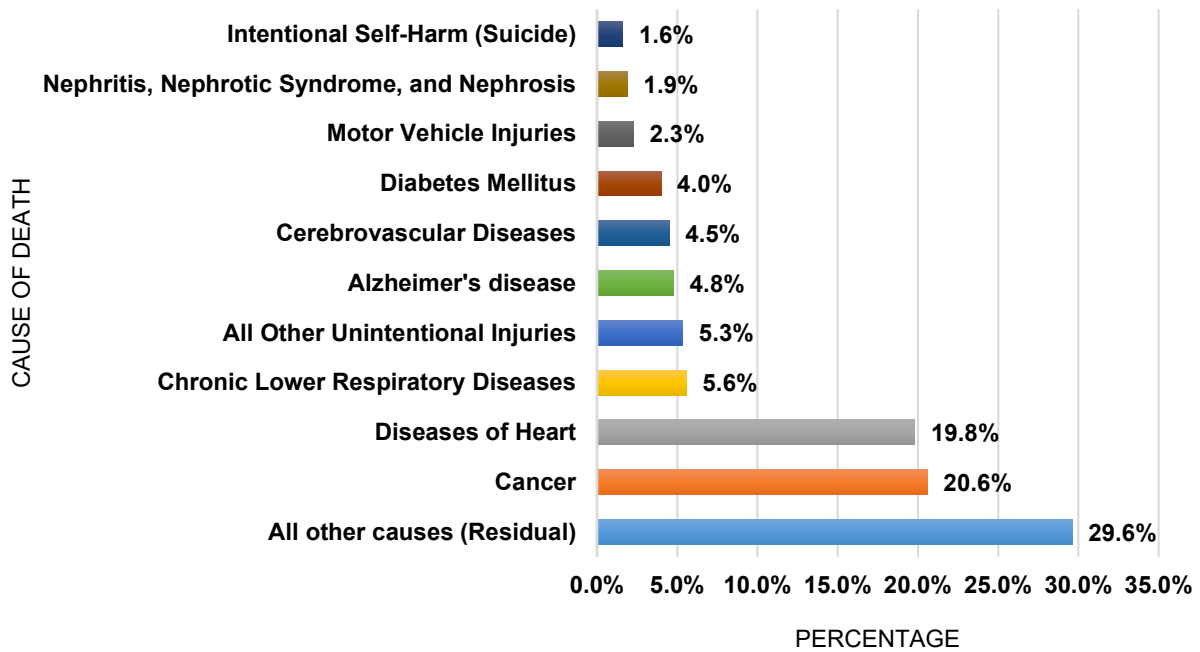


Figure 47: Leading Causes of Death in Cumberland, Harnett & Moore Counties, NC (2022)

Source: State Center for Health Statistics, NC



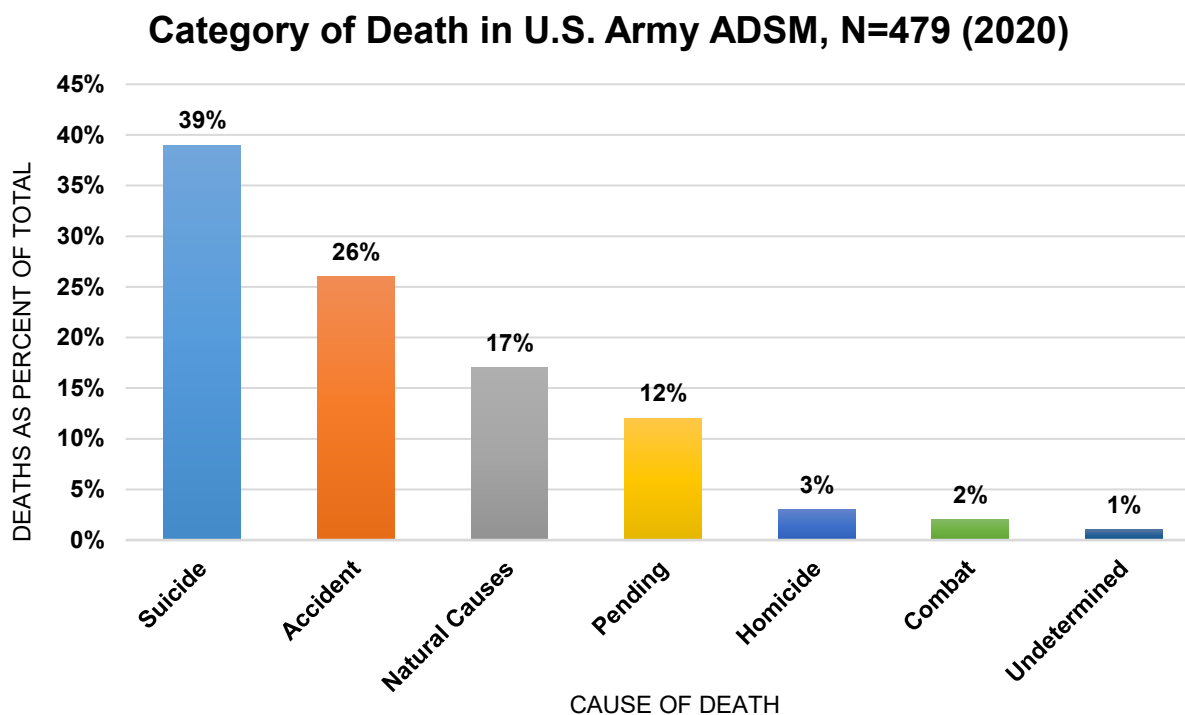


Figure 48: Category of Death in U.S. Army ADSM (2020)

Source: U.S. Department of Defense, Defense Manpower Data Center (DMDC), Defense Casualty Analysis System report provided to CRS, April 1, 2022.

## Health Seeking Behaviors

The graphs below depict Health Seeking Behaviors for Fort Bragg, surrounding counties, and the US compared to the HP 2030 target for each behavior.

### Mammogram

On Fort Bragg, female beneficiaries of all races aged 40+ years surpassed the HP 2030 mammogram target of 80.3% with 80.5% having a mammogram from 2022-2023. Fort Bragg leads the surrounding areas for the percentage of beneficiaries meeting the HP 2030 mammogram standards.

### Percent of Mammograms by Location (2022)

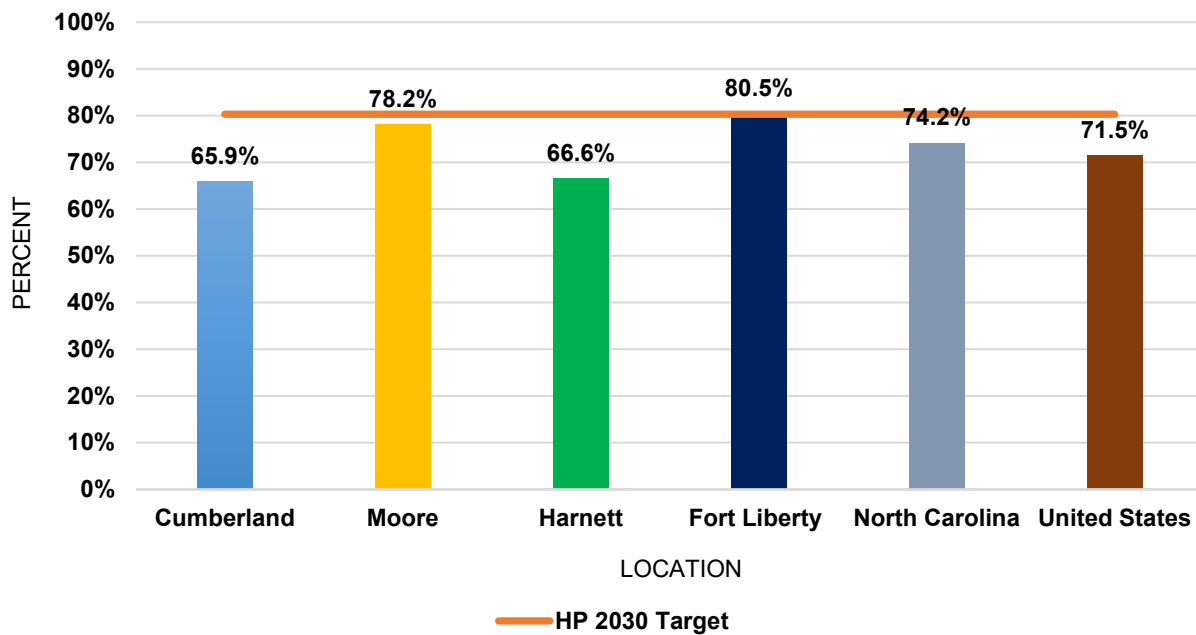


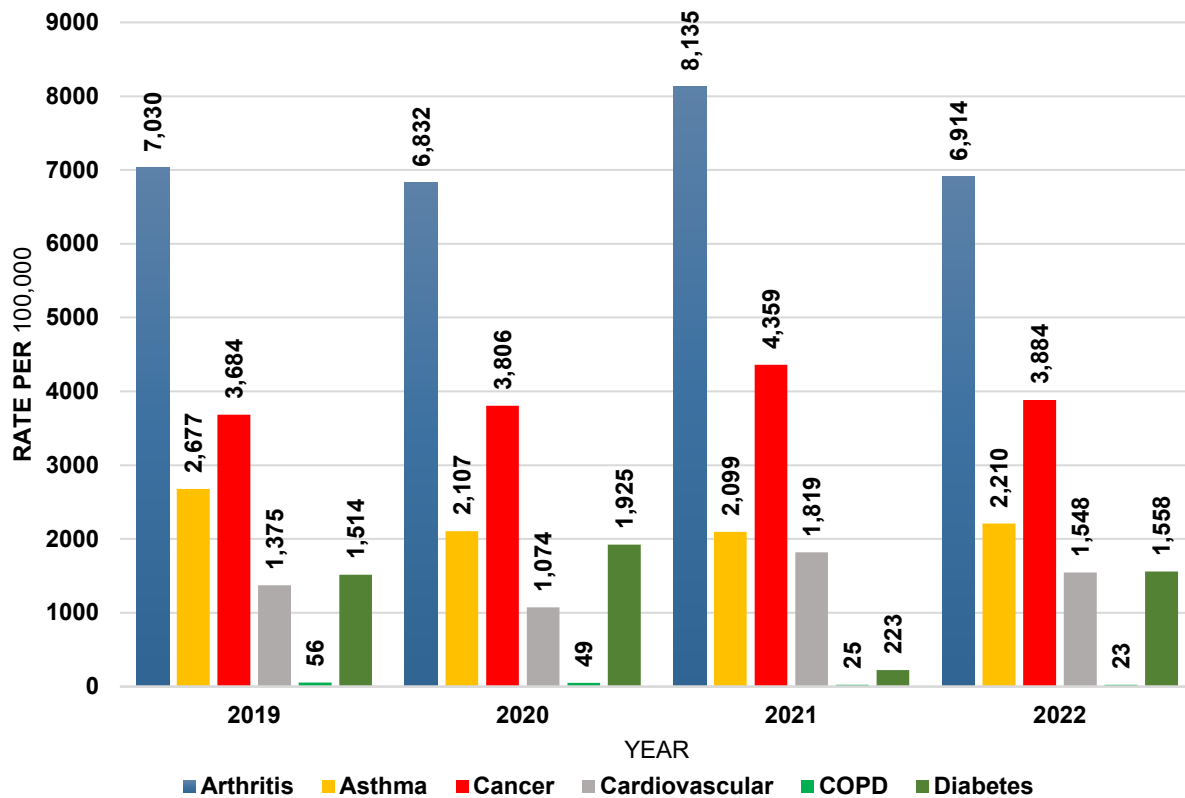
Figure 49: Percent of Mammograms by Location (2022)

Source: Care Point

### Chronic Diseases

Multiple chronic diseases are regularly diagnosed in the Fort Bragg beneficiary population including arthritis, asthma, cancer, and cardiovascular disease. Fluctuations exist across the spectrum of chronic diseases between 2019 and 2022, but arthritis, cancer, asthma, diabetes, cardiovascular, and COPD remain the most prevalent diseases diagnosed over this period. According to the 2022 HOF, the rate of chronic disease for ADSM on Fort Bragg is 16%, slightly lower than the overall Army at 17%.

## Chronic Disease Rates at Fort Bragg (2019-2022)



*Figure 50: Chronic Disease Rates at Fort Bragg (2019-2022)*

*Source: DMED*

### Cervical Cancer Screening

US Preventive Services Task Force recommends screening for cervical cancer through cervical cytology (Pap Smear). In 2021, the Fort Bragg compliance rate was 74.9%. As of March 2021, more than 25% of eligible (n=1501) ADSMs are overdue for cervical screening. WAMC Population Health and DPH are working together to improve cervical cancer screening compliance with quality improvement projects. Additionally, Population Health has made recommendations to MEDPROS to better track ADSM cervical cancer screening compliance.

### Proportion of Eligible Females (ages 21 to 65 years) Completing Cervical Cancer Screening by Location (2021)

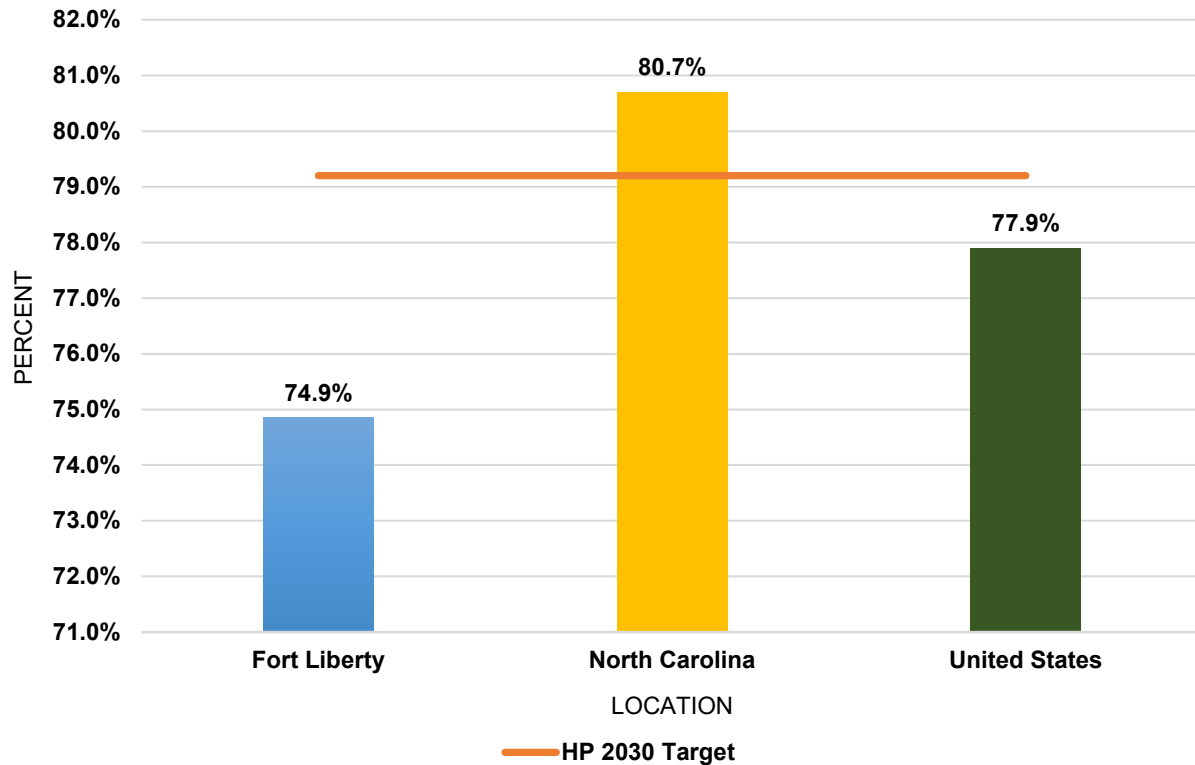


Figure 51: Proportion of Eligible Females Receiving a Cervical Cancer Screening by Location

Source: National Cancer Institute, Care Point

### Colon Cancer Screening

The HP 2030 target for colon cancer screening is 68.3% of the eligible population receiving colorectal endoscopy, which begins at age 50 for those not at high risk. Fort Bragg leads the surrounding areas for the percentage of beneficiaries meeting the HP 2030 standards with 83.8% of beneficiaries in compliance in 2022. Various factors such as cost and access may help bolster rates at the MTF.

## Percent of Colon Cancer Screening by Location (2022)

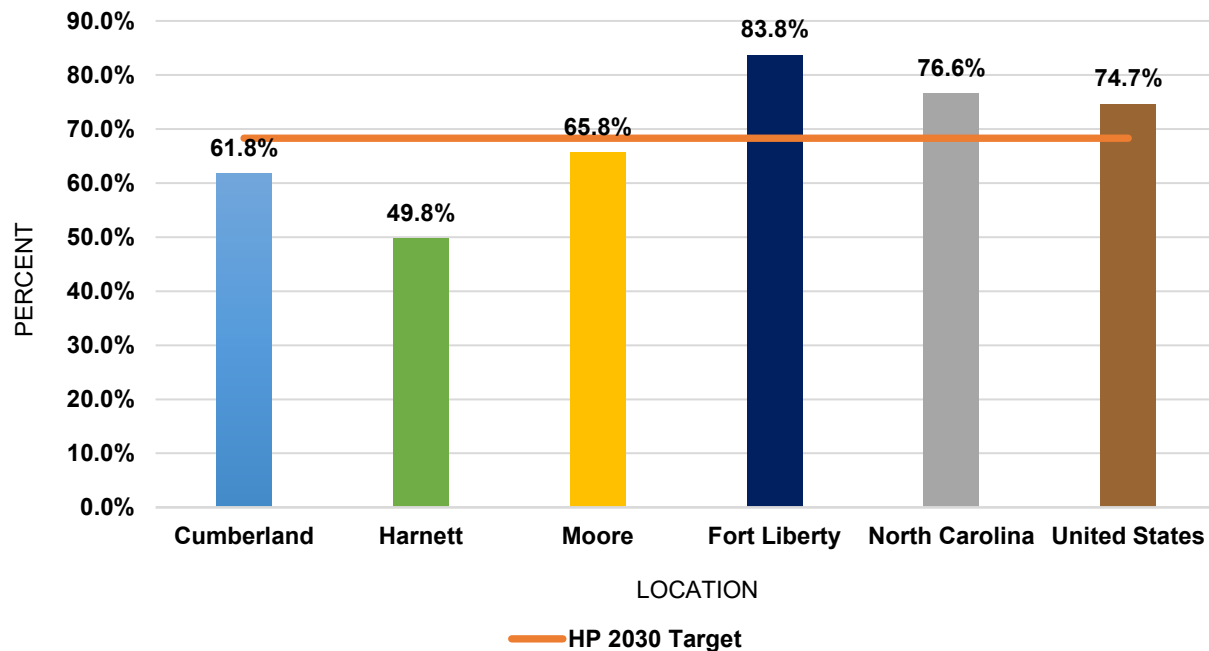


Figure 52: Colon Cancer Screening by Location (2022)

Source: National Cancer Institute, Care Point

## Environmental Health

Related to social and environmental health, housing concerns are prevalent on base. More specifically, barracks housing quality or availability was identified as the top social or environmental concern at Fort Bragg in the 2023 CSTA with 43% of respondents selecting. Similarly, military housing quality or availability (30%) was also noted. 47% of respondents perceived the environmental quality of Fort Bragg's housing, buildings, and facilities to be unhealthy. Outside of housing, financial issues (38%) and work-life imbalance (37%) were highlighted.

