Joint Base Lewis McChord

COMMUNITY HEALTH ASSESSMENT REPORT

Public Health
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Joint Base Lewis-McChord

Joint Base Lewis-McChord Department of Public Health
JBLM, WA 98433
Effective: 02 March 2023

COMMUNITY HEALTH ASSESSMENT REPORT

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

SUMMARY: This document provides the results Army Public Health Nursing (APHN) Community Health Status Assessment and the Health Promotion Community Needs Assessment, in conjunction with the Joint Base Lewis-McChord Community, as a comprehensive community health assessment.

APPLICABILITY: This assessment applies to the entire Joint Base Lewis- McChord Community.

SUGGESTED IMPROVEMENTS: For revisions and updates to this document, contact the Joint Base Lewis-McChord Department of Public Health Army Public Health Nursing Section.

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List of Abbreviations

ACGR	Adjusted Cohort Graduation Rate
ACS	Army Community Service
AER	Army Emergency Relief
AF	Air Force
AFAP	Army Family Action Plan
APHN	Army Public Health Nursing
ASAP	Army Substance Abuse Program
ASBBC-PNW	Armed Services Blood Bank Center-Pacific Northwest
AWC	Army Wellness Center
BMI	Body Mass Index
BOSS	Better Opportunities for Single Soldiers
BRFSS	Behavioral Risk Factor Surveillance System
CBMH	Community Based Medical Home
CDC	U.S. Centers for Disease Control and Prevention
CDC	Child Development Center
CHA	Community Health Assessment
CHIP	Community Improvement Plan
CHSA	Community Health Status Assessment
CNA	Community Needs Assessment
CYSS	Child, Youth and School Services
DEERS	Defense Enrollment Eligibility Reporting System
DoD	Department of Defense
DOEHRS-IH	Defense Occupational and Environmental Health Readiness System – Industrial Hygiene
DPH	JBLM Department of Public Health
DPW	Director of Public Works
EBH	Embedded Behavioral Health
EFMP	Exceptional Family Member Program
EH	Environmental Health
ERP	Employee Readiness Program
ES	Essential Service
FAP	Family Advocacy Program
FoC	Forces of Change
FORSCOM	US Army Forces Command
FPL	Federal Poverty Level
FRP	Financial Readiness Program
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Health and Human Services
HP	Healthy People

IRB	Institutional Review Boards
JBLM	Joint Base Lewis-McChord
LPHSA	Local Public Health System Assessment
MAPP	Mobilizing for Action through Planning and Partnerships
MADIGAN	Madigan Army Medical Center
MHS	Military Health System
MDSSO	Mobilization, Deployment, and Support Stability Operations
MFLC	Military and Family Life Counselor
MWR	Morale, Welfare and Recreation
NACCHO	National Association of County and City Health Officials
NCQA	National Committee for Quality Assurance
PAO	Public Affairs Office
PH	Public Health
PCS	Permanent Change of Station
Pre-K	Pre-Kindergarten
PTSD	Post-Traumatic Stress Disorder
SBCT	Stryker Brigade Combat Team
SCMH	Soldier-Centered Medical Home
SFRG	Soldier Family Readiness Group
SHARP	Sexual Harassment/Assault Response and Prevention
SRU	Soldier Recovery Unit
STI	Sexually Transmitted Infection
TAP	Army Transition Assistance Program
VA/VAMC	Veterans Affairs/Veterans Affairs Medical Center
VAP	Victim Advocacy Program
WA	Washington
WG	Working Group

Introduction

A Community Health Assessment (CHA) is a systematic examination of the health status indicators for a given population that identifies key problems and assets in a community. The ultimate goal of a CHA is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes are used to conduct a CHA; however, the essential ingredients are community engagement and collaborative participation. [1] A well-executed CHA identifies public health needs and resources and provides a sound basis for interventions that improve health outcomes in the community.

Health is a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity. [2] The term "community health" refers to the health status of a defined group of people or community and the actions and conditions that protect and improve the health of the community. Those individuals who make up a community live in a somewhat localized area under the same general regulations, norms, values, and organizations.[3]

An Army post community is both unique from and a part of the community that surrounds it. Therefore, the Joint Base Lewis McChord (JBLM) CHA encompasses the military installation and then expands beyond the gates of the post. Our community is defined as the number of beneficiaries (Active-Duty Service Members, National Guard, Reservists, Retirees, and dependents) residing within the 40-mile catchment area from the center of JBLM, WA, and amounts roughly 18,895 Active-Duty personnel living off-post (73.9 percent) and 8,097 Active-Duty personnel living on JBLM post (26.1 percent).[4]

The purpose of the CHA is to provide a detailed snapshot of the current health status of a community and its members. The assessment includes information on a myriad of health topics including demographics, socioeconomic characteristics, quality of life, local military and civilian resources, behavioral factors, the natural and built environments, morbidity, mortality, and other social determinants of health. National Army trends are compared to the local counties, state, and national trends.

The CHA is the basis for a Community Health Improvement Plan (CHIP). A review of the amassed data in this CHA affords the opportunity to prioritize health issues to develop strategies and interventions that support the goal of improving the health of the JBLM community. The CHA is a presentation of data and trends, while the CHIP is a

[1] Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009
[2] World Health Organization. 101st Session of the WHO Executive Board. Resolution EB101.R2. Geneva, Switzerland: WHO; 1998.
[3] Goodman RA, Bunnell R, Posner SF. What is "community health"? Examining the meaning of an evolving field in public health. Prev Med. 2014 Oct;67 Suppl 1(Suppl 1): S58-61. doi: 10.1016/j.ypmed.2014.07.028.
[4] Defense Enrollment Eligibility Reporting System (DEERS))

plan of action detailing the specific efforts which will be mobilized to make lasting improvements to the health of the community.

Executive Summary

A comprehensive community health assessment (CHA) that reflects the Army Public Health Nursing (APHN) Community Health Status Assessment (CHSA) and the Community Needs Assessment (CNA) which is conducted instead of Community Strengths and Themes Assessment (CSTA) is updated at least every five years (or earlier if directed by leadership) through a collaborative process with key installation, military community, and neighboring community partners and stakeholders. These assessments collect and analyze data and information to describe the health of the community, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to educate and improve the community's health. The Joint Base Lewis-McChord Department of Public Health (DPH) leads the collaborative process to complete the CHA for Joint Base Lewis-McChord, WA.

The 2022 Joint Base Lewis-McChord Community Health Assessment includes the following components:

- A community profile providing overall information on community demographics and socioeconomic factors, including social determinants of health
- An analysis of access to health services on Joint Base Lewis-McChord
- An overview of the clinical care, health behaviors, health outcomes, and public safety on Joint Base Lewis-McChord
- Results from the Community Needs Assessment
- Results from the Local Public Health System Assessment
- A description of the Forces of Change Assessment which identifies forces such as trends and factors, that do or will influence the health and quality of life of the Joint Base Lewis-McChord community
- Information about Madigan Army Medical Center (MADIGAN) health services
- Information about Joint Base Lewis-McChord community assets

Key Findings

We used a variety of tools to conduct this assessment; the essential ingredients were community engagement and collaborative participation. Over an 8-month period between March to October 2022, JBLM personnel conducted four main assessments that provided data to draw conclusions and recommendations. The Community Health Status Assessment (CHSA) examined objective data from available databases and systems of record. The Community Need Assessment (CNA) which replaced Community Strength & Theme Assessment gathered community members' concerns and perceptions about current public health issues. The Local Public Health System Assessment (LPHSA) reviewed existing public health components, activities, capabilities, and capacities. The Forces of Change (FoC) assessment analyzed the present and potential effects of the political, economic, and social environment on community members and public health operations. Despite several limitations, the data obtained from these assessments built a detailed snapshot of the current health status of our community and its needs.

The JBLM community includes all TRICARE beneficiaries residing around the center of JBLM. It includes individuals and families residing on and off military installations located within Pierce and Thurston Counties. Overall, in terms of age and gender distribution, the JBLM community closely resembles the Pierce and Thurston Counties.

With the transition to a new Electronic Medical Record (EMR) on October 21, 2017, a large amount of the medical surveillance data that had previously been available to the JBLM Community through public health surveillance reports (such as the Health of the Force report) became unavailable and inaccessible. Due to this lack of data, the JBLM installation could not be compared to other military posts in many aspects. However, the 2021 Health of the Force report indicates that JBLM environmental health indicators (which are not captured by EMR) are in a safer range than other military installations. Sexually transmitted diseases, substance abuse, and tobacco product use conditions in general were identified as the key health issues in nearly all assessments. Healthy lifestyle, prevention of injuries, and a variety of services and programs are noteworthy community needs. Objective data, subjective data, and professional opinions all indicated that these community health issues and needs are present in our community and concern its members. Furthermore, they were deemed important and manageable by our public health (PH) professionals.

According to the Community Needs Assessment, 42 percent of the respondents felt that their top life events were related to chronic pain and other medical issues followed by difficulty in sleeping. The top barriers to seeking assistance were fear of the impact on a military career, limited-service hours, and unsure where to receive

treatment. For respondents who used JBLM Services within 12 months, commissary had the highest percentage followed by exchange (AAFES). Based on the data, respondents cited that the top topics that people are interested to hear about were nutrition and fitness (29 percent), followed by education and more.

Both quantitative and qualitative data from the LPHSA indicated that our JBLM DPH assures a competent public and personal healthcare workforce. In addition, we have a good system of investing in health problems and health hazards. The local PH system offers a variety of health education programs and offers public outreach to increase health awareness on the installation. However, our PH system does have areas where it needs improvement. We should improve our ability to monitor the health status of our community members and increase our efforts in mobilizing our community to strengthen partnerships and identify and solve PH problems together. Additionally, the local PH system should increase community engagement in developing plans, implementing processes, and evaluating programs.

Natural and man-made political tension, along with the instability of the economy pose potential threats to the JBLM community and the local PH system in the near future. The tension in Europe and Asia may result in an increase in deployment overseas. These deployments may increase physical and mental health issues and increase stress within the service member's family due to separation. As inflation and potential economic recession occur, it will pose threats to service members and families financially, worsening food insecurity among lower-income families. On-going economic issues have created financial insecurity for service members as it relates to childcare availability and affordability off-base, which negatively impacts the family's ability to provide proper care of children and their health while at work. The Washington State weather also poses a threat to service members and families who are not familiar with the weather. The increase in bad air quality, decrease in temperature during winter, and long periods of dark, dreary weather in the rainy season may cause possible physical and mental health issues. Deficiencies in the new medical health record system, MHS GENESIS, will affect the community's ability to accurately assess its health and design adequate PH programs and services. All these Forces of Change present threats but also opportunities to strengthen our community, reassess priorities, and improve the efficiency of PH programs and services.

The key findings from this comprehensive CHA will serve as the basis for future direction and work. The results will develop strategies to address the community health needs and strengths and identified issues. The installation leadership is fully engaged and supportive of all community health initiatives and activities. Further prioritization and selection of improvement priorities will occur as a part of the Community Health Improvement Plan (CHIP) development.

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. CHA is conducted in partnership with other organizations and members of the community and include data and information on demographics; socioeconomic characteristics; quality of life; community resources; behavioral factors; the environment (including the built environment); morbidity and mortality; and other social determinants of health status. The CHA will be the basis for the development of the community health improvement plan.

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

Methods

CHA is a part of the Mobilizing for Action through Planning and Participation (MAPP) framework – a joint project of NACCHO (the National Association of County and City Health Officials) and the U.S. Centers for Disease Control and Prevention (CDC). MAPP is NACCHO's gold standard in community health assessment and improvement planning that has been adopted by many county and state public health departments as well as by the U.S. Army Public Health Enterprise.[5]

Process Overview

MAPP has seven underlying principles and six phases. The principles are important to the success of implementing MAPP, and the six phases provide the structure for the MAPP process. We will briefly set out and describe these principles and phases here.

Table 1. The MAPP underlying principles (Source: KU, n.d.).

Systems thinking	Involves examining the underlying structure of community health issues and systems in order to create lasting positive change on a community level.
Dialogue	Ensures the inclusion of diverse perspectives, and that the voices of all stakeholders are heard in the MAPP process.
Shared vision	Guarantees approval and ownership of the process by all concerned, thereby increasing its chances of success.
Data	Provides a firm basis for planning and action rather than preconceptions, anecdotes, or intuition.
Partnership	Collaboration makes for not only a fairer process but increases access to resources and places the responsibility for success on more shoulders.
Strategic thinking	Approach is proactive, rather than a reactive, to issues and systems.
Celebration of successes	Celebration keeps enthusiasm high and marks progress and individual and group achievements.

[5] Department of the Army. "DA Pam 40-11 Army Public Health Programs." Washington, DC: Headquarters, Department of the Army, May 18, 2020

The six phases of the MAPP process:

Phase 1. Organize for Success/Partnership Development. In this phase, processes are organized, and planned out, and members for a core group and an inclusive steering committee are recruited.

Phase 2. Visioning. The community and the committee collaborate to develop an overall, shared vision of health in the community that will guide the planning and action to follow.

Phase 3. The Four Assessments. These four assessments comprise the CHA and are discussed in detail later.

- Community Themes and Strengths Assessment (CTSA)
- Local Public Health System Assessment (LPHSA)
- Community Health Status Assessment (CHSA) replaced with Community Needs Assessment (CNA)
- The Forces of Change Assessment (FoC)

Phase 4. Identify Strategic Issues. Using a participatory approach, the community and the committee examine the data collected in the previous phase to identify the key issues that must be addressed in order to realize the shared vision.

Figure 1. The MAPP process (Source: Community toolbox)

Phase 5. Formulate Goals & Strategies. Once the strategic issues are identified, the group sets goals for each, based on the vision and assessment data, and formulates strategies for reaching those goals. These goals and strategies map the route from the current circumstances of the community to the future laid out in the vision.

Phase 6. Action Cycle. This phase comprises the planning, implementation, and evaluation of the action that the group takes to achieve its goals. Action is continually evaluated and adjusted to achieve greater effectiveness. The

planning/implementation/evaluation cycle continues until the community achieves its vision, which provides a new vision to achieve.

MAPP is an ongoing cycle, maintaining and expanding the original partnership and continuing to address community. Community assessments – as well as monitoring and evaluation of the process, its methods, and its outcomes – should be conducted regularly, so that the effort continues to speak to the current realities of the community, and that it remains as effective as possible.

The Community Health Assessment

JBLM executed its CHA following a comprehensive CHA methodology for Army installations, which is comprised of the four key assessments outlined in the MAPP framework and was completed in collaboration with key installation community partners and stakeholders. The installation DPH staff led and participated in a collaborative process to complete the CHA.

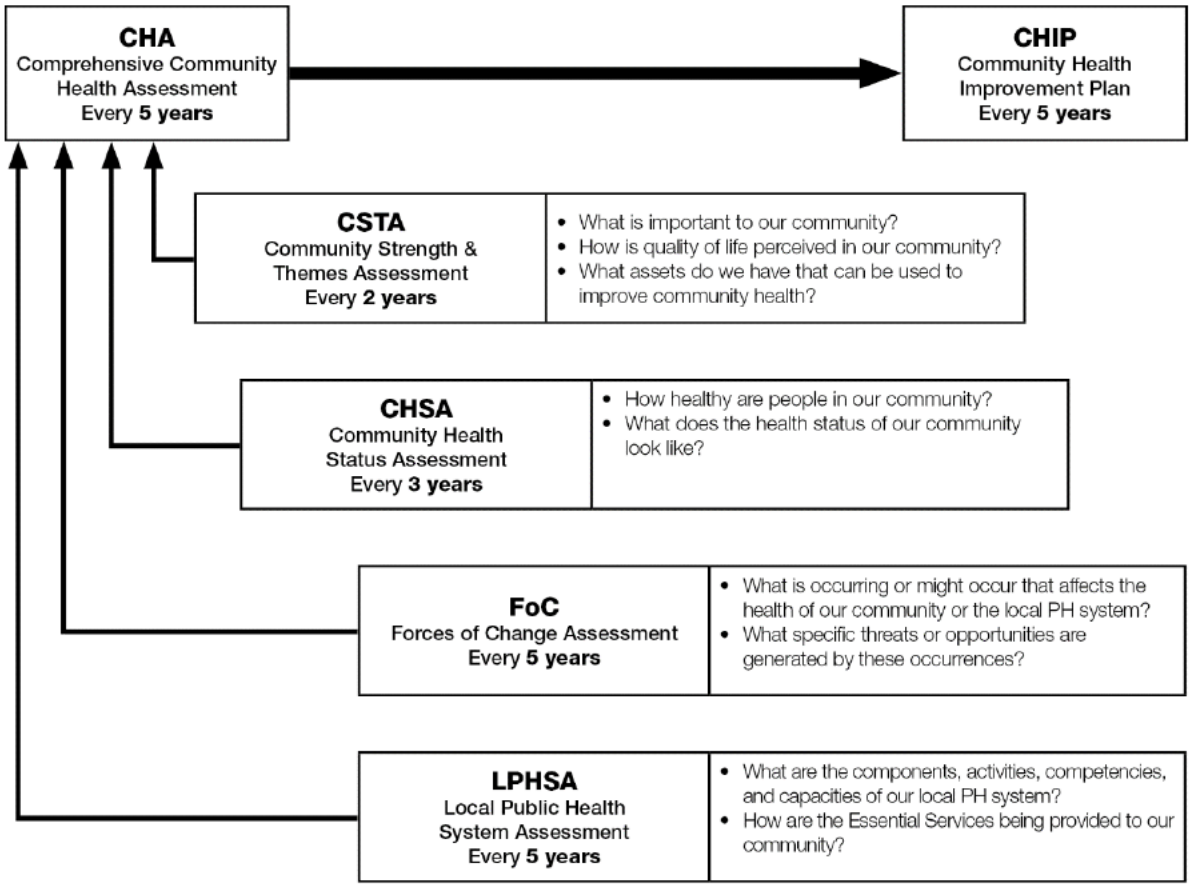


Figure 2. Comprehensive CHA development (Source: DA Pam 40-11)

1. *Community Health Status Assessment (CHSA), led by Army Public Health Nursing, at each installation –October 2022.*

The **CHSA** looks at the health of community members and the community. Quality of life issues – employment, housing, the environment, etc. – are also considered here as part of the community perspective on health. The CHSA is intended to answer questions such as “How healthy are the people in our community?” and “What does the health status of our community look like?” using objective data from a variety of Army, National, State, and local sources. Installation PH authorities complete the CHSA every 3 years and review the data to describe the nature of the community’s current health status. The results of the repot are discussed in page 21.

2. *Community Needs Assessments (CNA), typically led by the installation’s Directorate of Human Resources – June 2022.*

The **CNA** is a survey administered electronically to all members of the JBLM installation instead of CSTA. It asks residents to name the issues that are important to them, to talk about how they feel about the community, and to identify community assets.

The CNA is designed to provide a deeper understanding of the issues related to community members’ perceptions of main life events, barriers to utilizing services offered on JBLM, and the ways to improve current services. A CNA was completed using a standardized Cognito survey, and the assessment was available from 15 March 2022 to 30 June 2022 to all JBLM Service Members, families, Department of Army (DA) civilians, and DoD contractors who live, work, or recreate on the installation. The questions were created utilizing a team of professionals with a background in social services, analytics, and assessment. The questions were created by the team and then sent to the command for review to ensure questions captured command intent, and any key items commanders were trying to get information on. Through Community Needs Assessment (CNA), the data were gathered and assessed to gain a deeper understanding the needs of the community.

3. *Local Public Health System Assessment (LPHSA), led by the installation’s Department of Public Health – October 2022.*

The **LPHSA** examines all elements of the installation public health system, from hospitals to home health aides, as well as how those elements work, how they are structured, how they interact with other sectors and elements of the community, and the nature of their resources. This assessment is completed using the National Public Health Performance Standards Program local instrument version 3. The result is discussed on page 58.

4. *Forces of Change (FoC) Assessment, led by the installation’s Department of Public Health – November 2022.*

The **FoC** assessment examines what is happening or might happen in the future that will have an impact on community health. A FoC assessment is to help the installation community and the CR2C understand the forces that affect the community and the PH system at the installation. It answers the following questions: “What is occurring or might occur that affects the health of our community or the local PH system?” and “What specific threats or opportunities are generated by these occurrences?” The FoC assessment can be compared to the Strengths, Weaknesses, Opportunities, and Threats assessment in the Strategic Planning process and combined with other CHA results. The FoC Assessment was conducted at JBLM DPH, and various departments were invited to participate. It will inform major CHA findings and the development of the CHIP.

Installation PH personnel lead or collaborate to develop a CHA report at least every 5 years, or more frequently if the findings of any one assessment have changed significantly or if leadership otherwise requests the report. The results of the CHSA, CNA, and FoC, along with LPHSA data and findings (and other assessments as appropriate), comprise the CHA and are presented together in a comprehensive report. The CHIP, completed at least every five (5) years (or earlier if directed by leadership), reflects developed priorities and action plans based on CHA findings and in collaboration with the installation, military community, and neighboring community partners and stakeholders. The FoC result is discussed on page 69.

Community Health Assessment Team/Workgroup

To conduct the CHA, Joint Base Lewis-McChord (JBLM) DPH leveraged the Public Health Working Group to discuss components of the CHSA including data and review components of the document. The Working Group is made up of different members of the installation and off-post communities, including representatives from Madigan Army Medical Center (MADIGAN), which the DPH is a part of, and JBLM Garrison (installation), and tactical units, including the largest unit on-base, I Corps. The membership of this WG is provided below.

Table 2. Public Health Working Group Members*

I Corps	Epidemiology & Disease Control (DPH)
Army Hearing Program (DPH)	Directorate of Human Resources
Army Public Health Nursing (APHN)	Child and Youth Services
Aviation Medicine	Risk Reduction Program
JBLM Army Wellness Center	Tacoma Pierce County Health Department
Behavioral Health (MADIGAN)	DPW/Residential Communities
Environmental Health (DPH)	Industrial Hygiene (DPH)
Forces Command (FORSCOM)	Occupational Health (DPH)
Health Physics (DPH)	

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

Community Partners

DPH has many organizations and individuals that it works with in order to provide the highest level of service to the JBLM community. These partners include the JBLM Command Staff, MADIGAN, the surrounding counties' health departments, and other various organizations on JBLM. For a graphic representation of these partnerships, see Figure 3 below.

Figure 3. JBLM public health partners and stakeholders

Data Source

Military data were derived from a variety of sources, with clinical data largely from electronic medical records. Most of the local, state, and national community data (Pierce County, Thurston County, Washington state, and U.S. were self-reported from various community members via surveys. Data sources used:

- Army Health of the Force Report (U.S. Army Public Health Center)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Community Commons
- County Health Rankings
- Defense Enrollment Eligibility Reporting System (DEERS)
- Directorate of Human Resources
- Director of Public Works
- Federal Bureau of Investigation
- Inter-university Consortium for Political and Social Research
- Joint Base Lewis-McChord Directorate of Human Resources
- Joint Base Lewis-McChord Risk Reduction
- Madigan Army Medical Center
- Military Health Service Population Health Portal in Care Point
- Washington State Department of Health
- Washington State Center for Health Statistics
- State of Obesity, Washington State
- U.S. Army Garrison Joint Base Lewis-McChord, Plans Analysis and Integration Office (PAIO)
- U.S. Census Bureau
- U.S. Department of Education
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
- U.S. Department of Health & Human Services, Health Indicators Warehouse
- U.S. Department of Labor, Bureau of Labor Statistics
- Madigan Army Medical Center

Quantitative Data

In the CHA, quantitative data were retrieved from various sources. For the CHSA Report, the data were collected mostly from DEERS, Madigan Army Medical Center, JBLM Risk Reduction, JBLM Directorate of Human Resources, U.S. Census Bureau, Washington State Center for Health Statistics, and more. Data were compared to the Army standards, counties, states, and the United States. Some data were compared by having the same unit measurements such as per 100,000 or 1,000 from government sources. For the CNA, the survey data were collected through the Cognito survey system. The questions were created utilizing a team of professionals with a background in social services, analytics, and assessment. With the raw data, the graphs were

created and presented. As for the LPHSA, the quantitative data were collected through the assessment that was shared by National Public Health Performance Standards version 3. By collecting and analyzing data that is needed for each section, the quantitative data were presented in each section.

Qualitative Data

Qualitative data were primarily collected in the CNA, LPHSA, and Forces of Change Assessment, and it was collected through surveys, assessments, and meetings. The CNA contained open-ended questions for participants to provide ideas to overcome barriers to utilizing JBLM services. The LPHSA surveys were sent out, and the surveys included a section where participants could write in strengths, weaknesses, opportunities for immediate improvements, and longer improvements. Based on the answers of the participants, the qualitative data were then created to be included in the LPHSA results section of this report. For the Forces of Changes Assessment, the forces that affect the JBLM community, threats that could be posed, and the opportunity to prevent or improve the threats were discussed during the meeting. Based on the discussion and ideas of each member that attended the meeting, the Forces of Change has been created. For both qualitative data, representatives from multiple departments were invited and asked to provide their thoughts on the topics that were discussed. Additionally, there were monthly meetings to discuss the data that were gathered for the CHA.

CHA Limitations

Most of the data reported in the CHA are from Calendar Years 2020 and 2021. However, when data were not available, data from the most recent year were used (2016 to 2019), if possible). As mentioned above, there are differences between the data derived from military sources and the State of Washington county and state-level data. The aim of this CHA report is not only to compare Joint Base Lewis-McChord and community data but to provide a broad overview. For this reason, we separated data tables and charts for military and community data. Some data, such as underserved populations, health statistical data to compare with other installations and the Army, and more, were not available to us due to the recently integrated new EMR (MHS GENESIS). We could not find a source for some data that we wished to include various information on high-risk population and detailed information of JBLM's health status. Through our Public Health Working Group, we aim to improve our data collection so the next CHA will be more comprehensive. We have also been informed that certain data lost with the transition to a new EMR will be restored as further features are rolled out.

Community Health Status Assessment (CHSA)

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

INSTALLATION OVERVIEW

The Joint Base Lewis-McChord (JBLM) community is defined as the number of beneficiaries (Active-Duty Service Members, retirees, and dependents) residing within Pierce and Thurston Counties from the center of JBLM. JBLM is home to I Corps and the 62 Airlift Wing. Joint Base Lewis-McChord is a training and mobilization center for all services and is the only Army power-projection platform west of the Rockies. JBLM has property in two different Washington counties, and JLBM lies in Pierce and Thurston Counties. The DPH offers direct services to the military beneficiaries who live and work on JBLM.

