

# Joint Base Langley-Eustis – Fort Eustis (JBLE-Eustis) Department of Public Health



## Community Health Assessment

Last Revision Date: 7 January 2023

UNCLASSIFIED

## COMMUNITY HEALTH ASSESSMENT

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

**SUMMARY:** This document provides the results Army Public Health Nursing (APHN) Community Health Status Assessment and the Commander's Ready and Resilient Council (CR2C), Community Strengths and Themes Assessment, in conjunction with the JBLE-Eustis Community, as a comprehensive community health assessment.

**APPLICABILITY:** This assessment applies to the entire JBLE-Eustis Community.

**SUGGESTED IMPROVEMENTS:** For revisions and updates to this document, contact the JBLE-Eustis Department of Public Health APHN Section.

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Approved By:

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JBLE-Eustis, VA



**RECORD OF CHANGES/ANNUAL REVIEW**

| <b>RECORD OF CHANGES</b>                |                       |                                      |                  |
|---|-----------------------|--------------------------------------|------------------|
| <b>Change #</b>                         | <b>Date of Change</b> | <b>Date Posted</b>                   | <b>Posted by</b> |
| 1                                       | 7 Jan 2023            | 31 Jan 2023                          | Dr. John James   |
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| <b>ANNUAL &amp; SEMI-ANNUAL/UPDATES</b> |                       |                                      |                  |
| <b>Date Reviewed</b>                    | <b>Reviewed By</b>    | <b>Remarks</b>                       |                  |
| August 2022                             | Dr. John James        | Needs updating due to new resources. |                  |
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## Executive Summary

A comprehensive Community Health Assessment (CHA) that reflects the APHN Community Health Status Assessment and the Commander's Ready and Resilient Council (CR2C) Community Strengths and Themes Assessment is completed at least every five years (or earlier if directed by leadership) through a collaborative process with key installation, military community, and neighboring community partners and stakeholders. These assessments collect and analyze data and information to describe the health of the community, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to educate and improve the community's health. The JBLE-Eustis Department of Public Health (DPH) leads the collaborative process to complete the CHA for JBLE-Eustis, VA.

The 2019 JBLE-Eustis CHA includes the following components:

- A community profile providing overall information on community demographics and socioeconomic factors, including social determinants of health
- An overview of the available clinical services, health behaviors, health outcomes and public safety on JBLE-Eustis
- Results from the Community Strengths & Themes Assessment
- Information about JBLE-Eustis community assets

JBLE-Eustis community members primarily live in 6 different counties, with 78 percent of healthcare beneficiaries enrolled to McDonald Army Health Clinic living in 3 cities or counties: Newport News City (44%), James City County (19%), and York County (15%). Using 2019 data, there over 30,000 enrolled TRICARE beneficiaries living within a 40 mile radius of JBLE-Eustis, with a daytime population of 19,000 and after-duty-hours work population of 7,500. Additionally, 2021 Health of the Force (HOF) data shows an approximate Active Component (AC) population of 5,500 Soldiers, including both permanent party and Army Initial Training (AIT) components.

As updated resources have become available, as in the newly established online HOF datasets being available online with more clarity at our installation level, JBLE-DPH has updated applicable data prior to the scheduled reassessment of the CHA in 2024. Findings of the 2021 HOF, last conducted in 2020, follow:

- Sexually Transmitted Infection rates in AC are at the lowest level in the past 4 years at 16 cases per 1000 person years.
- Active duty personnel considered obese by Body-Mass-Index (>30) has decreased to 19% (Health of the Force).
- Tobacco usage rates in AC has fallen slightly to 19%, with 7.5% using E-cigarettes, 12% using cigarettes, and 6.5% using smokeless tobacco products.
- Teen births have slightly increased in Newport News to 12.6 per 1000, though it is unclear if this data is directly influenced by Fort Eustis (Virginia Department of Health, Division of Health Statistics).

- Injury rates have declined per Health of the Force reporting.
- Regarding cancer screening and prevalence, Fort Eustis and Newport News lag in Pap smear screening compliance and are slightly elevated for breast and cervical cancer (Communitycommons.org and HEDIS).
- HIV cases are prevalent in Newport News and remain a continued threat (Virginia HIV Surveillance Annual Report, 2017).