Social /  
Environmental  
Concern



**1 in 3** believe military family housing quality or availability is a top social or environmental concern

Forming  
beliefs



**Nearly half** believe buildings, including housing, at Ft. Liberty are somewhat or very unhealthy

Figure 53: Social and Environmental Concerns (2023)

Source: Fort Bragg 2023 CSTA

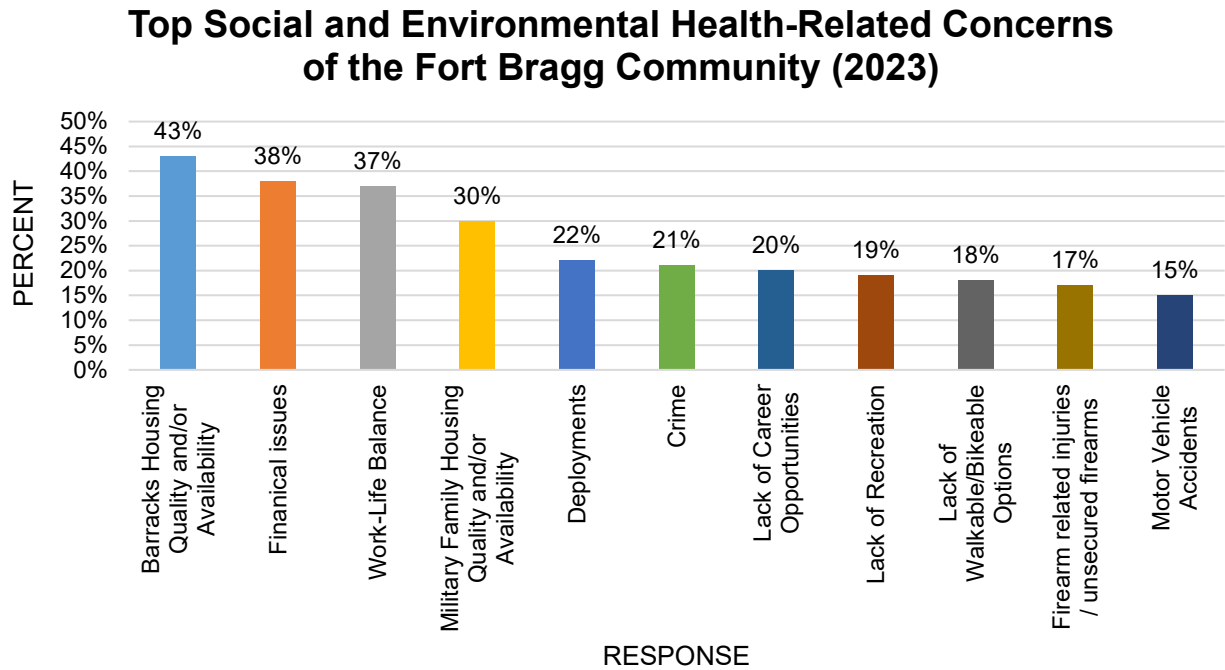


Figure 54: Top Social and Environmental Health-Related Concerns of the Fort Bragg Community (2023)

Source: Fort Bragg DPH 2023 CSTA

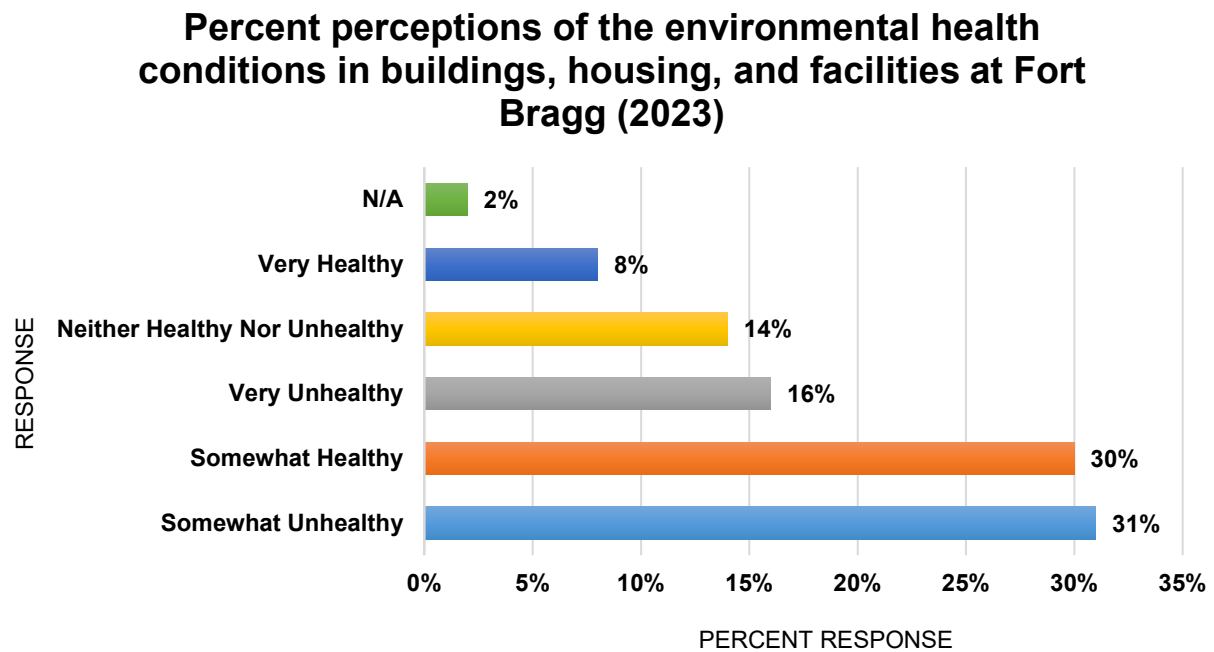


Figure 55: Percent perceptions of the environmental health conditions in buildings, housing, and facilities at Fort Bragg (2023)

Source: Fort Bragg DPH 2023 CSTA

## Heat Illness

Heat illness refers to a group of conditions that occur when the body is unable to compensate for increased body temperatures due to hot and humid environmental conditions and/or exertion during exercise or training. The latter of which are categorized as Exertional Heat Illnesses (EHI). Heat exhaustion may present as weakness, fatigue, ataxia, dizziness, headache, nausea, vomiting, and malaise in individuals with a core body temperature less than 104° F or 40° C. Heat stroke presents as hyperthermia, physical collapse or debilitation, and encephalopathy as evidenced by a change in mental status, delirium, stupor, or coma, occurring during or immediately following exertion or significant heat exposure. Those suffering from a confirmed EHI have a core temperature greater than or equal to 104°.

All soldiers with a Reportable Heat Illnesses, Exhaustion (HE), Heat Injury (HI), and Heat Stroke (HS) are to follow up in the Epidemiology & Disease Control (EDC) Clinic. HI are reported officially as HEs in the ADRSi system but are tracked separately by Fort Bragg DPH for proper care and follow-up. On Fort Bragg, between 2019-2023, there were 264 diagnosed HE, 139 HI, and 224 HS (probable and confirmed) cases, and 163 hospitalizations for heat illnesses.

Exertional Heat Illness	2019	2020	2021	2022	2023
Heat Exhaustion	72 (49.3%)	33 (41.3%)	36 (35.6%)	57 (38.0%)	66 (44.0%)
Heat Injury	39 (26.7%)	21 (26.3%)	22 (21.8%)	30 (20.0%)	27 (18.0%)
Heat Stroke (Confirmed and Probable)	35 (24.0%)	26 (32.5%)	43 (42.6%)	63 (42.0%)	57 (38.0%)
Total	146	80	101	150	150

*Table 7: Number of Reported Exertional Heat Illnesses (2019-2023)*

*Source: Fort Bragg DPH Surveillance*

Due to a slow down of activities during the COVID-19 Pandemic, there was a dip in the number of reportable cases of EHIs. With operations returning back to pre-pandemic cycles, we have observed an increase in EHIs similar to those in 2019. An alarming trend has been the increases in both hospitalizations and EHSs since 2019. This rise is due to combination of factors including and increase in tempo for special events including selection as well as an increase in risk factors including climate change, tobacco usage, and elevated BMIs.

### Fort Bragg Heat Injuries by Year (2019-2023)

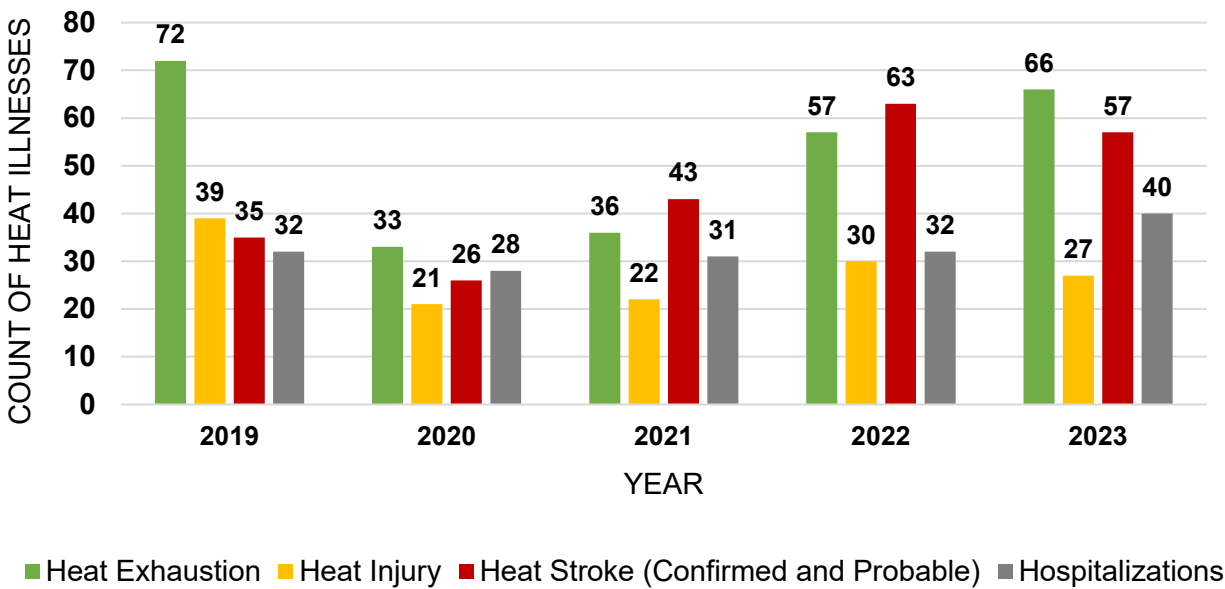


Figure 56: Fort Bragg Heat Injuries by Year (2019-2023)

Source: Fort Bragg DPH Surveillance

DPH provides monthly summaries of EHIs to command to include case trends and analysis as well as recommendations moving forward to mitigate illnesses. In addition, DPH hosts yearly wrap-ups and AARs to provide analysis and recommendations for the coming year.

### Food Facility Sanitation Inspections

Routine food operation inspections focus on preventing foodborne illness on Fort Bragg and ultimately on sustaining readiness and protecting the health of the community. Environmental Health conducts routine and pre-operational inspections on 77 food facilities and 21 mobile food facilities. There are five major risk factors related to employee behaviors and preparation practices that contribute to foodborne illness, including improper holding temperatures, inadequate cooking, contaminated equipment, food from unsafe sources, and poor personal hygiene. However, many factors contribute to overall food safety in a facility. The ten most common deficiencies identified in food establishments on Fort Bragg during inspections in 2023 are depicted in the bar graph below. During 2023, the most common deficiency was inadequate cleaning and sanitizing of food-contact surfaces.



## Ten Most Common Food Facility Deficiencies (2023)



Figure 57: Ten Most Common Food Facility Deficiencies at Fort Bragg (2023)

Source: Fort Bragg DPH, Environmental Health

## Entomological Surveillance

Routine surveillance of medically important vectors and pests is conducted on Fort Bragg to assess the risk of disease transmission and inform the application of control measures. Environmental Health monitors vectors and pests to include mosquitoes, cockroaches, filth flies, bed bugs, ticks, and rodents. Environmental Health works in tandem with the Installation Pest Management Office to conduct surveillance, take appropriate measures to mitigate the risk of disease transmission, and manage populations of nuisance pests. Environmental Health and the Installation Pest Management Office follow the principles of Integrated Pest Management to assure effective management strategies with the least environmental impact. Individual protective measures are the most effective way to prevent injury or illness from vectors or pests. Community members should wear repellent containing DEET on exposed skin when outdoors, and everyone should keep housing and work areas clean and free of pest harborage.

## Recreational Water Facility Inspections

Environmental Health conducts routine and seasonal pre-operational inspections on 10 Corvias housing swimming pools, five Morale, Welfare, and Recreation (MWR) swimming pools, and one natural bathing area. Recreational water facilities are inspected weekly to ensure water quality is maintained within regulatory parameters and that required safety procedures and equipment are in place. The inspections are intended to mitigate the risk of a waterborne illness, as well as an accident, injury, or drowning. The following bar graph depicts the ten most common recreational water facility violations on the installation in 2023.

## Ten Most Common Water Violations on Fort Bragg (2023)

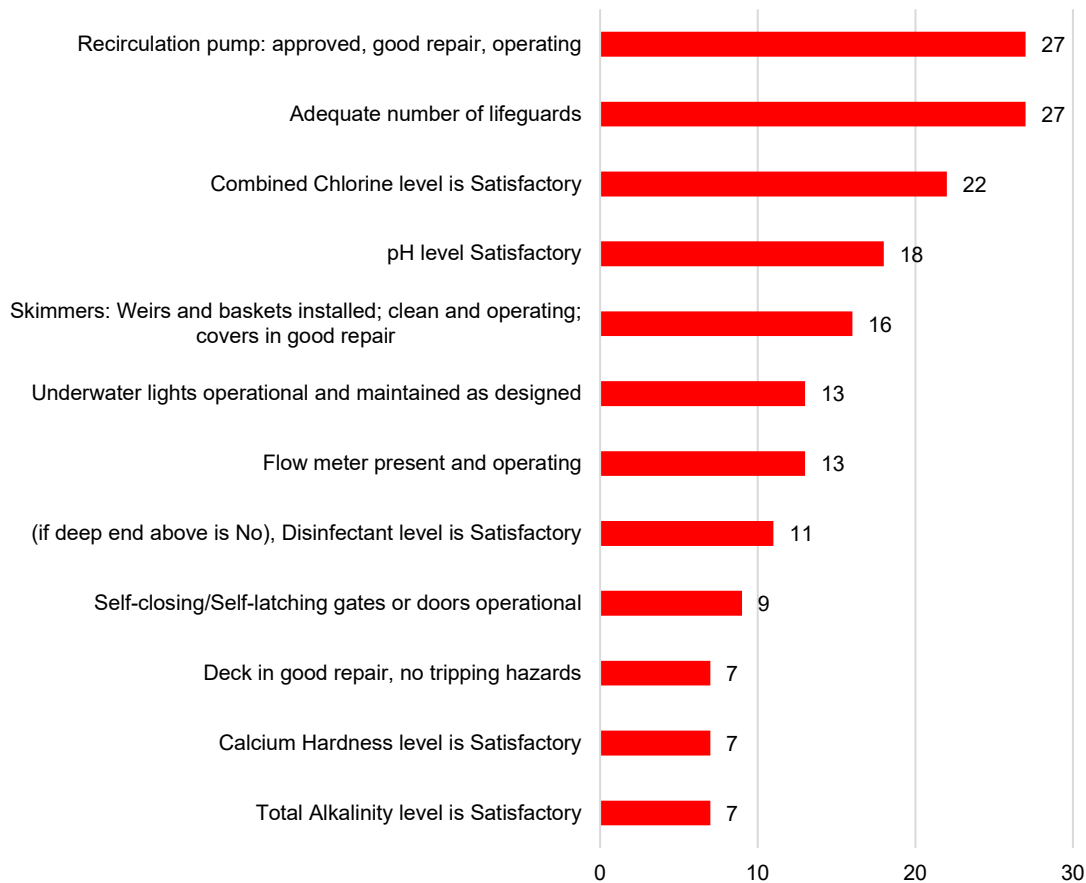


Figure 58: Ten Most Common Water Violations on Fort Bragg (2023)

Source: Fort Bragg DPH, Environmental Health

## Body Art Facility Sanitary Inspections

Fort Bragg's first tattoo facility opened in December of 2023. Environmental Health was heavily involved with facility layout and pre-operational inspections. Because this was a new aspect of public health on the installation, the Environmental Health staff trained in collaboration with Cumberland County Environmental Health. Artists are permitted through the Fort Bragg Department of Public Health since Cumberland County does not have jurisdiction on the installation. Many aspects of the DOD's interim body art standard are more stringent than state or local requirements. Environmental Health will inspect the facility monthly for its first year of operation, and subsequent inspection frequency will be based on a risk assessment.

## Family / Child Health

On Fort Bragg, over 40% of respondents listed childcare options are a challenge for parents. Affordable childcare was the top child and youth related concern of the community (40%). 20% of respondents report not accessing services on base due to lack of childcare. 29% noted

mental/behavioral health support as a top child and youth concern at Fort Bragg. Deployments/separations for training (39%) were the top family health concern on base, followed by financial issues (34%), lack of family time (33%), and work-life imbalance (32%). To address financial concerns, respondents desire budgeting (59%), debt elimination (57%), and retirement planning (56%) assistance.



Figure 59: Family and Child Health Concerns (2023)

Source: Fort Bragg DPH 2023 CSTA

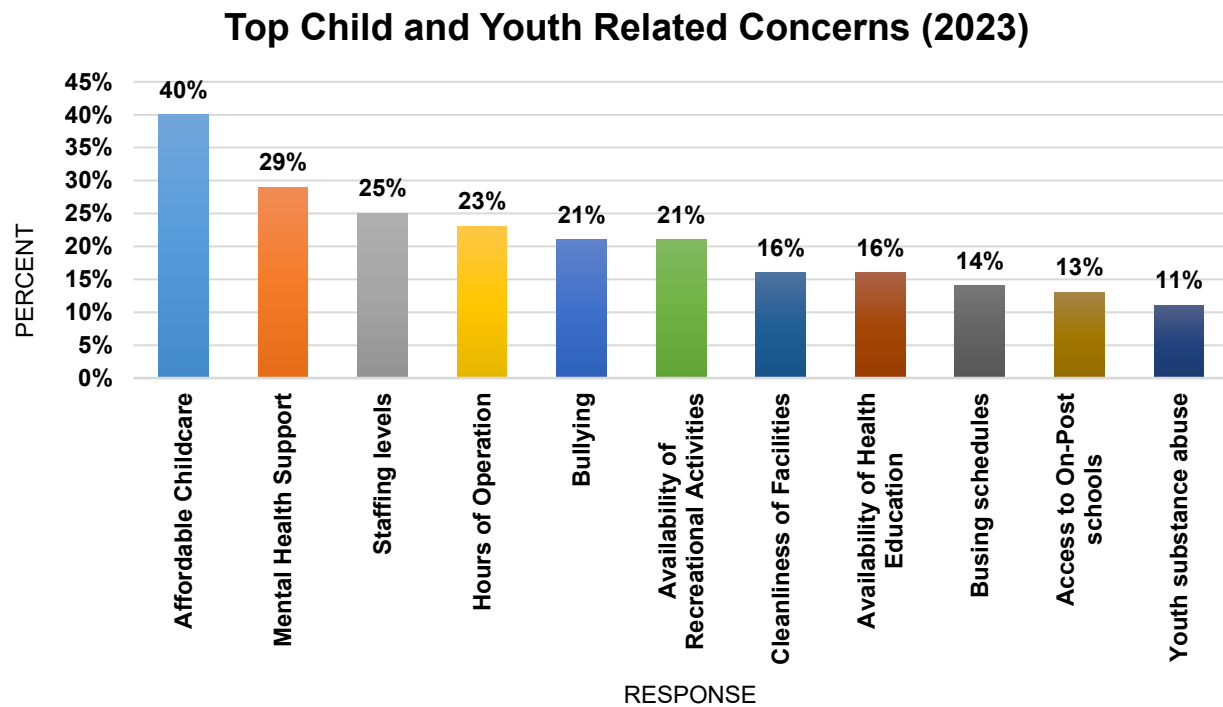


Figure 60: Top Child and Youth Related Concerns (2023)

Source: Fort Bragg DPH 2023 CSTA

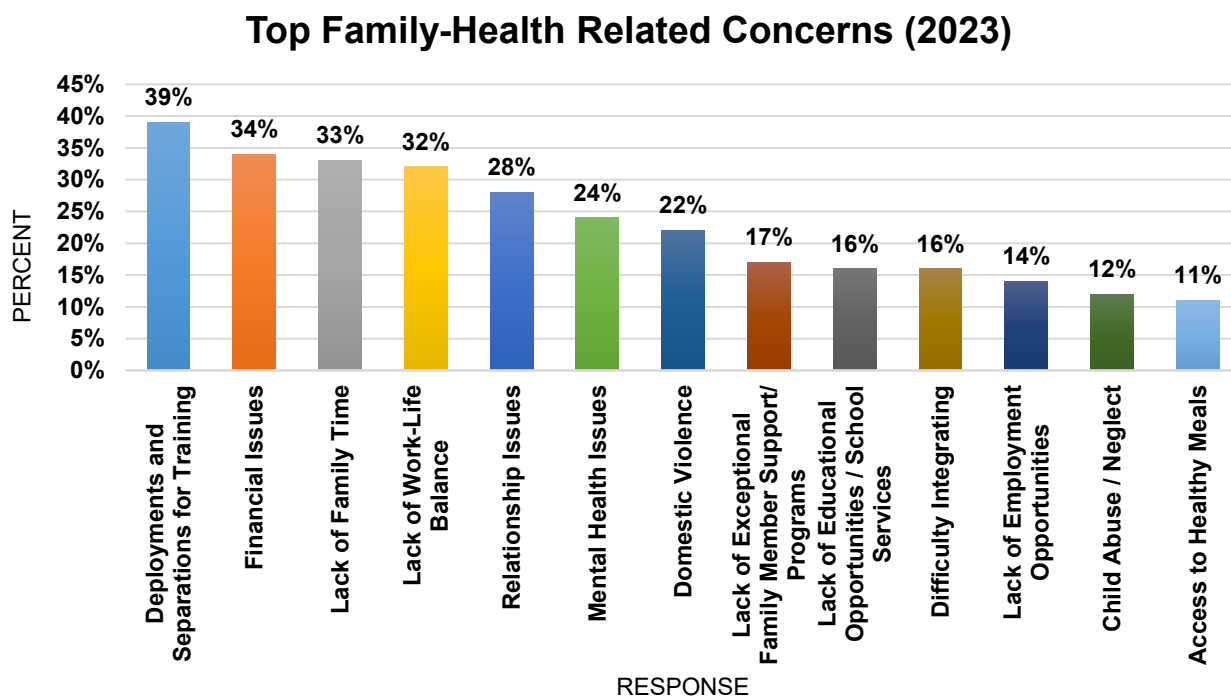


Figure 61: Top Family-Health Related Concerns (2023)

Source: Fort Bragg 2023 CSTA

## Fitness & Exercise

### Fitness & Exercise 2023 CSTA Results

Respondents identified mental and behavioral health as areas for improvement on post. For example, mental/behavioral health was selected as the top physical concern on base with 69% of respondents selecting it. Musculoskeletal injuries followed at 32%.