The JBLM community is diverse both culturally and geographically. Soldiers residing on JBLM, their dependents, and the civilian workforce of JBLM primarily live in two different counties: Pierce and Thurston Counties. Seventy-five percent of JBLM community members live in Pierce, WA, and twenty-five percent live in Thurston County. Below are the counties that surround JBLM.

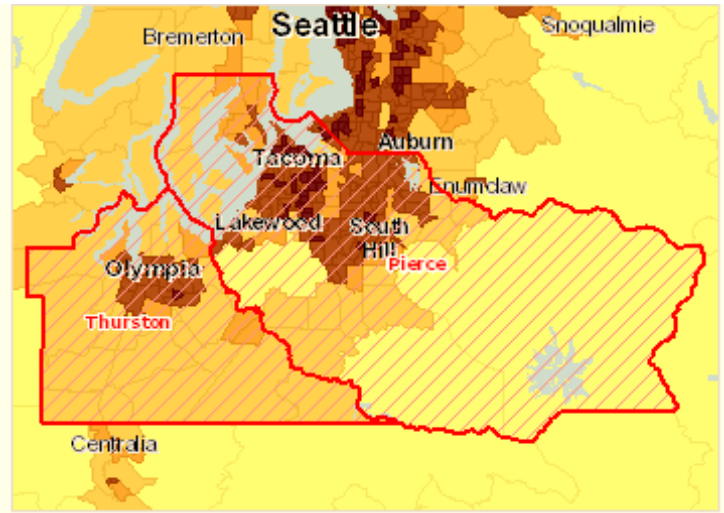


Figure 4. JBLM surrounding Counties

Assessment Results

DEMOGRAPHICS

According to the Madigan Army Medical Center (MADIGAN), there were 95,444 enrolled TRICARE beneficiaries living in surrounding counties of JBLM in 2019. According to the JLBM Housing Office, there are 18,895 Active-Duty personnel living off-post (73.9 percent) and 8,097 Active-Duty personnel living on-base (26.1 percent) as of 2021.

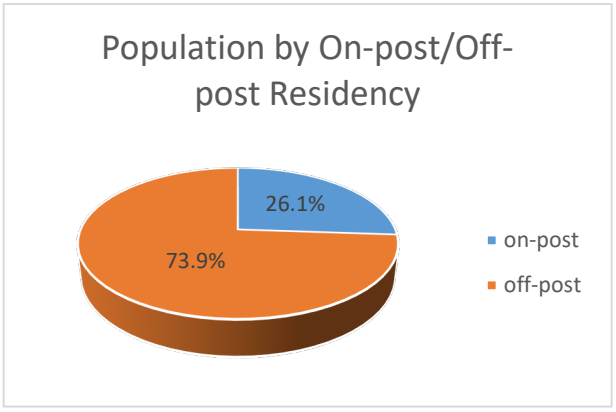


Figure 5. JBLM Active Duty Living On and Off-post 2021
(Data Sources: Cindy Mills, Senior Community Manager, Nancy Barnes Chief, DPW/Residential Communities Initiative; 2021)

There are almost equivalent amounts of males (52 percent) and female (48 percent) population in the JBLM population. However, for Active Duty, there are approximately 16 percent females and 84 percent male. The male/female ratio of neighboring counties showed no major differences from the overall U.S. and Washington male and female averages.

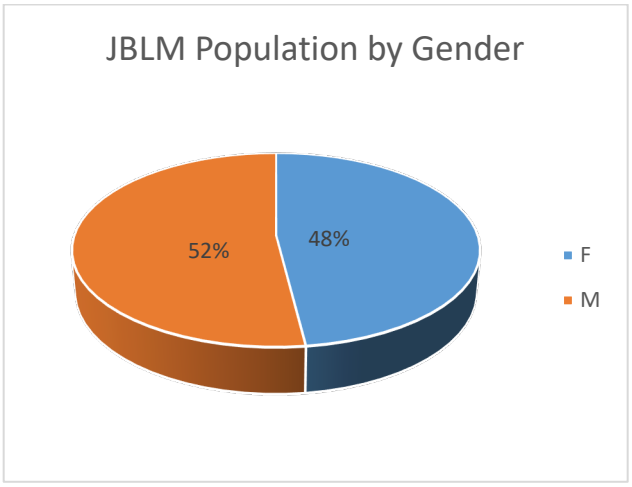


Figure 6. JBLM Population by Gender
(Data Source: Defense Enrollment Eligibility Reporting System (DEERS))

Age and Marital Status. The age distribution of the JBLM population in 2020 is depicted in Figure 7. The overall JBLM population is between 25 to 34 years old (or 17.1 %), and 11.1 percent is between the ages of 35-44.1 percent of the population is composed of ages 35-44. The population for ages 45 to 64 is 16 percent, and for ages 65 and above is 20 percent. As for Active-Duty Soldiers, 80 percent of the soldiers were 35 years old and younger, and there are 16 percent of females, and 84 percent of males. As reflected in Figure 8, more than half (55.5%) of the JBLM population is married (55.5%).

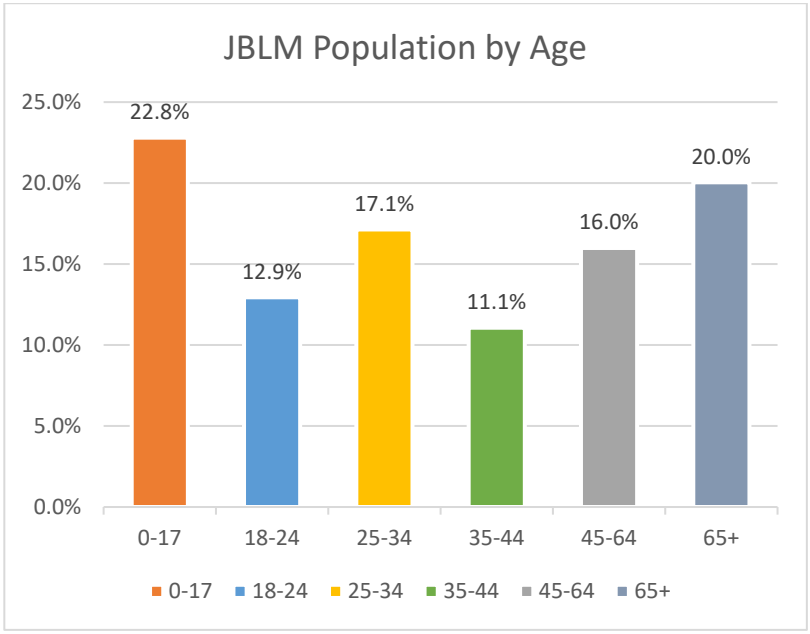


Figure 7. JBLM Age Distribution
(Data Source: Defense Enrollment Eligibility Reporting System (DEERS))

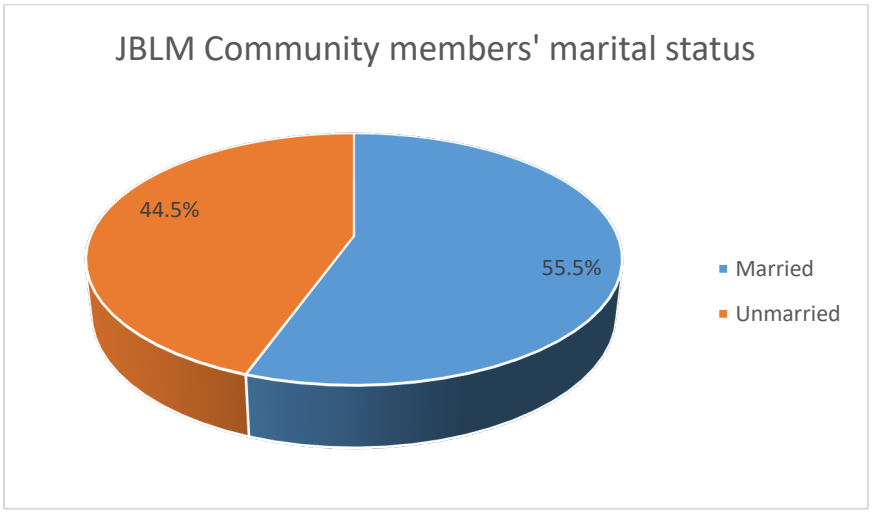


Figure 8. JBLM Population by Marital Status
(Data Source: Defense Enrollment Eligibility Reporting System (DEERS))

Ethnicity and Language. JBLM is composed of people from various backgrounds and cultures. Approximately 54.8 percent of the population is defined as unknown or not given, followed by 27.5 percent of JBLM being white/Caucasian (see Figure 9). The primary language spoken in the JBLM community is English, and the secondary language is Spanish (see Figure 10).

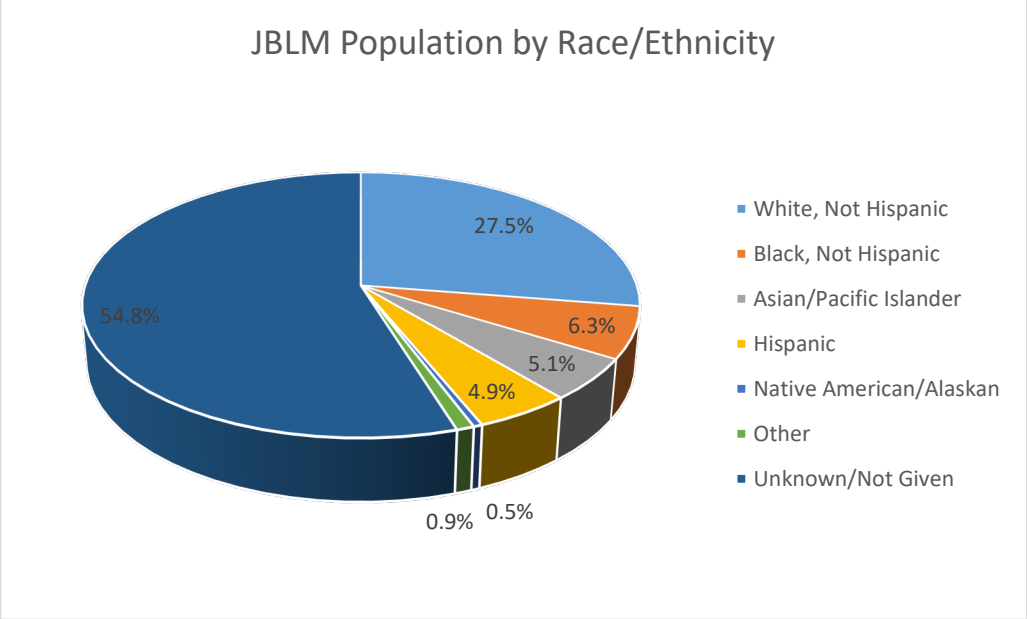


Figure 9. JBLM Population by Race/Ethnicity
(Data Source: Defense Enrollment Eligibility Reporting System (DEERS))

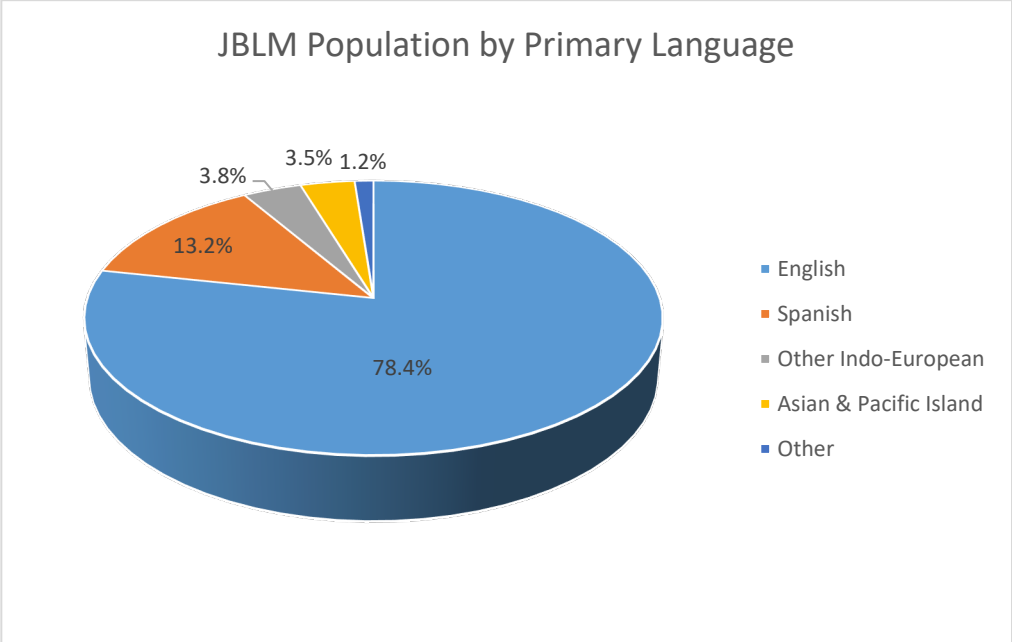


Figure 10. JBLM Population by Primary Language Spoken in Home
(Data Source: U.S. Census Bureau, 2021 American Community Survey 1 year Estimate)

Duty Status and Rank. Among the JBLM population, 21.6 percent is composed of Active Duty and Active Guard service members, and there is a total of 27.4 percent of a family members of service members (see Figure 11). Among Active Duty, they are divided into different pay grades, opportunities, supervisory roles, and career paths. Based on the JBLM Active-Duty population in Figure 12, E5-E9 had the highest number (60.1 percent), followed by E1-E4 (17 percent). There was 13 percent of Active-Duty soldiers who were O4 and higher.

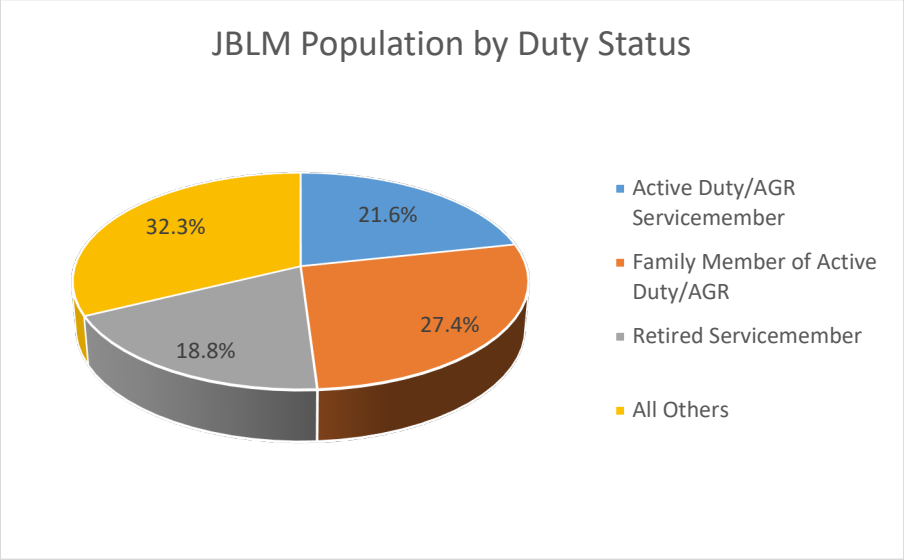


Figure 11. JBLM Population by Duty Status
(Data Source: Defense Enrollment Eligibility Reporting System (DEERS))

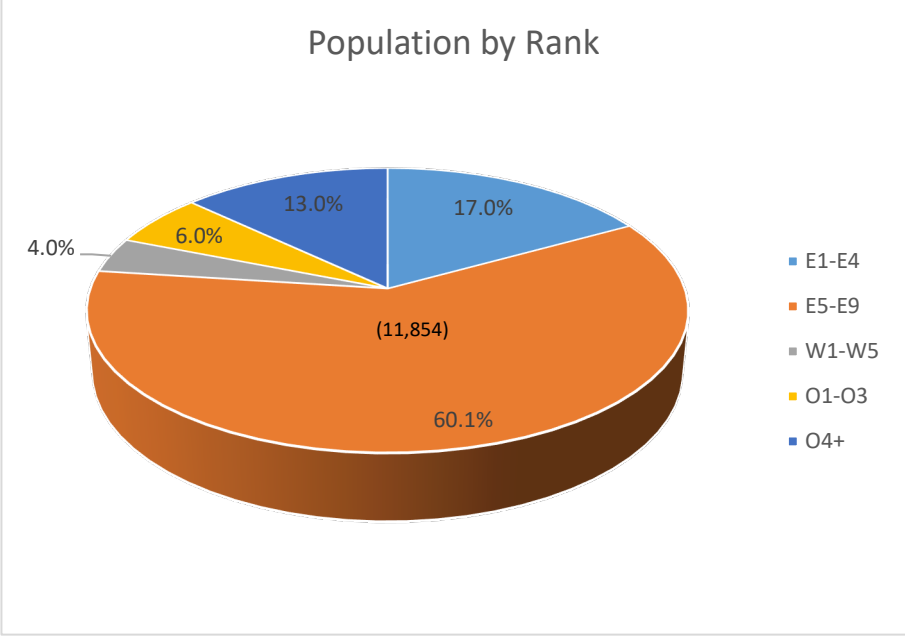


Figure 12. JBLM Duty Officer and Enlisted

(Data Source: Defense Enrollment Eligibility Reporting System (DEERS))

SOCIOECONOMIC PROFILE

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 JBLM community.

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

Basic Living Costs: Active-Duty Soldiers and their families receive a Basic Housing Allowance based on the housing costs of the area they live in, their grade/ rank, and whether they have dependents. This ensures that Active-Duty Soldiers and their families are able to afford to live off and on-base.

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

Poverty: The U.S. Department of Health & Human Services (HHS) releases the federal poverty level (FPL) guidelines annually. The FPL is also known as the "poverty guidelines." Adjusted each year for inflation, the FPL can help determine if a family qualifies for certain government benefits, such as Medicaid, food stamps, or funds for education. Military families may be eligible for some of these benefits based on their income (and housing allowance, if living off-post). According to the U.S. Census Bureau, Community Commons, and County Health Rankings, Pierce, and Thurston Counties, which JBLM geographically falls into, they had lower percentage in children in poverty than Washington State and United States (see Figure 13).

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

Unemployment: According to the U.S. Department of Labor, Bureau of Labor Statistics, the unemployment rate in 2022 for Pierce County was 4.5 percent and for Thurston County was 3.8 percent. The unemployment rate in Washington in 2022 was 4.2 percent and the rate in the United States in 2022 was 3.7 percent (see Figure 13). This indicator is relevant because unemployment creates financial instability and barriers to access to health care including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. Although Active-Duty members have consistent employment, their family members (especially the spouse) may not.

Children in Single-Parent Households: In 2019, the children in single-parent households for people who live in Pierce and Thurston Counties were significantly lower

than in Washington state, which was 20 percent, and in the United States, which is 26 percent (See Figure 13).

Uninsured Population: The lack of health insurance is considered a *key driver* of health status. The lack of health insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contribute to poor health status. Although Active-Duty members are insured to include vision and dental, and beneficiaries receive medical insurance, beneficiaries may also be underinsured (e.g., not have dental or vision insurance) unless additional plans are purchased.

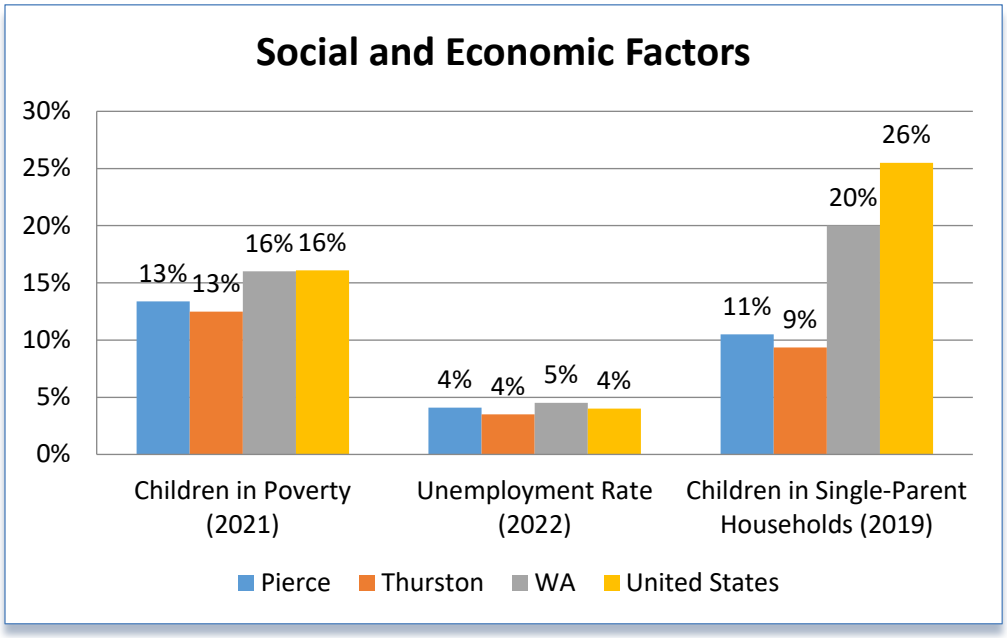


Figure 13. Pierce and Thurston, WA. Social and Economic Factors
(Data Sources: US Census, Community Commons and County Health Rankings)

Attainment - High School Graduation Rate

The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a "cohort" of first-time 9th graders in a particular school year and adjust this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, immigrate to another country, or pass away. The ACGR is the percentage of the students in this cohort who graduate within four years. In the report area, the adjusted cohort graduation rate was 88.5% during the most recently reported school year. As depicted in Figure 14, students in the report area performed better than the state, which had an ACGR of 86.1%.

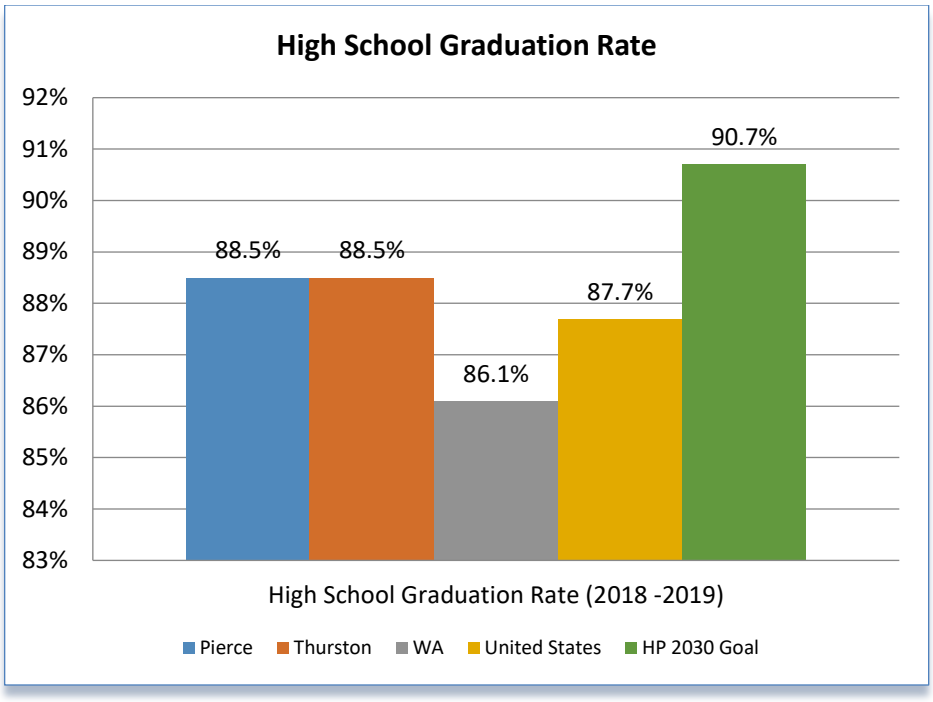


Figure 14. Pierce and Thurston, WA High School Graduation
(Data Source: US Department of Education, EDFacts. Additional data analysis by CARES. 2018-19)

Teen Births

Teen birth indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were collected from the National Center for Health Statistics – Natality files (2013-2019) and are used for the 2021 County Health Rankings.

In the defined JBLM statistics, of the 54,908 total female population aged 15-19, the teen birth rate is 15.6 per 1,000, which is less than the state's teen birth rate of 16.3. Pierce County had a higher teen birth rate (18.4 per 1,000 females) than Washington state rate (16.3 per 1,000 females), but Thurston County had a lower rate (15.6 per 1,000 females) than Pierce (18.4 per 1,000 females), Washington State (16.3 per 1,000 females), and U.S. teen birth rate (20.9 per 1,000 females). Both counties had a lower rate than HP 2030 Goal for a teen birth rate which is to 31.4 per 1,000. (see Figure 15).

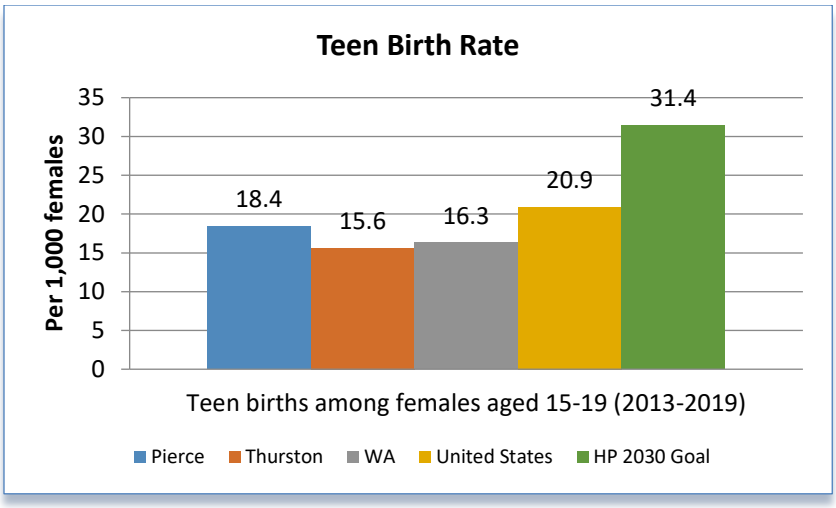


Figure 15. Pierce and Thurston, WA Teen Birth
(Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via County Health Rankings. 2013-2019.)