The updated data obtained in 2022 also specifically focused on better understanding those JBLE-Eustis populations that experience higher health risk or disproportionately poor health outcomes. Although reasons for health disparities across race and ethnicity groups are varied and complex, the concept of social determinants of health (SDOH) encompasses many of the critical drivers. SDOH are the conditions in which people are born, live, learn, work, play, worship, and age, and are often precursors to health disparities. Although Soldiers have benefits that can minimize the impact of some health disparities, such as access to universal medical care, access to these benefits does not always equate to better health outcomes. The 2020 HOF introduced race and ethnicity demographic data to describe the medical metrics for the AC Soldier population and the current report reveals that locally and across the Army that racial and ethnic minority Soldiers have a higher occurrence of disease across several medical metrics compared to White (Not Hispanic or Latino) Soldiers. It points to the Institute of Medicine's (IOM's) publication *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* that reported that racial and ethnic minorities tend to receive lower quality health care than non-minorities, even after accounting for access-related factors. Army level and local installation level evidence aligns with civilian racial and ethnic health disparities and warrants investigation and application of strategies, such as policy changes, to mitigate risk and optimize health and readiness for all Soldiers and others in the population served. The 2021 HOF data identified several populations within our community that exhibited a greater risk and /or appeared to have an inequitable share of poor health outcomes. The racial and ethnic metrics available for JBLE-Eustis are consistent with the larger AC comparisons in the HOF data, so measures that may not be reflected at the local level are felt to be applicable comparisons within our installation population as well.

The JBLE-Eustis installation health outcomes and behavior data reported in the 2021 HOF are similar to the larger AC within the Army. Data specific to Soldiers at JBLE-Eustis show that non-white racial/ethnic groups have a higher incidence rate of Chlamydia in both males and females. Females, regardless of race/ethnicity, have a higher incident rate than males, while Soldiers under the age of 25 years old, for both males and females, have the highest incidence rates. Behavioral health issues increase with age for all genders and ranks but are disproportionately increased for American Indian/Alaskan Native and African American populations. Obesity and chronic disease rates increase with age for all groups but increase disproportionately in racial/minority populations on JBLE-Eustis.

According to the 2021 HOF report, recent studies demonstrate that the U.S. Army may experience a higher prevalence of food insecurity than the general population. Certain

subgroups have higher rates of food insecurity than the national average. These groups include low-income households, households with children, single-parent households, women and men living alone, Black and Hispanic households, and households in large cities. Updated zip-code specific data is available for the JBLE-Eustis zip code, 23604, that encompasses only eligible personnel living in Military housing. This new data showed that personnel living on Fort Eustis experience a higher poverty rate for both families and families with children as compared to the surrounding Newport News community and State. This indicates that the military members and their families living on base have an inequitable share of higher risk for poor health outcomes related to poverty.

The JBLE-Eustis Community Strengths and Themes Assessment (CSTA), last conducted in 2019, is a survey administered every 2 years across the installation, with the objective of providing a deeper understanding of issues that relate to the community member's perceptions of quality of life, health, safety, and satisfaction with the environment of an Army installation. Survey participants have the opportunity to respond to the questions in a narrative manner, as well as on a numbered scale

- Among the top physical health-related concerns were: overweight/obesity, poor diet, lack of fitness, aging problems, and high blood pressure.
- Regarding behavioral and emotional health, top concerns were: stress, depression, anxiety, alcohol/drug abuse, and sleep issues.
- Within the domain of social and environmental health, top issues were financial issues, work-life balance, lack of community, unemployment, and walkability.
- Assessment of the Spiritual health domain communicated concerns for morals, diversity, Army Values, time for spiritual fitness, activities, and opportunities.
- Regarding family health, issues expressed were: financial issues, work-life balance, transition/moving/retirement, deployments/separation/TDY, and family time.
- Participants' awareness of the available programs and services were measured at 54% and awareness of the Community Resource Guide (CRG) were measured at 38%.

The full survey and aggregate responses are available by request.