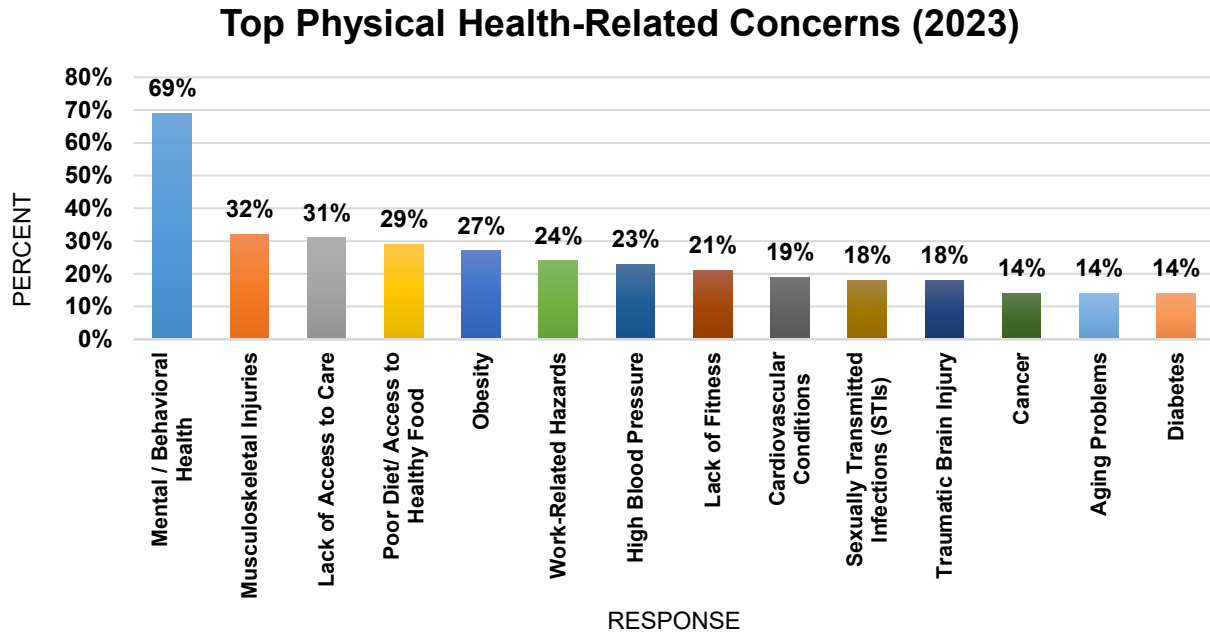
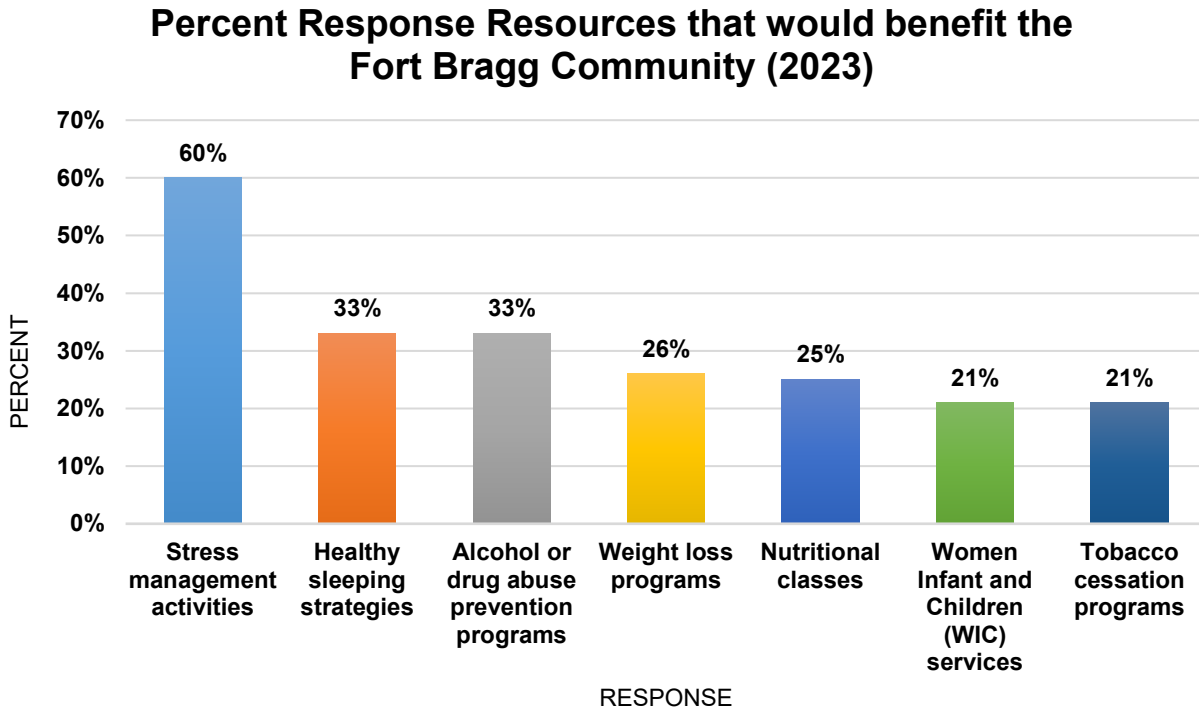


Figure 62: Top Physical Health-Related Concerns (2023)

Source: Fort Bragg DPH 2023 CSTA

To address these concerns, respondents indicated a desire for stress management activities (60%), healthy sleeping strategies (33%), and alcohol or drug abuse prevention programs (33%).



*Figure 63: Percent Response Resources that would benefit the Fort Bragg Community (2023)*

*Source: Fort Bragg DPH 2023 CSTA*

## Food & Nutrition

Access to healthy, affordable food is imperative for the wellbeing of any population, especially the military. Well-fueled soldiers perform at a higher level both physically and mentally. Proper nutrition also reduces the chance of injury and chronic diseases such as diabetes, hypertension, and obesity. Quality nutrition is vital for all pregnant and postpartum mothers and their children as well to ensure healthy child development and maternal health, regardless of military affiliation.

### Food Insecurity

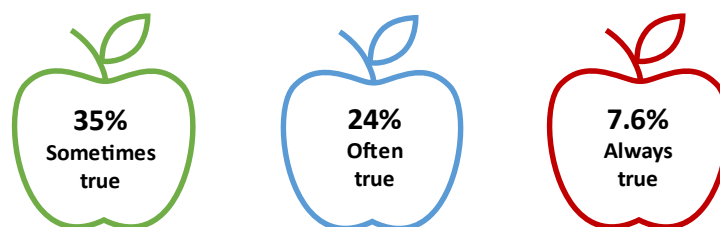
Food insecurity negatively impacts all aspects of an individual's life, including their physical and mental wellbeing. Food insecurity is associated with poor health outcomes and lower physical performance. 1 in 5 are food insecure in Cumberland County, NC, as compared to 1 in 10 nationally. 67% of respondents in our 2021 Fort Bragg Community Survey indicated some level of worry over the last 12 months that their household's food would run out before they had money to buy more. Furthermore, 63% indicated that in the last 12 months it was at least sometimes true that the food they bought for their household didn't last long and they didn't have money to buy more immediately.

# Worry about Food Insecurity at Fort Bragg

Fort Bragg Community Survey (2021)

## Most service members and their families worry about food insecurity

67% of respondents indicated some level of worry over the last 12 months that their household's food would run out before they had money to buy more



Source: 2021 Fort Bragg Community Survey

Figure 64: Level of Worry about Food Insecurity at Fort Bragg (2021)

Source: Fort Bragg DPH 2021 CSTA

## Percent worry that food would run before able to buy more (in the last 12 months) (2021)

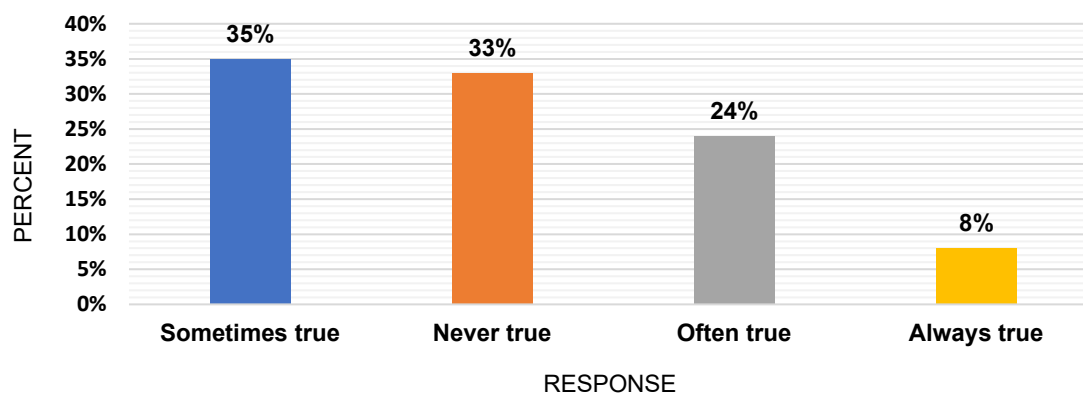
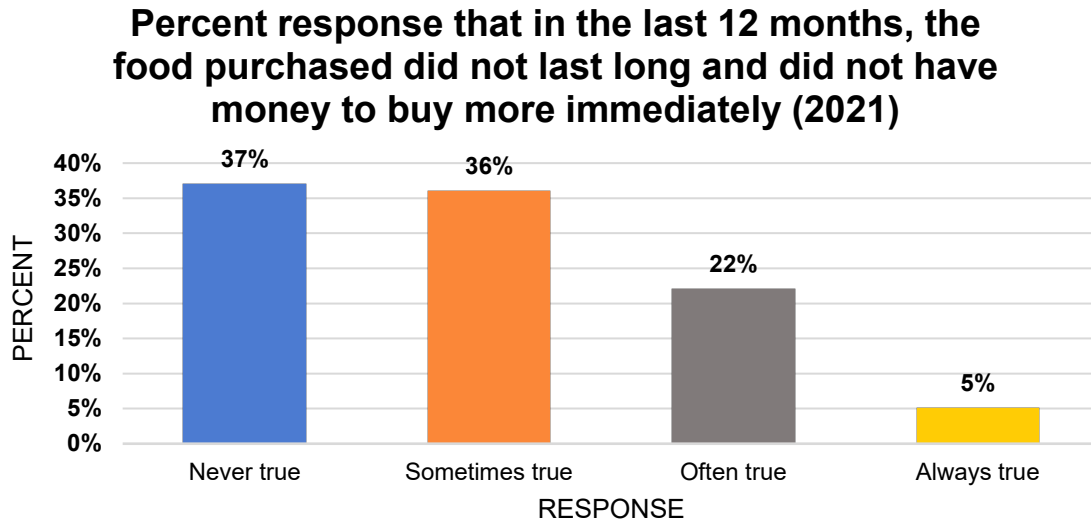


Figure 65: Percent worry that food would run before able to buy more (in the last 12 months) (2021)

Source: Fort Bragg DPH 2021 CSTA



*Figure 66: Percent response that in the last 12 months, the food purchased did not last long and did not have money to buy more immediately (2021)*

*Source: Fort Bragg 2021 CSTA*

## **Healthy Food Access**

Healthy food availability is vital for the health of a community. Improved access to healthy foods is associated with reduced incidence of chronic disease. 54% of respondents to our 2021 Fort Bragg Community Survey indicated a desire to eat healthier, up from 48% in the 2018 Community Strengths & Themes Assessment. The 2021 Community Survey (CSTA) also found 89% of ADSMs and 84% of civilians and military dependents reported a desire for healthier food options on post. Between the 2018 and 2023 Community Strengths & Themes Assessment poor diet dropped from the second highest physical health concern on post to the fourth highest. These data suggest improvements in healthy food availability and a continued desire to eat healthier.



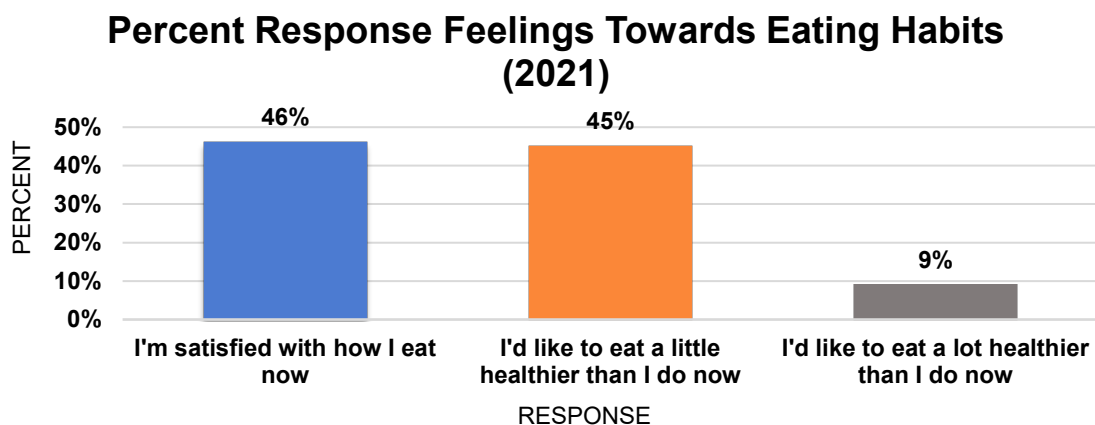


Figure 67: Percent Response Feelings Towards Eating Habits (2021)

Source: Fort Bragg 2021 CSTA

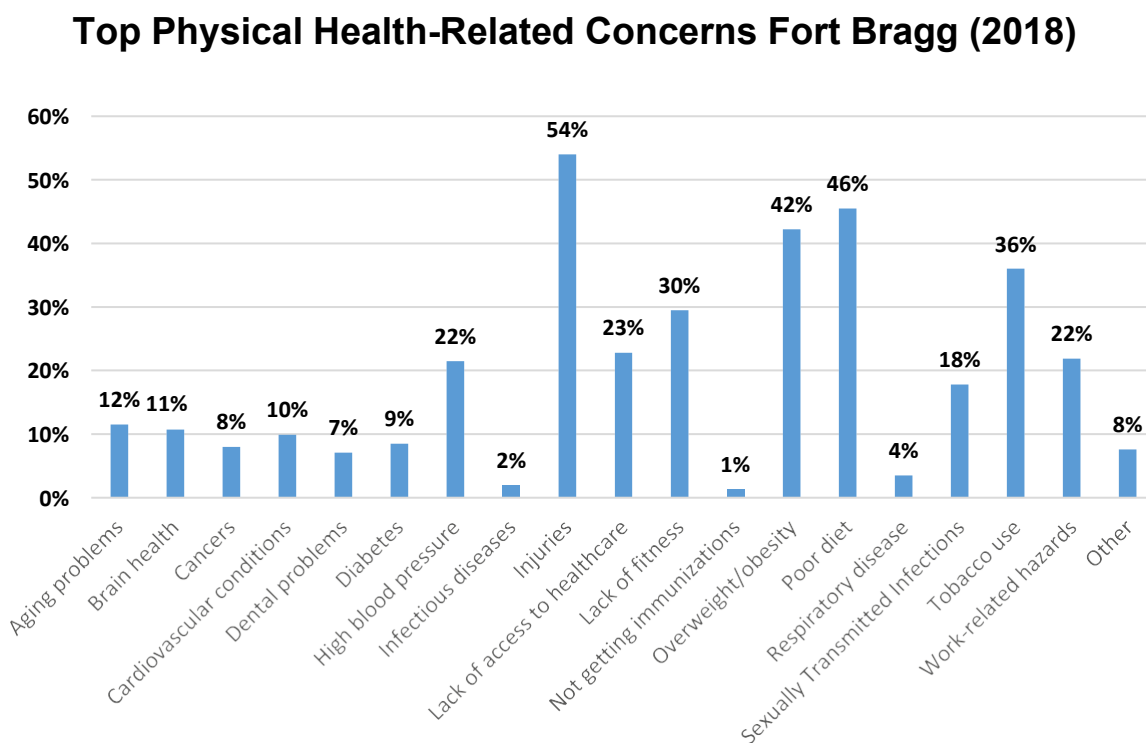


Figure 68: Top Physical Health-Related Concerns (2018)

Source: Fort Bragg DPH 2018 CSTA

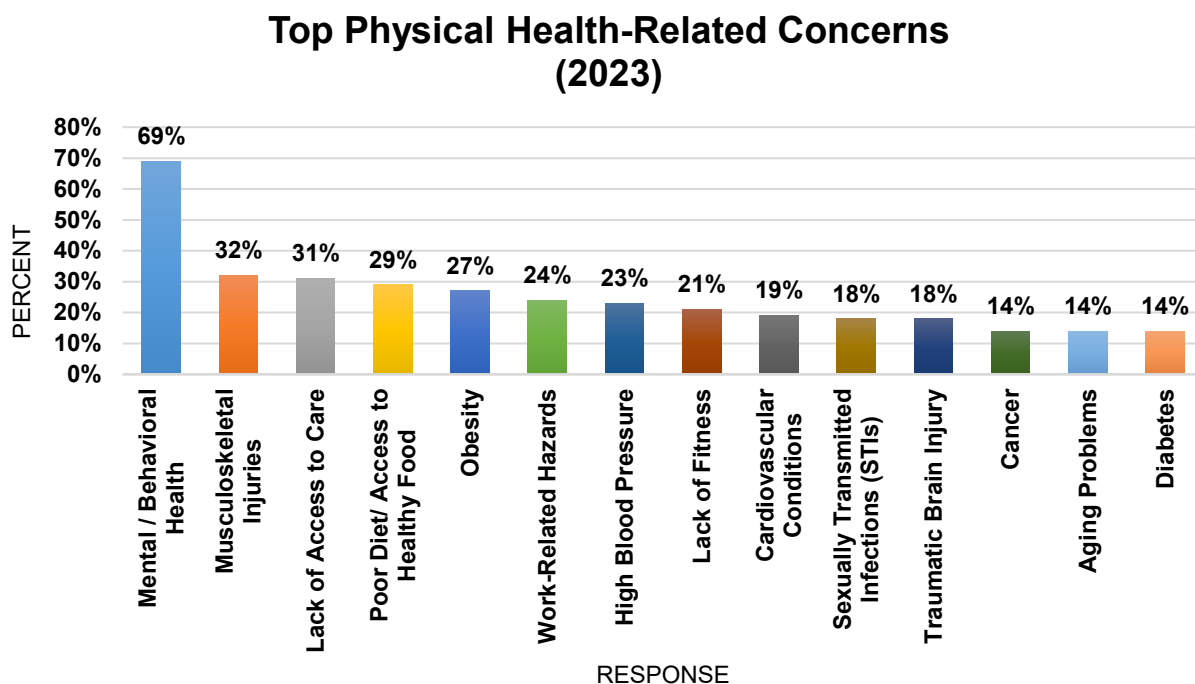


Figure 69: Top Physical Health-Related Concerns (2023)

Source: Fort Bragg DPH 2018 CSTA

## Women, Infants, and Children (WIC)

WIC services are associated with improved health outcomes in infants and children including reduced fetal health and infant mortality, increased likelihood of healthy birthweight infants, improved breastfeeding outcomes, and improved infant and child growth and development. WIC also benefits participating mothers with improved food security and nutrition intake. 41% of respondents to the 2021 Fort Bragg Community Survey were pregnant, breastfeeding, or had a child under 5 years of age. 79% of these individuals utilized WIC services. 70% of all respondents agreed WIC services would be more convenient to access on post and 76% of WIC-eligible non-users would prefer to access WIC services on post. The 2023 Community Strengths & Themes Assessment identified 63% of current WIC users would be likely to use WIC if offered on-post at Fort Bragg. When asked about barriers to accessing WIC services in the 2021 Community Survey, 4 in 5 users and non-users said it is either too difficult to get to an appointment or they didn't have time to make or go to a WIC appointment. Additionally, 20% of WIC and non-WIC users in the 2023 CSTA reported WIC would benefit the Fort Bragg community.