Violent and Property Crime

Violent crime includes homicide, rape, robbery, and aggravated assault. Property crime indicator reports the rate of property crime offenses reported by law enforcement per 100,000 residents. Property crimes include burglary, larceny-theft, motor vehicle theft, and arson. This indicator is relevant because it assesses community safety. For both violent and property crime, Pierce County had a higher number (463.8 cases for violent crime and 3878 cases for property crime) than Thurston County, Washington state, and the United States (see Figure 16).

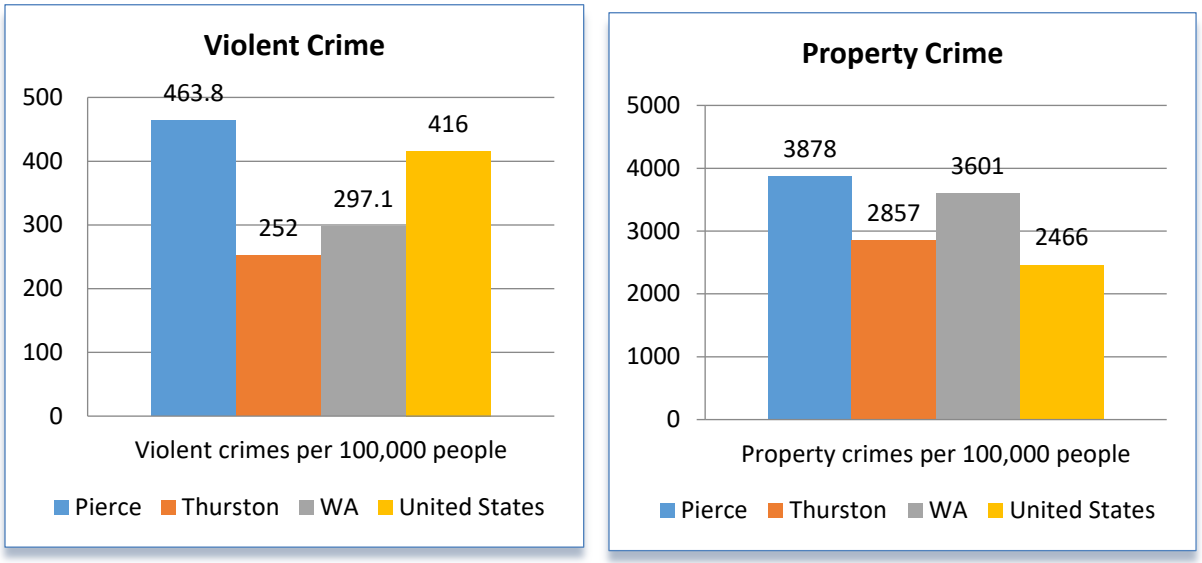


Figure 16. Pierce and Thurston, WA Violent and Property Crime
(*Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2014&2016)*

PHYSICAL ENVIRONMENT

The physical environment also affects a community's health. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. Environmental pollutants can cause health problems like respiratory diseases, heart disease, and some types of cancer. Presence of endemic pathogens and mechanisms of transmission such as ticks and mosquitoes increase the risk of vector-borne diseases.

Housing Costs

One housing costs indicator reports the percentage of households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 109,983 total households in the reported area (see Figure 17), 35,788 or 32.54% of the population, live in cost-burdened households in Washington State. Pierce County had a higher housing cost burden rate (34 percent) than Thurston County (33 percent), Washington State (32 percent), and the United States (31 percent).

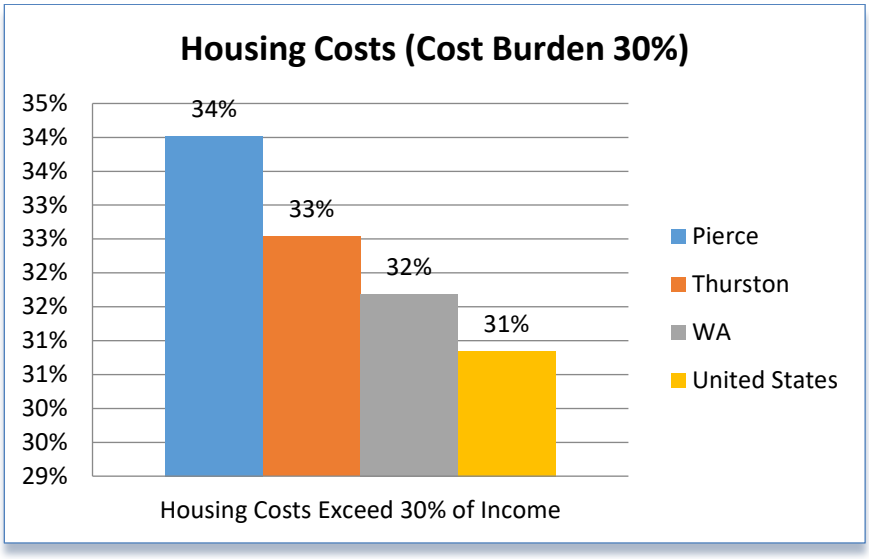


Figure 17. Pierce and Thurston, WA Housing Cost
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via County Health Rankings. 2013-2019.)

Housing Quality

Housing quality indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking

complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 109,983 total occupied housing units in the reported area (see Figure 18), 35,740 or 32.5% for Thurston County have one or more substandard conditions. Compared to Thurston County, Pierce County higher percentage (34.3 percent) of having substandard conditions.

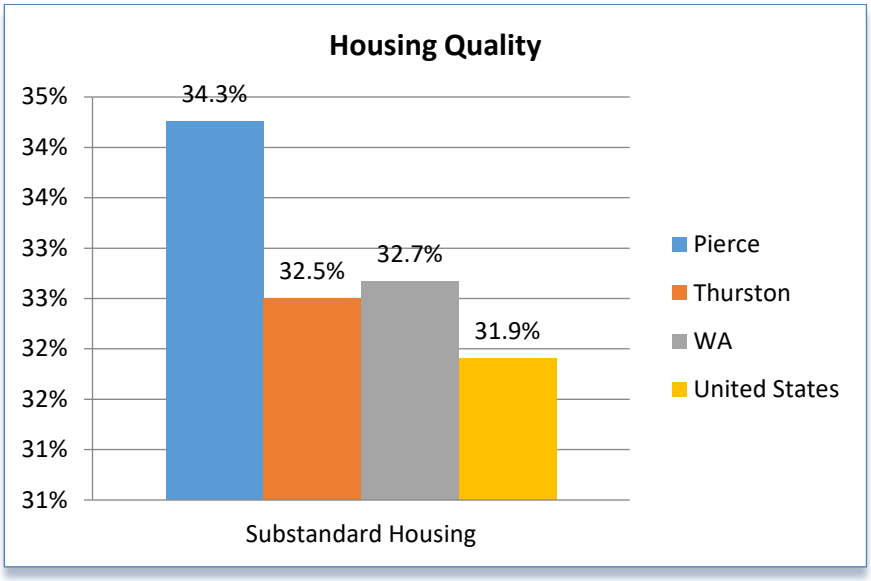
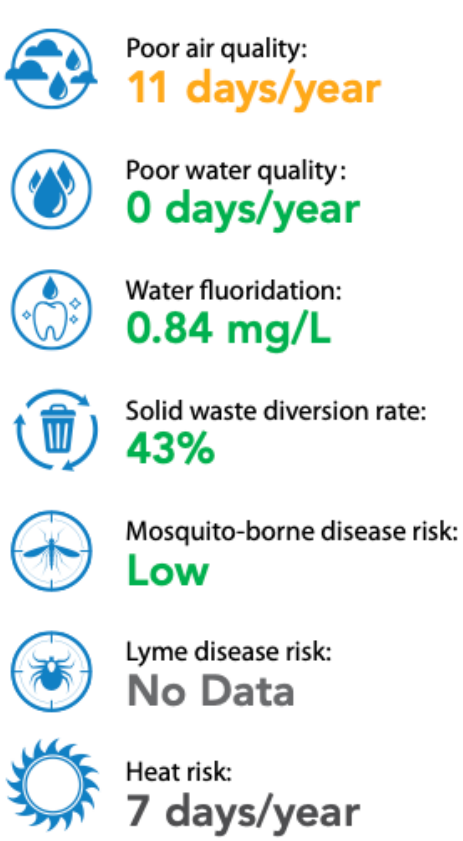


Figure 18. Pierce and Thurston, WA Housing Quality
(Data Source: US Census Bureau, American Community Survey. 2015-19)

Environmental Health Indicators

According to the Health of the Force report, the physical environment on and around JBLM in 2019 did present an increased risk of negative health outcomes due to poor air quality (see Figure 19).[6] The water quality maintained the standard throughout the year. Together with the lack of endemic pathogens, this resulted in a low risk of vector-borne diseases such as Dengue, Chikungunya, or Zika.[7]

[6] U.S. Army Public Health Center, "2020 Health of the Force", 2021
[7] Brusseau, M.L., I.L. Ramirez-Andreotta, and J. Maximillain. "Environmental Impacts on Human Health and Well-Being." Edited by 3. Environmental and Pollution Science, 2019: 477-499, https://doi.org/10.1016/B978-0-12-814719-1.00026-4



- the number of days when ambient air pollution near an Army installation violates a short-term (≤24 hours) National Ambient Air Quality Standard. Although Health of the Force doesn't report this, wildfires have been problematic for at least 2 of the past 3 years.

- the number of days the installation's potable water system failed to meet a health-based standard promulgated under the Safe Drinking Water Act (SDWA).

- the annual average concentration of fluoride in the potable water provided to an Army installation (0.7–2.0 mg/L is recommended).

- the percentage of installation non-hazardous solid waste that is diverted from a disposal facility by means such as recycling, composting, mulching, and donating (the goal is ≥ 50% solid waste diversion rate).

- the risk of being infected with mosquito-borne disease like Dengue, Chikungunya, or Zika viruses.

- the risk of contracting blacklegged ticks (also called "deer ticks") infected with the agent of Lyme disease.

- the number of days when the heat index is >90F (Category 5 or BLACK) for one or more hours per day

Figure 19. JBLM environmental health indicators in 2019 (Source: U.S. Army Public Health Center 2021).

ACCESS TO HEALTHCARE SERVICES

According to Healthy People (HP) 2020 "access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans."[8]

JBLM has a unique community because many of its members have healthcare through the military, namely TRICARE. On JBLM, there is one hospital, MADIGAN. There are three healthcare clinics located within MADIGAN (Family Medicine Clinic, Internal Medicine Clinic, Urgent and Emergency Care Clinic). There are four health clinics located outside of MADIGAN: McChord Medical Clinic, Winder's Medical Clinic, Okubo Medical Clinic, and Allen Medical Clinic. Additionally, there are two Community Based Medical Homes (CBMH) located off-post: Puyallup CBMH and South Sound CBMH. The purpose of the CBMH is to improve access to care and continuity of care. Also, MADIGAN Dental Command provides dental services to Active-Duty personnel through the following six dental clinics: Lefler Dental Clinic, McClung Dental Clinic, Fulton Dental Clinic, Madigan Dental Clinic, McChord Dental Clinic, and Okubo Dental Clinic.

[8] Healthy People. 2020 Access to Health Service. Retrieved August 16, 2022, from https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

CLINICAL CARE

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

Mammogram

Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. Currently, women ages 45-54 are recommended to get mammograms every year. Women 55 and older are recommended to get mammograms every 2 years. Compared to the surrounding counties, Washington state, and the United States, JBLM had a higher Mammography screening rate (76 percent). However, it does not meet the HEDIS goal (see Figure 20).

PAP Test

The Pap test (or Pap smear) looks for *precancers and* cell changes on the cervix that might become cervical cancer if they are not treated appropriately. JBLM population had a higher pap test rates (81.68 percent) than surrounding counties (76.5 percent), Washington state (67 percent), and the United States (71.5 percent) (see Figure 20).

Cervical cancer used to be the leading cause of cancer death for women in the United States. However, in the past 40 years, the number of cases of Cervical cancer and the number of deaths from it have decreased significantly largely as a result of many women getting regular Pap tests.[9]

For ages 21-65, if your result is normal, your doctor may tell you that you can wait for 3 yrs. 65+ may tell you that you don't need to be screened anymore if you have had normal screening test results for several years or have had your cervix removed as part of a total hysterectomy.[9]

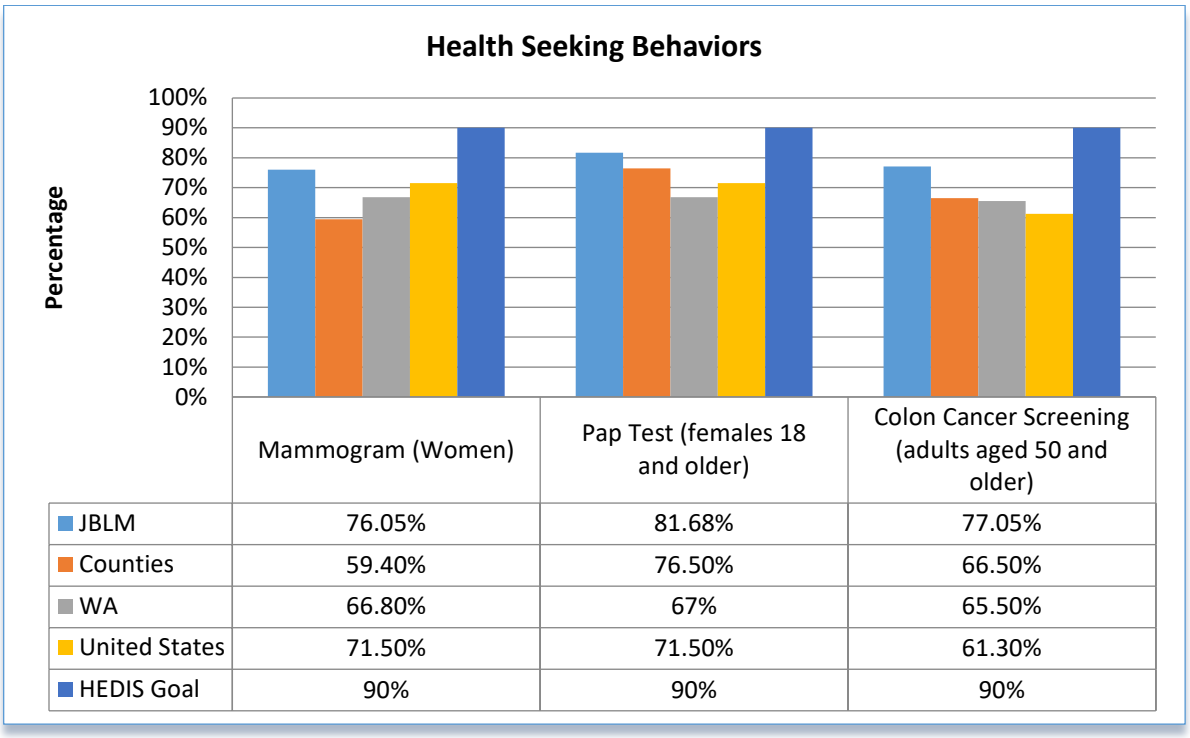
Colon CA Screening (adults aged 50 and older)

Colorectal cancer almost always develops from *precancerous polyps* (abnormal growths) in the colon or rectum. Screening tests can find precancerous polyps so that they can be removed before they turn into cancer or find colorectal cancer early when treatment works best.

[9] Center for Disease Control and Prevention. The Health and Economic Benefits of Cervical Cancer Interventions. Retrieved August 22, 2022, from https://www.cdc.gov/chronicdisease/programs-impact/pop/cervical-cancer.htm

According to the statistics, the colon cancer screening rate for adults aged 50 and older in the JBLM population was the highest compared to surrounding counties (66.5 percent), Washington state (65.5 percent), and the United States (61.3 percent) (see Figure 20).

Overall, the screening rate for mammograms, pap tests, and colon cancer for JBLM populations was higher than in the surrounding counties, Washington State, and the United States.



	Mammogram (Women)	Pap Test (females 18 and older)	Colon Cancer Screening (adults aged 50 and older)
JBLM	76.05%	81.68%	77.05%
Counties	59.40%	76.50%	66.50%
WA	66.80%	67%	65.50%
United States	71.50%	71.50%	61.30%
HEDIS Goal	90%	90%	90%

Figure 20. Health Seeking Behavior: Pierce and Thurston Counties, WA, USA, and JBLM (verses HEDIS Goal)
(Data Source: Community Commons, Washington Health County, https://www.countyhealthrankings.org/app/washington/2021/measure/factors/50/data; Cancer data statistic)

Hemoglobin A1c Test

Healthy People 2020, which is a national goal to create a healthier nation, indicated that the goal of HP 2020 is for 84% of the individuals to be tested with an A1c. Based on the statistics for the Pierce and Thurston Counties, where most of the JBLM population resides, the rate of diabetic patients with Hemoglobin A1c testing has been 84 percent which meets the HP 2020 Goal. In addition, the overall percentage for Washington State (88 percent) and the United States (88 percent) has exceeded the standard. (See Figure 21)

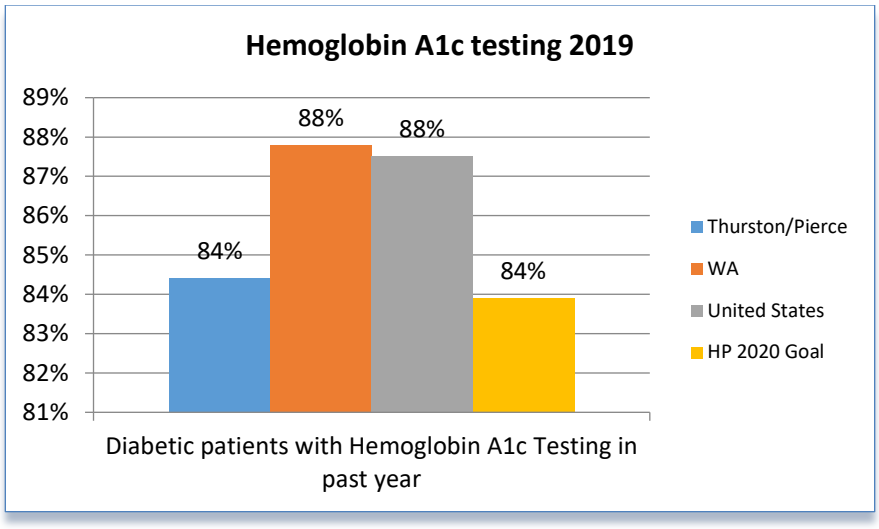


Figure 21. Hemoglobin A1c testing 2019
(Data Source: Dartmouth College Institute for Health Policy & Clinical Practice)

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 which can affect the economic status of individuals and community businesses. There is also an added burden to private and government health care programs.

Vaccination: In 2020, the flu vaccination rate for Active-Duty personnel stationed at JBLM and employees affiliated with JBLM was 98%. Due to limited data to obtain the rate based on the age group, the vaccination rate could not be compared with the United States and HEDIS goal indicated in Figure 22.

Influenza (flu) vaccination can reduce the risk of flu-associated hospitalization. Flu vaccination prevents tens of thousands of hospitalizations each year. Flu vaccination is an important preventive tool for people with certain chronic health conditions.

- Flu vaccination has been associated with lower rates of some cardiac events among people with heart disease, especially among those who have had a cardiac event in the past year.
- Flu vaccination can reduce the risk of a flu-related worsening of chronic lung disease (for example, chronic obstructive pulmonary disease (COPD) requiring hospitalization.
- Among people with diabetes and chronic lung disease, flu vaccination also has been shown in separate studies to be associated with reduced hospitalizations from a worsening of their chronic condition.

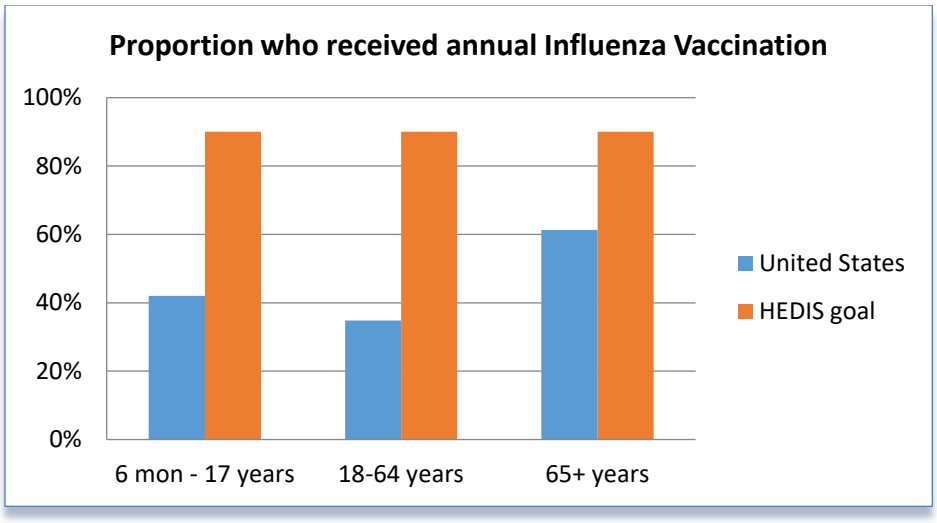


Figure 22. Percentage of influenza vaccination
(Data Source: CDC and NCQA, 2021)

Pneumococcal vaccines: Pneumococcal vaccines help protect against some of the more than 100 serotypes of pneumococcal bacteria. Pneumococcal disease contributes to the U.S. burden of pneumonia, meningitis, bacteremia, sinusitis, and otitis media (CDC). Washington's adult pneumococcal vaccination rate is 67% which is lower than United States' average pneumonia vaccination rate (see Figure 23). Compared to Washington State's pneumococcal vaccination rate, Pierce and Thurston counties have a higher vaccination rate (72.7 percent). The Pierce and Thurston Counties and Washington pneumococcal vaccination data may also be represented by the military beneficiaries and other civilians in the counties.

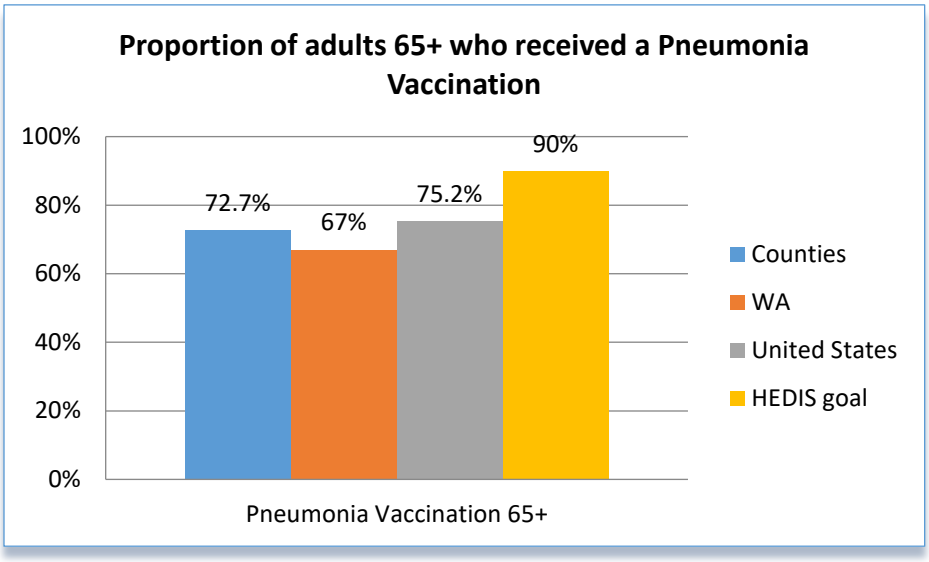


Figure 23. Pierce and Thurston Counties, WA Pneumococcal Vaccination
(Data Sources: 2014; Community Commons, 2006-12; CDC, 2021)

Alcohol Consumption: In the defined JBLM statistics, 160,041, or 17.96%, adults self-report excessive drinking in the last 30 days, which is greater than the state rate of 17.11%. Data for this indicator were based on survey responses to the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2021 County Health Rankings. The percentage of Pierce County is higher than Thurston County and Washington states (see Figure 24). As for binge drinking, the data from Figure 25 display that Pierce County has a higher percentage (17.3 percent) compared to Washington State (15.8 percent) and the United States (16.7 percent).

Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide.