The findings of the CHA were presented to the installation leadership and stakeholders at the CR2C/Senior Commander's Forum in September 2019 toward development of the Community Health Improvement Plan (CHIP). The CHIP determines major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Fort Eustis. Updated data in the CHA will also inform continued CHIP reviews and updates.

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## I. Background and Purpose

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

The purpose of the CHA is to determine the health status of the 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.

## II. History of Fort Eustis

<https://www.jble.af.mil/About-Us/Fort-Eustis-History/>

Fort Eustis is known for its association with Army Transportation, Army Aviation, and as the home to the Army's Training and Doctrine Command, though Fort Eustis and its predecessor Camp Eustis have a history that includes many branches of the Army.

On 19 March 1918, the War Department authorized the construction of Camp Eustis for the purpose of concentrating, organizing, equipping, training, and embarking troops for duty abroad as field artillery, railway artillery, trench mortar, and anti-aircraft troops. The camp's namesake MG Abraham Eustis was born in 1786 in Petersburg, Virginia, he proved his valor in the War of 1812 and the Seminole Wars. He commanded the School of Artillery Practice at Fort Monroe from 1824 to 1834.

In 1923, Camp Eustis was declared a permanent installation and renamed Fort Eustis. Its combination of location, rail lines, and railroad artillery training facilities continued to be seen as important to national defense.

Helicopters proved their worth in Korea and in December 1954, Felker Heliport opened as the Department of Defense's first airfield dedicated solely to helicopters. The heliport

was designed in the form of a giant wheel -- a circular taxiway divided into quarter-sections by two 600-foot runways with 8 circular landing pads. Changing missions have led to the heliport being modified into the modern airfield seen today.

Railroad operations and 3rd Port's water operations, to include the underwater operations of the dive detachments, have all played significant roles throughout the history of Fort Eustis. Since the first heliport, rotary-wing craft have been an important vehicle in Fort Eustis's history, and today, the 128th Aviation Brigade continues that tradition by training Soldiers in all aspects of helicopter maintenance.

The 2005 Base Realignment and Closure Act (BRAC) resulted in the greatest recent change in the make-up of Fort Eustis by relocating the Army Transportation School headquarters to Fort Lee in 2010, with the Training and Doctrine Command (TRADOC) Headquarters moving from Fort Monroe in 2011.

The BRAC decision consolidated adjoining bases of different services, referred to as joint basing. As a result, Fort Eustis and Langley Air Force Base were consolidated under the responsibility of the Air Force and the 633rd Air Base Wing as Joint Base Langley-Eustis in 2010.

### **III. Methods**

#### **A. Mobilizing for Action through Planning and Partnerships**

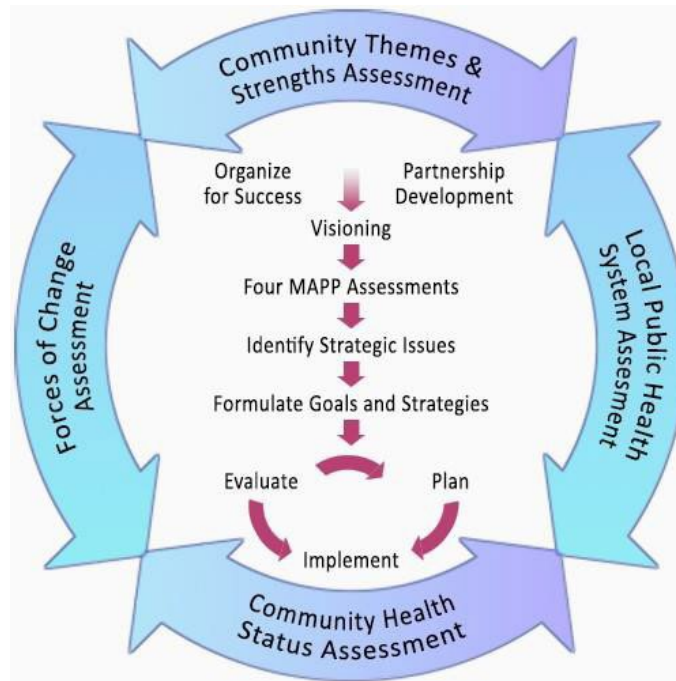
The JBLE-Eustis Department of Public Health (DPH) chose to utilize the Mobilizing for Action through Planning and Partnerships (MAPP) model as a framework for improving community health.