### Percent likelihood of using WIC services if offered on base (2021)

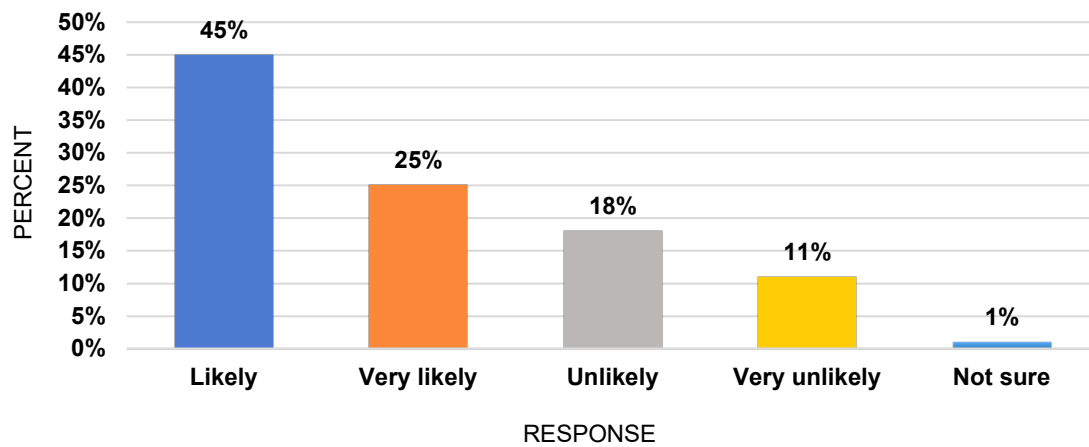


Figure 70: Percent likelihood of using WIC services if offered on base (2021)

Source: Fort Bragg DPH 2021 CSTA

### Barriers Experienced Accessing WIC Services (2021)

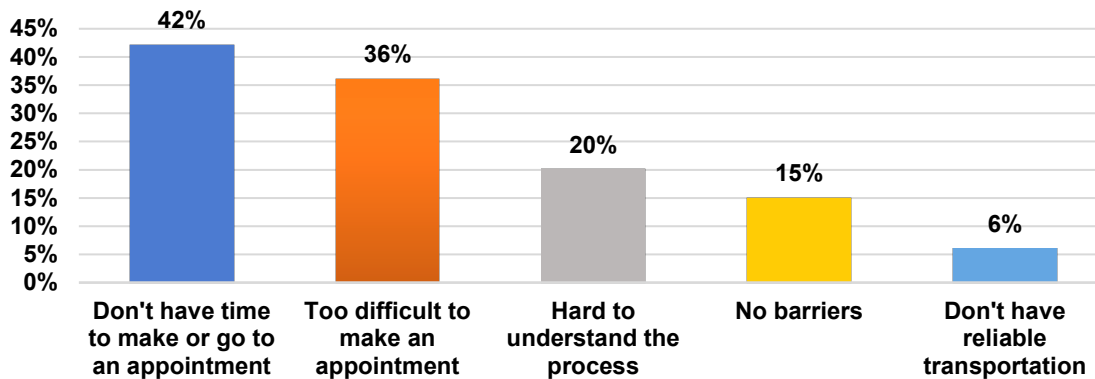


Figure 71: Barriers Experienced Accessing WIC Services (2021)

Source: Fort Bragg DPH 2021 CSTA

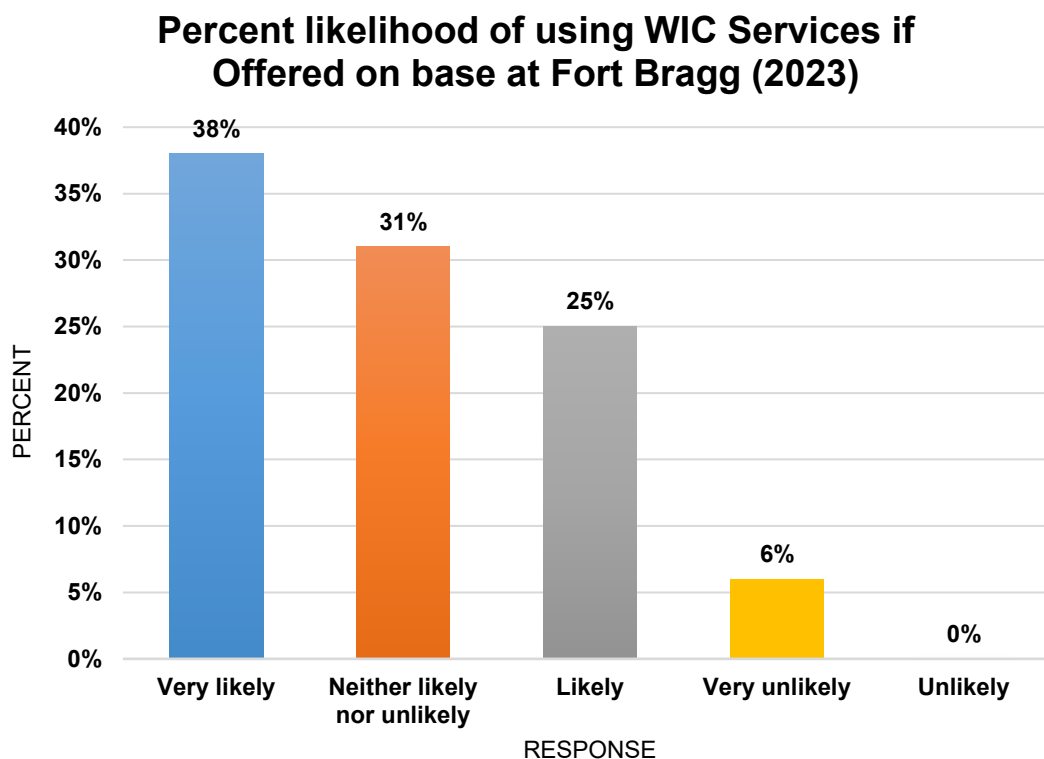


Figure 72: Percent likelihood of using WIC services if offered on base at Fort Bragg (2023)

Source: Fort Bragg DPH 2023 CSTA

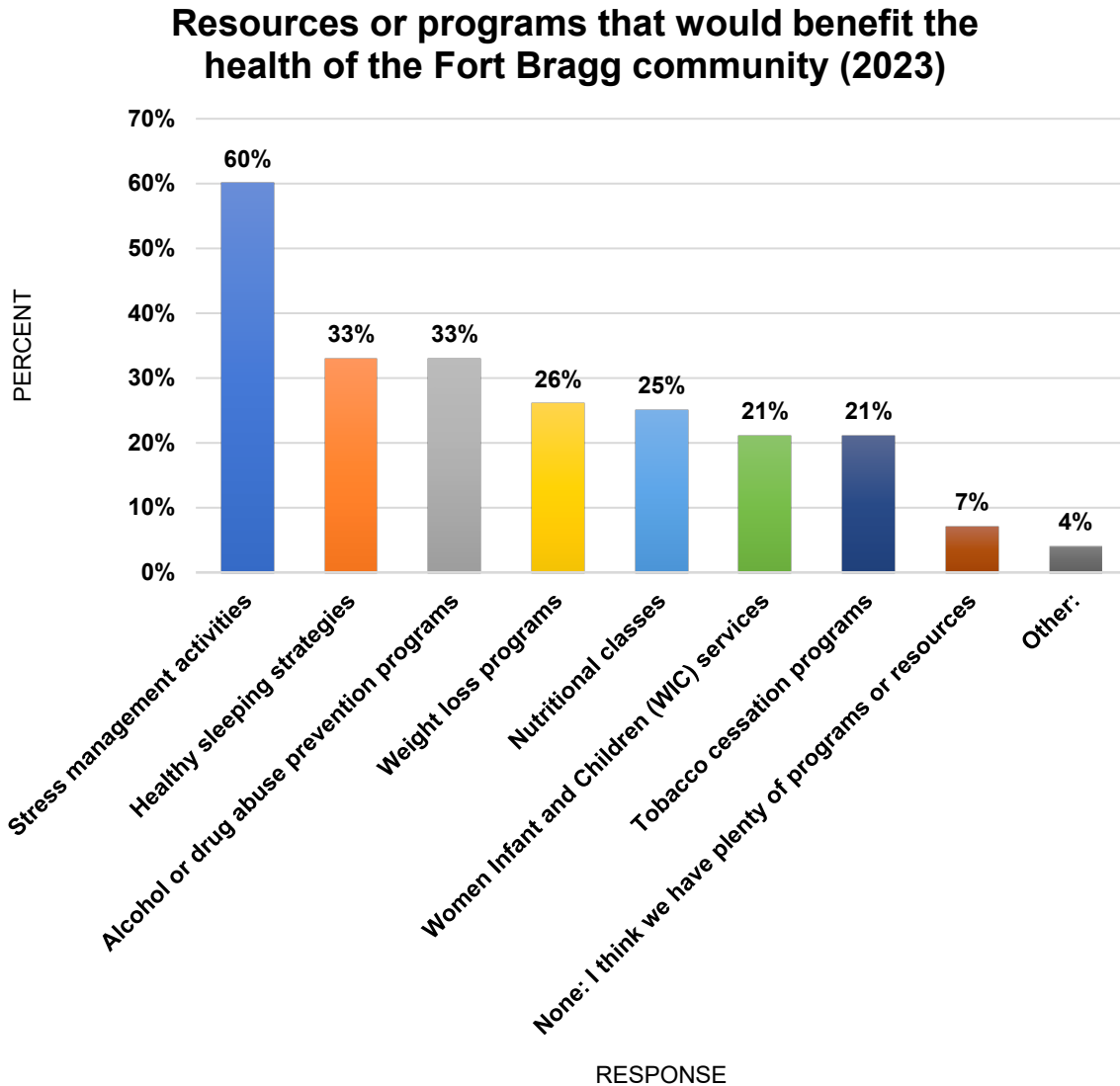


Figure 73: Resources or programs that would benefit the health of the Fort Bragg community (2023)

Source: Fort Bragg DPH 2023 CSTA

## 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

NC has the 16th highest adult obesity rate in the nation, according to data from CDC,

Behavioral Risk Factor Surveillance System, 2021. 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. 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 36% up from 20.9% in 2000. Although much of the Fort Bragg population is physically active due to the military lifestyle (ADSMs exercise 3-5 mornings a week), there is still a percentage (18%) of ADSM adults on Fort Bragg who are obese. The Cumberland County and North Carolina obesity data may also be represented 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.).

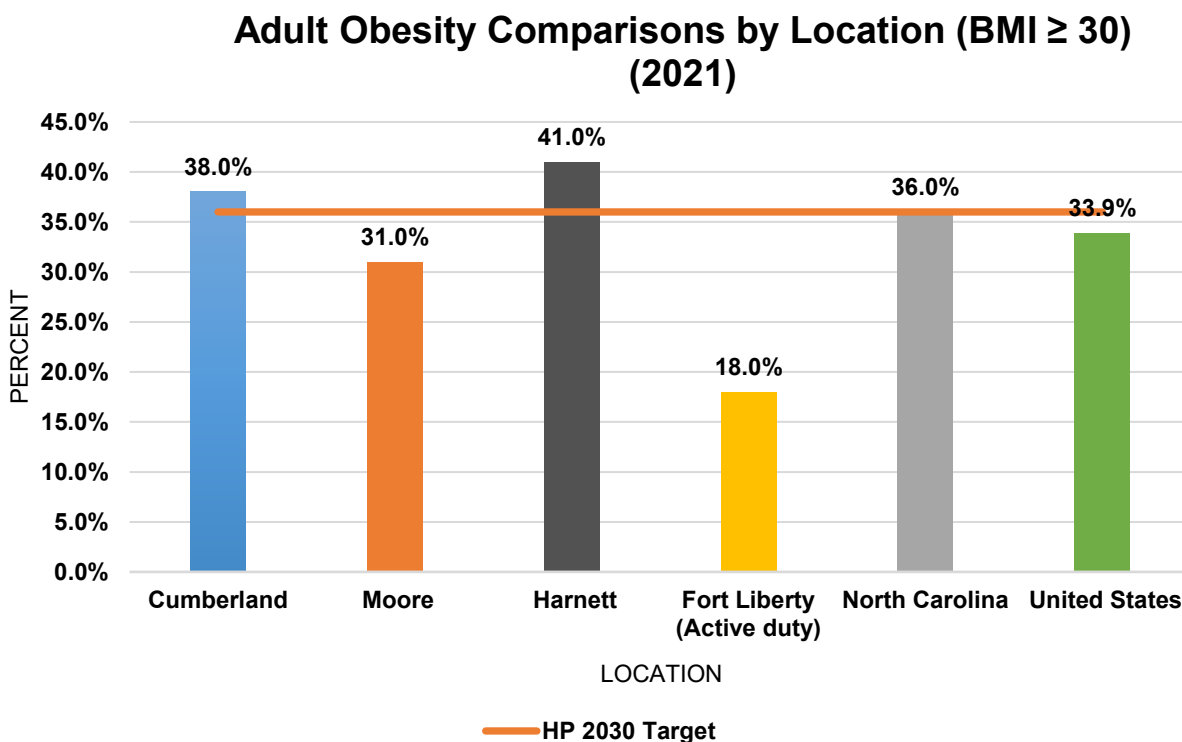


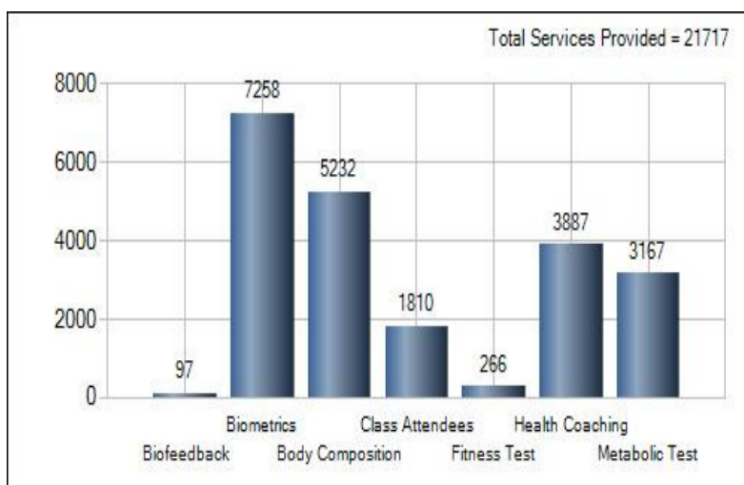
Figure 74: Adult Obesity Comparisons by Location (BMI ≥ 30) (2021)

Source: CHR&R and HOF

## Army Body Composition Program

According to Army regulation AR 600-9, Army Soldiers who exceed body-fat standards will be enrolled in the Army Body Composition program (ABCP). The focus of the ABCP is to have an effective, accurate assessment of the holistic health and fitness of our Force while providing Soldiers with the resources they need to improve and preserve individual and unit readiness. In June of 2023, the regulation was updated to require program participants to incorporate services provided by the Armed Forces Wellness Center (previously named the Army Wellness Center). This requirement is explained further that Soldiers must use only authorized methods for supplemental body composition assessment including Air Displacement Plethysmography (ADP) which is provided by the AFWC. The regulation often refers to the AFWC and states that "additional resources include performance enhancement training to improve performance and

promote efficiency during physical training from the performance expert (where performance expert is available), and education and coaching on healthy sleep, activity, and nutrition behaviors, and weight management by AFWC (if available at duty location) or other MTF resources as indicated to support the Soldier and help them meet the ABCP standards." From 2020 – 2023, 122 Fort Bragg AFWC clients indicated they were places in the ABCP. Overall, from 2020-2023, the AFWC provided services to promote health and reduce obesity to include 5,232 body composition analysis to support not only Soldiers but civilians, retirees, and family members as well,



**Figure 1: Services - Overall**

Figure shows the number of services participated in. Services include Biometrics, Metabolic Testing, Fitness Testing, Body Composition Analysis, Biofeedback, Health Coaching, and Health Education Classes.

*Figure 75: AFWC Services Provided (2020-2023)*

Source: AFWC Health and Wellness Tracker (HWT)

## High Risk Behaviors

The Fort Bragg Risk Reduction Program (RRP) is a commander's program designed to assist commanders with identifying and reducing high risk behaviors in soldiers. The Risk Reduction Program monitors 25 high risk areas through the utilization of data obtained through the Vantage Commander's Risk Reduction toolkit (CRRT). The program focuses on the effective use of installation resources and coordinates efforts between agencies and commanders to assist in implementing intervention strategies to reduce unit risk. The primary high risk behavior areas for ADSMs being tracked by the Risk Reduction Program include: domestic abuse, child abuse and neglect, sexual offenses, crimes against persons, crimes against property, crimes against society, Absent Without Leave (AWOL), traffic offenses, alcohol offenses, drug offenses, alcohol involved cases, drug involved cases, positive urinalysis, soldiers enrolled in substance abuse treatment, soldiers that failed substance abuse treatment, suicides, suicide attempts, suicide ideations, and accidents.