There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse.[10]

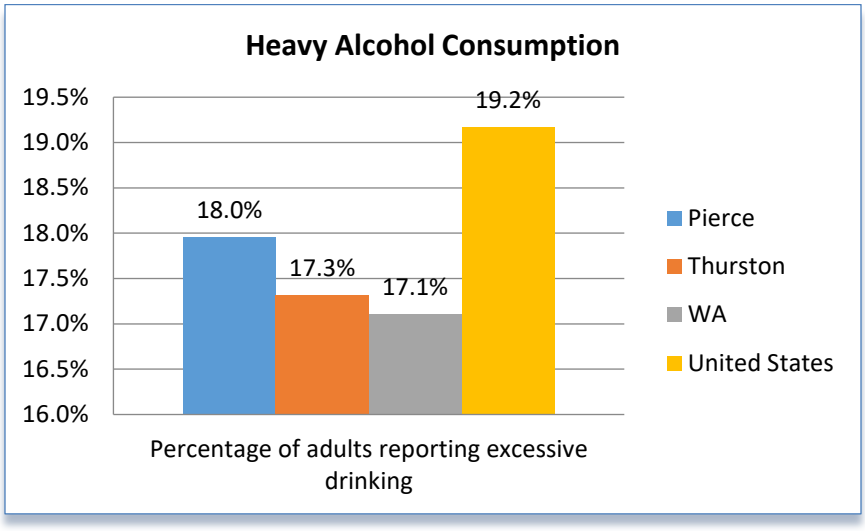


Figure 24. Pierce and Thurston Counties, WA Heavy Alcohol Consumption
(Data Source: County Health Rankings,2021, BRFSS, 2018, and CDC,2020)

[10] Center for Disease Control and Prevention. Preventing Excessing Alcohol Use. Retrieved August 23, 2022, from https://www.cdc.gov/alcohol/fact-sheets/prevention.htm

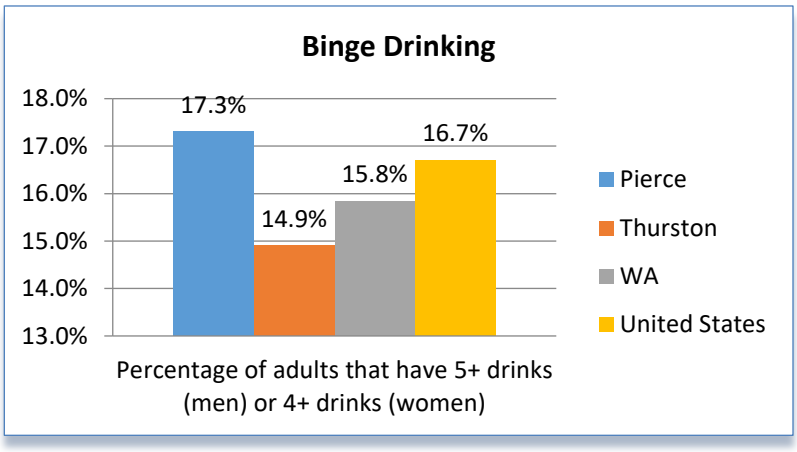


Figure 25. Pierce and Thurston Counties, WA Binge Drinking Percentage
(Data Source: County Health Rankings,2021, BRFSS, 2018, and CDC, 2020)

Physical Inactivity: Within the reported area, 123,725 or 18.1% of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" (See Figure 26). This indicator is relevant because current behaviors are determinants of future health, and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

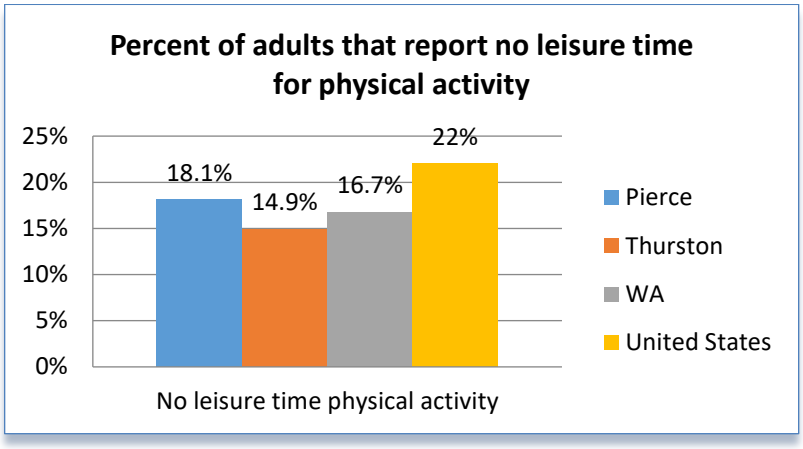


Figure 26. Pierce and Thurston Counties, WA Physical Inactivity
(Data Source: Community Commons, 2019)

Smoking: Cigarette smoking is a major cause of heart disease and stroke and causes 1 in every 4 deaths from heart disease and stroke. Nonsmokers who breathe secondhand smoke at home or work have a 25% to 30% higher risk of heart disease and a 20% to 30% higher risk of stroke.[11]

[11] Center for Disease Control and Prevention. Smoking & Tobacco Use. Retrieved August 23, 2022, from https://www.cdc.gov/tobacco/secondhandsmoke/health.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ftobacco%2Fdata_statistics%2Ffact_sheets%2Fsecondhand_smoke%2Fhealth_effects%2Findex.htm

The percentage of Active-Duty personnel who self-reported smoking on JLBM in March 2018 was higher (32.1 percent) than the percentage of all of the United States in 2019 (see Figure 27).

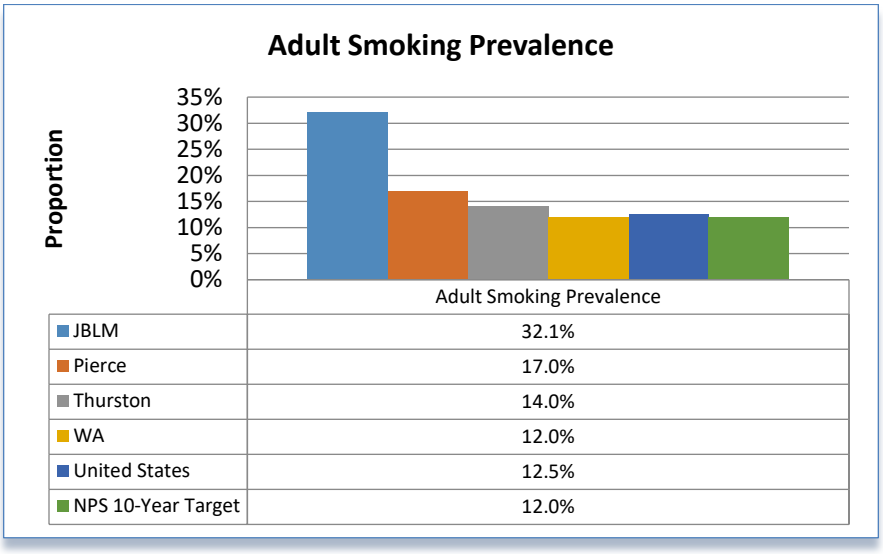


Figure 27. Comparison of Smoking Percentage
(Data Sources: Community Commons, 2019, County Health Rankings & Roadmaps, 2022, CDC STATE System, 2019)

Insufficient Sleep: Sleep can have a significant effect on our physical and mental health. It affects growth and stress hormones, our immune system, appetite, breathing, blood pressure, and cardiovascular health. Insufficient sleep can also increase the risk of obesity, heart disease, and infections. As depicted in Figure 28, the percentage of adults with less than 7 hours of sleep in Pierce County (36.1 percent) was higher than the average percentage in Washington State (32.5 percent). On the other hand, Thurston County had 31.4 percent, which was less than Pierce County and Washington State.

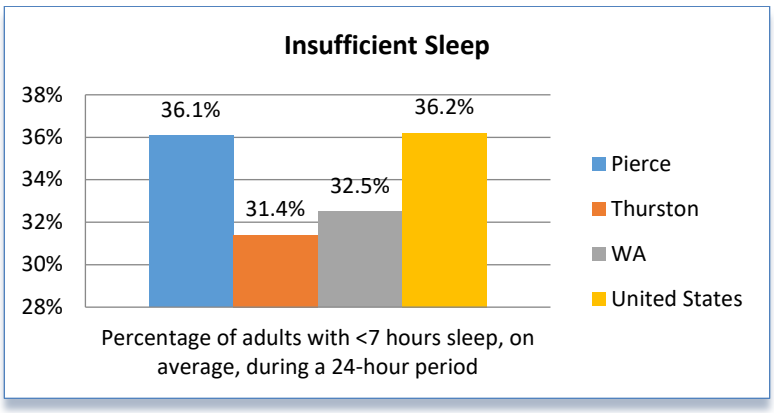


Figure 28. Pierce and Thurston Counties, WA Insufficient Sleep Rate
(Data Source: Community Commons, 2018)
Note: This indicator reports the percentage of adults aged 18 and older who report usually getting insufficient sleep (<7 hours for those aged ≥18 years, on average, during a 24-hour period).

Obesity: According to the Centers for Disease Control and Prevention, a weight higher than what is considered a healthy weight for a given height is described as overweight or obese.12 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.

Washington's adult obesity rate is currently 28.2 percent, 0.6 percent higher than United States' adult obesity rate. Although much of the JBLM population is physically active due to the military lifestyle (Active-Duty Soldiers exercise 3-5 mornings a week), there is still a percentage (21.3 percent) of Active-Duty adults on JBLM who are overweight and obese (see Figure 29). Pierce and Thurston County obesity data may also be representative of the military beneficiary and civilian 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.).

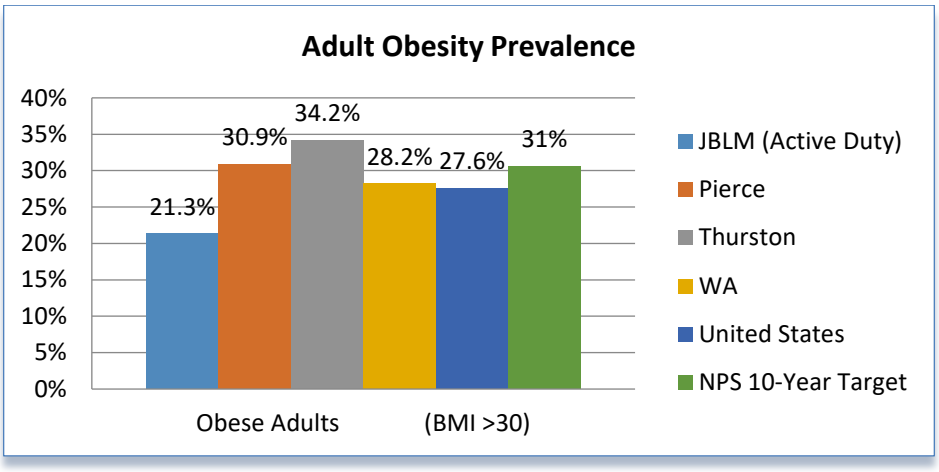


Figure 29. JBLM, Pierce and Thurston Counties, WA Adult Obesity
(Data Sources: JBLM data (PH360, 2014); Community Commons, 2019)

HEALTH OUTCOMES

Analyzing data on health outcomes for a community provides insight into identifying trends and targets for potential intervention. With identified benchmarks/targets such as HP 2020, communities can set priorities for program planning and use quantitative results for evaluation.

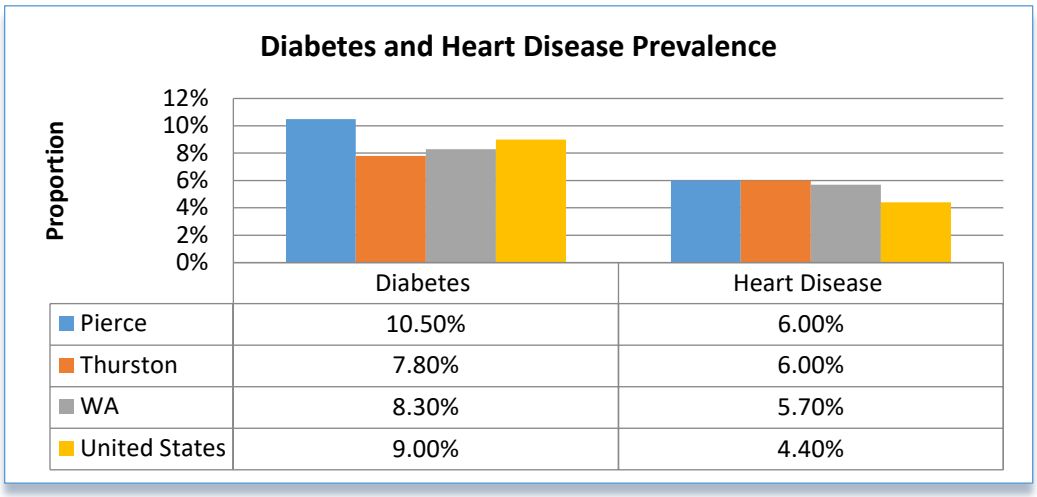
Chronic Conditions – Diabetes and Heart Disease (Adult)

In 2020 mortality data in the United States, heart disease and diabetes were one of the top leading causes of death.[13] Diabetes and heart disease is a prevalent problem in the U.S; it may indicate an unhealthy lifestyle and put individuals at risk for further health issues.[13]

[12] Center for Disease Control and Prevention. Assessing Your Weight. Retrieved August 24, 2022, from https://www.cdc.gov/healthyweight/assessing/index.html.
[13] Center for Disease Control and Prevention. Heart Disease. Retrieved August 24, 2022, from https://www.cdc.gov/diabetes/library/features/diabetes-and-heart.html.

In 2019, the statistics indicated that there are 10.5 percent of diabetes prevalence in Pierce County and 7.8 percent of diabetes prevalence in Thurston County. Pierce County had a higher prevalence than Washington State and the United States, whereas Thurston County had a lower prevalence. As for heart disease, both Pierce and Thurston Counties had 6 percent of prevalence which was higher than Washington State and the United States heart disease prevalence.

Figure 30 illustrates the number and percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes and heart disease.



	Diabetes	Heart Disease
Pierce	10.50%	6.00%
Thurston	7.80%	6.00%
WA	8.30%	5.70%
United States	9.00%	4.40%

Figure 30. JBLM, Pierce and Thurston Counties, WA Adult Diabetes and Heart Disease
(Data Source: Community Commons, 2019)

STI – Gonorrhea and Chlamydia Incidence: In In 2021, the JBLM DPH data reported a total of 172 gonorrhea cases and 945 chlamydia cases overall. The JBLM chlamydia cases showed a higher number than incidence cases reported in Washington state (465.2 per 100,000) and the United States (539.9 per 100,000), as depicted in Figure 31.

Additionally, the data indicates that the rate of Chlamydia in females is significantly higher than the males. The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.

Clinicians must consider age as a possible contributing factor to STI rates, as individuals in their late teens to early twenties are more likely to exhibit feelings of invincibility. Often there are disparities in prevention and treatment due to cultural beliefs and norms. Stigma may also play a role.

According to Figures 32 and 33, the non-Hispanic black population had the highest incidence rate compared to other races/ethnicity, and American Indians and Alaska Natives followed it. The incidence rate by race/ethnicity indicates the vulnerable population that is more exposed to sexually transmitted infections than other races.

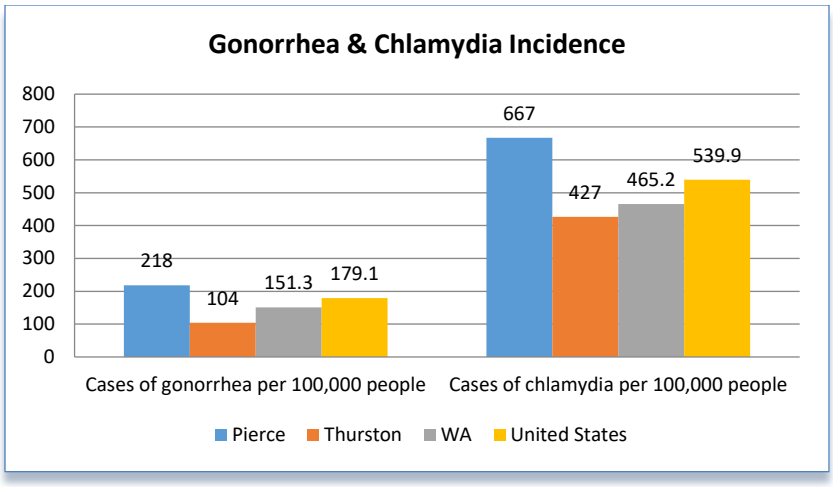


Figure 31. JBLM, Pierce and Thurston Counties, WA Gonorrhea and Chlamydia Incidence
(Data Source: ADRSi, 2021; Community Commons 2018, Healthy People 2030)
Note: This indicator reports the number gonorrhea cases occurring in the report area. Rates are presented per 100,000 population.

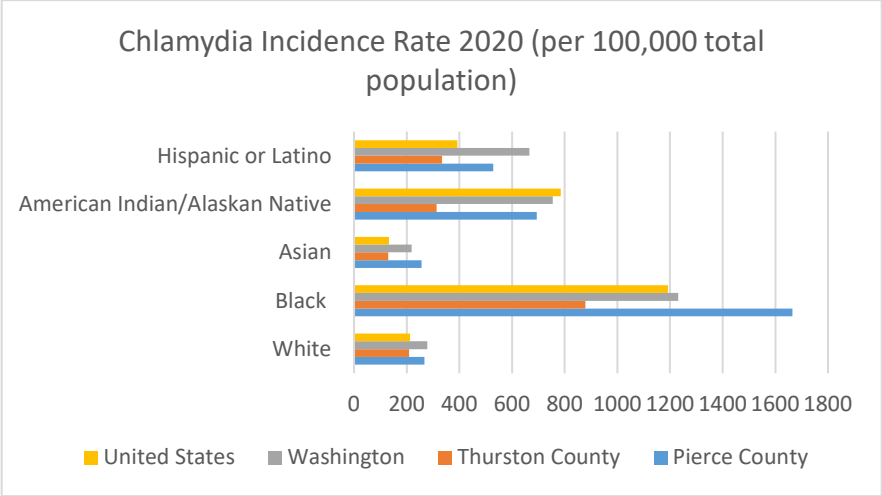


Figure 32. Pierce and Thurston Counties, WA Chlamydia Incidence Rate by Race 2020
(Data Source: Sparkmap Community Needs Assessment)

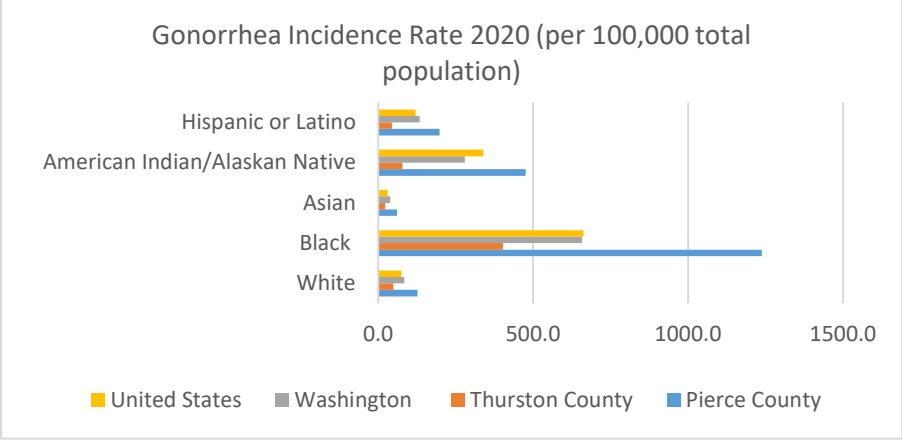


Figure 33. Pierce and Thurston Counties, WA Gonorrhea Incidence Rate by Race
(Data Source: Sparkmap Community Needs Assessment)

Human Immunodeficiency Virus Infection (HIV): HIV prevalence rates in Pierce and Thurston Counties have been lower than the Washington and United States prevalence rates. The prevalence of HIV is 202.5 per 100,000 in Pierce County and 131.4 per 100,000 in Thurston County (see Figure 34). In 2021, there is a total of 29 cases of HIV in JBLM, and there has been a total of 5 incidences.

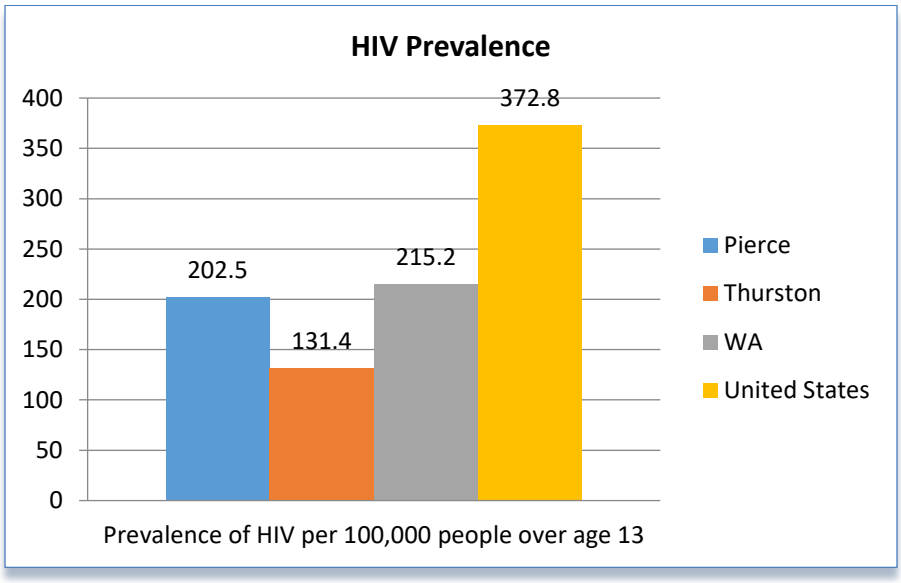
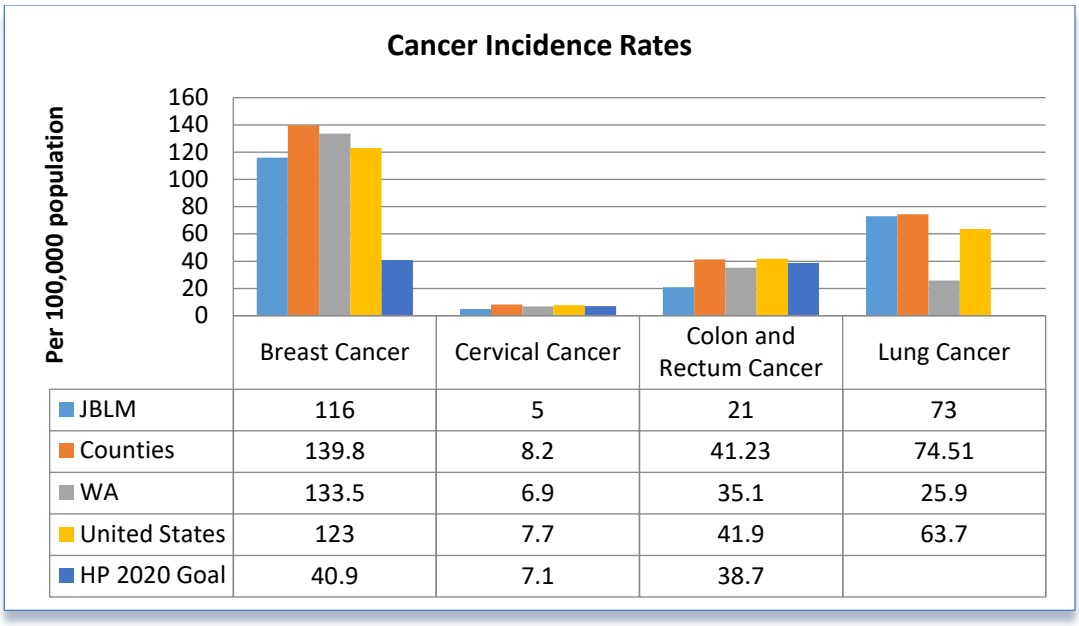


Figure 34. Pierce and Thurston Counties, WA HIV
(Data Source: Community Commons, 2019)

Cancer: In 2020, cancer was the second leading cause of death after heart disease in the United States.[14] There were a total of 602,350 death caused due to cancer.[14] Different types of cancer are shown in Figure 35. To differentiate the types of cancer, the most common cancers that caused mortality were analyzed, e.g., breast cancer, cervical cancer, colon and rectum cancer, and lung cancer. Pierce and Thurston Counties have higher incidence rates for breast cancer (139.8 per 100,000), cervical cancer (8.2 per 100,000), and lung cancer (74.51 per 100,000) than Washington states and the United States incidence rate. JBLM's cancer incidence was calculated differently. The cancer incidence number was calculated from 02 January 2020 to 28 February 2022. Within almost two years of period, there were 116 cases of breast cancer, 5 cases of cervical cancer, 21 cases of colon and rectum cancer, and 73 cases of lung cancer.

According to the State Cancer Profile, the most vulnerable population in Thurston and Pierce Counties where most of the JBLM population is located at, is American Indian/Alaskan Native, followed by the Hispanic or Latino population (see Figure 36).

[14] Center for Disease Control and Prevention. Cancer. Retrieved August 25, 2022, from https://www.cdc.gov/cancer/dcpc/research/update-on-cancer-deaths/index.htm.



	Breast Cancer	Cervical Cancer	Colon and Rectum Cancer	Lung Cancer
JBLM	116	5	21	73
Counties	139.8	8.2	41.23	74.51
WA	133.5	6.9	35.1	25.9
United States	123	7.7	41.9	63.7
HP 2020 Goal	40.9	7.1	38.7	

Figure 35. JBLM, Pierce and Thurston Counties, WA Adult Cancer Incidence
(Data Source: Community Commons, 2014-18; JBLM (02JAN2020-28FEB2022, Ms. Linda D. Nichols, CTR, Madigan Tumor Registry)
Note: Data from Community Health incidence rate per 100,000 from 2014-2018

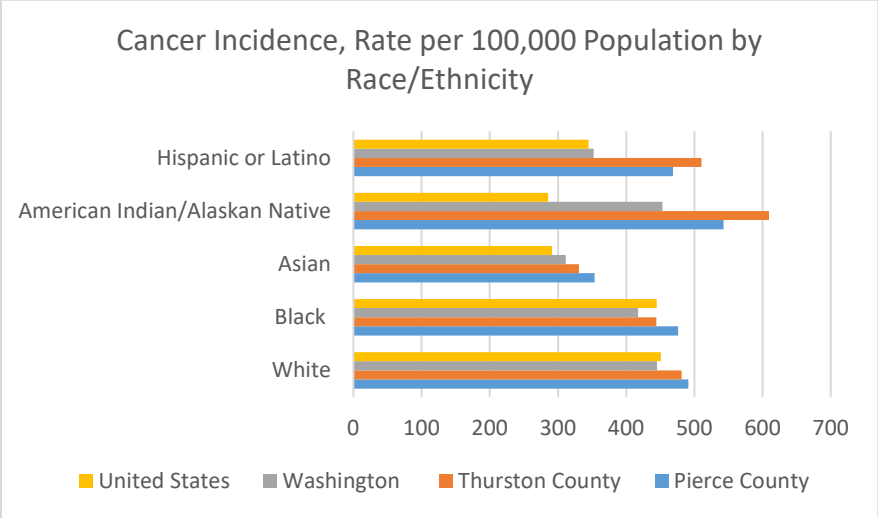


Figure 36. Pierce and Thurston Counties, WA Adult Cancer Incidence
(Data Source: State Cancer Profiles. 2014-18)

Low Birth Weight: The percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.) is depicted in Figure 37. These data are reported for a 7-year aggregated time period. Data collected from the National Center for Health Statistics - Natality Files (2013-2019) and are used for the 2021 County Health Rankings. However, JBLM's low birth weight data shows that there were 79 total incidences in 2021.