The model typically includes six distinct phases (Figure 1); however, this iteration of the JBLE-Eustis CHA does not include the local public health system assessment or the Forces of Change Assessment. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a CHIP. While the CHIP addresses phases 4, 5, and 6, the overall phases of the MAPP framework are:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP Assessments
  - Community Health Status Assessment (CHSA)
  - Community Strength and Themes Assessment (CSTA)
  - Local Public Health System Assessment (LPHSA)
  - Forces of Change Assessment (FoC)

4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

Figure 1. Explanation of the MAPP Framework



## B. Community Health Assessment Working Group

To conduct the CHA, the JBLE-Eustis DPH leveraged the Physical Resilience Working Group to discuss components of the CHA including data and review components of the document. The Working Group (WG) is made up of different members of the installation community, including representatives from McDonald Army Health Center (MCAHC), of which the DPH is a part, and JBLE-Eustis tenant organizations, and members of the 733rd Mission Support Group (MSG). Membership of this WG is provided in appendix 1.

The CHA was featured for discussion and concurrence as part of the JBLE-Eustis CR2C/Senior Commander's Forum in September 2019.

## C. Community Health Status Assessment Data

Military data were derived from a variety of sources, with CarePoint as the most prominent source. The data available through this application provides general population statistics concentrating on demographics, disease management and preventive services information from electronic health record data, whereas most of the

local, state and national community data (Virginia and U.S.) were self-reported from various community members via surveys. Below is a comprehensive list of data sources used in the CHA (updated in 2022).

- The Health of the Force Report, Army Public Health Center
- Army Disease Reporting System internet (ADRSi)
- Centers for Disease Control and Prevention (CDC)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Selected Metropolitan/Micropolitan Area Risk Trends (SMART)
- Youth Risk Behavior Surveillance System (YRBSS)
- Breastfeeding Report Card
- FluVaxView
- Lead Safe Virginia, Virginia Department of Health
- Command Management System (CMS)
- Patient Administration Systems and Biostatistics Activity (PASBA)
- Community Commons Community Health Needs Assessment Report
- Community Indicators Dashboard, Greater Hampton Roads, online.
- County Health Rankings & Roadmaps
- Defense Enrollment Eligibility Reporting System (DEERS)
- Healthy People 2020
- Kids Count Data Center
- County Health Rankings
- MEDCOM 360 Public Health (PH360)
- Peninsula Health District
- Tricare
- Suburban stats
- Tobaccoatlas.org
- CDC Breastfeeding Report Card
- Virginia HIV Surveillance Annual Report
- MEDPROS
- Community Health Status Indicators (CHSI)
- Balfour Beatty Communities

#### D. Data Limitations

Most of the data in the CSTA, completed in 2017, was compiled with the latest data available. There are differences between the data derived from military sources and the county and state data that limit comparability from the military community to local and the larger. The aim of this CHA report is not to compare the JBLE-Eustis and community data but to provide a broad overview. For this reason, we separated data tables and charts for military and community data. Some data were not available to us: we could not find a source for some data that we wished to include, such as tobacco use prevalence of non-active duty personnel or the number of families in the 23604 zip