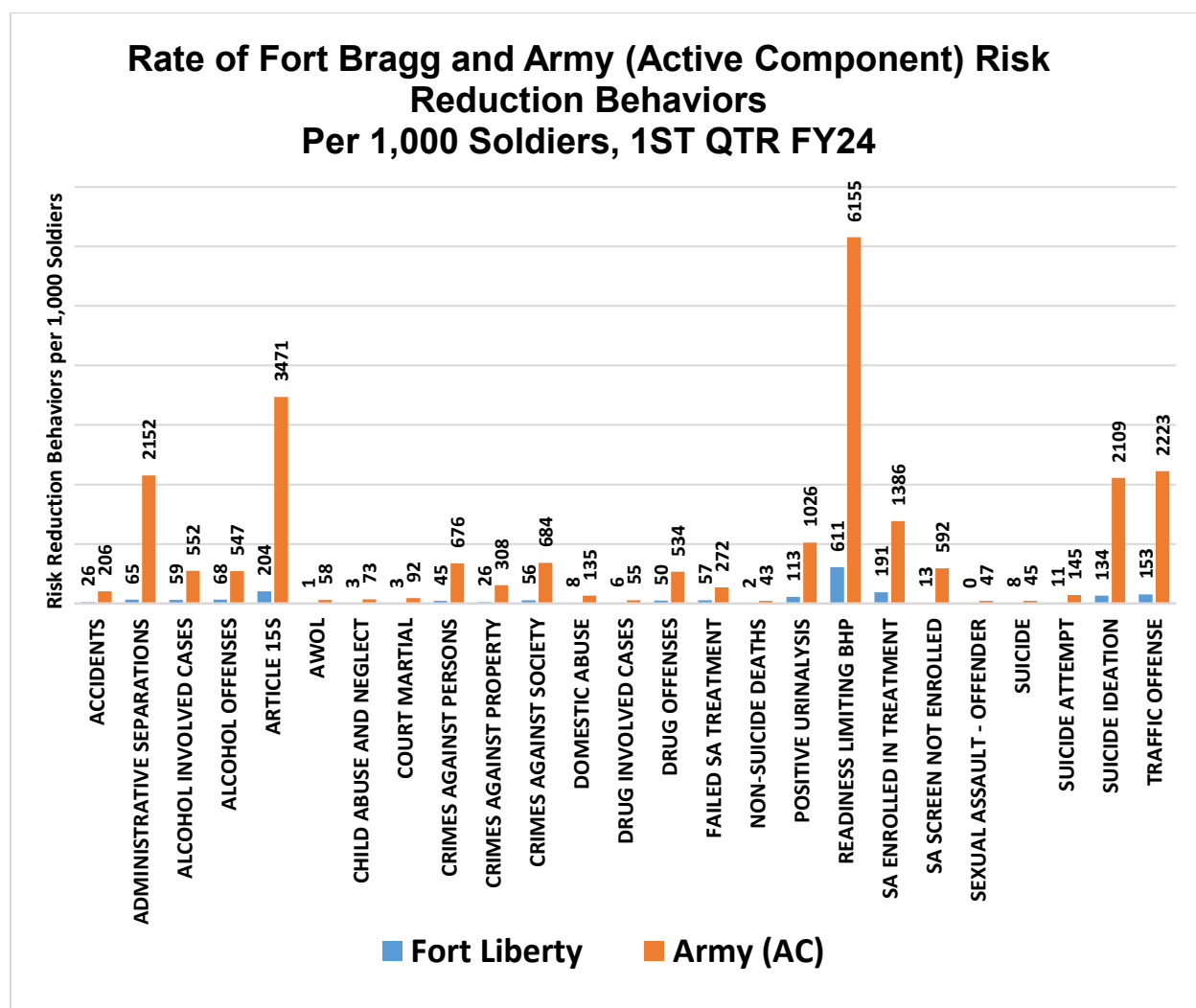


Figure 76: Rate of Fort Bragg and Army (Active Component) Risk Reduction Behaviors Per 1,000 Soldiers, 1<sup>st</sup> QTR FY24

Source: Fort Bragg Risk Reduction Program, 2023

## Suicide

The DOD publishes an annual report on suicide in the Military. During calendar year 2021, there were 176 deaths by suicide among ADSMs, this is a rate of 36.3 per 100,000 Service Members. There were 328 total deaths by suicide from all branches at a rate of 24.3 per 100,000 Service Members. More detailed information is available through DOD Annual Report on Suicide in the Military.

## Health System

Information on the MHS and MHS transition to MHS Genesis is cited throughout this document. More information regarding health services used by the respondents of the 2023 CSTA are displayed below. Respondents reported that the top healthcare services used during the last



year were primary care providers (37%), Armed Forces Wellness Center (16%), and specialty care (16%). Most participants (63%) indicated they would be likely to utilize the WIC services offered on post.

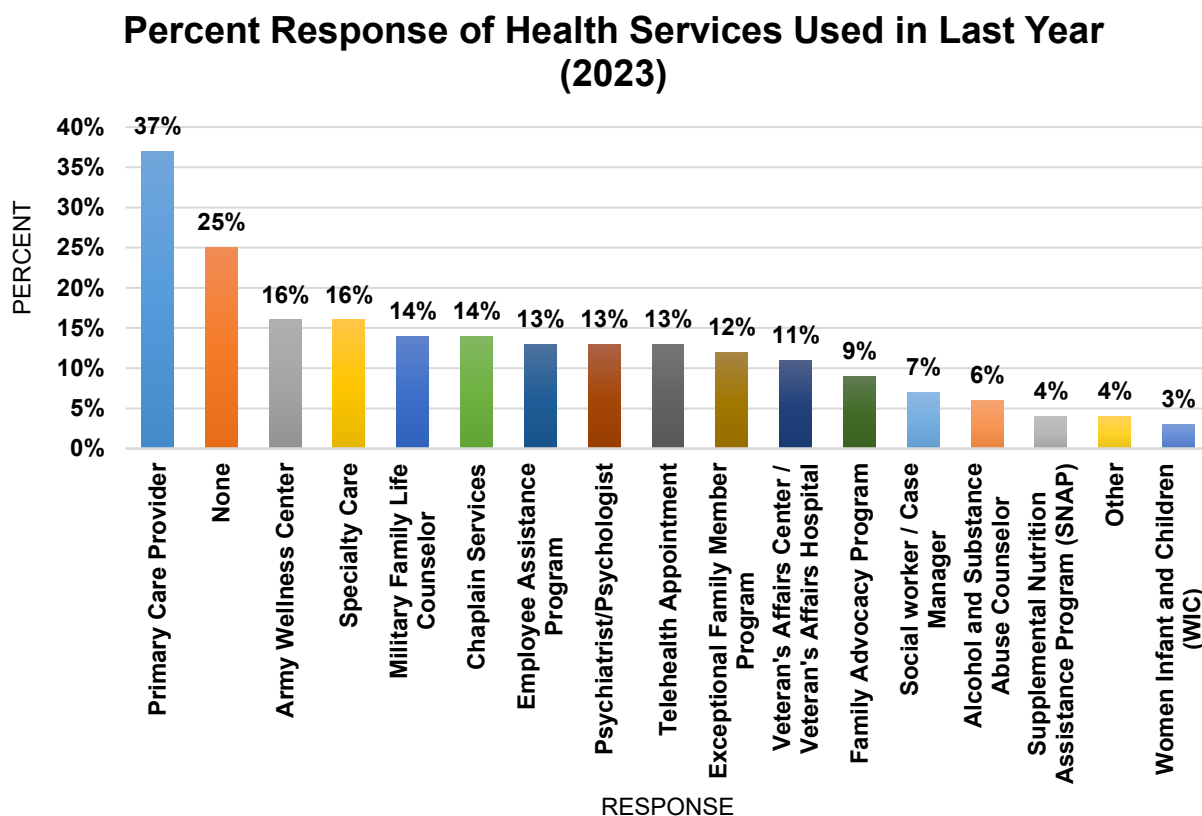


Figure 77: Percent Response of Health Services Used in Last Year (2023)

Source: Fort Bragg DPH 2023 CSTA

## Safety/ Injuries

### Medical Encounters

Musculoskeletal (MSK) conditions and administrative exams have the highest rates of medical encounters at Fort Bragg medical system; Fort Bragg has an injury rate of 1,535 (rate per 1,000), higher than the Army rate at 1,368. Fort Bragg also has a lower percentage of mental health diagnosis (14%) than that of the overall Army (16%).

## Medical Encounters - Service Members (2022)

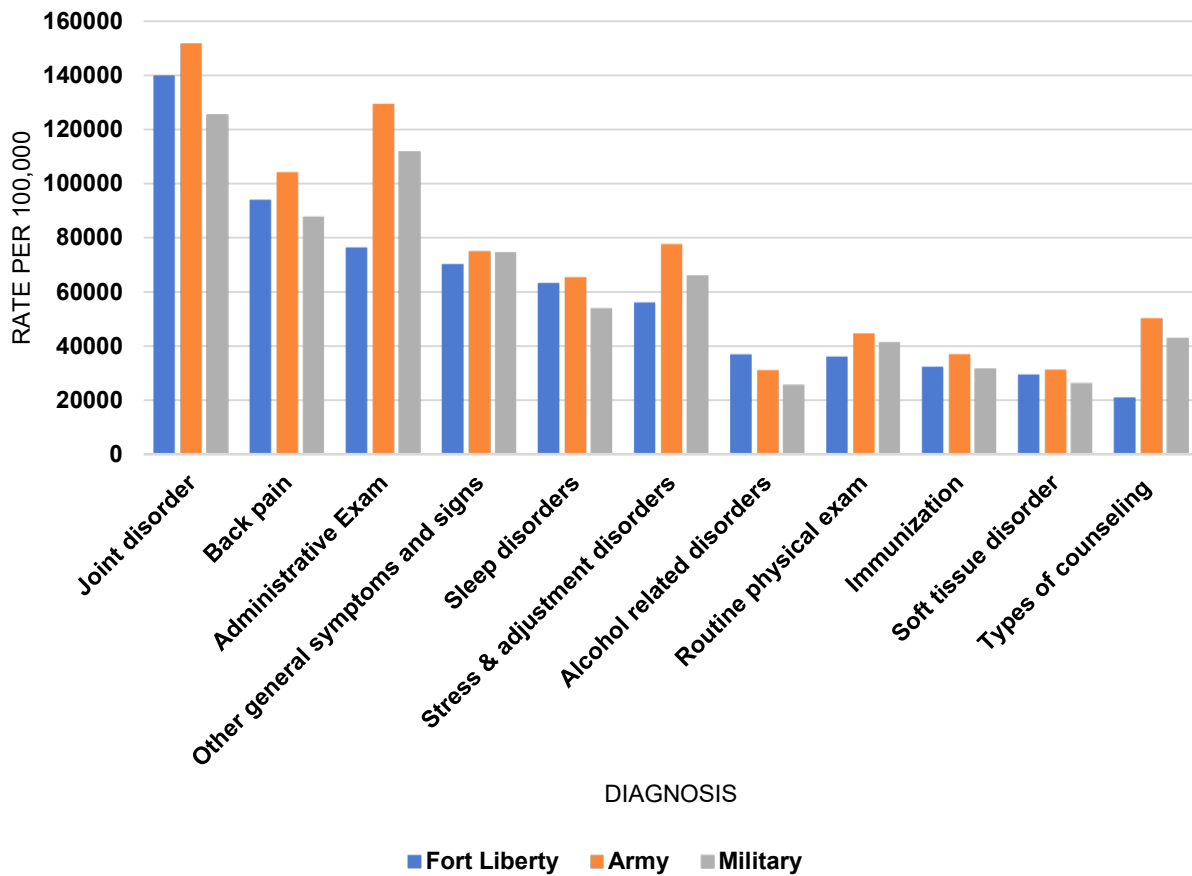


Figure 78: Medical Encounters - Service Members (2022)

Source: DMED

## Injuries

The rate of injury and overuse injuries on Fort Bragg has stayed mostly constant from 2019 to 2021, with a slight decrease in injuries in 2022. This could be attributed to the COVID-19 pandemic as during this time, there was a significant decrease in group and unit training events that contributed to the injury rate pre-pandemic.

## Rate of Injury and Overuse in ADSM (2019-2022)

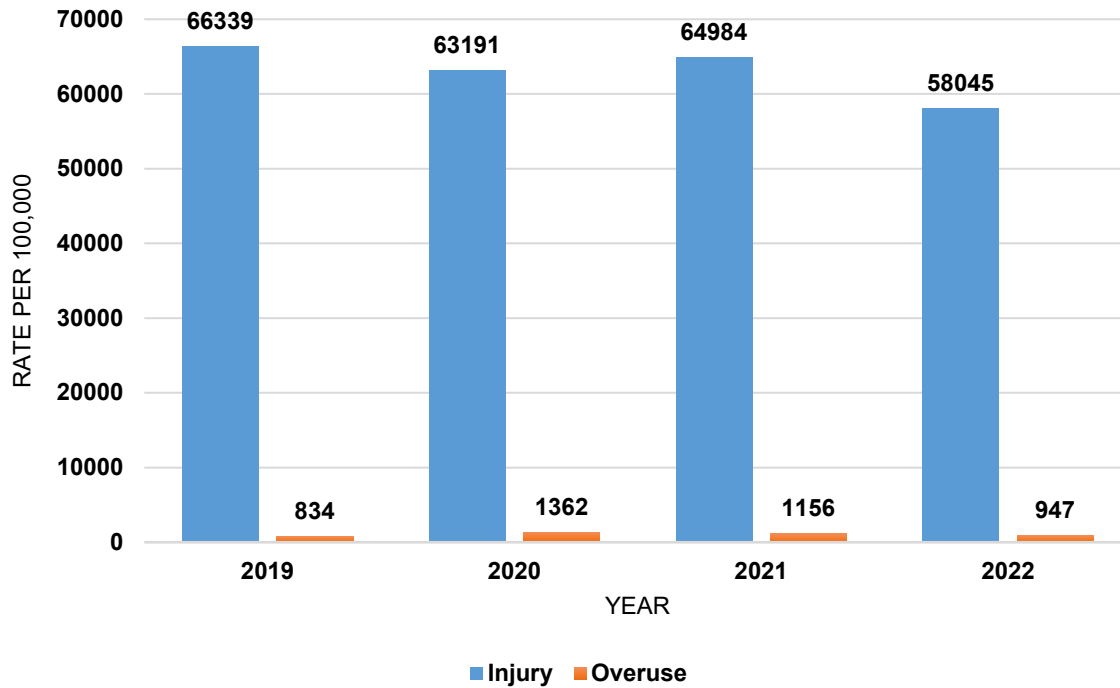


Figure 79: Rate of Injury and Overuse in ADSM (2019-2022)

Source: DMED

## Sexual Health

### Sexually Transmitted Infections (STIs)

As shown in the graphs below, Cumberland County experiences Chlamydia and Gonorrhea rates higher than that of North Carolina and the US. Fort Bragg's rates are higher than rates in the Army overall. ADSM STI rates for these infections between 2019 and 2022 have been remained higher than the US overall. HOF suggests 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.

## Incidence Rate of Chlamydia and Gonorrhea (2020)

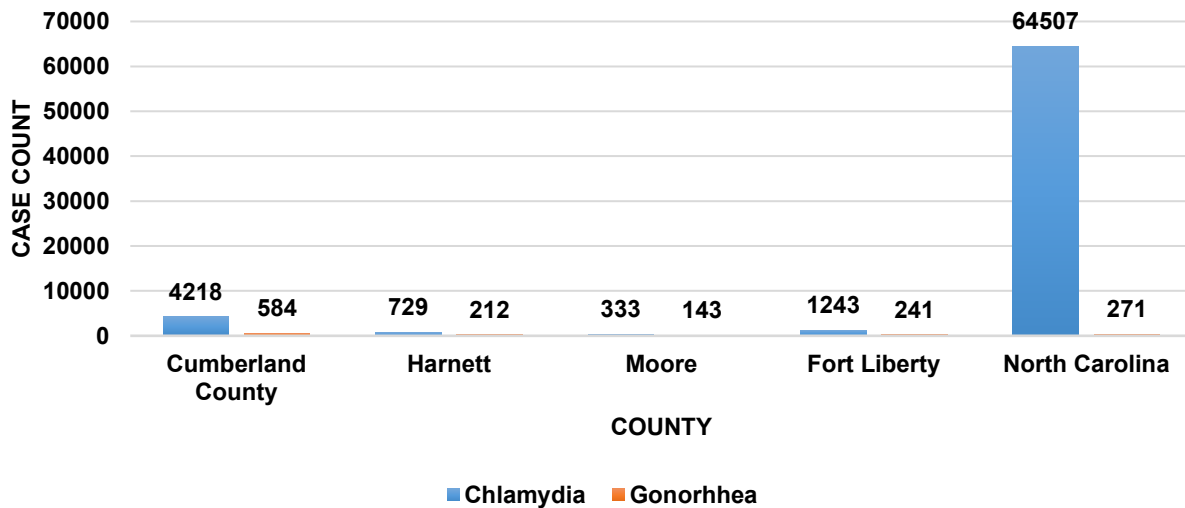


Figure 80: Incidence Rate of Chlamydia and Gonorrhea by Jurisdiction (2020)

Source: Centers for Disease Control and Prevention, DRSi

## Fort Bragg Cases of Chlamydia & Gonorrhea Infections (2019-2022)

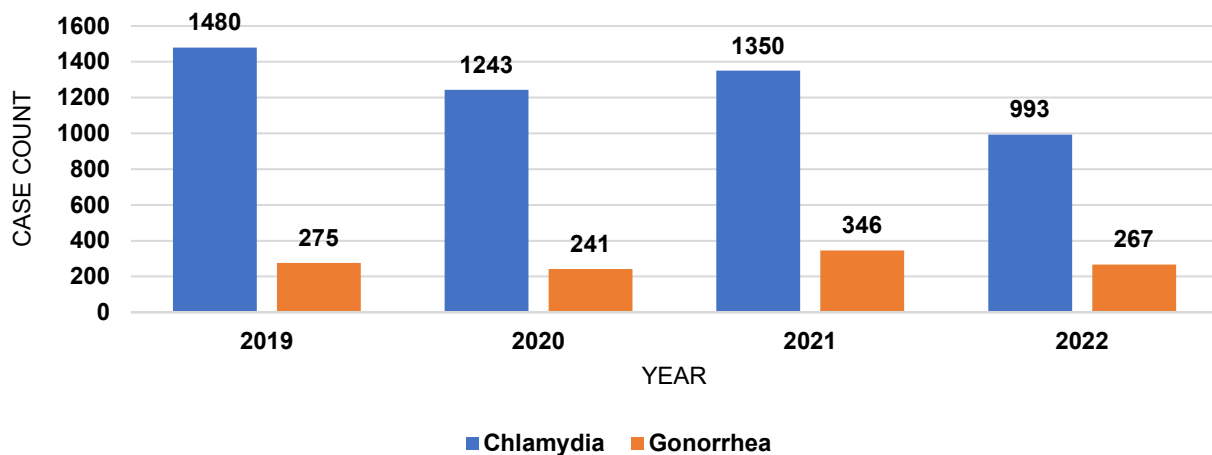


Figure 81: Fort Bragg Cases of Chlamydia & Gonorrhea Infections (2019-2022)

Source: Centers for Disease Control and Prevention, DMED

## Fort Bragg ADSM Cases of Chlamydia & Gonorrhea Infections (2019-2022)

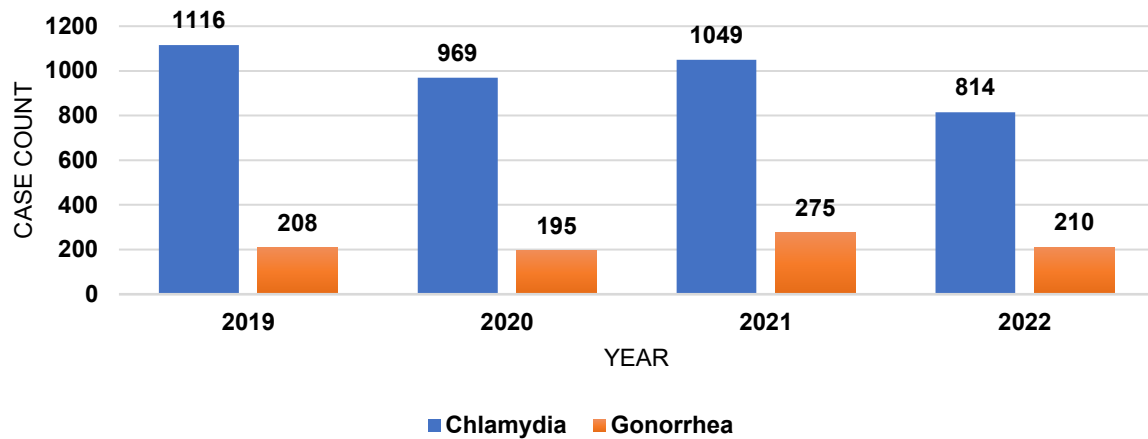


Figure 82: Fort Bragg ADSM Cases of Chlamydia & Gonorrhea Infections (2019-2022)

Source: Centers for Disease Control and Prevention, DMED

## Human Papilloma Virus (HPV)

According to the CDC 2017 report, 1 in 4 adult Americans have HPV. HPV causes cancer and other health-related issues in men and women. It is estimated that 80% of people will get an HPV infection in their lifetime and many do not know when they are infected. The HPV vaccination prevents 6 cancers and genital warts. Complications from HPV infections among service members may affect readiness impacting the total health of the force.