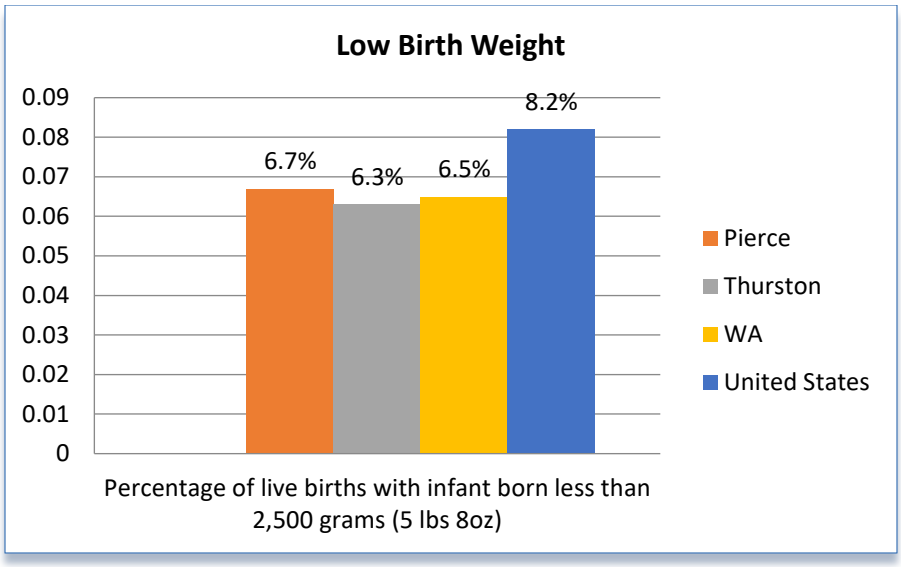


Figure 37. Pierce and Thurston Counties, WA Low Birth Weight
(Data Sources: JBLM data (PH360, 2014 & 2021); Community Commons, 2019)

Cancer: Figure 38 indicator reports the 2016-2020 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates and as rates age-adjusted to the year 2000 standard. Rates are summarized for report areas from county-level data only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Figure 39 displays cancer mortality based on the yearly trend over 16 years. The table shows age-adjusted death rates due to cancer per 100,000 people over time. Pierce County had higher cancer mortality.

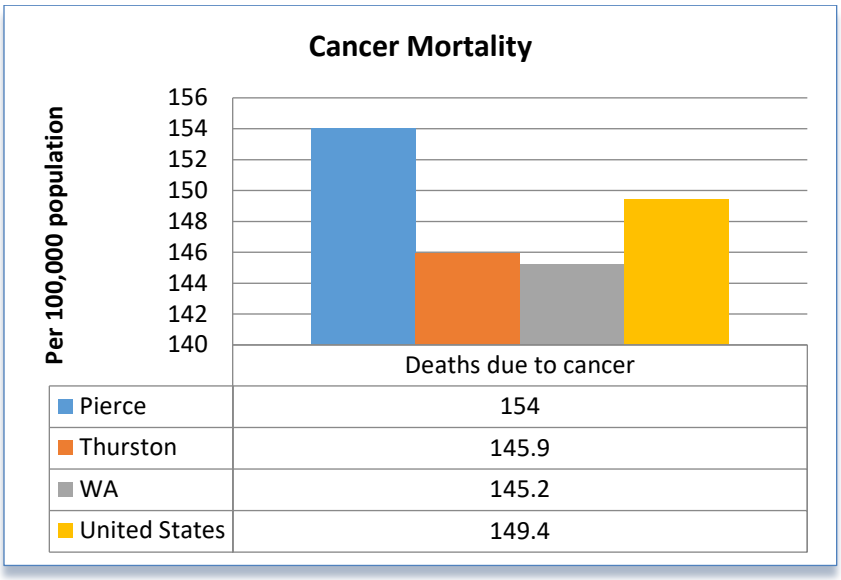


Figure 38. Pierce and Thurston Counties, WA Cancer Mortality
((Data Source: Community Commons, 2016-2020)

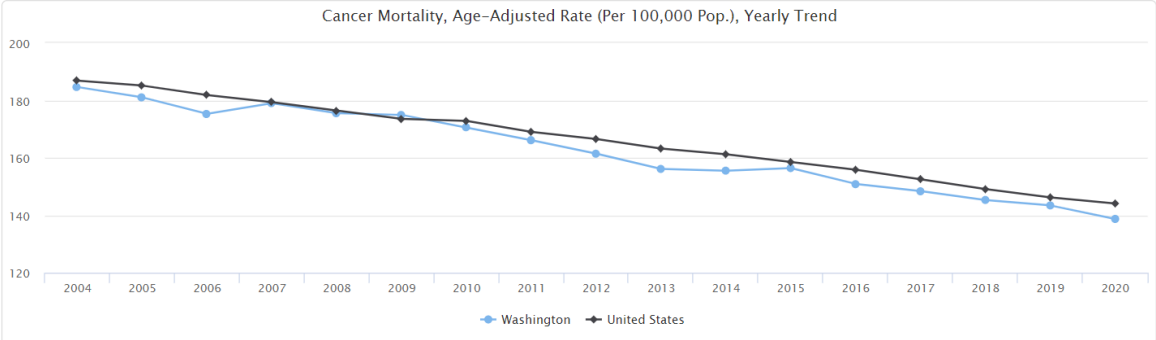


Figure 39. Washington and United States Cancer Mortality Yearly Trend
(Data Source: Community Commons, 2004-2020)

Leading Cause of Death in Pierce and Thurston Counties

In 2020, the leading cause of death in Pierce County was Heart Disease, and in Thurston County was Malignant Neoplasm. The other top leading causes of death include accidents, Alzheimer's disease, and cerebrovascular disease (see Table 3).

Table 3. Leading Cause of Death in Pierce and Thurston County, WA 2020 (Age-Adjusted rate per 100,000)

Rank	Cause	Pierce County, WA	Thurston County, WA
1,2	Malignant Neoplasms	140.9	137.1
1,2	Diseases of Heart	143.3	118.3
3	Accidents	61.7	45.8
4	Alzheimer's disease	32.6	49
5	Cerebrovascular diseases	40	37.7
6	Chronic lower repiratory disease	31.9	27.8
7,8	COVID-19	30.4	14.5
8,7	Diabetes mellitus	26.7	22.8
9	Intentional self-harm (suicide)	16.6	20
10	Chronic liver disease and cirrhosis	13.7	12.1

(Data Source: Data & Statistical Reports from Washington State Department of Heatlh, 2020; https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/death/county-all-deaths-dashboard)
Note: the data was calculated base on age-adjusted rate per 100,000 population

Public Safety

On JBLM, there is a military police force and a civilian police force comprising the Emergency Case Management that works together to protect the JBLM community. This section contains information from the Directorate of Human Resources.

High-Risk Behaviors: The Joint Base Lewis-McChord Risk Reduction Program provides education and early intervention to help commanders and service members reduce lifestyle risk factors to increase healthy outcomes.

The program focuses on the effective use of installation resources and coordinates efforts between agencies and commanders to implement effective interventions. The nine high-risk behavior areas for Active-Duty Soldiers and dependents include deaths, self-harm, suicide attempts, drug offense, alcohol offenses, domestic violence, child abuse, verbal domestic violence, and positive urinalysis. According to the data collected from July 2022 – August 2022, the top 3 risk behaviors on JBLM in July 2021- August 2022 were positive urinalysis tests for illegal substances, domestic violence, and driving under the influence (see Figure 40).

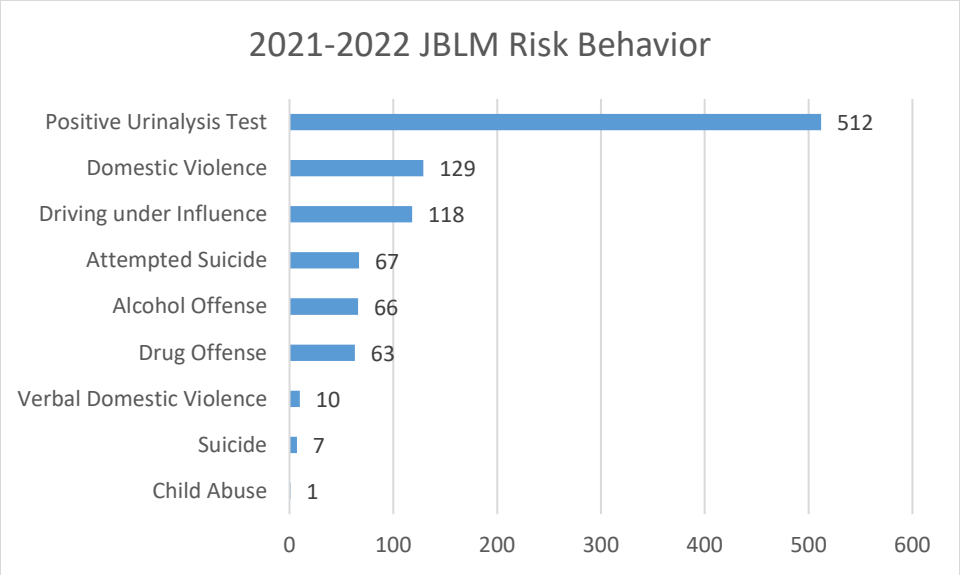


Figure 40. 2021-2022 JBLM Risk Behaviors
(Source: Directorate of Human Resources, July 2021 – August 2022)

Community Needs Assessment (CNA)

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

Summary

The JBLM Community Needs Assessment (CNA), which replaced Community Strength & Theme Assessment, was disseminated electronically through the Cognito survey system. The questions were created utilizing a team of professionals with a background in social services, analytics, and assessment. The questions were created by the team and then sent to the command for review to ensure questions captured command intent and any key items commanders were trying to get information on. The CNA was conducted through an online format with an electronic link for dissemination through the Public Affairs Office (PAO), website, Facebook, email, Twitter, and other social media channels. The CNA was marketed to the entire JBLM community (those who live, work, and play on the installation), and there was a Directive sent out to all unit Commanders to direct their Soldiers to take the CNA. This assessment was last completed in 2022.

Background: Community Needs Assessment assisted installations with evaluating the community's feelings on the quality of life, health, safety, and satisfaction of like services on the installation. CNA also evaluates how installations can improve community health, wellness, readiness, and resiliency. The review of the community needs should be used to assist in the identification of priorities for community health, and the results could be included in the strategic plan and the top identified issues addressed.

The CNA is designed to capture the qualitative “pulse” of community member’s feelings on the quality of life, health, safety, and satisfaction within the environment of an Army installation. The garrison utilized the data in the survey to determine how to resource programs and where we need to provide emphasis should be provided. The main responsible department was the Directorate of Human Resources, which oversees houses, education, prevention, advocacy, and assistance programs. This survey was shared among various care practitioners as well as with commanders to provide a common understanding of what the needs of the community are so that they may be more responsive in addressing key areas associated with quality of life. Raw scores were used for measurement.

The assessment was available from 15 March 2022 to 30 June 2022 to all JBLM Service Members, families, Department of Army (DA) civilians, and DoD contractors who live, work, or recreate on the installation. Almost 2,600 individuals responded to the

survey. Among 856 of those who completed the survey, there was a total of 69 percent of personnel who are Active Duty (19 percent were family members, 8 percent were civilian/contractors, and 4 percent were retirees). Among the people who responded, 67 percent of personnel were married, and 38 percent of people were single. 69 percent of respondents reflected that this is not their first duty station, whereas 31 percent of respondents reflected JBLM as being their first duty station. A large population of the respondents lived on-base (31 percent in base housing and 24 percent in barracks), and 45 percent of respondents lived off-base. Of the people who live off-post, 209 personnel lives in Pierce County, and 127 personnel live in Thurston County.

In summary, respondents cited that chronic pain and other medical events as a top life event concern, followed by difficulty sleeping. Among the respondents, 581 personnel did not seek assistance due to being unsure of where to go, not being comfortable, lack of time, and haven't needed it. The top off-base services that the respondents visited were recreation sites, followed by the use of the gym, church, Non-DoD Healthcare, and counseling. The reasons for utilizing off-base services were due to better variety of service, convenience to the house, and not available service on base. The top barriers to getting services were fear of the impact on a military career, limited-service hours, lack of knowing available services, and limited childcare services. Lastly, respondents were interested to hear more about the following topics: nutrition & fitness, education, recreation, and more. The full survey and aggregate responses are available by request.

Demographic Data

Figures 41-46 show the demographics data of survey respondents. Despite the small sample size, it appears that the survey sample was representative of the JBLM community in terms of affiliation, spatial distribution by county, military branch, and marital status. For additional information, the respondent's demographic data can be retrieved by request.

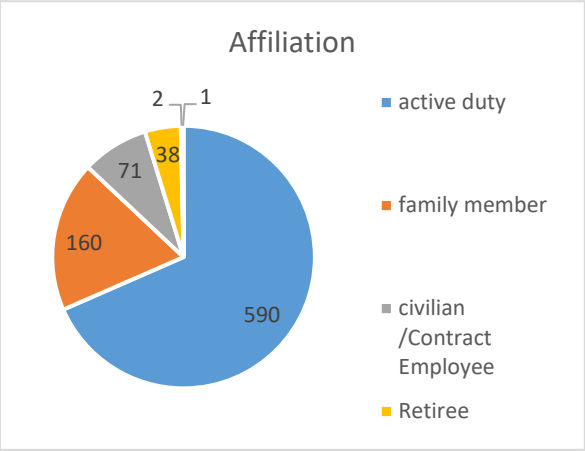


Figure 41. Respondents' Affiliation to JBLM

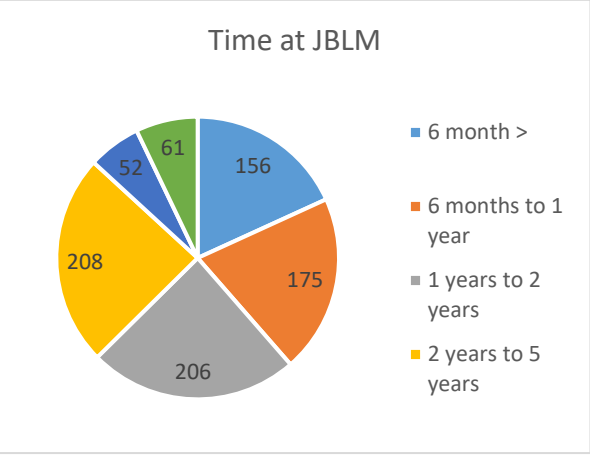


Figure 42. Respondent's Duration in JBLM

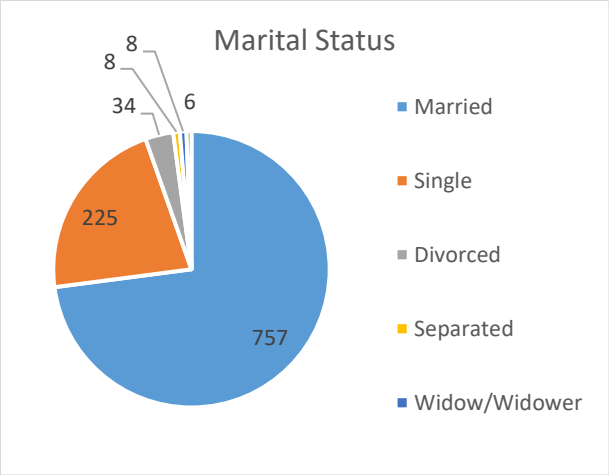


Figure 43. Respondents' Marital Status.

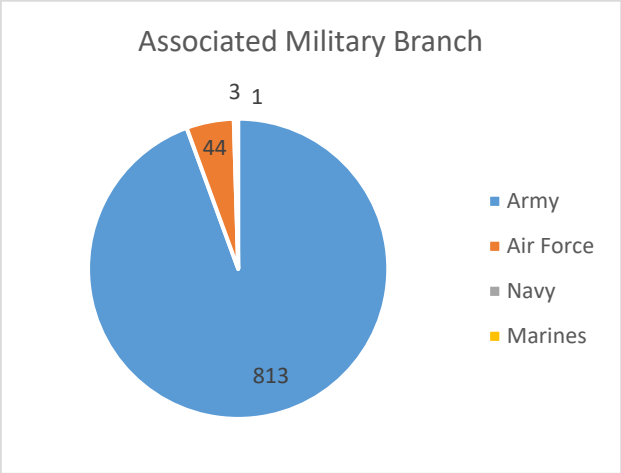


Figure 44. Respondents' Associated Military Branch.

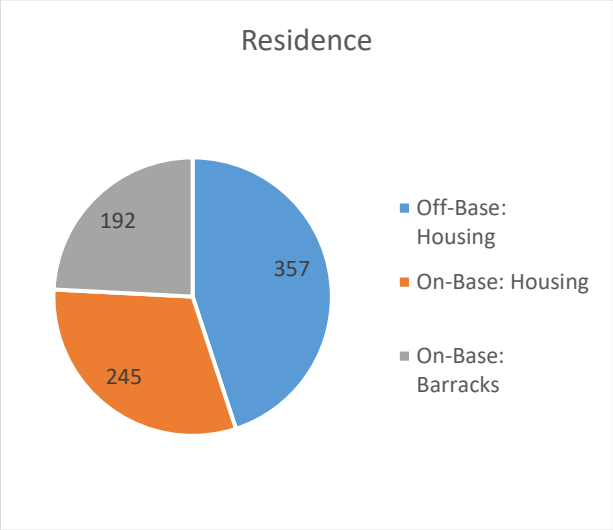


Figure 45. Respondents' Housing by On or Off-post

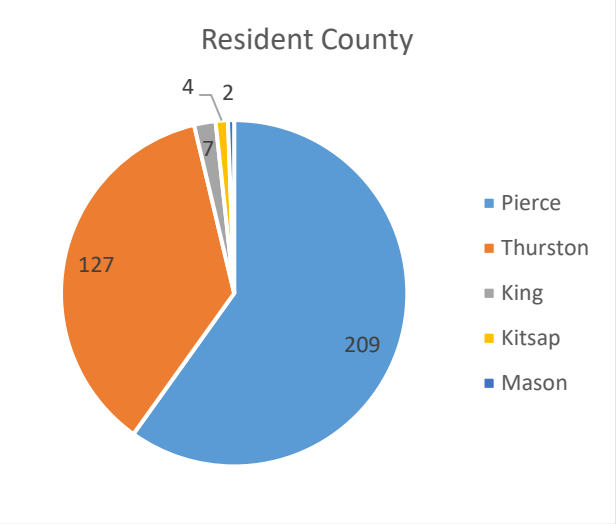


Figure 46. Respondents' Resident by County

Life events last 12 months

The top five life events experienced, as expressed by the respondents, were chronic pain/other medical issues, difficulty sleeping/problem with sleep, disciplinary action, relocation, and personal relationship problems (see Figure 47). The top two events

could be improved by promoting the services that are offered by JBLM.

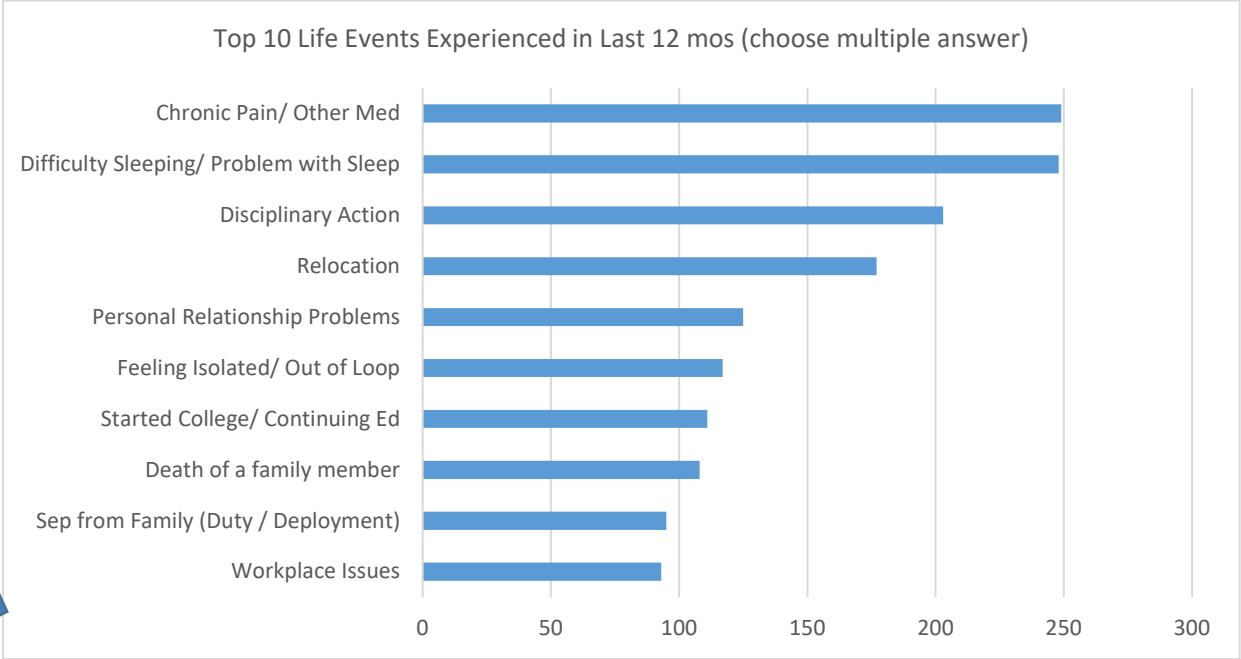


Figure 47. Community's Life Event Experience

Despite the selected life events, 581 respondents indicated that they did not seek help due to various reasons (see Figure 48). The majority of the respondents decided not to seek assistance due to feeling not needed to seek help, lack of information and time, and more. For those respondents who sought assistance for their life events, MADIGAN, behavioral health, and embedded behavioral health were the top services that respondents sought visited to get assistance and solve the issues.

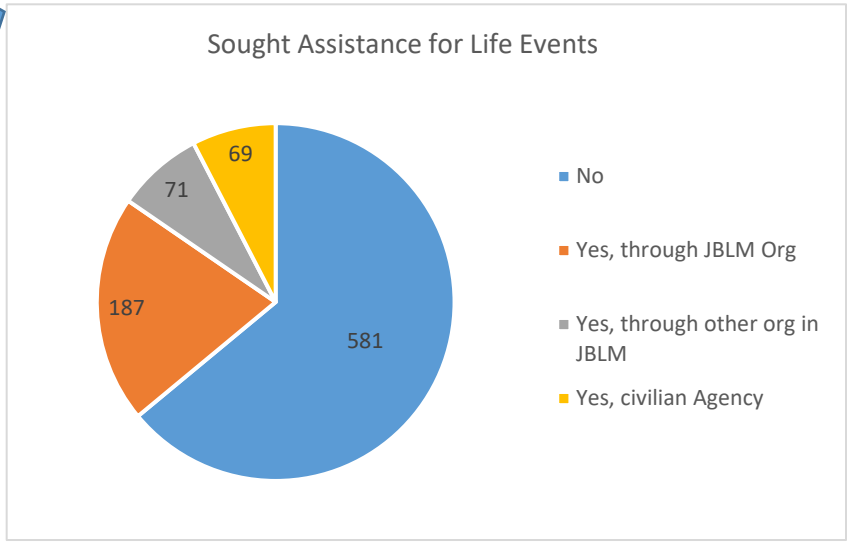


Figure 48. Respondent's Choice of Seeking Assistance for Life Event

The top 6 places where survey participants visited to get assistance were:

- MADIGAN
- Behavioral Health
- Embedded Behavioral Health
- Military & Family Life Counselor (MFLC)
- Exceptional Family Member Program (EFMP)
- Army Emergency Relief (AER)

The top 5 reasons why participants did not get assistance were:

- Have not needed assistance
- Lack of Information
- Lack of time
- Just arrived to JBLM
- Stigma / Gossip/ Reputation, being accused of faking / History of problems being addressed or being belittled

Utilization of JBLM Services

Among the services that are offered in the JBLM installation, respondents indicated that the top services that are visited are commissary, exchange (AAFES), MADIGAN, and Gym/Sports/Races (see Figure 49). In addition, a large number of the respondents indicated not utilizing the JBLM services (see Figure 50).

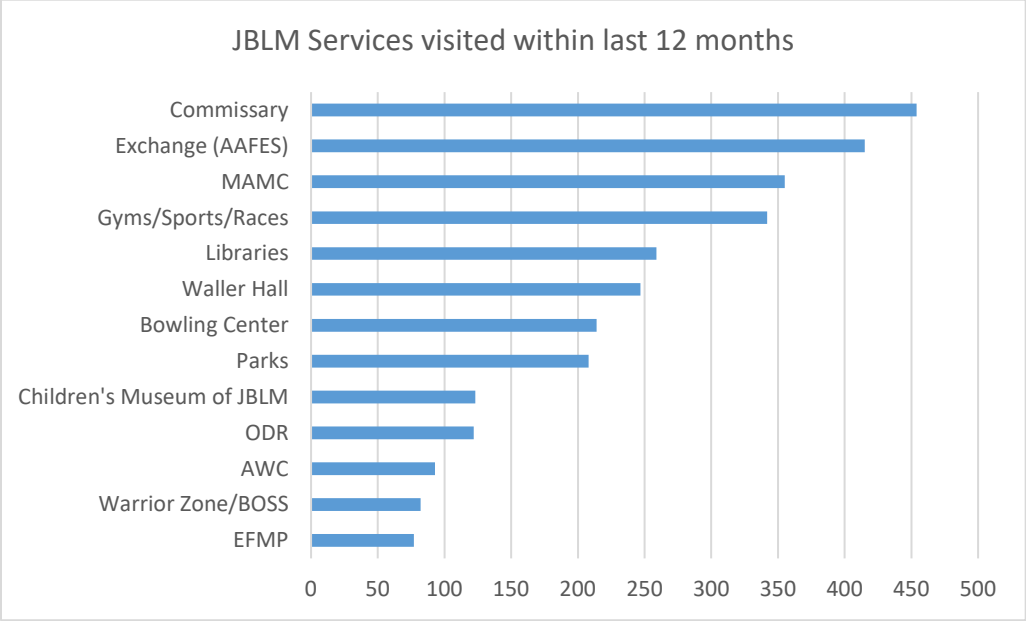


Figure 49. Respondent's Most Utilized Services in JBLM Installation in 2022

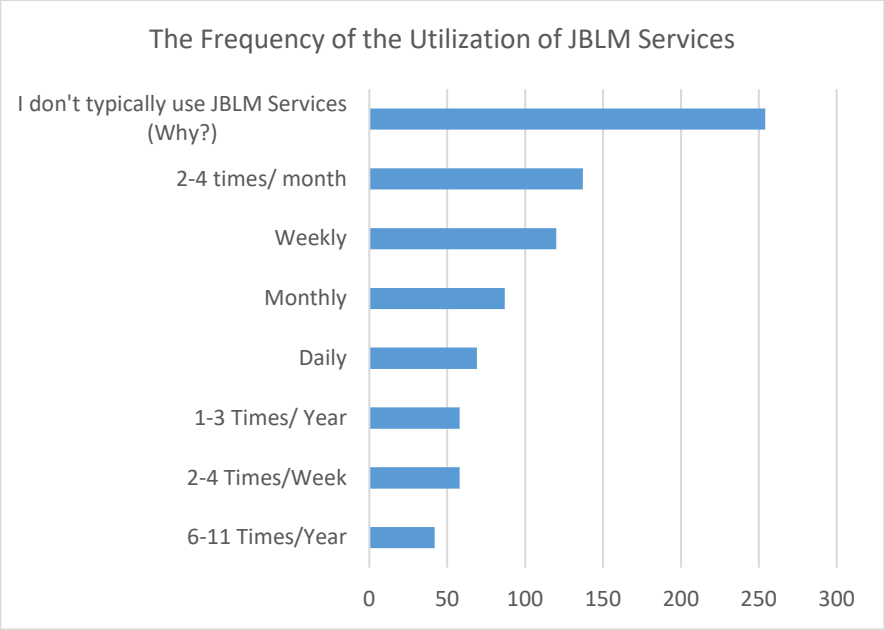


Figure 50. Frequency of JBLM Service Utilization in 2022

Utilization of Off-base services

When the respondents were asked about the utilization of off-base services, a total number of 219 out of 835 respondents indicated using off-base services. The top five off-base services that were utilized were recreation, gym, church, non-DoD healthcare, and counseling (see Figure 51).