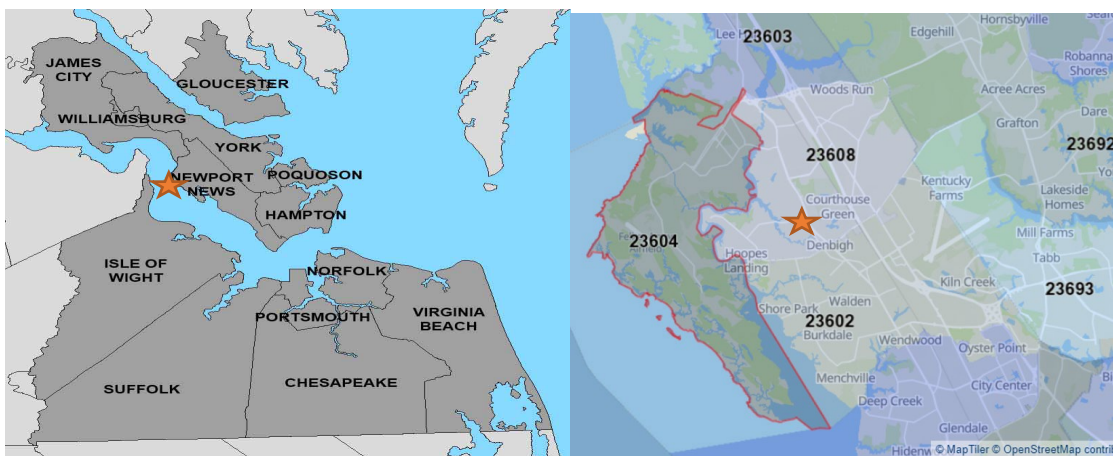
code enrolled in the Women Infants and Children (WIC) program. Further, information for the Fort Eustis zip code only refers to those living on-base, so the CHA lacks definitive data for those we serve that live off-post, although the surrounding community-level data is meant to serve as a proxy for those groups. Additionally, much of the de-aggregated data available and presented here is specific to only Active Component Soldiers and should not be construed to represent other JBLE-Eustis populations.

## IV. Assessment Results

### A. Community Health Status Assessment

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

1. The JBLE-Eustis community is defined as the number of beneficiaries (Active Duty Service Members, retirees, and dependents) residing within the 40-mile catchment area from the center of JBLE-Eustis. JBLE-Eustis is home of the U.S. Army Training & Doctrine Command, 128<sup>th</sup> Aviation Brigade, 7<sup>th</sup> Transportation Brigade (Expeditionary), the U.S. Army Training Support Center, McDonald Army Health Center, Joint Task Force Civil Support, 597<sup>th</sup> Trans BDE, and the 93<sup>rd</sup> Signal Brigade. Its units provide oversight to Joint Expeditionary Base Little Creek-Fort Story, the Fort Story troop medical clinic (TMC), and the Army Reserve Center, Bluefield, WV. Fort Eustis is on a peninsula bounded on three sides by the Warwick River, James River and Skiffes Creek. The JBLE-Eustis community is diverse both culturally and geographically. The figure below depicts the counties that surround JBLE-Eustis.



(★ Denotes Fort Eustis)

Figure 2. JBLE-Eustis' surrounding counties and zip code map

Fort Eustis is in the city of Newport News though MCAHC has a newly established (Spring 2019) Community-based Medical Home Clinic in the city of Williamsburg, 19 miles away. Fort Story is in Virginia Beach. Total population for all 5 cities/counties: 960,245.