Overall rates of HPV Vaccination and vaccine initiation among males in the military is relatively low. Between 2007-2017, only 3.5% of Army men initiated the HPV vaccine series compared to 26% of Army women.<sup>1</sup> In 2016, 13.5% and 48.5% of civilian men and women had initiated the vaccine, respectively.<sup>2</sup> HPV-associated cancers are concurrently high, with the US Army having both the highest rate and number of cases of oropharyngeal cancer among all US Armed Forces.<sup>3</sup> This is especially concerning given that oropharyngeal cancers now surpass cervical cancer as the most common HPV-associated cancer with rates among men reaching five times that of women.<sup>4</sup> Additionally, prevalence rates of tobacco use among military service members and veterans is higher than tobacco use among civilians, further increasing Army men's risk for developing head and neck cancers.<sup>5</sup> Men experience a three times higher mortality rate from HPV-related cancers compared to women.<sup>4</sup> Despite these statistics, HPV vaccination is not one of the seven vaccines required for active-duty soldiers.

In March 2021, the Fort Bragg DPH identified a lack of clinics stocking the HPV vaccine on the installation. The Medical One Stop Clinic was a primary target for distributing the vaccine because they see 23,000 soldiers annually. Later the Public Health Clinic (PHC, formerly EDC Clinic) served as a secondary intervention site, as they see over 14,000 soldiers annually with a focus on readiness through promoting population focused health, mitigating disease and injury, assuring Force Health Protection, informing policy, and responding to emerging health threats. The QI work resulted in a 1-hour training event for Nursing staff and Providers, who when surveyed, agreed that their confidence to address soldiers HPV vaccine concerns increased.

Prior to our QI initiative, Medical One Stop and PHC did not stock HPV vaccine.

A data review was conducted in 2024 to assess the number of HPV vaccinations on Fort Bragg between 01-January-2020 and 22-March-2022. The medical records indicated that 2,588 vaccines were administered during this time across 37 clinical teams. The One Stop and Public Health Clinics administered 680 doses, 26% of all doses installation wide despite only administering the vaccine for 1/3 of the surveyed time. Through this intervention work 38% of eligible soldiers who were offered accepted the HPV vaccine, with the largest group represented being male service members. Yet, individuals assigned female sex at birth (7.4%) had slightly better odds of returning to complete vaccine series than did those assigned male sex at birth (5.7%) OR = 1.37 (0.9317-2.018), this is not statistically significant, but given the population and skew of data we believe it is an important data point in addressing health disparities among our population. Overall, vaccine series completion rates were low in this population especially among males. Additionally, 42.05% of vaccinations were received by those ages 20 – 24 years. This group only made up 28.9% of the overall SM population on the installation, but 42.05% of vaccinations. This group of individuals is at high risk for contracting HPV and are also those who could receive the highest long-term benefits from vaccination.

	1 Dose	2 Dose	3 Doses
<b>Percent of Women Completed</b> ( <i>n</i> =595)	71.43%	21.18%	7.39%
<b>Percent of Men Completed</b> ( <i>n</i> =1367)	75.57%	18.73%	5.71%

Through quality improvement initiatives, Fort Bragg DPH found that the odds that someone will get the HPV vaccine is 10 times higher when they get a clear provider recommendation. This work has proven that training nurses and support staff to recommend and administer HPV vaccines to soldiers is a feasible and effective intervention. Until HPV vaccine is a required vaccine for military service, this intervention is a light-touch way to promote vaccination among soldiers. This intervention warrants wider-scale testing as a strategy to increase military readiness and to protect Soldiers from HPV-attributable cancers. Fort Bragg DPH is tracking completion of vaccine series on Fort Bragg through the military health system and seeks to continue to expand clinics stocking the HPV vaccine in 2024.

Studies have shown that healthcare provider recommendations for HPV vaccination is the strongest predictor for vaccine uptake.<sup>6</sup> However, to our knowledge, there are currently no studies assessing providers' and clinic staff's attitudes, perceptions, and beliefs about HPV vaccination in the US military. To further refine provider-focused trainings to a military setting and to encourage HPV vaccination across Fort Bragg, it is essential for us to learn more about military provider and clinic staff beliefs, attitudes, and barriers to HPV vaccination across post.

We are currently working on piloting a mixed-methods study with providers on Fort Bragg to target potential interventions and strategies for increasing vaccination uptake among those under 25, specifically males.

### References:

1. Clark LL, Stahlman S, Taubman SB. Human papillomavirus vaccine initiation, coverage, and completion rates among U.S. active component service members, 2007-2017. *MSMR*. 2018;25(9):9-14.
2. CDC. Vaccination Coverage among Adults in the United States, National Health Interview Survey, 2017. AdultVaxView. August 5, 2024. Accessed April 24, 2025. <https://www.cdc.gov/adultvaxview/publications-resources/vaccination-coverage-adults-2017.html>
3. Goodwin CE. Oral Cavity and Pharynx Cancers, Active Component, U.S. Armed Forces, 2007-2019. *MSMR*. 2021;28(7):11-14.
4. Gribb J, Wheelock J, Park E. Human Papilloma Virus (HPV) and the Current State of Oropharyngeal Cancer Prevention and Treatment - PMC. *De la J Public Health*. 2023;9(1):26-28. doi:10.32481/djph.2023.04.008
5. CDC. Military Service Members and Veterans - Tips From Former Smokers. Centers for Disease Control and Prevention. December 1, 2023. Accessed April 24, 2025. <https://www.cdc.gov/tobacco/campaign/tips/groups/military.html>
6. Gilkey MB, Calo WA, Moss JL, Shah PD, Marciniak MW, Brewer NT. Provider communication and HPV vaccination: The impact of recommendation quality. *Vaccine*. 2016;34(9):1187-1192. doi:10.1016/j.vaccine.2016.01.023
7. Kahn BZ, Reiter PL, Kritikos KI, Gilkey MB, Queen TL, Brewer NT. Framing of national HPV vaccine recommendations and willingness to recommend at ages 9-10. *Hum Vaccines Immunother*. 2023;19(1):2172276. doi:10.1080/21645515.2023.2172276
8. Mansfield LN, Kahn BZ, Kokitkar S, Kritikos KI, Brantz SN, Brewer NT. HPV vaccine standing orders and communication in primary care: A qualitative study. *Vaccine*. 2024;42(19):3981-3988. doi:10.1016/j.vaccine.2024.05.008

## Spiritual Health

Related to spiritual health, over one-third respondents see a lack of community cohesion/connectedness (35%) as the top concern on base followed by lack of morals (33%), ethics (29%), and purpose (26%). However, 24% did not have any spiritual concerns at Fort Bragg. Most individuals seek spiritual support off post (45%) and are neither satisfied nor dissatisfied (31%) with the fulfillment of their spiritual needs while at Fort Bragg. Over one-third would like more time to engage in spiritual activities (35%).

### Suggested Improvements to Enhance Fort Bragg Spiritual Health (2023)

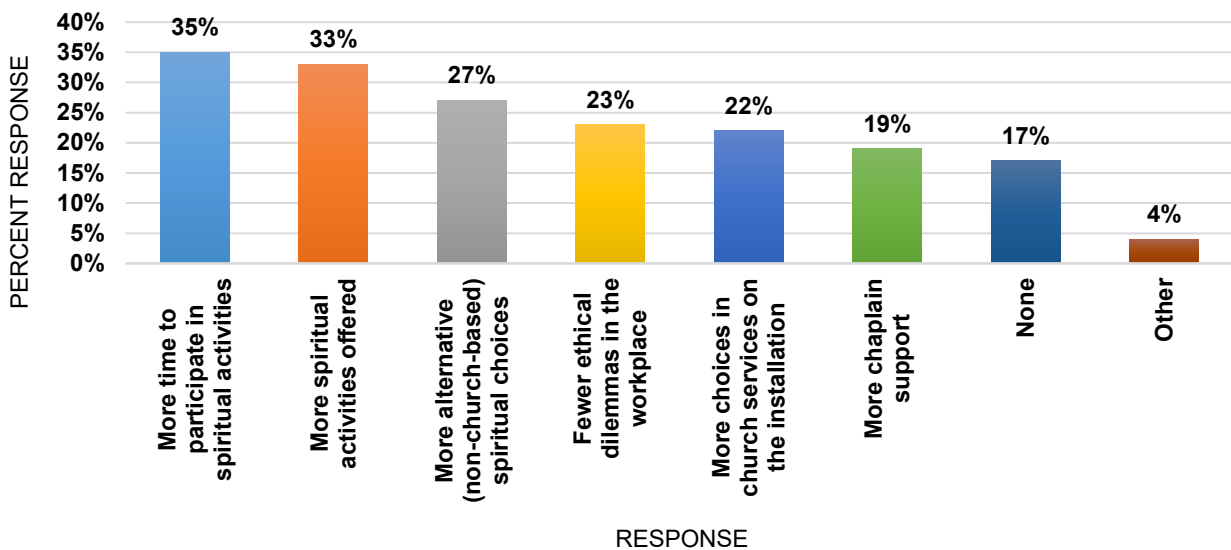


Figure 83: Suggested Improvements to Enhance Fort Bragg Spiritual Health (2023)

Source: Fort Bragg DPH 2023 CSTA

### Percent Response Seeking Spiritual Support (2023)

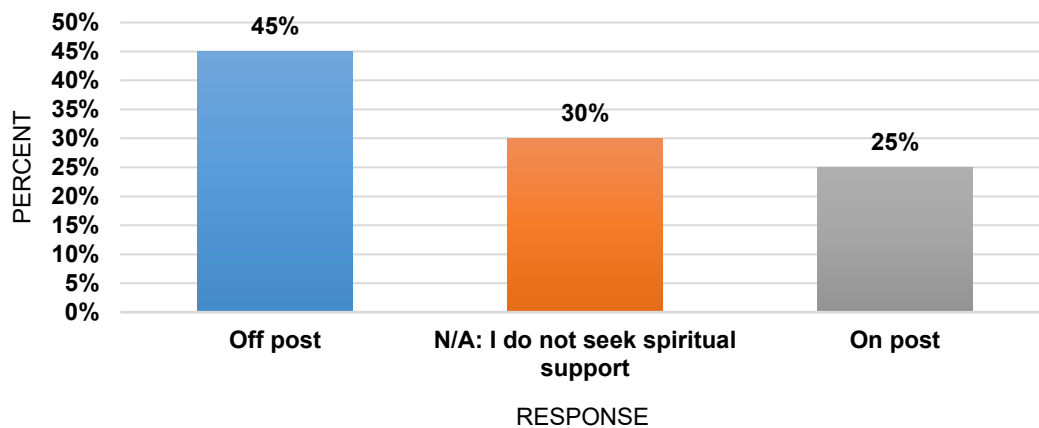


Figure 84: Percent Response Seeking Spiritual Support (2023)

Source: Fort Bragg DPH 2023 CSTA



### Degree of satisfaction regarding the fulfillment of spiritual needs while at Fort Bragg (2023)

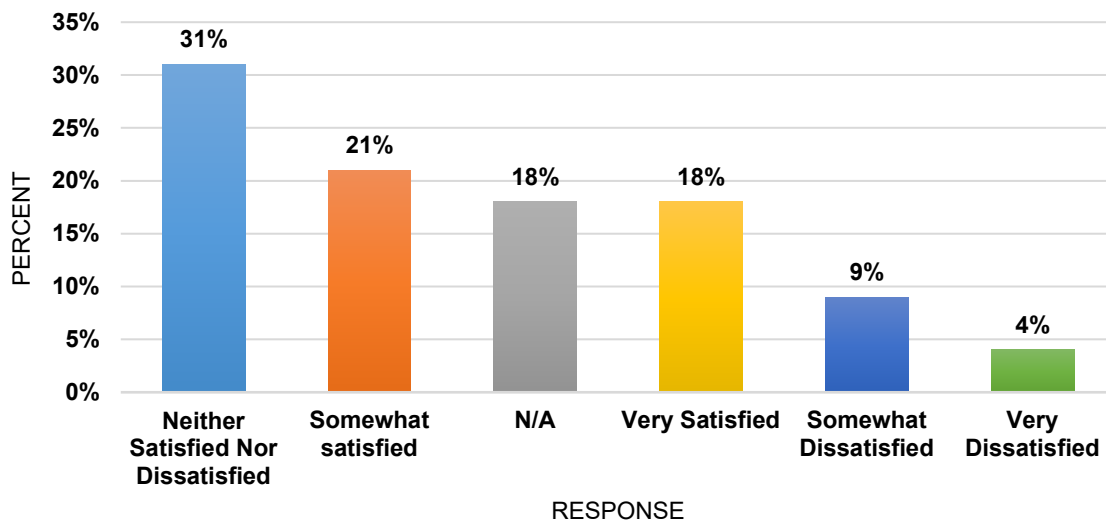


Figure 85: Degree of satisfaction regarding the fulfillment of spiritual needs while at Fort Bragg (2023)

Source: Fort Bragg DPH 2023 CSTA

### Top Spiritual Health-related Concerns at Fort Bragg (2023)

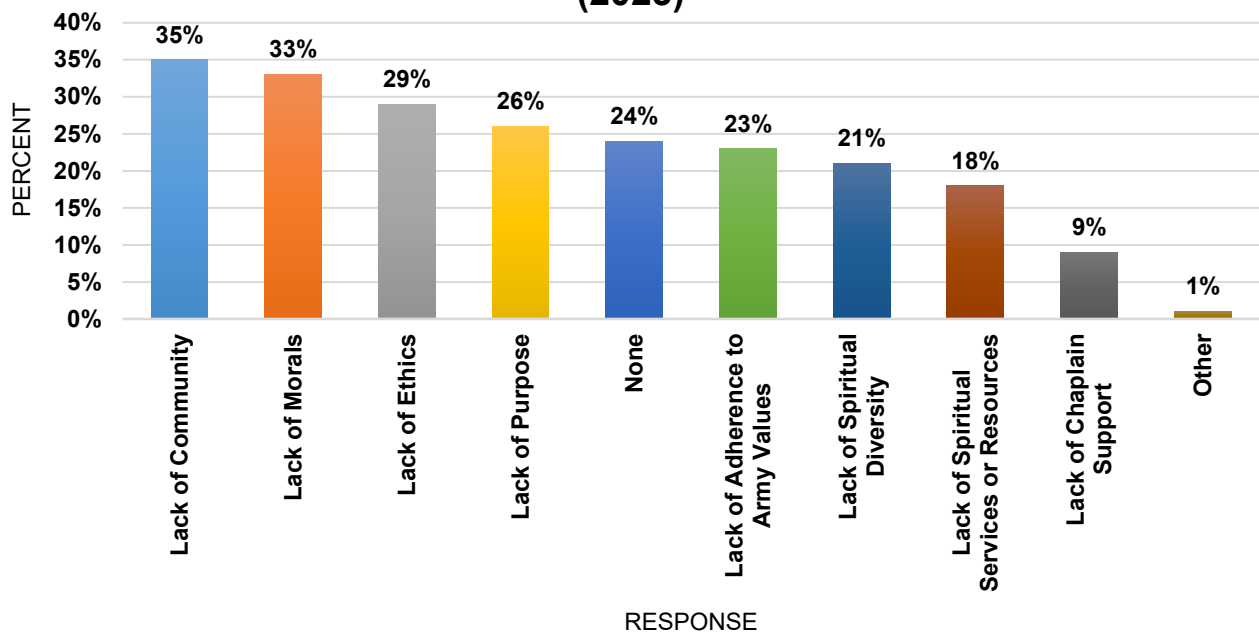


Figure 86: Top Spiritual Health-related Concerns at Fort Bragg (2023)

Source: Fort Bragg DPH 2023 CSTA

## Wellness & Lifestyle

### Lifestyle

The Fort Bragg Family and Morale, Welfare and Recreation (FMWR) Program offers leisure and support programs for service members, their families, and other eligible personnel. MWR programs and services are free or low-cost and offer recreational opportunities which include such programs as youth activities, golf, bowling, libraries, classes, equipment rental, fitness programs, and aquatics.

Fort Bragg's FMWR offers programs and services that include Army Community Services (ACS), Auto Skills Center, Child, and Youth Services (CYS), community events, libraries, Outdoor Recreation programs, Recreation programs, Social & Dining programs, Sports & Fitness programs, and Travel & Lodging programs. MWR operates 14 fitness centers on the installation, 2 stadiums with tracks, 1 standalone track, and 5K trail, 3 outdoor pools and 2 indoor pools, Leisure Travel Services, lodging, and a host of other services.

Fort Bragg also has several parks and Smith Lake Recreation Area, which includes Smith Lake Beach. FMWR operated the Iron Mike Conference Center which is open to the public and provides an excellent setting for functions such as large group meetings, weddings, graduation, family events and parties, military/FRG functions, corporate parties, job fairs, and conferences.

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

Outside of Fort Bragg, Fayetteville and the surrounding areas offer the military community a wide variety of opportunities such as the Airborne and Special Operations Museum, the 1897 Poe House, Cape Fear Botanical Gardens, Segra Stadium (home to the Fayetteville Woodpeckers baseball team), NC Veterans Park, Crown Complex, Fayetteville Marksmen hockey team, and Pinehurst Golf Course. Fort Bragg is only minutes to hours away from larger cities such as Charlotte, Raleigh, Greensboro, and NC and SC beaches, which offer additional choices when it comes to leisure and recreational activities.

### Wellness

The Armed Forces Wellness Center (AFWC) on Fort Bragg seeks to empower healthy behavior change through standardized evidenced-based health education, health coaching, and advanced testing technology. ADSMs, Family Members, Retirees, and Department of Defense Civilians can utilize the services they provide. It is a section under the Fort Bragg DPH and WAMC. The AFWC provides health-related assessments; creates programs to support clients' health-related goals, behaviors, self-efficacy, readiness to change, and health risk factors; supports health and performance improvement through interventions to achieve a healthy body mass, improve physical fitness test score, and avoid weight gain during injury or profile; uses a collaborative approach with the Holistic Health and Fitness Programs (H2F); and supports Soldiers enrolled in Army Body Composition Program (ABCP) by providing exercise and nutrition program. Location: 901 Stiner Rd, Fort Bragg, NC 28310; (910) 643-2101; <https://womack.tricare.mil/Health-Services/Public-Health/Armed-Forces-Wellness-Center>

The Civilian Fitness Program is a contractual program mandated by Army Regulation 600-63,

Army Health Promotion. This program is a Department of the Army program intended to encourage civilian employees to improve readiness, resilience, and health by influencing optimal performance through positive sleep, activity, and nutrition behaviors; and supporting healthy working environments.

## Public Safety

The Garrison Safety Office (GSO) manages the Garrison Commander's Safety Program through safety-based training, awareness, and compliance inspection programs; therefore, creating a safe and healthful environment to work, live and recreate on Fort Bragg. The office also provides Motorcycle Safety Courses (Beginner Rider Course and Advanced Rider Course), and Remedial and Intermediate Driver Training courses. Location: 373 Sonic Street, Pope Airfield, (910) 907-0041; <https://home.army.mil/Bragg/about/garrison/fort-Bragg-safety#qt0:1>

On Fort Bragg, the Directorate of Emergency Services (DES) serves and protect the greater Fort Bragg community by fostering a safe and secure environment. They are committed to preparing for the unforeseen, preventing the avoidable, responding to any emergency and capable of restoring normalcy through rapid recovery. DES Divisions include Fire and Emergency Services, Integrated Incident Management Center(I2MC), Law Enforcement Center (Office of the Provost Marshall), and Physical Security Division. Location: Building 2-5935 at the corner of Butner and Stiner Rd., Fort Bragg, (910) 907-2556.