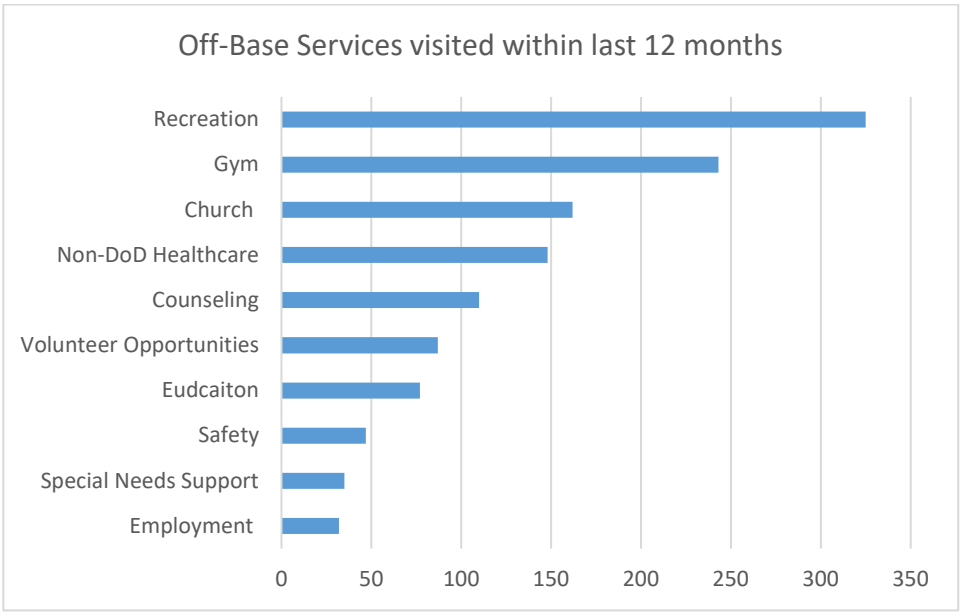


Figure 51. Utilized Off-Base Services in 2022

The main factors for utilizing off-base services were due to the better variety of services offered, convenience of the location, lack of services offered on base, and no on-base

availability. Comparing our current services and the factors influencing the use of off-base services can inform improvement plans for on-base services (see Figure 52).

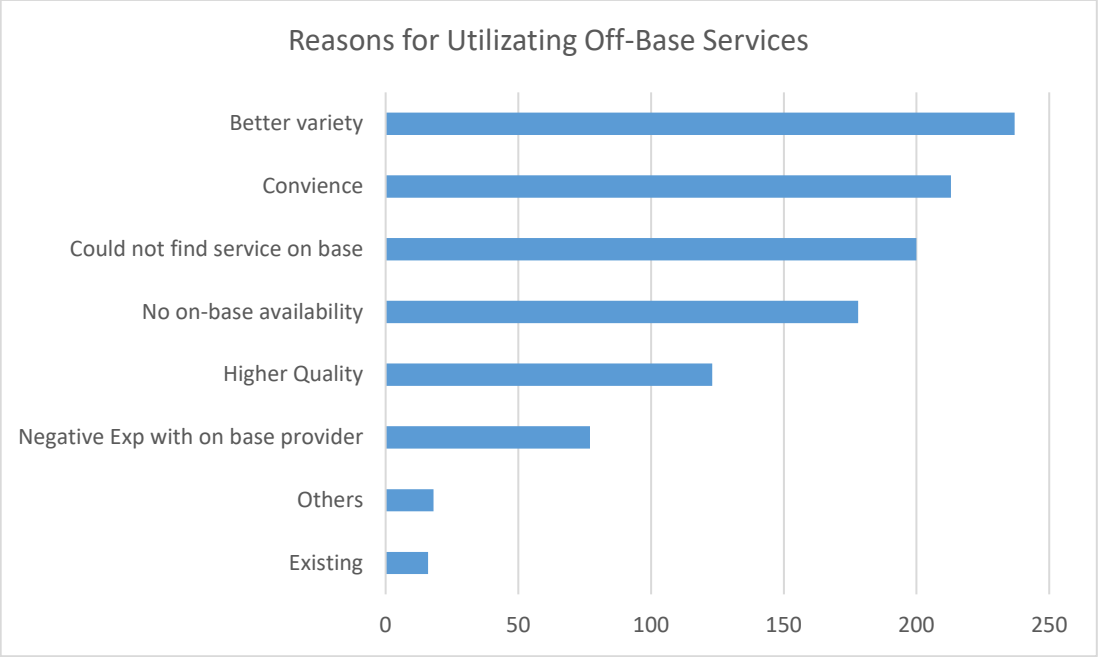


Figure 52. Factors of Utilizing Off-Base Services

After the questions regarding the off-base services, the respondents were asked a question whether they would prefer to use JBLM services or services offered off-base. 426 respondents indicated that they prefer to use JBLM services (see Figure 53).

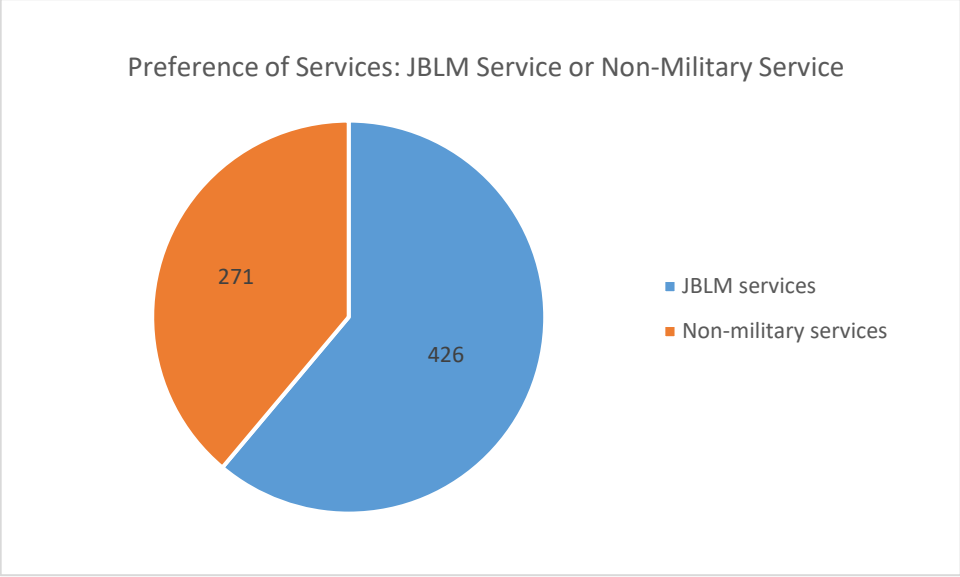


Figure 53. Service Preference of Respondents

Barriers

In utilizing the services offered in JBLM, the respondents were asked to identify the barriers that inhibit them from utilizing the services. Based on the respondent's answers, the top barriers were fear of impact on military career, limited-service hours, unsure where to go, limited childcare services, and language. For the answer "other", some of the participants responded that the barriers were due to availability of appointments, lack of communication, lack of special needs medical support, lack of virtual services, and poor quality (see Figure 54).

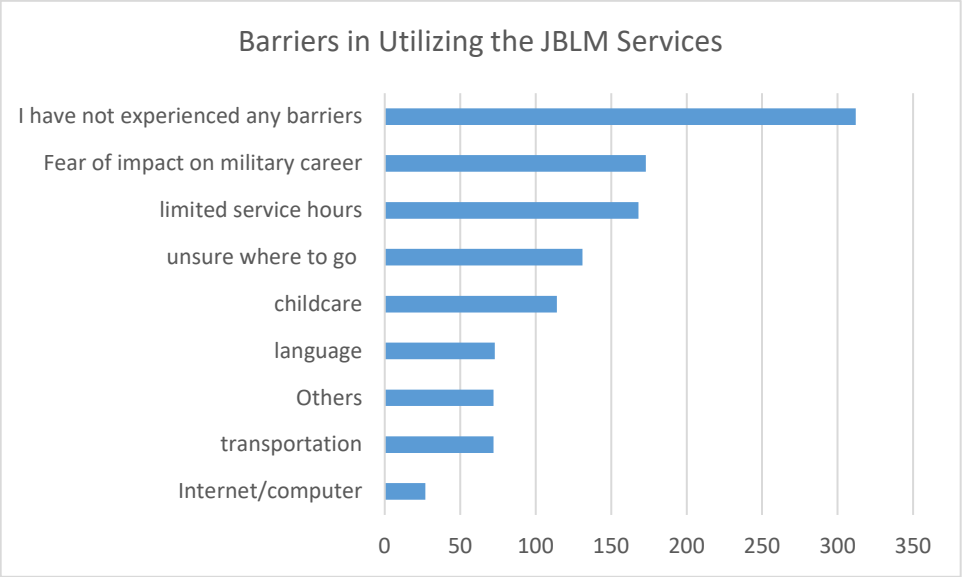


Figure 54. Perception about the Barriers in Utilizing the JBLM Services in 2022

For open-ended questions to provide ideas to overcome barriers, the participants provided following responses:

- Out-dated website that provides correct information such as phone numbers and hours of operation
- Provide more variety of services with extended hours of operations and more availability
- Hire more providers and staff to provide more services and appointments
- Better healthcare system to refer to off-base when the availability is limited in near future.
- Provide longer CYSS hours, hourly care, and more availability to shorten the waitlist
- Create more patient advocate and EFMP positions
- Create safe path to go around base with bike or walking
- Better interpreter service with friendly attitude and understanding in medical appointments
- Provide Spanish speaking behavioral services which is secondary language used for better treatment

- To find solution and show care instead of ignoring issues and brushing off the patient's chief complaints
- More availability and staff of EBH services
- More housing for families
- Newcomer's email or online video tour of the post and what it has to offer that can be found accessibly
- Available hours for MWR during Holiday for service members and retiree use
- Raise of the salary for healthcare workers, childcare employees and others that are currently short staff to be competitive
- Provide mental health services that is strictly confidential even to the higher supervisors
- Make the EFMP program more geared to adults as well as children to get support needed
- Prohibiting help or assistance based purely on rank of the family member
- Create more virtual resources
- 24 hours of transportation services on-base for service members who do not have vehicles
- Better computer system within the base to be used for the beneficiaries
- Use of social media to provide information frequently about the services offered in JBLM tailor to the needs of the family members
- Creating online orientation about the base for the service member's family
- Flexibility of accepting EFMP child in on-base childcare
- Emphasis of behavioral and mental health quarterly to improve the health
- Conduct meetings for the community to contribute to improving the facilities and services on-base

Interested Topics

For one of the last multiple-choice questions, the respondents were asked to choose topics that they would like to hear more about. The five top choices of the respondents were nutrition and fitness, education, recreation, personal finance, and firearm ownership training. Though there are classes offered for the topics selected by the respondents, it indicates the necessity to increase awareness and promotion of the classes to the JBLM community (Figure 55).

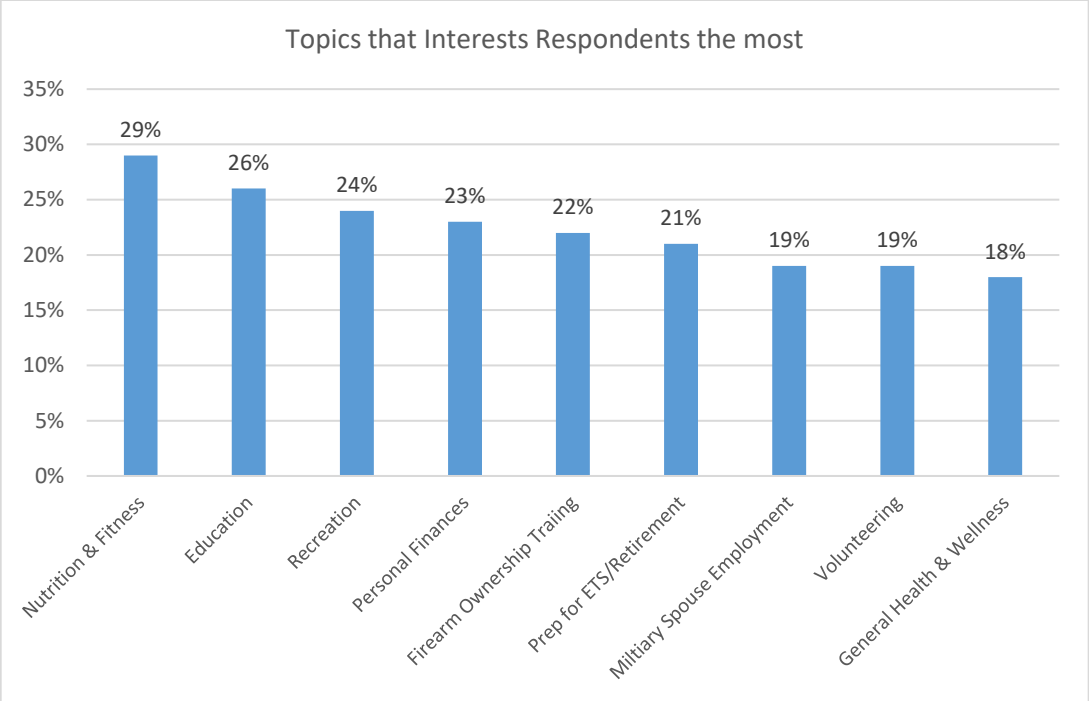


Figure 55. Respondent's Topic of Interest

Limitation

Limitations were the ability to outreach, and the data were limited to those who heard about the survey and completed it. The team did not have a good outreach plan nor the personnel to conduct extensive outreach in order to encourage more individuals to take the assessment. The lack of outreach may be a root cause of why the data is limited for a more variety of populations to participate in the survey. Also, there was limited based on the computer software to utilize and the Army protocols for surveys and assessments.

Local Public Health System Assessment (LPHSA)

- **What are the components, activities, competencies, and capacities?**
- **How are the 10 Essential Public Health Services being provided to our community?**

Summary

In October 2022, the JBLM DPH gathered its staff from various departments and partners to conduct an LPHSA. The DPH utilized the National Public Health Performance Standards Program local instrument version 3.0 to conduct and record the results. LPHSA's major findings and recommendations have been included here. This was the first time the DPH conducted an LPHSA. All of the chiefs of the public health departments have participated in conducting the LPHSA survey. The audience lacked representation of local partner organizations and agencies contributing to public health efforts in the community. The DPH recognized this limitation and agreed to conduct a re-assessment at the earliest opportunity.

In overall, JBLM DPH LPHS' average score of 57.7% fell short of the nationally recommended benchmark of 60%. Our LPHS was strongest in ES 8: assure a competent public and personal healthcare workforce (69.3%), ES 6: enforce laws and regulations that protect health and ensure safety (64.4%), and ES 2: diagnose and investigate health problems and health hazards (63.9%). Our LPHS was weakest in ES 9: evaluate effectiveness, accessibility, and quality of personal population-based health services (43.8%), ES 1: monitoring health status to identify community health problems (50.0%), and ES 4: mobilizing community partnerships to identify and solve health problems (53.1%). These results are reflective of JBLM DPH LPHS structure and common practices and, therefore, are rather expected.

Both quantitative and qualitative data from the assessment show that our LPHS has a highly professional staff and a good system of ensuring certification and maintaining continued education. The system is governed by a robust body of central and local regulations adequately addressing PH matters. These regulations are reviewed and updated periodically, and the Command Inspection Program is adequately designed to evaluate the system's compliance with existing laws and regulations. There is a great variety of individual and interpersonal health promotion programs and many elements in our LPHS that help people to connect to services they need (e.g., Chaplains, healthcare workers, social workers, Red Cross and other non-profit organizations, unit chain of command, Military and Family Life Counselor, Solider Family Readiness Group, childcare development center staff, etc.).

The historical structure and practices of military LPHSs in general and JBLM in particular, coupled with recent technological challenges, explain some of the key weaknesses of our PH system. Centrally planned PH programs and services based on research conducted by DoD organizations relieved LPHS from the need to conduct its own research. Well-defined and prescribed from higher PH programs did not require monitoring the health status of the community nor necessitated mobilizing community partnerships to identify and solve local health problems. The recent introduction of MHS GENESIS as a new medical records system further complicated LPHS's ability to assess the health of the local community. Inaccurate and inconsistent coding of medical conditions and procedures in medical records made irrelevant any analysis and comparison to State or national statistics.

Considering our strengths and weaknesses and what results are most important to us, our LPHS improvement priorities should focus on evaluating and improving current health services and public health information offered to the JBLM community. We should also mobilize our community and strengthen partnerships between LPHS elements to identify and solve public health problems. To improve performance within these specific areas, we need to engage our health informatics professionals to address and fix current issues with inconsistent and inaccurate coding. We should also reach out to our local partners, stakeholders, and community members to solicit their strong participation in all LPHS activities aimed at identifying public health issues, selecting priorities for improvement, and developing strategies to solve them. To achieve this, LPHS elements would need to increase social media communication capabilities at the lowest levels.

To get better results, we need to develop a feedback mechanism to assess the effectiveness of LPHS and community partnerships in improving community health. Building relationships with military commanders to earn their trust and confidence would gain access to additional resources and give command emphasis to PH programs. Creating a forum for PH leaders from other installations to interact and share experiences and lessons learned could also assist LPHS leaders and professionals in improving the administration of PH programs.

Despite its limitations, this assessment provided data that will prove invaluable as we move forward with our improvement efforts. It is crucial that all LPHS elements use these performance assessment results to identify high and low-performing areas. Using the results in this report will help LPHS elements to generate their priorities for improvement, as well as resource allocation to enhance LPHS performance.

About LPHSA

The self-assessment was structured around the Model Standards for each of the ten ES, which were developed by CDC through a comprehensive, collaborative process involving input from national, state, and local experts in public health. Altogether, for the local assessment, 30 Model Standards served as quality indicators that are organized into the ten essential public health service areas and address the three core functions of public health. Figure 56 shows how the ten ES align with the three Core Functions of Public Health.

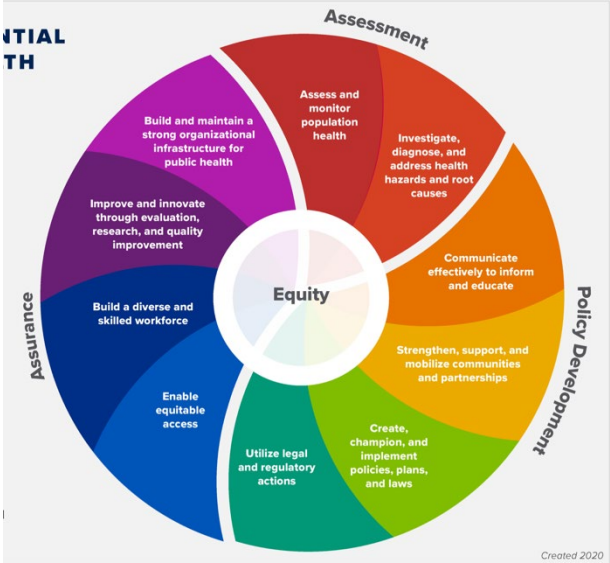


Figure 56. The Ten Essential Public Health Services

The DPH divided participants into groups organized by each of the 10 ES. Group members then worked together to identify the extent to which the community performs activities associated with each ES using a rating scale. The National Public Health Performance Standards Program local instrument version 3.0. During a collaboration session, each group informed all LPHSA participants of key aspects of their respective ES, activities performed by the LPHS in support of their ES, and the score the group has given to each Model Standard comprising ES. LPHSA participants from other groups expressed their thoughts and opinions about the extent of fulfillment and collectively agreed to a respective score for each standard. Each group also presented a qualitative assessment of their ES in terms of Strengths and Weaknesses and then recommended short- and long-term opportunities for improvement.

There are a number of limitations to the LPHSA results due to self-report, wide variations in the breadth and knowledge of participants, and differences in interpretation of assessment questions. Data and resultant information did not reflect the capacity or performance of any single agency or organization within the LPHS and therefore should not be used for comparisons between jurisdictions or organizations. Use of LPHSA data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment.

All performance scores were an average; Model Standard scores were an average of the question scores within that Model Standard, ES scores were an average of the Model Standard scores within that ES, and the overall assessment score was the average of the ES scores. The development of a response for each question from diverse system participants with different experiences and perspectives incorporated an

element of subjectivity. The assessment methods were not fully standardized, and these differences may have introduced an element of measurement error. In addition, there were differences in knowledge about the public health system among participants. This may have led to some interpretation differences, potentially introducing a degree of random non-sampling error.

Quantitative Data

The National Public Health Performance Standards Program local instrument version 3.0 that was utilized to conduct the LPHSA was constructed using the ten ES as a framework. Within the instrument, each ES included between 2-4 Model Standards that describe the key aspects of an optimally performing public health system. Each Model Standard was followed by assessment questions that serve as measures of performance. Responses to these questions indicated how well the Model Standard - which portrays the highest level of performance or "gold standard" - was being met. Using the responses to all of the assessment questions, a scoring process generated score for each Model Standard, ES, and one overall assessment score. Scores ranged from a minimum value of 0% (no activity was performed pursuant to the standards/ES) to a maximum value of 100% (all activities associated with the standards/ES were performed at optimal levels) (see Table 4).

Table 4. Summary of Assessment Response Options.

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Figure 57 displays the average score for each ES, along with an overall average assessment score across all ten ES. The black bars identify the range of reported performance score responses within each Essential Service. In Table 5, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service.

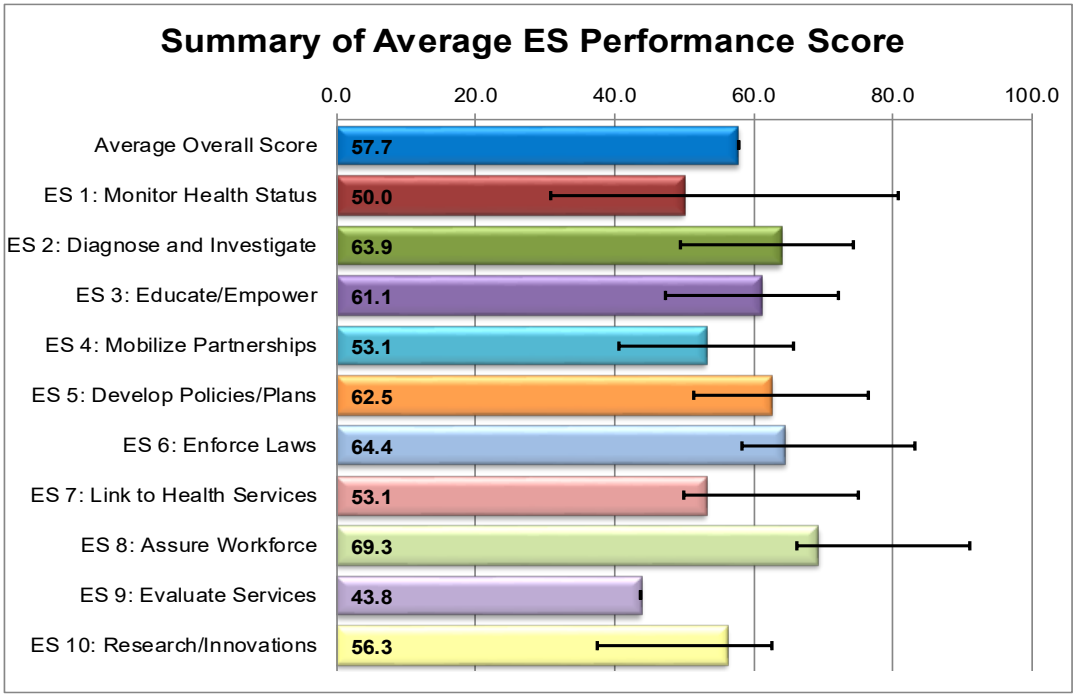


Figure 57. Summary of Average Essential Public Health Service Performance Scores.

Table 5. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard.