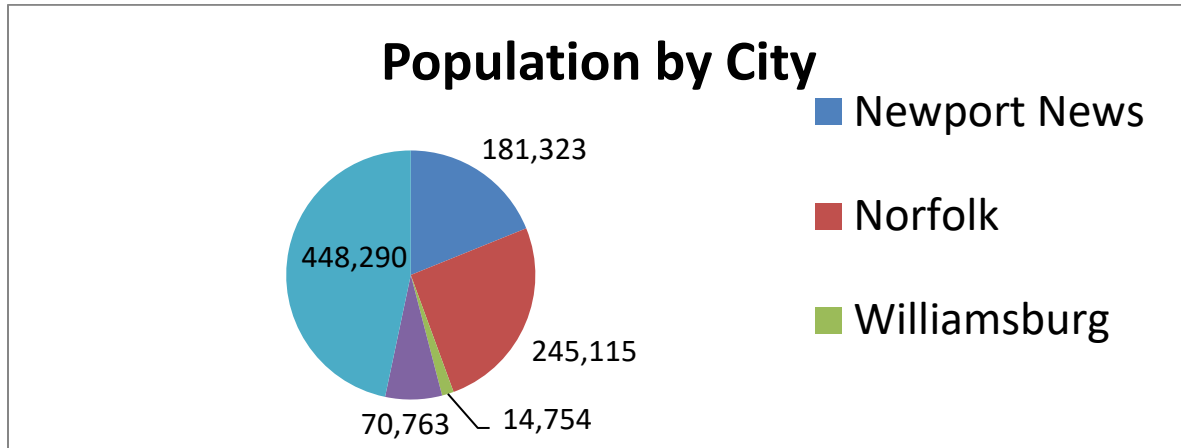


Figure 3. Demographics for JBLE-Eustis' Surrounding Cities

Data Source: Community Commons: American Community Survey 2011-2015

Fort Eustis' daytime population is estimated at 19,000 and after-duty-hours population of 7,500. Regarding on-post permanent housing residency, there are 828 households, with 1694 personnel, of which 46 are not affiliated with active duty status.

Further details regarding the Active Duty Army and Advanced Individual Training (AIT) population at Fort Eustis follow, by rank, and by gender and pregnancy status.

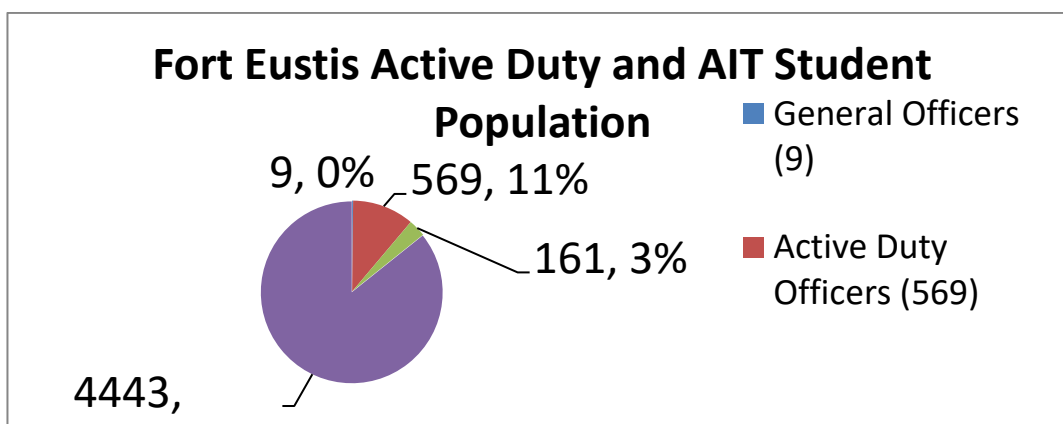


Figure 4. JBLE-Eustis Rank Distribution and AIT Population 2019

Data Source: Mr. Tyrone Fuller, Chief of Military Personnel; Ms. Cicilia Hollis, Protocol Specialist; Mr. Rushton D. White, Chief of Registrar Office; all of Fort Eustis, VA, and MEDPROS

# Population by Race

Zip Code: 23604

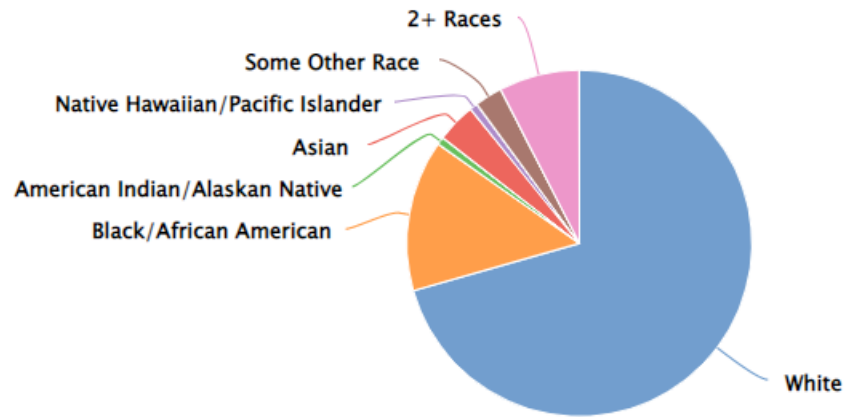


Figure 5. JBLE-Eustis Resident Population by Race/Ethnicity, 2022

Data Source:

<https://www.ghrconnects.org/?module=demographicdata&controller=index&action=index&id=41708&sectionId=>