<https://home.army.mil/Bragg/about/garrison/directorate-emergency-services>

The I2MC is under the DES. I2MC dispatchers receive all 911 calls made on the installation. The I2MC 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.

## Mishaps (Accidents)

AR 385-10, The Army Safety and Occupational Health Program re-defines "Accident to "Army Mishap" in the 24 July 2023 update. An Army mishap as an unplanned event, or a series of related events, resulting in injury or occupational illness incurred by Army military personnel, on-duty injury or occupational illness, or medically diagnosed work-related aggravation or complication of preexisting injuries to military and civilian personnel involving injury, fratricide/friendly fire mishaps, damage to Army property or equipment, and damage to public or private property and/or injury or occupational illness caused to non-Army personnel resulting from Army operations.

Mishaps on Fort Bragg are tracked by the Risk Reduction Program. Mishaps, including injuries, that occur on post are defined as Classes A-D and E-F are listed below. Command use mishap classes to determine the appropriate safety investigation and reporting requirements. Mishap classes:

Class A. An injury and/or occupational illness results in a fatality or permanent total disability; or a manned Army aircraft is either destroyed, missing, or abandoned, or the resulting total cost of property damage to Government and other property is \$2.5 million or more.

Class B. An injury and/or occupational illness results in permanent partial disability; or three or more personnel are hospitalized as inpatients as the result of a single occurrence; or the

resulting total cost of property damage to Government and other property is \$600,000 or more but less than \$2.5 million.

**Class C.** A nonfatal injury or occupational illness results in 1 or more days away from work or training beyond the day or shift on which it occurred; or temporary disability ensues at any time, thereafter, resulting in days away from work and does not meet the definition of class A or B; or the resulting total cost of property damage to Government and other property is \$60,000 or more but less than \$600,000.

**Class D.** A nonfatal injury or illness which results in days of restricted work, or transfer to another job, or medical treatment greater than first aid; or medical/clinical duties result in needle stick injuries or cuts from medical instruments contaminated by blood or other potentially infectious material; or medical removal is required under medical surveillance requirements of an OSHA standard; or occupational hearing loss exceeds the threshold shift established by 29 CFR 1910.95 and DODI 6055.12; or Tuberculosis is contracted associated with work; or the resulting total cost of property damage is \$25,000 or more but less than \$60,000.

**Class E.** An Army mishap in which total cost of property damage is \$5,000 or more, but less than \$25,000.

**Class F.** Aviation incident. An aviation incident confined to aircraft turbine engine and drone engine damage due to unavoidable internal or external foreign object (does not include installed aircraft auxiliary power units).

There were 350 reported Army mishaps on Fort Bragg in FY 2023. The number of mishaps typically fluctuate each quarter but in FY 2023, there was almost a 60% drop from the 2<sup>nd</sup> to 3<sup>rd</sup> quarters and a steep increase in the 4<sup>th</sup> quarter.

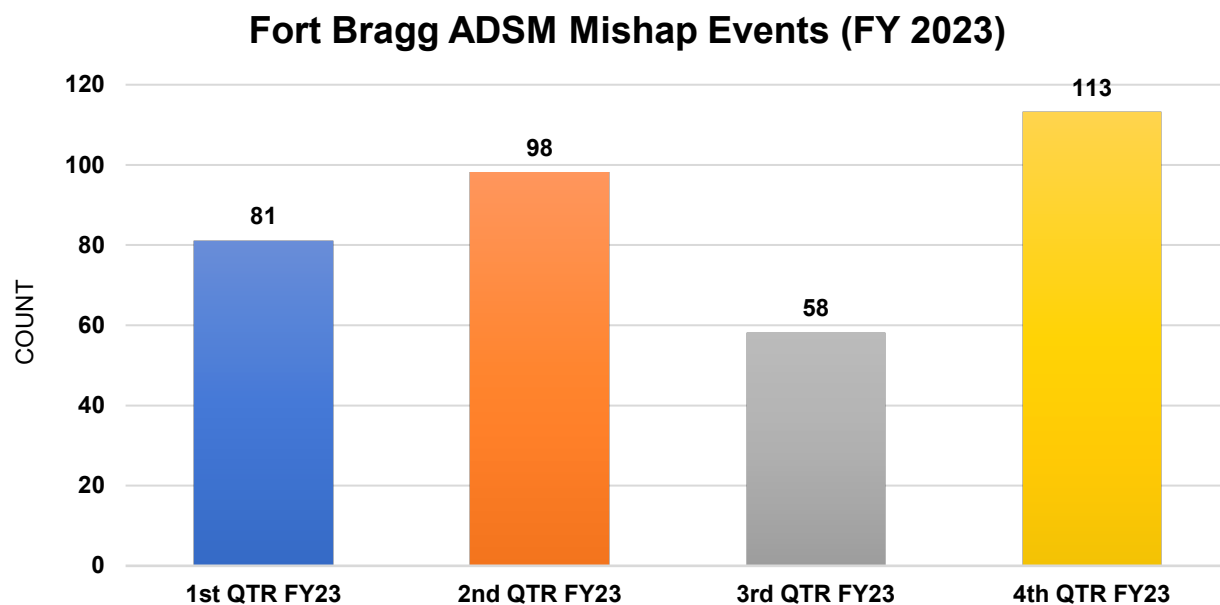


Figure 87: Fort Bragg ADSM Mishap Events (FY 2023)

Source: Fort Bragg Risk Reduction Program

## Programs and Services

### CSTA Responses Access to Quality Programs and Services (2023)



Figure 88: CSTA Responses Access to Quality Programs and Services (2023)

Source: Fort Bragg DPH 2023 CSTA

## Percent Response resources or programs that would benefit the health of the Fort Bragg community (2023)

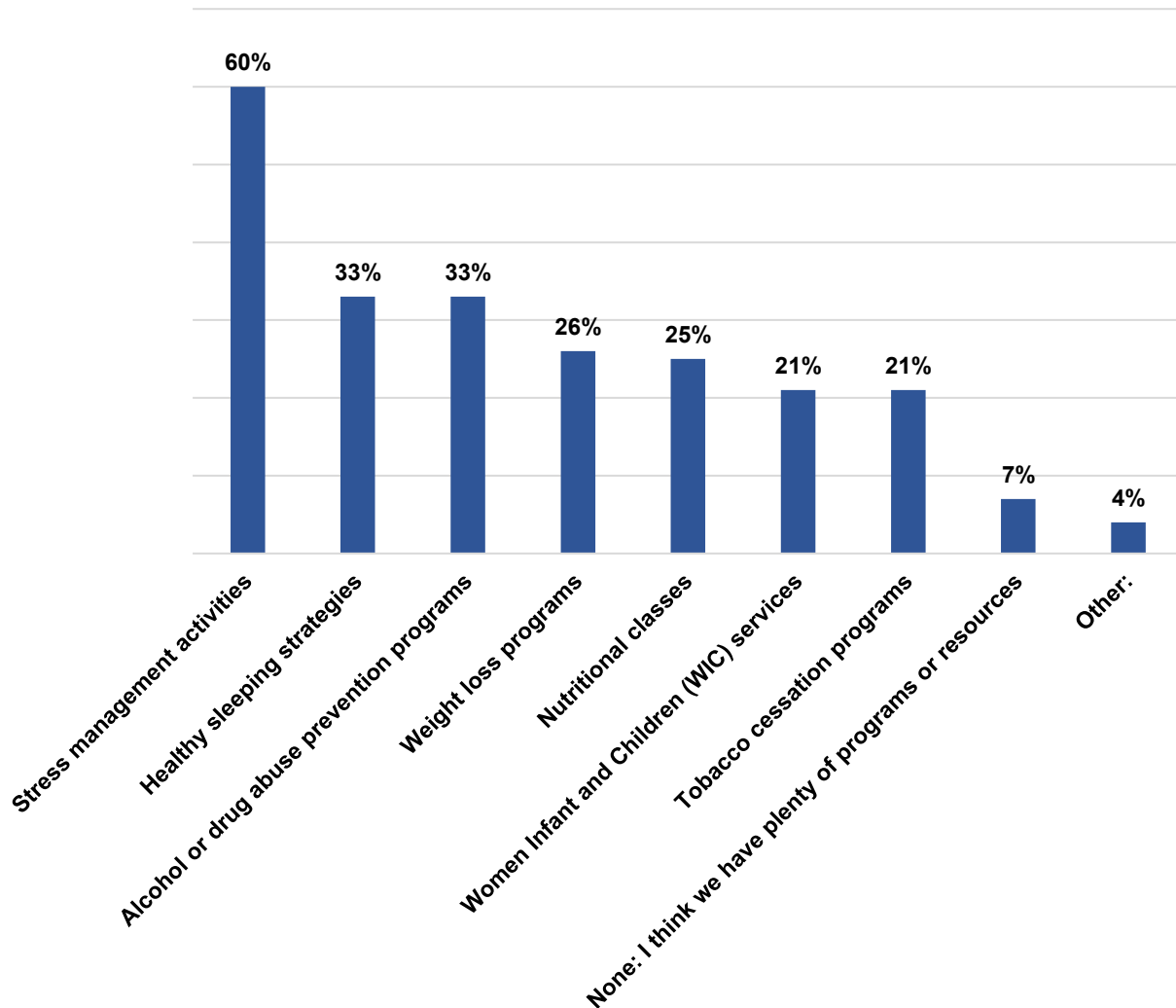


Figure 89: Percent Response resources or programs that would benefit the health of the Fort Bragg community (2023)

Source: Fort Bragg DPH 2023 CSTA

When asked questions regarding programs and services offered on Fort Bragg during the CSTA, respondents indicated they would like to receive information about program and services via email (38%) and chain of command communications (30%).

## Percent response preferred methods for receiving information on available programs and services (2023)

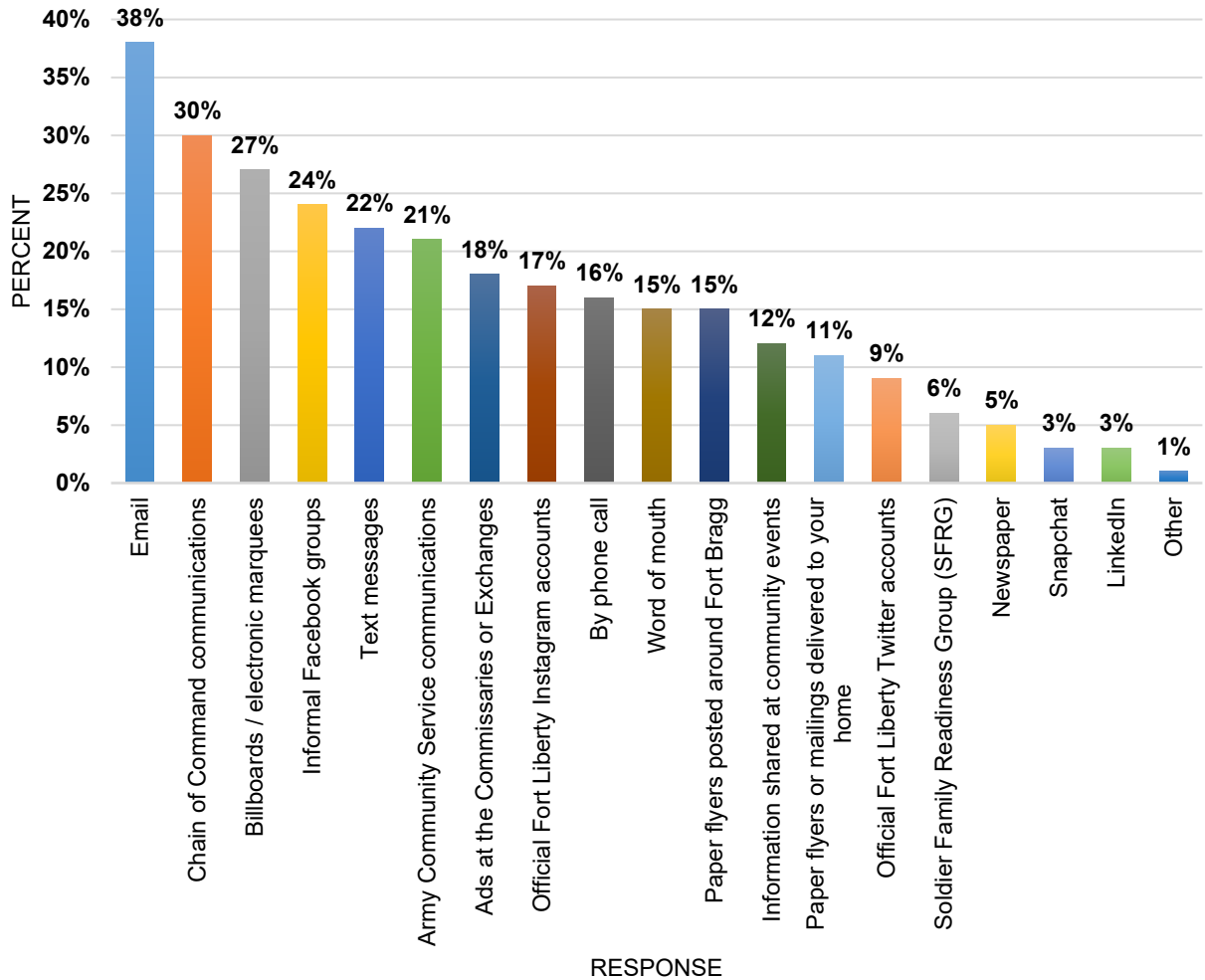


Figure 90: Percent response preferred methods for receiving information on available programs and services (2023)

Source: Fort Bragg DPH 2023 CSTA

While Fort Bragg provides many programs services, the top five reasons for not accessing services on post were difficulty getting an appointment (33%), unclear what service to use (33%), unaware of available services (22%), lack of service accessibility/difficulty getting to service (22%), and job interference (22%).

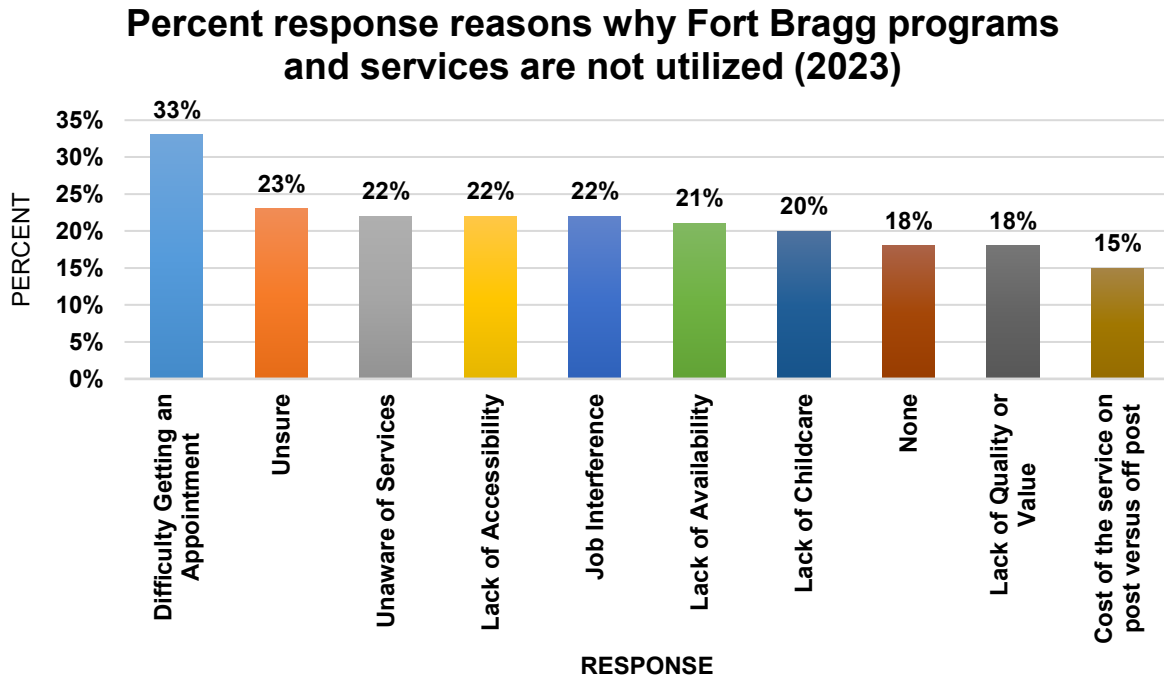


Figure 91: Percent response reasons why Fort Bragg programs and services are not utilized (2023)

Source: Fort Bragg DPH 2023 CSTA

## Community Partnerships and Community Partner Survey

The Fort Bragg works with many organizations to provide the highest level of service to the community. These partners include the Fort Bragg Command Staff, WAMC, the surrounding counties' health departments, other various organizations on Fort Bragg, and proximal universities. The various colors represent the external and internal community partners. Unique relationships exist between services provided to the Fort Bragg community. These organizational relationships and interrelated missions cultivate a comprehensive approach to fully assessing and addressing community needs.



A Community Partnership Effectiveness Evaluation was created and published in February 2024 and disseminated to all local health departments in the South-Central Region and Fort Bragg DPH academic partners. Nearly all respondents had favorable or highly favorable views of DPH.

- “The greatest example of the successful partnership, in my eyes, is the opening on the WIC office, which required collaboration from teams throughout our partnership. It's truly an accomplishment to be proud of!”
- “The partnership continues to grow and shift priorities based on the needs of the installation.”
- “We have been able to collect thousands of surveys related to tobacco use as well as expand the aims of a NIH funded research grant.”
- “The partnership has been quite ambitious and productive compared to a lot of groups I have worked with. I think the team has good communication and solid leadership. I am not sure what I would recommend for improvement.”