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	**50.0**	**5.7**	**58.3**
1.1 Community Health Assessment	50.0	6.0	75.0
1.2 Current Technology	50.0	6.0	50.0
1.3 Registries	50.0	5.0	50.0
ES 2: Diagnose and Investigate	**63.9**	**8.7**	**75.0**
2.1 Identification/Surveillance	58.3	9.0	75.0
2.2 Emergency Response	58.3	9.0	75.0
2.3 Laboratories	75.0	8.0	75.0
ES 3: Educate/Empower	**61.1**	**7.0**	**66.7**
3.1 Health Education/Promotion	50.0	7.0	75.0
3.2 Health Communication	58.3	7.0	50.0
3.3 Risk Communication	75.0	7.0	75.0
ES 4: Mobilize Partnerships	**53.1**	**5.5**	**50.0**
4.1 Constituency Development	56.3	5.0	50.0
4.2 Community Partnerships	50.0	6.0	50.0
ES 5: Develop Policies/Plans	**62.5**	**6.3**	**62.5**
5.1 Governmental Presence	66.7	5.0	50.0
5.2 Policy Development	66.7	7.0	75.0
5.3 CHIP/Strategic Planning	58.3	6.0	50.0
5.4 Emergency Plan	58.3	7.0	75.0

ES 6: Enforce Laws	**64.4**	**7.0**	**58.3**
6.1 Review Laws	75.0	7.0	50.0
6.2 Improve Laws	58.3	6.0	50.0
6.3 Enforce Laws	60.0	8.0	75.0
ES 7: Link to Health Services	**53.1**	**6.0**	**50.0**
7.1 Personal Health Service Needs	50.0	6.0	50.0
7.2 Assure Linkage	56.3	6.0	50.0
ES 8: Assure Workforce	**69.3**	**6.3**	**56.3**
8.1 Workforce Assessment	50.0	6.0	50.0
8.2 Workforce Standards	83.3	6.0	50.0
8.3 Continuing Education	75.0	7.0	75.0
8.4 Leadership Development	68.8	6.0	50.0
ES 9: Evaluate Services	**43.8**	**5.3**	**50.0**
9.1 Evaluation of Population Health	43.8	5.0	50.0
9.2 Evaluation of Personal Health	50.0	5.0	50.0
9.3 Evaluation of LPHS	37.5	6.0	50.0
ES 10: Research/Innovations	**56.3**	**6.0**	**50.0**
10.1 Foster Innovation	56.3	6.0	50.0
10.2 Academic Linkages	50.0	6.0	50.0
10.3 Research Capacity	62.5	6.0	50.0
Average Overall Score	**57.7**	**6.4**	**57.7**
Median Score	**58.7**	**6.1**	**57.3**

Figures 58 and 59 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level.

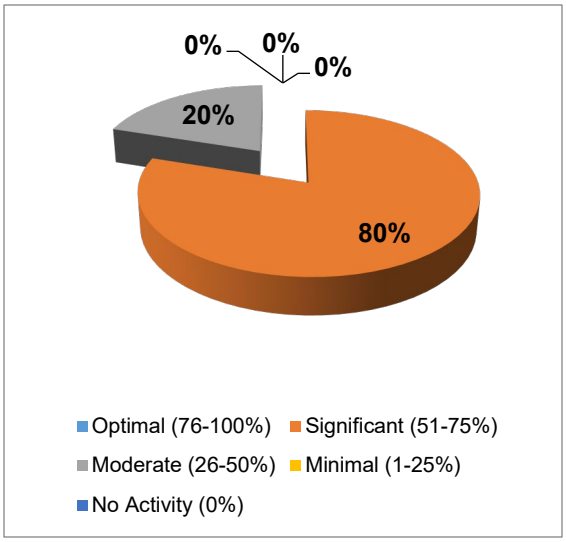


Figure 58. Percentage of the system's Essential Services scores that fall within the five activity categories.

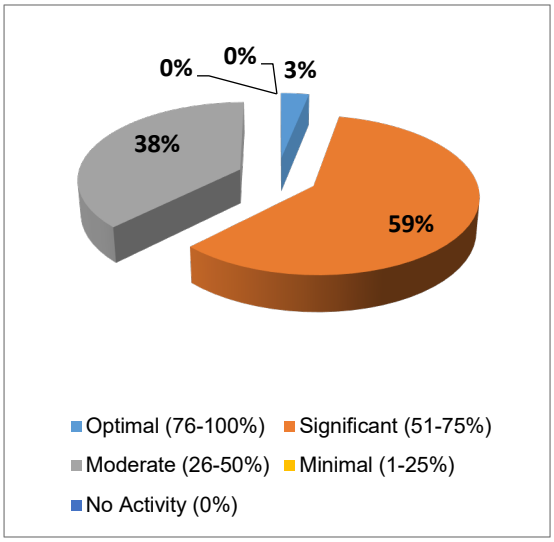


Figure 59. Percentage of the system's Model Standard scores that fall within the five activity categories.

Participants also considered the priority of each ES during the assessment. Using a scale of 1 to 10 (with 1 being the lowest and 10 being the highest), the audience collectively rated the priority of each Model Standard without regard to performance scores or rank order. In considering this questionnaire, the participants used the following questions. Example A: “On a scale of 1 to 10, what is the priority of this Model Standard to our local public health system?” Example B: “On a scale of 1 to 10, how important is it to improve our performance in this activity (e.g., through a quality improvement process, increased emphasis or resources)?”

Participants also considered the contribution that the JBLM DPH has to each Model Standard. Using a similar scale used to assess the Model Standards in the core Local Instrument, use the following scale:

0–for no contribution to the Model Standard

25–for agency contribution of 1–25%

50–for agency contribution of 26–50%

75–for agency contribution of 51–75%

100–for agency contribution of 76–100%

Participants completed these two additional questionnaires in a single group setting, and then presented their findings to the whole audience for discussion and acceptance.

Table 6 below displays priority ratings (as rated by participants on a scale of 1-10, with 10 being the highest priority) and performance scores for Model Standards, arranged under the four quadrants.

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well; consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved but are of low priority. They may need little or no attention at this time.

Table 6. Model Standards by Priority and Performance Score.

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	3.1 Health Education/Promotion	50.0	7
Quadrant B	8.3 Continuing Education	75.0	7
Quadrant B	6.3 Enforce Laws	60.0	8
Quadrant B	6.1 Review Laws	75.0	7
Quadrant B	5.4 Emergency Plan	58.3	7
Quadrant B	5.2 Policy Development	66.7	7

Quadrant B	3.3 Risk Communication	75.0	7
Quadrant B	3.2 Health Communication	58.3	7
Quadrant B	2.3 Laboratories	75.0	8
Quadrant B	2.2 Emergency Response	58.3	9
Quadrant B	2.1 Identification/Surveillance	58.3	9
Quadrant C	10.3 Research Capacity	62.5	6
Quadrant C	8.4 Leadership Development	68.8	6
Quadrant C	8.2 Workforce Standards	83.3	6
Quadrant C	6.2 Improve Laws	58.3	6
Quadrant C	5.3 CHIP/Strategic Planning	58.3	6
Quadrant C	5.1 Governmental Presence	66.7	5
Quadrant D	10.2 Academic Linkages	50.0	6
Quadrant D	10.1 Foster Innovation	56.3	6
Quadrant D	9.3 Evaluation of LPHS	37.5	6
Quadrant D	9.2 Evaluation of Personal Health	50.0	5
Quadrant D	9.1 Evaluation of Population Health	43.8	5
Quadrant D	8.1 Workforce Assessment	50.0	6
Quadrant D	7.2 Assure Linkage	56.3	6
Quadrant D	7.1 Personal Health Services Needs	50.0	6
Quadrant D	4.2 Community Partnerships	50.0	6
Quadrant D	4.1 Constituency Development	56.3	5
Quadrant D	1.3 Registries	50.0	5
Quadrant D	1.2 Current Technology	50.0	6
Quadrant D	1.1 Community Health Assessment	50.0	6

Table 7 display Model Standard scores arranged by DPH contribution and performance scores. Based on the highest contribution along with highest performance score, it will provide by type of Quadrant.

Table 7. Model Standard scores arranged by DPH contribution and performance scores.

Quadrant	Model Standard	LHD Contribution (%)	Performance Score (%)
Quadrant A	3.1 Health Education/Promotion	75.0	50.0
Quadrant A	1.1 Community Health Assessment	75.0	50.0
Quadrant B	8.3 Continuing Education	75.0	75.0
Quadrant B	6.3 Enforce Laws	75.0	60.0
Quadrant B	5.4 Emergency Plan	75.0	58.3
Quadrant B	5.2 Policy Development	75.0	66.7
Quadrant B	3.3 Risk Communication	75.0	75.0
Quadrant B	2.3 Laboratories	75.0	75.0
Quadrant B	2.2 Emergency Response	75.0	58.3
Quadrant B	2.1 Identification/Surveillance	75.0	58.3
Quadrant C	10.3 Research Capacity	50.0	62.5

Quadrant C	8.4 Leadership Development	50.0	68.8
Quadrant C	8.2 Workforce Standards	50.0	83.3
Quadrant C	6.2 Improve Laws	50.0	58.3
Quadrant C	6.1 Review Laws	50.0	75.0
Quadrant C	5.3 CHIP/Strategic Planning	50.0	58.3
Quadrant C	5.1 Governmental Presence	50.0	66.7
Quadrant C	3.2 Health Communication	50.0	58.3
Quadrant D	10.2 Academic Linkages	50.0	50.0
Quadrant D	10.1 Foster Innovation	50.0	56.3
Quadrant D	9.3 Evaluation of LPHS	50.0	37.5
Quadrant D	9.2 Evaluation of Personal Health	50.0	50.0
Quadrant D	9.1 Evaluation of Population Health	50.0	43.8
Quadrant D	8.1 Workforce Assessment	50.0	50.0
Quadrant D	7.2 Assure Linkage	50.0	56.3
Quadrant D	7.1 Personal Health Services Needs	50.0	50.0
Quadrant D	4.2 Community Partnerships	50.0	50.0
Quadrant D	4.1 Constituency Development	50.0	56.3
Quadrant D	1.3 Registries	50.0	50.0
Quadrant D	1.2 Current Technology	50.0	50.0

Qualitative Data

In addition to a quantitative assessment, for each of the 30 Standards, participants jointly assessed the LPHS through the lens of strengths, weaknesses, and opportunities. This qualitative data helped identify immediate actions and activities to improve local public health operations as well as provided ideas for longer-term improvement opportunities. Presented here is a summary of the qualitative assessment. The complete dataset could be viewed in the standalone LPHSA report upon request to the DPH administration.

Below are general themes of JBLM LPHS ***strengths*** identified by participants:

- Excellent partnership with Madigan PAO office, with support for communication through a variety of media.
- Active surveillance using Discern and Pathnet reporting tools. Good surveillance systems in place for COVID and other reportable diseases that get reported to central command.
- Consistent Food and Sanitation inspection routine; Risk based inspection program, drinking water quality assurance program via accredited lab, and relationships with stakeholders.
- Routinely performed public outreach through APHN, EH, and AWC to increase health awareness.

- Strong relationship with stakeholders in various departments to conduct and deliver public health services such as CYSS, Food program Office, Tacoma Pierce County, different command team from JBLM and more.
- Continue to advocate to make better surveillance data available through MHS GENESIS.
- Multiple levels of planning set up for public health emergency crisis.
- Regular review and implementation of laws and regulations.
- Robust hiring actions that place qualified individuals into the right positions
- Collaboration with University of Washington, Hearing Center of Excellence and APHC for education and current research projects.
- Collaboration with MADIGAN IRB help with research. Lots of research through residents as well.

Here are key ***weaknesses*** of JBLM DPH LPHS:

- No prior data will make a comparison of results difficult. Lack of data available through MHS GENESIS could cause potential delay in response, due to delayed detection.
- Linkage to senior mission commander; leadership. We don't necessarily know the gaps
- Limited relationship and interaction with Garrison and Corps leadership
- Lack of social media communication capabilities at lowest levels of LPHS. Limited control over our own DPH website. No trained PH spokesperson.
- Low awareness among LPHS staff on 10 Essential Services and 8 Core Competencies. Low coordination between LPHS elements.
- Lack of community engagement in setting priorities, plans, and activities. Keeping community and other LPHS elements engaged is the biggest challenge.
- Difficulty getting fidelity on HR rosters of employees to ensure compliance. Length of hiring time leaves critical gaps within the organization
- No formal leadership development plan for public health. It is focused on military leadership.
- Link other (non-residency programs) with institutes of higher education

Key recommendations for ***short-term opportunities*** for immediate improvement:

- Continue to advocate to make better surveillance data available through MHS GENESIS.
- Refine distribution list of stakeholders that will complete the CHA. Engagement with Corps and/or senior leadership possibly through the AWC
- Routine touch point with Garrison commander and key stakeholders at the garrison level.
- Train more staff on Discern and Pathnet surveillance.
- Assure all staff know how to access response plans (maintained by MADIGAN Emergency Operations).

- Continue to perform competency assessments and send lab pax to courses to improve proficiency
- Increase collaboration with units to provide health education in diverse area such as hearing education after the hearing exam.
- Provide Soldiers and Staff opportunities to attend risk communication classes
- Increase collaboration with PAO to disseminate health education/information to the public through Town Hall, Facebook, brochure, flyers, and more.
- Formalize/make interactions with Thurston County Health Department more regular. Continue to network on and off-post for collaborations.
- Weekly e-mails on government regulations state and federal to review standards.
- Assure all staff know how to access plans for public health emergencies.

Participants recommended the following ***priorities for long-term*** improvement:

- Advocate for longer PCS cycles to create better contingency plan.
- Provide links with institutes of higher education for non-residency programs for career development. Organize more educational or advocating activities between local community partners (private healthcare organizations)
- Build more multi-interdisciplinary research opportunities with other departments.
- Continue to advocate to make better surveillance data available through MHS GENESIS. Build a routine data collection and analysis plan
- Implement public health specific leadership development strategies. Provide more training and mentoring opportunities for junior/non-public health staffs.
- Get more involve with local workforce for the development of policy or planning
- Findings ways to get access to platforms people actually use. Those who need resources rarely use Facebook and similar social media sites
- Establish regular meetings of all community partners. Continuing to build relationships with Medical Command, Line Command, and Emergency Management.
- Purchase technology that could effectively be used in gathering data for community health assessment.

In a separate breakout session, a group of DPH senior personnel was asked to express their expert opinions of where the JBLM community should focus its public health efforts. The following are community health issues that PH professionals working on JBLM recommended based on the organization's structure, capabilities/capacities, expertise, as well as the observed trends in the community:

- STI clinic promotion
- Public awareness of the DPH services
- Drinking water system
- Air Quality
- Data Collection and Report
- Health communication

Forces of Change Assessment (FoC)

- **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?**

Summary

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

Forces of Change		
Forces (Trends, Factors,	Threats Posed	Opportunities Created
MADIGAN recently transitioned to Defense Health Agency oversight	• New, potentially conflicting guidance on practice and delivery of PH services and programs. • Potential depletion/diversion of PH resources to other military installations.	• Increased access to DoD/DHA resources such as laboratories and research agencies. • Opportunity to combine efforts of PH staff/assets from other military installations.
COVID-19 pandemic and other communicable diseases	• Disruption of healthcare and PH services delivery. • Potential long-tern health effects and chronic diseases. • Increase in BH and marital issues due to life disruptions and stress. • Financial hardship and food insecurity due to loss of income.	• Opportunity for health promotion and education, disease awareness, vaccination, etc. • Application and expansion of telemedicine practices effectively increase access to care. • Increased practice of personal hygiene and other PH measures to reduced risk/transmission of other communicable diseases.
Transition to MHS GENESIS system of health records	• Inconsistently and inaccurately captured health data to assess the health of the entire community.	• Provide feedback on the issues with MHS GENESIS to improve.

Inflation and potential economic recession in 2022-2023	• Financial hardship/stress on families causing an increase in BH conditions, drug abuse, and food insecurity.	• Opportunity to increase efficiency of PH efforts through prioritization and focal application of resources. • Opportunity to identify subtle or dormant community health issues otherwise masked or undetectable. • High gasoline prices could stimulate more carpooling, biking to work, and walking, which will result in a healthiest lifestyle and lesser air pollution.
Possible political tension in Europe and Asia resulting UPTEMPO deployments	• Possible increased contagious disease burden from deployment • Increase stress within soldier's family • DCRF issues that could affect the health of the soldiers	• Opportunity to provide available resources for the family members and soldiers to prepare for/during deployment • Collaboration with other stakeholders (ACS, AER, MWR, WIC) to provide services
Childcare Availability/Affordability	• Financial hardship to afford off-post childcare • Long waitlist to get the children into the on-base and off-post childcare • Hours of operations are not long enough to cover the work hours	• Opportunity to providing available resources to assist with childcare • Advocate to CYS, Garrison to help the family members who need childcare. (Proposed action)
Joint Basing with McChord	• Interaction with Air Force side to provide PH services • Lack of collaboration to identify gaps between the AF and Army. • Different regulation and policies to implement to the installation	• Enhance health outreach to Air Force (AF) community. • Enhancing the relationship with AF to collaborate
Increase Air Quality	• Possible threat to increase health issues due to mountain fires	• Opportunity to increase awareness about environment issues and potential environmental threats
Privatized military housing	• Poor oversight of the conditions of homes that contains mold and pests.	• Advocate for the residents of the military housing in health concerns. • Opportunity to increase awareness about mold and pests in military housing
Legalization of recreational use of marijuana	• Possible use of recreational marijuana • Have negative and long-term effects in brain health, daily life performance, driving issue, baby's health, and development	• Opportunity to increase awareness of the marijuana risks

Seasonal Changes	• Possible BH disorder due to long term rainy season such as depression. • Possible car accident due to whether changes (black ice, heavy rain, and snow) • Potential cold weather injuries and heat-related illness.	• Provide safety brief on driving in the Washington state whether • Opportunity to provide awareness and health information about cold weather injuries and heat-related illness.

Community Assets & Resources

JBLM Department of Public Health

The JBLM Department of Public Health focuses on the health of individuals, communities, and the defined JBLM population. Our goal is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death. Public health specialists have core competencies in biostatistics, epidemiology, environmental and occupational medicine, planning and evaluation of health services, management of health care organizations, research into causes of disease and injury in population groups, and the practice of prevention in clinical medicine. They apply knowledge and skills gained from the medical, social, economic, and behavioral sciences. Public Health has three specialty areas with the common core knowledge, skills, and competencies that emphasize different populations, environments, or practice settings: aerospace medicine, occupational medicine, and general preventive medicine. Public Health Clinical Services offers a broad range of clinical services designed to deliver public health best practices to Joint Base Lewis-McChord for Active-Duty service members, retirees, family members, Department of Defense civilians, and selected contract civilians.

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

Army Public Health Nursing (APHN)

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

- Tobacco Free Living Education
- Child, Youth, and School Services
- Latent Tuberculosis Infection Evaluations
- Deployment immunization
- Influenza vaccination and education
- Deployment & Overseas Briefings
- STI consultation, education, diagnosis, and treatment

Epidemiology and Disease Control Clinic

Mission: The epidemiology section/clinic provides comprehensive screening, diagnosis, and treatment of a variety of communicable diseases including common sexually

transmitted infections (STIs), tuberculosis, and pre-travel consultation. We routinely perform surveillance of communicable disease trends and provide rigorous analysis and communication to support decisions and actions by community leaders. We are poised and ready to respond to epidemics of disease, injury, or other hazards which pose a risk to the health and safety of our community.

- Communicate disease screening, diagnosis, treatment
- Surveillance of reportable medical conditions
- Outbreak response
- Data collection, analysis, and reporting

Occupational Health

Mission: To promote and ensure the health, safety, and quality of life of all workers on the JBLM Installation and its associated agencies.

- Work in conjunction with the Command, Safety, Civilian Personnel, and supervisors to ensure that our Soldiers and federal employees are fit for duty to perform the essential functions of their job safely.
- Strive to ensure optimal standards of health and safety in the work environment are achieved and maintained.
- Promoting and maintaining the physical, mental, and social well-being of all employees.
- Preventing work related illnesses, injuries, and disabilities.
- Protecting the individual from health risks presented in their work environment.
- Providing education on creating and sustaining a safe work setting.

Environmental Health Service

Mission: To enhance the health and readiness of our Joint Base Lewis-McChord community by providing comprehensive environmental health services that protect and sustain the environment for future generations.

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

Hearing Program

Mission: To protect and maximize the ability to hear and communicate, prevent hearing injuries, and provide clinical hearing care services for military and Department of the Army civilian personnel working or operating in noise hazardous settings.

- Annual/Follow-up Hearing Exams
- Referrals for Diagnostic Evaluation with Audiologist
- Pre-deployment and post-deployment hearing examinations

Health Physics Service

Mission: To protect the health and wellness of America's Military Family by providing the staff and beneficiaries of Madigan Army Medical Center with courteous, professional, and responsive subject matter expertise for all radiological issues.

- Ensure all radioactive material and radiation producing devices are used safely in accordance with the hospital's Nuclear Regulatory Commission (NRC) License, Army Radiation Authorization (ARA) and Joint Commission Accreditation Standards.
- Review and approve all requests to amend the NRC license or ARA.
- Review and approve all requests to use radioactive material and radiation producing devices within MADIGAN and outlying clinics.
- Review and approve all modifications to existing x-ray facilities as well as the construction of new x-ray facilities
- Review the training and experience of all proposed authorized users of radioactive materials and radiation producing devices to ensure they are qualified to safely perform their duties IAW applicable license requirements, regulations, and standards.
- Ensure occupational exposures are maintained "As Low As Reasonably Achievable" (ALARA) through the dosimetry and radiation safety training programs.
- Provide subject matter expertise to Western Regional MTF's as needed.

Industrial Hygiene

Mission: Serves Joint Base Lewis-McChord by administering a comprehensive full-service industrial hygiene program. The Industrial Hygiene program provide support to the Madigan Region to enhance readiness by anticipating, recognizing, evaluating, and controlling workplace health hazards where military and civilian personnel work and serve.

- Workplace Exposure Assessments – assess workplace hazards
- Indoor Air Quality surveys – odor, sensitive individuals
- DOEHRS-IH- Industrial hygiene database
- Design Review- Blueprint review
- IH Program Management/Assessment

Armed Forces Wellness Center

Mission: Armed Forces Wellness Centers (AFWC) provide integrated and standardized primary prevention programs and services that promote enhanced and sustained

healthy lifestyles to improve the overall well-being of Service Members, their Families, Civilians, Retirees, and Eligible Contractors. The AWC programs help build and sustain good health. AWC Health Educators and services empower individuals to set their own health goals and achieve them. AWC programs and services address lifestyle change in areas that affect both short- and long-term health, engaging people in their "life space"—the places where they live, work, relax and rest.

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

Preventive Medicine Residency Program

Mission: Train Army Physicians in Public Health and Preventive Medicine and enable them to become board certified. It emphasizes formal academic education in public health, preventive medicine and occupational health clinical experiences, public health program management, as well as training in disease surveillance, outbreak investigation, risk communication, and original research.

- Preventive Medicine Clinic
- Public Health Program Management
- Medical Surveillance
- Disease Investigation
- Research

Aviation Medicine

Mission: Dedicated to providing routine and wellness healthcare to members of our flight population who do not have an assigned flight medicine provider.

- Routine and wellness healthcare include annual, post-deployment, and accession flight physicals for AD and civilian employees

Madigan Army Medical Center

Madigan Army Medical Center comprises a network of Army medical facilities located in Washington and California that serve more than 100,000 Active-Duty service members, their families, and retirees. Since its opening in 1944 as a temporary hospital for war wounded, Madigan has grown into a tertiary care medical center providing a wide array of medical services, such as general medical and surgical care, patient-centered adult, and pediatric primary care, a 24-hour emergency room, specialty clinics, behavioral

health, and wellness services. Madigan is proud to be a part of a dominant power projection platform as a provider of safe, quality care; an unparalleled education facility; a state-of-the-art research platform; a leader in readiness & deployment medicine, and an engaged community partner since 1944.

Madigan is operated by the Defense Health Agency and is the U.S. Army's second largest medical treatment facility with state-of-the-art and technologically advanced medical systems. It is one of only two designated Level II trauma centers in Army Medicine and one of four in the state of Washington. Madigan participates in a unique partnership created in the late 1990s with St. Joseph Medical Center and Tacoma General Hospital called the Tacoma Trauma Trust to provide care to non-beneficiary trauma victims beyond the gates of Joint Base Lewis-McChord.

Madigan maintains approximately 220 beds for inpatient care and can expand to accommodate more than 300 inpatients during periods of urgent need including emergencies. Outpatients are seen at the hospital's Medical Mall complex handling nearly one million visits annually.

In keeping with its reputation as an unparalleled teaching facility and modern research platform, Madigan also offers outstanding Graduate Medical and Nursing Education Programs. In fact, physician, nurse, and medic students enrolled in Madigan's Graduate Medical Education programs consistently score in the 90th percentile on state and national examinations. Additionally, Madigan's Andersen Simulation Center, which helps train thousands of doctors, nurses, and medics each year, holds the distinction of being the first educational institution in the Department of Defense accredited by the American College of Surgeons.

Madigan also performs research across the entire spectrum of clinical trials, from phase I to phase IV, allowing critical safety and efficacy data to be collected for health interventions.

Madigan falls under Medical Readiness Command, Pacific, which is one of four medical readiness commands operated by the U.S. Army Medical Command.

Mission: Team Madigan proudly generates a ready medical force and a medically ready force by delivering innovative, highly reliable healthcare in support of America's Military Family.

Vision: Always Ready, Trusted for Excellence.

Values: "I CARE" I-Integrity, C-Compassion, A-Accountability, R- Respect, E-Excellence

A Day in Military Medicine (MADIGAN) –as of February 2022

Enrollment	95,444
Visits	2,444
Primary Care Visits	1,100
Pharmacy Scripts	2,853

Birth	2
Emergency Room Visits	110
Vaccinations	161
Radiology Services	745
Dental Visits	370

(Data Source: MADIGAN Clinical Operations)

Note: With the exception of Enrollment, A Day in Military Medicine values are a daily average beginning form March 2021 through the February 2022. Enrollment values are for the current.

In MADIGAN, there are several services that are offered to the JBLM community who are enrolled under TRICARE. Table 8 displays all of the services offers that MADIGAN provides.