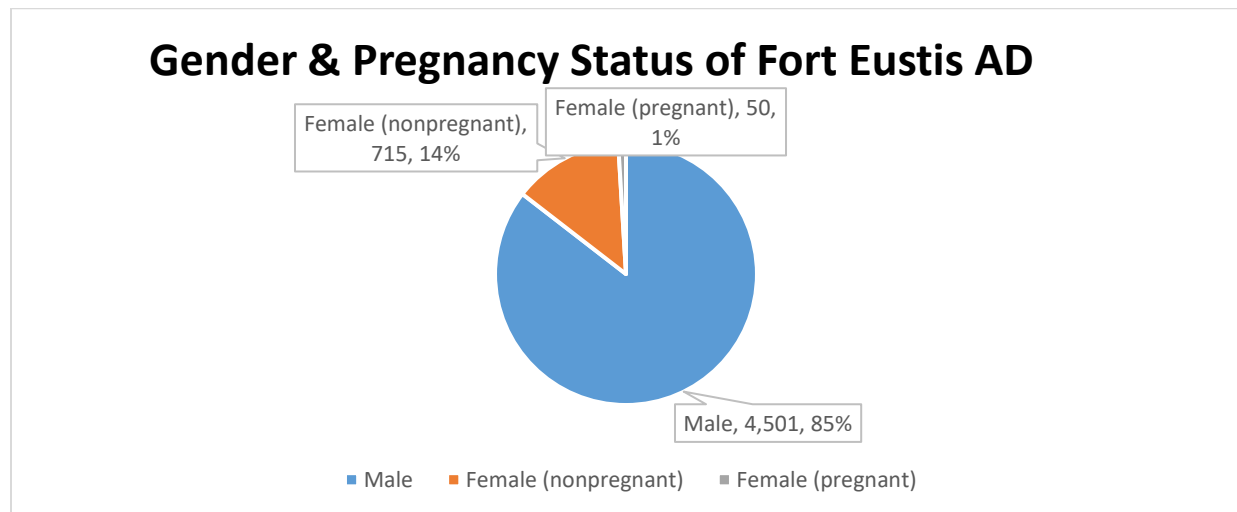


Figure 6. JBLE-Eustis Gender and Pregnancy Status, 2019

Data Source: MEDPROS, 24 November 2019

2. 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. According to the 2021 HOF report, recent studies demonstrate that the U.S. Army may experience a higher prevalence of

food insecurity than the general population. Further, 2021 HOF reported that nearly 1 in 5 AC families were marginally food insecure (i.e., had anxiety over food sufficiency) at any point in 2019. In the first 6 months of 2020, marginal food insecurity affected 1 in 3 AC families. Therefore, 1 in 7 AC families transitioned from being food secure before the COVID-19 pandemic to marginally food insecure during the COVID-19 pandemic. 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 JBLE-Eustis community.

**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 attempts to ensure that Active Duty Soldiers and their families are able to afford to live off and on post.

**Economic Well-Being and Household Income:** Military base pay on JBLE-Eustis is standardized by rank and time in service. This standardized pay is published each year by the Department of Defense through Congressional approval. Civilian employees and their pay are based on General Schedule or Federal Wage guidelines.

### Median Household Income by Race/Ethnicity

Zip Code: 23604

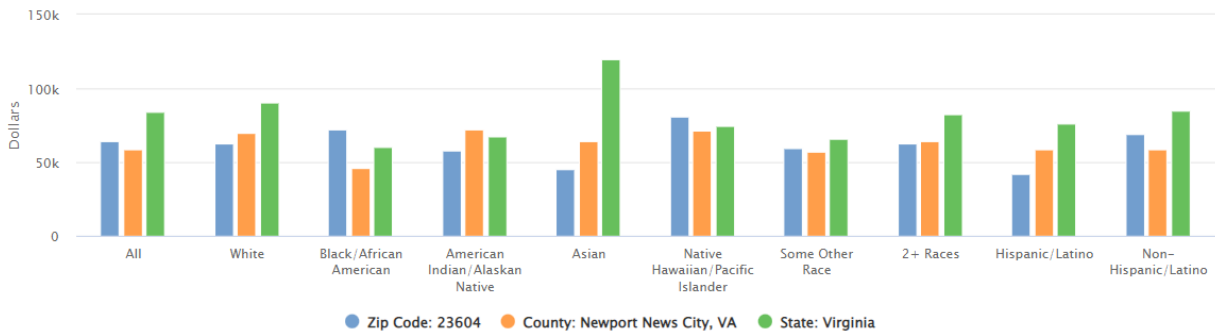


Figure 7. JBLE-Eustis, County, and Virginia Residents' Income by Race/Ethnicity, 2022

Data Source: Community Indicators Dashboard, Greater Hampton Roads, online.