## Local County Public Health Services

Fort Bragg DPH is physically located in Cumberland County, in south central NC. The health department participates in the South-Central Health Directors group meetings, which is a collaborative forum with the Directors of local health departments. The local health departments included in this group and surrounding Fort Bragg include:

Bladen County Health Department: 300 Mercer Mill Rd, Elizabethtown, NC 28337; (910) 862-6900; [https://bladennc.gov/office3.com/index.asp?SEC=A8A2468C-7CA6-406E-AA96-D7D4A14CD741&Type=B\\_BASIC](https://bladennc.gov/office3.com/index.asp?SEC=A8A2468C-7CA6-406E-AA96-D7D4A14CD741&Type=B_BASIC)

Cumberland County Health Department: 1235 Ramsey St, Fayetteville, NC 28301; (910) 433-3600; <https://www.cumberlandcountync.gov/departments/public-health-group/public-health>

Harnett County Health Department: 307 W Cornelius Harnett Boulevard, Lillington, NC 27546, 910-893-7550; <http://www.harnett.org/health/>

Hoke County Health Department: 683 E Palmer Road, Raeford, NC 28376; (910) 875-3717; <http://www.hokecounty.net/181/Health-Department>

Lee County Health Department: 106 Hillcrest Dr, Sanford, NC 27330; (919) 718-4640; [https://leecountync.gov/departments/public\\_health/index.php](https://leecountync.gov/departments/public_health/index.php)

Montgomery County Health Department: 217 South Main Street Troy, NC 27371; (910) 572-1393; <https://www.montgomerycountync.com/departments/health-department>

Moore County Health Department: 705 Pinehurst Avenue Carthage, NC 28327; (910) 947-3271 <https://www.moorecountync.gov/291/Health-Department>

Richmond County Health Department: 127 Caroline Street, Rockingham, NC 28379; (910) 997-8301; <https://www.richmondnc.com/202/HEALTH-DEPARTMENT>

Robeson County Health Department: 460 Country Club Rd Lumberton, NC 28360; (910) 671-

3200; <http://www.robesoncountyhealthdepartment.com/>

Sampson County Health Department: 360 County Complex Rd. Bldg. E, Suite 200, Clinton, NC 28328; (910) 592-1131; [http://www.sampsonnc.com/departments/health\\_department/index.php](http://www.sampsonnc.com/departments/health_department/index.php)

Scotland County Health Department: 1405 West Boulevard, Laurinburg, NC 28352; (910) 277-2440; <https://www.scotlandcounty.org/805/Health-Department>

## Community Resources

### **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.

Website: <https://Bragg.armymwr.com/Programs/ACS>

### **Installation Volunteer Services:**

The Installation Volunteer Services offers valuable opportunities to gain experience and directly impact change within the Fort Bragg community. There are several volunteer programs to choose from, ACS Volunteer Program, Army Family Team Building, Army Volunteer Corps, Army Family Action Plan, and the Community Town Hall. are eligible to receive 10 hours per week in free childcare. Website: <https://Bragg.armymwr.com/programs/installation-volunteer-services>

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

AER is the US Army's own nonprofit organization dedicated to alleviating financial distress on the force. AER provides grants and zero-interest loans to Active Duty and Retired Soldiers and their Families. Over 4 million Soldiers supported since 1942. Website:

<https://Bragg.armymwr.com/programs/aer>

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

ASAP supports the entire command, service member, and community in maintaining, providing unit and personnel readiness, and quality of life regarding substance abuse deterrence efforts; community education and prevention programs, identification and rehabilitation services while shaping the capability to meet future requirements. Website: <https://home.army.mil/Bragg/my-fort/all-services/army-substance-abuse-program>

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

ERP offers resources to help with your career plan and job search. Whether you're a military spouse or Family member who just moved to a new installation, retiree, DOD Civilian looking for new opportunities, or ADSMs, Active Reserve, National Guard member, or Wounded Warrior, they are here to help. Website: <https://Bragg.armymwr.com/programs/acs/employment-readiness-program>

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

EFMP provides comprehensive support to Family members with special needs. An Exceptional Family Member is a family member with any physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, or counseling, and meets

the eligibility criteria. Website: <https://Bragg.armymwr.com/programs/acs/exeptional-familymember-program>

**Family Advocacy Program (FAP):**

FAP helps Soldiers and Families recognize and meet the unique challenges of military lifestyles. Our services include seminars, workshops, counseling, and intervention to help strengthen Army Families, enhance resiliency and relationship skills, and improve quality of life. Website: <https://Bragg.armymwr.com/programs/acs/family-advocacy>

**Financial Readiness Program (FRP):**

FRP provides comprehensive educational and counseling programs in personal financial readiness. The program covers indebtedness, consumer advocacy and protection, money management, credit, financial planning, insurance, and consumer issues. Other services offered include mandatory financial literacy, financial planning for transitioning Soldiers, financial counseling for deployed Soldiers and their Families, and the Department of Defense Family Subsistence Supplemental Allowance Program. Website: <https://Bragg.armymwr.com/programs/acs/financial-readiness>

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

MFLCs assist service members and their families with circumstances occurring across the military life cycle and aim to enhance operational and Family readiness. They provide support to individuals, couples, families, and groups for a range of issues including, but not limited to deployment stress, reintegration, relocation adjustment, separation, anger management, conflict resolution, parenting, parent/child communication, relationship/family issues, coping skills, homesickness, and grief and loss. All Military and Family Life Counselors provide confidential non-medical counseling services face-to-face, on and off military installations. Website: <https://Bragg.armymwr.com/programs/mflc>

**Mobilization, Deployment, and Support Stability Operations (MD&SSO):**

MD&SSO provides training and publications to help commanders, Soldiers, and families navigate the challenges of mobilization and deployment. We also have resources for rear detachment cadre and Soldier and Family Readiness Group (SFRG) leaders. Website: <https://Bragg.armymwr.com/programs/acs/mdsso>

**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. We 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. We provide 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. Website: <https://Bragg.armymwr.com/programs/mrp>

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

NPSP is a free service that helps military parents, including expectant parents, transition successfully into parenthood and provide a nurturing environment for their children. Services vary, but may include home visits, parenting classes, playgroups, or prenatal classes. Website: <https://Bragg.armymwr.com/programs/acs/family-advocacy>

**Relocation Readiness Program:**

The Army Community Service Relocation Readiness Program is here to help with a

comprehensive support system, whether it's your first move or the last of many. They have all kinds of information and resources to help you and your family navigate your next military move. Website: <https://Bragg.armymwr.com/programs/rrp>

**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. Website: <https://Bragg.armymwr.com/programs/sexual-harassmentassault-response-and-prevention>

**Survivor Outreach Services (SOS):**

SOS provides long-term support to surviving Families of fallen Soldiers. The goal is to reassure survivors that they remain valued members of the Army Family. Website: <https://Bragg.armymwr.com/programs/acs/survivor-outreach-services>

**Victim Advocacy Program (VAP):**

VAP provides emergency and follow-up support services to adult victims of domestic 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. Our services are available twenty-four hours a day, seven days a week. Website: <https://Bragg.armymwr.com/programs/acs/family-advocacy>

## Communication

The US Army Fort Bragg website is the centralized online source to obtain information on Fort Bragg. The website is located at <https://home.army.mil/Bragg/>. This webpage provides links to such information as Fort Bragg's history, Units and Tenants located on the installation, visitor and newcomer information, online news and social media options, weather updates, installation status, and installation closure information. The webpage has links to each Unit/Tenant's individual webpage, the Public Affairs Officer, Fort Bragg installation guide and answer book, Garrison agencies, and communication options such e-mail, Facebook, Flickr, Instagram, and YouTube.

### Public Affairs Office (PAO)

Fort Bragg PAO 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:** 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 staffs to provide escort, media are asked to make their requests as far in advance as possible.

**Community Relations:** 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:** 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:** Fort Bragg keeps the community informed with current events and information through several social media platforms: Facebook, YouTube, and Instagram.

## Publications

The Paraglide is Fort Bragg's premier source for information. It is located online: <https://home.army.mil/Bragg/paraglide>.

## Postal Service

Fort Bragg has two US Postal Service (USPS) offices on the installation that service two zip codes for Fort Bragg, 28307/28310 and 1 for Pope Army Airfield, 28308. The USPS locations are at 1605 Rock Merritt Avenue and at 1256 Macomb Street, Building 2.

## Fort Bragg Libraries

There are two libraries on Fort Bragg. The John L. Throckmorton Library is operated by FMWR and is located at R. Miller St., BLDG 1-3346, Fort Bragg, North Carolina 28307; (910) 396-5370. The Special Operations Center of Excellence (SOCoE) Libraries, Marquat Memorial Learning Resource Center (MMLRC) at Clay Hall BLDG D-2104, Room B106 and the Joint Special Operations Medical Training Center (JSOMTC) Library at SWMG(A), BLDG 5-3845, Room 121.

## Child and Youth Services

Fort Bragg Child & Youth Services (CYS) is a program operated by FMWR that provides a wide variety activities and opportunities for children and youth of eligible military and civilian families between the ages of 6 weeks and 18 years. Parents or Guardians must register each child with Parent Central Services in order to check eligibility. Eligibility is contingent on the sponsor status. Eligible patrons include ADSMs; DOD Civilian employees paid from either APF or NAF; Reserve Component military personnel on Active Duty or inactive duty training status; combat-related wounded warriors; surviving spouses of military members who died from a combat-related incident; those acting *in loco parentis* for the dependent child of an otherwise eligible patron; and eligible employees of DOD contractors. Others are authorized on a space-available basis. In the case of unmarried, legally separated parents with joint custody or divorced parents with joint custody, children are eligible for childcare only when they reside with the military service member or eligible civilian sponsor at least 25% of the time in a month that a child receives childcare through an Army program. Retiree's eligibility is limited to the use of School of Knowledge, Inspiration, Exploration and Skills – Unlimited (SKIES), Youth Sports and Sports and Fitness programs and with special Garrison permission programs such as summer camp where no waitlist exists.

Registration is required when enrolling in any CYS programs. Parent Central Services is central

location for registration and administrative services.

Fort Bragg has 12 Child Development Centers (CDCs) for ages 6 weeks to 5 years/Kindergarten, 3 School Age Centers (SACs) for grades Kindergarten-5<sup>th</sup>, 2 Youth Centers for grades 6<sup>th</sup> -12<sup>th</sup>, 2 Hourly Care Centers for ages 6 weeks to 12 years, and 1 FCC home for ages 4 weeks to 12 years. CDC staff facilitate the Army's Strong Beginnings/Pre-Kindergarten program, which is designed to prepare children to be successful to enter school. The 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 Programs and Services

PROGRAM	NAME	SERVICES	PHONE
<b>Registration Office</b>	<b><u>Parent Central Services</u></b>	Registration Office for CYS Programs:	910-396-8110
	Fort Bragg, NC	Mon/Wed/Thu/Fri 0800-1700 Tuesday 0930-1700	
<b>Hourly Care</b>	<b><u>Soldier and Family Assistance Center (SFAC)</u></b>	Reserved and drop-off care on an hourly basis Hourly Care Only: 0830-1630	910-432-2273
	Bldg. 4-2133 Normandy Dr. Fort Bragg, NC		
	<b><u>Bauquess CDC</u></b>	Full Day: Mon-Fri 0530-1800	910-907-5135
	Bldg. B-6801 Manhay Rd Fort Bragg, NC		
	<b><u>Cook CDC</u></b>	Full Day: Mon-Fri 0530-1800	910-396-2989
	Bldg. F-1243 Gruber Rd Fort Bragg, NC		
	<b><u>Eagle CDC</u></b>	Full Day: Mon-Fri 0530-1800	910-394-4323
	Bldg. 30 Armistead St. Pope Army Airfield, NC		
	<b><u>Fernandez CDC</u></b>	Full Day: Mon-Fri 0530-1800	910-396-3939
	Bldg 1-6067 Knox St. Fort Bragg, NC		
	<b><u>Rodriguez CDC</u></b>	Full Day: Mon-Fri 0530-1800	910-396-4733
	Bldg. B-7033 Sicily Dr. Fort Bragg, NC		
	<b><u>Maholic CDC</u></b>	Full Day, Strong Beginnings: Mon-Fri 0530-1800	910-907-2613
	Bldg. B-7125 Sicily Dr. Fort Bragg, NC		
	<b><u>Prager CDC</u></b>	Full Day: Mon-Fri 0530-1800	910-396-1136
	Bldg. 8-3684 Souter Pl. Fort Bragg, NC		

## CYS Programs and Services

PROGRAM	NAME	SERVICES	PHONE
<b>School Age Center</b>	<b><u>Baez SAC</u></b> Bldg. B-6102 Longstreet Rd. Fort Bragg, NC	Before school only, After school only, Before school and after school, Occasional care (daily and hourly)*, School closures, Seasonal and holiday school breaks, Summer Camp:  Mon-Fri 0530-1800	910-907-2828
	<b><u>Morales SAC</u></b> Bldg. L-6822 Rockefeller Blvd. Cameron, NC (Linden Oaks)		910-432-6033
	<b><u>Wonderful World of Kids (WWK)</u></b> Bldg. 1-4157 Knox St. Fort Bragg, NC		910-907-4853
<b>Youth Centers</b>	<b><u>Tolson Youth Center</u></b> Bldg. 4-1431 Normandy Dr Fort Bragg, NC	Middle-School and Teen gymnasiums, Two multi-purpose rooms, TV-conference room, Homework center, Computer lab, Teen area, Game room:  Mon-Thu 0630-2000 (Subject to Change) Friday 0630-2200 (Subject to Change) Saturday 1300-2200 (Subject to Change)	910-396-5437
	<b><u>Chay Youth Center</u></b> Bldg. L-6824 Rockefeller Blvd, Cameron, NC (Linden Oaks)	Full size gymnasium, 20 foot climbing wall, Middle School and Teen gaming lounge, latest systems and handheld systems for center use, i-Pads , laptop computers, outdoor pool table, lounging areas, 12-person laser tag equipment, The Protrainer Smart Fit, The Vertimax Training System  Mon-Fri 0630-1900 (Subject to Change) Sat-Sun Closed	910-908-5012
<b>Family Child Care (FCC)</b>	<b><u>FCC</u></b> Bldg. 4-2843 Normandy Dr. (Soldier Support Center) Fort Bragg, NC	Full Day Care, Part Day Care, Hourly Care, School Age Care, Extended Care:	910-907-4853
<b><u>Stout CDC</u></b>	Bldg. B-7127 Sicily Dr. Fort Bragg, NC	Full Day:  Mon-Fri 0530-1800	910-432-5042
<b><u>Laredo CDC</u></b>	Bldg. 401 Armistead St Fort Bragg, NC	Hourly Care Only:  Mon-Fri 0830-1630	910-907-2613



## Education (Fort Bragg on Post Schools)

Fort Bragg Schools are a part of the Department of Defense Education Activity (DoDEA) Americas Mid-Atlantic District and operate 9 out of only DoDEA 50 schools in the US. Fort Bragg schools are located on Fort Bragg, Pope Army Airfield, and in the Linden Oaks Community in Cameron, NC. Fort Bragg Schools are proud of the educational opportunities offered in the community by the educators and administrators who work at each facility.

Fort Bragg Schools serve students living on the installation who attend grades Pre-Kindergarten (Pre-K) through grade 8. There are no high schools on the installation. Students living on Fort Bragg in grades 9 – 12 must attend the local public and private schools in either Cumberland County or Harnett County, or home school.

	SCHOOL	ENROLLMENT	PHONE
<i>Primary Schools</i>	<b><u>Hampton Primary School</u></b> 4503 Honeycutt Road Bldg B-7757 Fort Bragg, NC 28307	Pre-K to 1 <sup>st</sup>	910-861-7100
	<b><u>Irwin Intermediate School</u></b> 91 Rhine Road Bldg B-6138 Fort Bragg, NC 28307-0089	2 <sup>nd</sup> to 5 <sup>th</sup>	910-861-7125
<i>Elementary Schools</i>	<b><u>Bowley Elementary School</u></b> 3445 R. Miller Street Bldg 1-3479 Fort Bragg, NC 28307-0089	Pre-K to 5 <sup>th</sup>	910-907-0202
	<b><u>Devers Elementary School</u></b> 3355 Varsity Street Bldg 9-5536 Fort Bragg, NC 28307-0089	Pre-K to 5 <sup>th</sup>	910-861-7050
	<b><u>Gordon Elementary School</u></b> 4200 Percy Blvd Bldg L-6323 Cameron, NC 28326	Pre-K to 5 <sup>th</sup>	910-861-7075
<i>Middle Schools</i>	<b><u>Poole Elementary School</u></b> 3561 Percy Blvd Bldg L-8101 Cameron, NC 28326	Pre-K to 5 <sup>th</sup>	910-861-7180
	<b><u>Shughart Elementary School</u></b> 4780 Camel Rd Bldg L-1017 Cameron, NC 28326	Pre-K to 5 <sup>th</sup>	910-907-0210
	<b><u>Albritton Middle School</u></b> Normandy Drive Bldg 4-3331 Fort Bragg, NC 28307	6 <sup>th</sup> to 8 <sup>th</sup>	910-907-0201
	<b><u>Shughart Middle School</u></b> 4800 Camel Road Bldg L-1017 Cameron, NC 28326	6 <sup>th</sup> to 8 <sup>th</sup>	910-907-0211



According to Fort Bragg PAIO, there are a total of 3,667 students enrolled in Fort Bragg schools. To enroll in any Fort Bragg DoDEA School, students must 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 ADSMs and DOD employees the opportunity to attend DoDEA schools located on Fort Bragg. DoDEA's mission is to educate, engage, and empower military-connected students to succeed in a dynamic world. The agency's top priorities are to increase student achievement and to create a unified school system.

## Fort Bragg's Colleges and Universities

The Army Continuing Education System's mission (ACES) is to create and lead the Army's premiere education organization committed to excellence, innovation, and deployability. Counseling is an integral part of the individual's educational endeavors. The Education Staff is committed to providing quality services and programs to active-duty personnel, Family members, retired military personnel, and Civilian personnel. Professional guidance counselors staff two Education Centers and provide a full range of adult and continuing education counseling. Individual counseling is available during normal duty hours on a walk-in basis. Counselors are also available to visit units and provide briefings to Soldiers and commanders on the education opportunities at Fort Bragg.

Fort Bragg offers a variety of Colleges and Universities. They are located at the Fort Bragg Training and Education Center (LTEC), 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

## List of Abbreviations

<b>ACS</b>	Army Community Services
<b>AER</b>	Army Emergency Relief
<b>APHN</b>	Army Public Health Nursing
<b>ASAP</b>	Army Substance Abuse Program
<b>AFWC</b>	Armed Forces Wellness Center
<b>ASVAB</b>	Armed Services Vocational Aptitude Battery
<b>BMI</b>	Body Mass Index

<b>BOSS</b>	Better Opportunity for Single Soldiers
<b>CDC</b>	Child Development Center
<b>CHA</b>	Community Health Assessment
<b>CHSA</b>	Community Health Status Assessment
<b>CSTA</b>	Community Strength and Themes Assessment
<b>CYS</b>	Child, Youth and School services
<b>DA</b>	Department of the Army
<b>DENTAC</b>	Dental Activity
<b>DHA</b>	Defense Health Agency
<b>DMED</b>	Defense Medical Epidemiology Database
<b>DOD</b>	Department of Defense
<b>DoDEA</b>	Department of Defense Education Activity
<b>DPH</b>	Department of Public Health
<b>DRSi</b>	Disease Reporting System internet
<b>EFMP</b>	Exceptional Family Member Program
<b>FAP</b>	Family Advocacy Program
<b>FoC</b>	Forces of Change Assessment
<b>FORSCOM</b>	US Army Forces Command
<b>FPL</b>	Federal Poverty Level
<b>FRP</b>	Financial Readiness Program
<b>HEDIS</b>	Healthcare Effectiveness Data and Information Set
<b>HHS</b>	Health and Human Services
<b>LPHSA</b>	Local Public Health System Assessment
<b>LTEC</b>	Fort Bragg Training and Education Center
<b>MAPP</b>	Mobilizing for Action Through Planning and Partnerships
<b>MDSSO</b>	Mobilization, Deployment, and Support Stability Operations
<b>MFLC</b>	Military Family Life Counselors
<b>MRP</b>	Multicultural Readiness Program
<b>MSK</b>	Musculoskeletal
<b>MWR</b>	Morale, Welfare and Recreation
<b>NC</b>	North Carolina
<b>NPSP</b>	New Parent Support Program
<b>OSHA</b>	Occupational Safety and Health Administration
<b>PA&amp;E</b>	Program Analysis and Evaluation
<b>PAO</b>	Public Affairs Office
<b>PHWG</b>	Public Health Working Group
<b>RRP</b>	Respiratory Program
<b>SFAC</b>	Soldier Family Assistance Center
<b>SHARP</b>	Sexual Harassment/Assault
<b>SIDS</b>	Sudden Infant Death Syndrome
<b>SOS</b>	Survivor Outreach Services
<b>STI</b>	Sexually Transmitted Infections

<b>TIMR</b>	Targeted Infant Mortality Reduction
<b>USARC</b>	US Army Reserve Command
<b>VA/VAMC</b>	Veterans Affairs/VA Medical Center
<b>VAP</b>	Victim Advocacy Program
<b>WAMC</b>	Womack Army Medical Center
<b>WG</b>	Working Group
<b>RRP</b>	Risk Reduction Program
<b>SFAC</b>	Soldier Family Assistance Center
<b>SHARP</b>	Sexual Harassment/Assault

## Closing Acknowledgement and CHA Updates

Fort Bragg Department of Public Health (DPH) would like to thank the many team members and supporting partners who helped prepare this document. We are proud to present the comprehensive work aimed to improve the health of the Fort Bragg community with this thoroughly prepared document. DPH leadership acknowledges the important daily work performed by the department, our stakeholders, and therefore, further appreciates the contributions made to this document. A special thanks to the Fort Bragg leadership team that prepared this document. In addition, special thanks to the UNC Lineberger Comprehensive Cancer Center Military Health Research Team for their extensive contributions to the 2024 CHA.



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Organizations may request amendments or updates to this CHA. This document is meant to continuously improve to meet the growing needs of the community. Please email the Fort Bragg Department of Public Health at [dha.bragg.womack-amc.mbx.ph@health.mil](mailto:dha.bragg.womack-amc.mbx.ph@health.mil) for questions or input.

The most up-to-date version of this document is stored in the Publications and Resources Section of the Fort Bragg DPH website at <https://womack.tricare.mil/Health-Services/Public-Health>.