Table 8. MADIGAN Services Offered

Family Medicine Clinic	Bariatric Surgery	MRI	Dental Clinics
Internal Medicine Clinic	Bariatric Patient Education	Nuclear Medicine	JBLM Dental Activity Leadership
Pediatrics	General Surgery Service	Radiology	Vision
Adolescent Clinic	Neurosurgery & Ortho Spine Service	Radiation Oncology	Optometry
JBLM CARES	Otolaryngology (Ear, nose, throat)	Ultrasound	Opthamology
School Based Health Clinics	Vascular Surgery, Limb Preservation & Wound Care Service	Specialty Care	Refractive (Laser) Surgery
Pediatric Specialty Clinic	Urology	Allergy/Immunology Service	Women's Health & Pregnancy
Developmental Behavioral Pediatrics	Interdisciplinary Pain Management	Cardiology	Obstetrics
Pharmacy	Refractive (Laser) Surgery Clinic	Dermatology	Midwifery Service
Express Scripts - Home Delivery	Urgent & Emergency Care	Gastroenterology Services	Antenatal Diagnostic Center
New Prescriptions & Transfers	Readiness	Hematology/Oncology	Maternal Fetal Medicine
Madigan's Outlying Clinic Pharmacies	In-Processing Procedures	Infectious Disease Clinic	CenteringPregnancy® Program
About Madigan's Pharmacy | Formulary Info	Troop Battalion	Urology	Breastfeeding (Lactation Consultant)
Preventive Care	Soldier Recovery Unit	Neurology Clinic	Gynecological Service
Nutrition Services	Unit Specific Instructions for care	Nephrology & Dialysis Clinic	Gynecologic Oncology
Environmental Health Service	Exceptional Family Member Program	Diabetes Care Center	Reproductive Endocrinology and Infertili
Drinking Water and Water Recreation	Behavioral Health	ENT, Audiology, and Speech Clinics (Otola	Urogynecology & Pelvic Reconstructive S
Madigan Rideshare Program	Child and Family Behavioral Health Services	Orthopedic Surgery Orthopedics, Podiatry	Education Classes & Support Group
Environmental Compliance	Embedded Behavioral Health	Palliative Care	Madigan Labor & Delivery
Food Safety and General Sanitation	Addiction Medicine Intensive Outpatient & Partial Hospita	Endocrinology Clinic	Men's Health
Vector Surveillance	Radiology	Pulmonary & Sleep Clinics	Cancer Care Program
COVID-19 Vaccine Info	Computerized Tomography (CT) Scan	Rheumatology Clinic	Breast Cancer Diagnostic and Treatment
Surgery	Interventional Radiology	Laboratory	Gynecologic Oncology Service
Pre-Anesthesia Clinic - Surgical Services Center	Mammography	Dental	Inpatient Care Units

MADIGAN Primary Care Clinics

McChord Clinic:

McChord Clinic serves Soldiers and their Family Members from 62nd AirWing. McChord Clinic provides these walk-in services for adult patients enrolled to the Family Medicine Medical homes. McChord Clinic is located in 690 Barnes Blvd.

Winder Family Medicine Clinic (SCMH):

Winder Soldier-Centered Medical Home (SCMH) serves Soldiers and their Family Members from 62nd Medical Brigade, 42nd Military Police (MP), 16 Combat Aviation Brigade (CAB), 1st Special Force Group (SFG). SCMH is located in Building 9119 on Mil Park Avenue.

Okubo Soldier-Centered Medical Home (SCMH):

Okubo Medical Clinic serves soldiers and their family members from 7th Infantry Division (ID) Headquarter, 2-2 Stryker Brigade Combat Team (SBCT), 13th Combat Sustainment Support Battalion (CSSB), 17th Field Artillery Brigade, 555th Engineer (EN) Brigade

(BDE), and 593rd Expeditionary Sustainment Command (ESC). Okubo Medical Clinic is located in Building 11582 on C Street.

Allen Soldier-Centered Medical Home (SCMH):

Allen Soldier-Centered Medical Home serves soldiers and their Family Members from 1-2 SBCT. The Allen Soldier-Centered Medical Home is located at the corner of Railroad Ave and S 20th St.

Puyallup Community Medical Home

The Madigan-Puyallup Community Medical Home is open to military family members and a limited number of retirees and their families with Active Duty dependent and military retiree beneficiary status living in, and around the Puyallup, Graham, Spanaway, and Frederickson WA area. Madigan-Puyallup Community Medical Home is located in Suite 112 on 156th Street E. Puyallup, WA.

South Sound Community Medical Home

The Madigan-South Sound Community Medical Home is open to military family members and a limited number of retirees and their families with Active Duty dependent and military retiree beneficiary status living in, and around the Olympia and Lacey, WA area. The Madigan-South Sound Medical Home is located in Olympia, WA in the Memorial Medical Plaza across from the main entrance to St. Peter Hospital.

Soldier Recovery Unit (SRU)

Soldier Recovery Unit takes care of our nation's ill, injured, and wounded Soldiers, providing them with outstanding medical care, advocacy, and leadership. SRU provides command and control, primary care, and case management for Soldiers in Transition, establishes the conditions for their healing, and promote their timely return to the force or transition to civilian life. SRU is located in Building 9059 on Gardner Loop Rd.

Armed Service Blood Bank – PNW

Armed Services Blood Bank Center-Pacific Northwest (ASBBC-PNW) is a tri-service organization that supports the blood requirements for four military hospitals. ASBBC-PNW also ship blood weekly, which is ultimately delivered overseas to areas with high concentrations of deployed troops. 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 MADIGAN.

Accessing Care After Hours:

Madigan’s Department of Emergency Medicine provides quality, compassionate care to critically ill and injured military beneficiaries. This is Madigan’s only 24-7 patient care portal.

Madigan Army Medical Center Emergency Department specialize in caring for the full range of urgent and life-threatening medical, surgical, obstetric, pediatric, and

psychiatric conditions. As a Level II trauma center and partner in the Tacoma Trauma Trust, Madigan also accepts civilian trauma from the nearby I-5 corridor. Our staff consists entirely of board-certified or board-eligible Emergency Physicians, ensuring that the care that you receive will be outstanding and evidence-based.

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

JBLM Installation Services

Army Emergency Relief (AER):

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

American Community Service (ACS) Volunteer Program:

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

Army Family Action Plan (AFAP):

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

Army Substance Abuse Program (ASAP):

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

Child, Youth and School Services (CYSS):

CYSS provides a variety of programs including, childcare, recreation, socialization, and development for children of all ages. Currently, there are 6 child development centers, 3 school age care, and 1 family childcare on-base. There are two external child development centers at Yakima Training Center and Sierra Army Depot, Herlong California.

Employment Readiness Program (ERP):

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

Exceptional Family Member Program (EFMP):

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

Family Advocacy Program (FAP):

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

Family Readiness Group Center:

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

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

Military & Family Life Counselor (MFLC):

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

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

The MDSSO helps support community readiness during deployments and emergencies. They make sure installation programs align with unit deployment cycles,

provide post-deployment support, and help unit Commanders with their Family Readiness plans and deployment support services for Service Members and their Families. They are responsible for operating an Emergency Family Assistance Center in the case of an all-hazards event and supporting Service Members and Families during Non-Combatant Evacuation Operations and Repatriation. MDSSO also acts as a case manager for all requests for assistance through the Army Disaster Personnel Accountability and Assessment System (ADPAAS)

Relocation Readiness Program:

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

Religious Support

All service members stationed at JBLM and their family members have an assigned chaplain. The JBLM RSO oversees and operates nine chapels, including three on Lewis Main, three on McChord Field and one on Lewis North. The pastoral counseling team at the Chaplain Family Life Center provides a variety of free services to help develop and strengthen the most important relationships in life. Counseling is free with no referral needed and is open to Active Duty of all branches, retirees, family members and DOD civilians. Counseling staff members are trained and experienced in dealing with a multitude of counseling topics such as: anger, anxiety, grief, relationship problems, pornography or other sexual addictions, infidelity, childhood sexual abuse, parenting issues, deployment related issues, therapy, PTSD and other traumatic life events and spiritual issues.

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

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

Survivor Benefit Plan and Outreach Services:

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

Transition Assistance Program and Resources:

The Army Transition Assistance Program (TAP) is the Army's Transition Program responsible for providing Soldiers with the counseling, employment and education workshops, and seminars required to achieve the law and policy Career Readiness Standards (CRS) mandated compliance. TAP has undergone a re-engineering in order to "prepare" and "connect" Soldiers to ensure the greatest opportunities for successful personal and career achievement upon transition from Active Duty.

Victim Advocacy Program (VAP):

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

Civilian Health Care Resources

Virginia Mason Franciscan Health

The Virginia Mason Franciscan Health's medical facilities include St. Joseph Medical Center, St. Clare Center, and Franciscan Center located in Lakewood, WA.

Serving Tacoma and surrounding areas, St. Joseph Medical Center is ready to help patients achieve best health, throughout all the stages of life. Find a Virginia Mason Franciscan Health primary or specialty provider at clinics close to where you live or work.

- Services:
    - Anticoagulation Clinic
    - Digestive Care
    - Cancer Care
    - Emergency Services
    - Ear Nose and Throat
    - Infusion Clinic
    - Family Birth Center
    - Heart and Vascular
    - Pain Management Clinic
    - Orthopedics Care (including Joint replacement Program)
    - Neuroscience Services
    - Rehabilitation Therapy
    - Rheumatology
    - Sleep Disorders
    - Women's Health
    - Urology

MultiCare Tacoma General Hospital

MultiCare has been caring for Pacific Northwest communities since 1882. Their mission is — Partnering for Healing and a Healthy Future — and are our dedicated to the health of the communities they serve.

- Services:
  - Addictive Services
  - Adolescent Behavioral Health
  - Adult Day Health
  - Adult Developmental Clinic
  - Adult Psychiatrics Care
  - Bariatric Surgery
  - Behavioral health
  - Bioethics
  - Breast Health
  - Diabetes
  - Digestive Health
  - Ear, Nose and Throat
  - Endocrinology
  - Family Birth Centers
  - Genetics
  - Geriatric Psychiatry
  - Glasses and Contacts
  - Gynecology
  - Home Health and Hospice
  - Infectious Disease
  - Integrative Medicine
  - Laboratories Northwest
  - Maternal Fetal Medicine
  - Medical Imaging
  - Medical Weight Loss
  - Menopause
  - Nephrology
  - Neonatal Intensive Care Unit
  - Neurosciences
  - Nutrition
  - Obstetrics
  - Occupational Medicine
  - Oncology
  - Optical Care
  - Orthopedics
  - Pain Management
  - Palliative Care
  - Pediatrics
  - Pharmacy
  - Physical Therapy
  - Plastics and Reconstructive Surgery
  - Podiatry
  - Pregnancy and Newborn Care
  - Primary Care Clinics
  - Pulmonary Care
  - Pulmonary Rehabilitation
  - Rehabilitation
  - Rheumatology
  - Senior Services
  - Sexual Assault Services
  - Sleep Medicine
  - Spine
  - Sports Medicine
  - Surgical Services
  - Tobacco Cessation
  - Transfusion-Free Medical Program
  - Urgent Care
  - Urogynecology
  - Urology
  - Vascular Surgery
  - Virtual Health/Telehealth
  - Virtual Urgent Care
  - Weight Loss & Wellness
  - Women & Newborn Care
  - Wound Care

Sea Mar Community Health Center
Sea Mar specializes in primary care family medicine, including preventive health exams, prenatal care, acute care visits, minor procedures, health education, follow-up care from hospital visits, and referrals. They also provide additional services to ensure patients are connected with the resources they need to live happy, healthy lives.

- Services:
    - Physical Exams
    - Immunization and Flu shots
    - Chronic disease management (diabetes, asthma)
    - Smoking cessation
    - Acute care
    - Testing and treatment for tuberculosis, hepatitis, HIV, and other diseases)
    - Referrals to specialty care
    - Laboratory services and testing
    - Minor procedures
    - Breast and Cervical Screening
    - Family Planning
    - Social Work

Providence St. Peter

The leading hospital in southwest Washington, providing a full array of services to communities in Thurston, Lewis, Mason, Grays Harbor and Pacific counties. As a Magnet® recognized hospital, they are committed to nursing excellence and providing first class health care for the greater Olympia area.

- Services
    - Anticoagulation Clinic
    - Cardiac Surgery
    - Chemical Dependency Center
    - Diagnostic Imaging
    - Emergency Care
    - Family Birth Center
    - Neurosurgery
    - Vascular Surgery
    - Orthopedic Care
    - Palliative Care
    - Cancer System
    - Sleep Medicine
    - Psychiatry
    - Heart Center
    - Surgical Services

Kaiser Permanente Olympia Medical Center

To provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. Trusted partners in total health, collaborating with people to help them thrive and creating communities that are among the healthiest in the nation.

- Services
  - Urgent Care
  - Allergy & Asthma
  - Audiology/ Hear Center
  - Cardiology
  - Dermatology
  - Endocrinology
  - Eye Care Services
  - General Surgery
  - Injection Room
  - Laboratory
  - Mental Health & Wellness
  - Nephrology
  - Neurology
  - Nutrition Services
  - Occupational Medicine
  - Occupational therapy
  - Oncology
  - Orthopedics
  - Otolaryngology (Ear, Nose, & Throat)
  - Pharmacy
  - Physical Therapy
  - Primary Care (Family Medicine and Pediatrics)
  - Radiology (Imaging)
  - Social Work Services
  - Speech, Language & Learning Services
  - Sports Medicine
  - Adolescent Center
  - Urgent Care center
  - Urology
  - Virtual Care
  - Women's Health Care

Communication

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

Websites/Social Media:

Website: https://home.army.mil/lewis-mcchord/index.php and additional social media platforms

Social media platforms:

https://www.facebook.com/JBLewisMcChord
https://twitter.com/jblm_pao
https://www.instagram.com/jblmwa

Besides providing JBLM's history and information about units/ tenants the website provides visitor and newcomer information as well as links to online news and links to social media options. The main web page also provides links to additional webpages for the 28 Units/Tenants on JBLM.

The Units/Tenants on JBLM include: I Corps, S 1-2 Stryker Brigade Combat Team (1-2 SBCT), 16th Combat Aviation Brigade (CAB), 17th Field Artillery Brigade (FAB), 189th Infantry Brigade (CATB), 1st Special Forces Group (SFG), 2-2 Stryker Brigade Combat Team (SBCT), 22d Corps Signal Brigade, 2d Ranger Battalion (2-75 Ranger), 4-160th Special Operations Aviation Regiment (SOAR), 404th Army Field Support Brigade (AFSB), 446th Airlift Wing (AW), 555th Engineer Brigade (EN), 593rd Expeditionary Sustainment Command (ESC), 5th Security Forces Assistance Brigade (SFAB), 627th Air Base Group (ABG), 62nd Airlift Wing (AW), 66th Theater Aviation Command, 6th Military Police Group (CID), 7th Infantry Division (ID), 8th Brigade Army ROTC, , U.S. Army Medical Research Directorate-West (USAMRD-W), Washington National Guard (WNG), Western Air Defense Sector (WADS), Madigan Army Medical Center (MADIGAN), Medical Readiness Command, Pacific (MRC,P), Yakima Training Center (YTC), Henry H. Lind NCO Academy (NCO Academy).

Units/Tenants have their own website, Public Affairs Officers, and additional social media options such as Facebook, Twitter, YouTube, and Instagram.

Public Affairs Office (PAO)

JBLM PAO Mission: Fulfills the Army's obligation to keep the American people and the Army informed by communicating on behalf of the installation and its leadership - providing clear, accurate, timely information to internal and external audiences.

Media Relations: The Media Relations team assists members of the news media who are reporting on JBLM, ensuring the American public has access to the information they need to understand the military's role in the community, in support of the nation and in the world.

Community Relations: Community Relations supports the relationship between JBLM and citizens of the surrounding communities. JBLM Garrison, I Corps, 62nd Airlift Wing, the I Corps Band and other Army and Air Force units work together to fulfill community support requests.

Command Information: The Command Information team provides news and information to members of the JBLM community, by producing an array of communication products for internal audiences. This includes the JBLM website and Digital Garrison app, JBLM NEWS on army.mil, and official social media pages on Facebook, Instagram, Twitter, LinkedIn, and Flickr.

Social Media: JBLM keeps the community informed with current events and information through several social media platforms.

Madigan Army Medical Center PAO, 253-968-1901

Madigan’s Public Affairs mission is to communicate with staff, patients, and the American public. This includes working with media outlets to provide information on healthcare programs, events, services, and as well as coordinating and communicating with legislative officials and community organizations.

MADIGAN Social Media sites:

https://www.facebook.com/MadiganHealth/
https://twitter.com/Madiganhealth
https://www.youtube.com/c/MadiganArmyMedicalCenter
https://www.instagram.com/MadiganMedicine
https://www.linkedin.com/company/madigan-army-medical-center

Newspapers:

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

Postal Service:

JBLM Postal Services: one zip code 98433

Four store locations on-base.

1) 4170 Kaufman Ave, Joint Base Lewis-McChord, WA 98433
2) 9040 Reid St, Joint Base Lewis-McChord, WA 98431
3) 735 5th St, Joint Base Lewis-McChord, WA 98438
4) 9040A Jackson Ave, Joint Base Lewis-McChord, WA 98431

Radio:

Radio AM 1500 broadcasts hazard reports and emergency information for the Joint Base Lewis-McChord community, such as road construction and inclement weather delays or dismissals.

Telephone Service:

Landline service is offered on JBLM.

Area Code 253

The JBLM Community utilizes carriers (i.e., AT&T, Verizon, T Mobile, etc.) of their own choosing

Television:

JBLM has three main wired TV providers including Xfinity TV from Comcast, Direct TV and Dish TV.

Internet Providers

JBLM has two main internet providers including Xfinity and Boingo Wireless. Two other additional internet providers are CenturyLink and ViaSat. The fastest access available to homes in JBLM is 1000 Mbps.

JBLM On-base Libraries:

Grandstaff Library and McChord Library

Access to 100,000 books, audiobooks, movies, TV shows, music, and video games; downloadable content including eBooks, eAudiobooks, eMusic, and eMovies; programs for kids, teens, and adults; computer stations with internet, Microsoft Office, and printing; meeting room available for reservations, study rooms, and free WIFI.

Language Class:

The JBLM Language and Culture Center develops, presents & supports Global, MOS and Mission Language training for the US Army AC/RC Soldiers. Their ability to sustain Commander and Linguist/Soldiers' satisfaction is based on their continuing effort to exceed expectations through state-of-the-art teaching methods, integration of technology and flexibility to meet commanders' training and readiness requirements.

Emergency Mass Notification System:

The Integrated Incident Management Center (I2MC) dispatchers receive all 911 calls made on the installation and includes emergency dispatch, alarm detection, and mass notification. Mass notification systems are the "giant voice," JBLM's all hazard sound, AM radio station 1500, AM radio signs, marquee for alert messages, and computer and telephone alert messages. The messages are delivered to computers and mobile devices via text, pop-up, and email.

Child Development Centers (CDCs)

JBLM has eight (8) Child Development Centers (CDCs). Affordable quality childcare is provided for children from 6 weeks through 12 years of age. Activities are geared toward school readiness and the social, emotional, mental, and physical development of your children. To meet the needs of the JBLM community, childcare is offered in both on-base centers and homes. Full Day care is offered from 6:00 a.m. to 6:00 p.m.

Active-duty military personnel, Reservists on Active Duty, and DOD contractors at JBLM are eligible sponsors for this program. JBLM child development centers are state-of-the-art facilities accredited by the National Association for the Education of Young Children. The centers provide full-day childcare and Strong Beginnings. Part-day preschool, part-day Strong Beginnings and hourly childcare are currently unavailable.

List of Child Development Services:

- Beachwood CDC
- Clarkmoor CDC
- Hillside CDC
- Madigan CDC
- McChord CDC East
- McChord CDC West
- Yakima Training Center CDC
- Family Child Care

Education (JBLM On-base Schools)

The JBLM Community is part of Clover Park School District. There are total of six elementary schools on JBLM and students in grades 6-12 have to attend an off-post local school. The focus is on improving academic achievement for all students while supporting the mission of military families.

There are total of 6 on-base elementary schools to serve students living on JBLM in grades Pre-Kindergarten (PreK) through 5.

- Beachwood ES (PreK-5)
- Carter Lake ES (PreK-5)
- Evergreen ES (PreK-5)
- Hillside ES (PreK-5)
- Meriwether ES (PreK-5)
- Rainier ES (PreK-5)

Student living on JBLM in grades 6-12 attend off-post local county schools listed below:

- Thomas Middle School (6-8)
- Clover Park High School (9-12)
- Lakes High School (9-12)

Clover Park School District adopted the Four Pillars for Student Success--a framework of traits that provide a strong foundation for student success is school and post-secondary. Clover Park School District staff are also living their promise and cultivating these foundational characteristics to support their personal and professional growth.

JBLM Colleges and University

JBLM offers a variety of colleges, listed below.

https://home.army.mil/lewis-mcchord/index.php/my-Joint-Base-Lewis-Mcchord/all-services/continuing-education-services

JBLM Stone Education Center Services. Located at: 6242 Colorado Ave, Joint Base Lewis-McChord, WA 98433.

On-base Colleges and Universities:

- University of Massachusetts
- Central Texas College
- Central Washington University
- City U of Seattle
- Pierce College
- Saint Martin's University
- University of Maryland Global Campus

Additional Services and Resources:

Apprenticeship Program – Hawk Career Center

Financial Aid Assistance – Walter Center

Green To Gold/ROTC – Stone Education Center

National Testing Center – Stone Education Center

Veterans Affairs (VA) Advisors – Hawk Career Center

Recreation

JBLM, WA provides a wide variety of recreational activities with it being one of the largest military installations with more than 40,000 of Active-Duty Service Members, covering 413,714 acres. Recreational activities include conference centers/dining facilities that can facilitate meetings and parties, fitness centers, bowling alleys, theater, warrior zone, golf course, indoor/outdoor pools, gun range, library, picnic/playground areas, hobby/craft center, baseball/soccer fields, various children's sports programs, children museum, and basketball/volleyball courts.

JBLM Family and MWR is a network of support and leisure services designed to serve the needs, interests, and responsibilities of each individual in the JBLM community, as well as enhance the quality of their lives. From family, child and youth programs to recreation, sports, entertainment, travel, and leisure activities -- Family and MWR employees worldwide strive to deliver the highest quality programs and services at each

installation. Family and MWR help ensure JBLM readiness by caring for the people who serve and stand ready to defend the nation.

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

Although the JBLM missions have changed over the years, one thing that has not is the natural setting of the base. On a clear day, Mount Rainier looms over the other peaks of the Cascade Range. From the mountains to the deep waters of Puget Sound and the Pacific Ocean, the local area abounds in natural beauty and outdoor recreation opportunities. Camping, hunting fishing, hiking, boating, and snow sports are a way of life in Washington.

With JBLM being surrounded by cities such as Seattle, Tacoma, Olympia, families have many choices when it comes to recreational activities and family outings. Whether it be going to nearby mountains and lakes, bowling, weapon ranges, movie theaters, there is something for all ages to enjoy

TRICARE and Access Options

TRICARE Prime is the only option Active-Duty Family members and retirees who are not Medicare eligible need to enroll in. Active-Duty Family members do not have an enrollment fee and are automatically enrolled after filling out the enrollment form.

TRICARE Select is a self-managed, preferred provider organization (PPO) plan available in the United States.

US Family Health Plan is an additional TRICARE Prime option available through networks of community-based, not-for-profit health care systems in six areas of the United States.

Please visit https://tricare.mil/Plans/HealthPlans/TS for additional information on TRICARE Plans

MHS GENESIS Patient Portal: The MHS GENESIS Patient Portal puts the patient in control of their health care. It gives secure access to electronic medical records 24/7 and allows reaching out to the Madigan health care team when and where it's convenient. The MHS GENESIS Patient Portal replaces TRICARE Online secure messaging, and RelayHealth, while you receive care at Madigan Army Medical Center.

Online- Request Appointments Online: Patients can reach out to the Madigan health care team by sending a Secure Message anytime from a computer, tablet or smartphone via the MHS GENESIS Patient Portal by visiting https://my.mhsGENESIS.health.mil/. Visit our MHS GENESIS Patient Portal page to learn more information about registration and use.

MHS Nurse Advice Line: The Nurse Advice Line is available to all TRICARE eligible patients 24 hours a day, seven days a week by calling 1-800-TRICARE (1-800-874-2273), option 1. This service is at no cost to patients and can assist in making informed decisions about self-care at home or when to see a healthcare provider.

Telehealth Technologies: Madigan Army Medical Center is leveraging telehealth technologies to ensure our patients can continue to get the care they need through various means. TRICARE West Region beneficiaries have options for virtual care, which can save a trip to the ER or Urgent Care Center for non-emergency or health concerns that are not life-threatening 24/7 from the comfort of your home, including expanded telehealth partner choices. For more information, please visit https://www.tricare-west.com/content/hnfs/home/tw/bene/provider-directory/telehealth-options.html

If patients need an appointment, they can call the Puget Sound Military Appointment Center: 1-800-404-4506 or reach out to Madigan health care team with by sending a Secure Message anytime it's convenient for you on your computer, tablet or smartphone via the MHS GENESIS Patient Portal by visiting https://my.mhsgenesis.health.mil/.

For additional information regarding Madigan Health Services, please visit https://madigan.tricare.mil/ .

Conclusion

A Community Health Assessment (CHA) is a systematic examination of the health status indicators for a given population. The ultimate goal of a CHA is to identify public health needs and resources and to provide a sound basis for interventions that improve health outcomes in the community. A variety of tools and processes were used to conduct this CHA; the essential ingredients were community engagement and collaborative participation. The results of this CHA will be used to develop strategies to address the community health needs and identified issues.

The Community Health Status Assessment (CHSA) identified the following areas requiring attention or presenting an opportunity for improvement:

- Substance Use Disorder
- Tobacco Product Use
- STIs and HIV
- Domestic Violence
- Performance Triad (Sleep, Activity, Nutrition)

The examination of health-related perceptions in the community via Community Needs Assessment revealed the following concerns among JBLM community members:

- Substance Abuse
- Tobacco Use
- Chronic Pain Management
- Sleep Management
- Nutrition / Fitness
- General Health and Wellness
- Relationship Counseling

After discussing the results of the CHSA and CNA, the DPH personnel consisting of senior PH professionals expressed their expert opinions of where JBLM community should focus its public health efforts:

- Musculoskeletal injuries
- Stress Management
- Chronic Diseases
- Family Housing/ Indoor Air Quality
- Outdoor Poor Air Quality
- STIs
- Drinking Water System
- Health Communication to Public

The FoC assessment anticipated that current events, factors, and trend in local, national, and global economic, political, and social environment might have the following effects on JBLM community and LPHS operations:

- Increase in financial and housing hardship
- Increase in deployment-related physical health, BH, and relationship issues
- Sustained degradation and disruption in delivery of PH programs and services

The key findings and themes that emerged from this comprehensive CHA will serve as the basis for future direction and work. The installation leadership is fully engaged and supportive of all community health initiatives and activities. Further prioritization and selection of improvement priorities will be done in the development of the Community Health Improvement Plan (CHIP).

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