<https://www.ghrconnects.org/?module=demographicdata&controller=index&action=index&id=41708&sectionId=>

**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, Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp Program), or funds for educating. Military families may be eligible for some of these benefits based on their income (and housing allowance, if living off-post). According to the Community Indicators Dashboard for the Hampton Roads area, the Fort Eustis community, as



delineated by zip-code, has a significantly higher level of families and families with children below the poverty level compared to other Newport News City and State zip code comparisons. Fourteen percent of families living on Fort Eustis are below the poverty level, compared to Newport News and the State, at 12% and 7% respectively, and 13% of Fort Eustis families with children are below the poverty level, compared to 10% and 5% for Newport News and the State, respectively. Figure 7 shows for on-post residents that eight out of ten race/ethnic categories lag behind the city or state comparison. This is most prevalent in the Asian community. This indicator is relevant because poverty creates barriers-to-access; including health services, healthy food, and other necessities that contribute to poor and disproportionately poor health status. Education, single-parent household, and teen birth statistics - factors associated with poverty, are described in the figures below. Data regarding military poverty, SNAP, food insecurity or other indicators are not readily obtained, though there are services and administrative action moving toward providing for military families (<https://www.dailyrecord.com/story/opinion/2019/10/16/why-military-hunger-prevention-act-must-passed/4000130002/>)

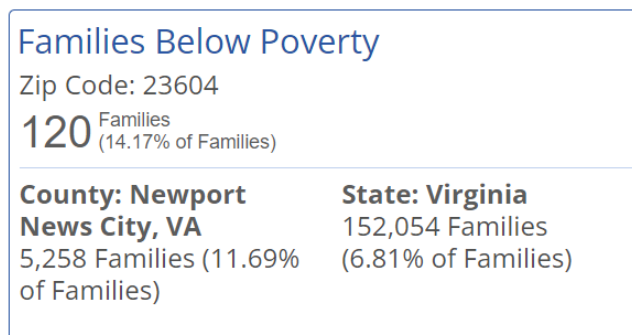


Figure 8. JBLE-Eustis Families Below Poverty Level, 2022

Data Source: Community Indicators Dashboard, Greater Hampton Roads, online. <https://www.ghrconnects.org/?module=demographicdata&controller=index&action=index&id=41708&sectionId=>

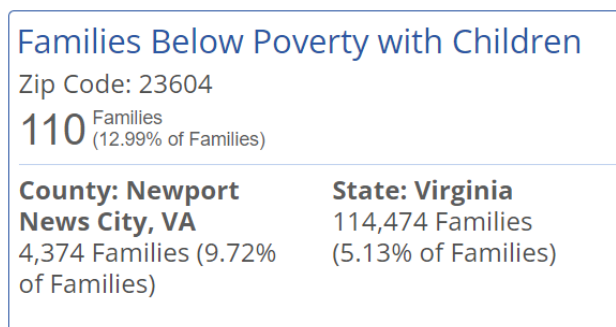


Figure 9. JBLE-Eustis Families Below Poverty Level, 2022

Data Source: Community Indicators Dashboard, Greater Hampton Roads, online. <https://www.ghrconnects.org/?module=demographicdata&controller=index&action=index&id=41708&sectionId=>

**Unemployment:** According to the U.S. Department of Labor, Bureau of Labor Statistics, the unemployment rate in Newport News City was 3.5 percent in 2019, an improvement over 2014 data estimate of 4.7 percent. The Community Indicators Dashboard also shows unemployment in the 23604 population for 2022, far above other levels.

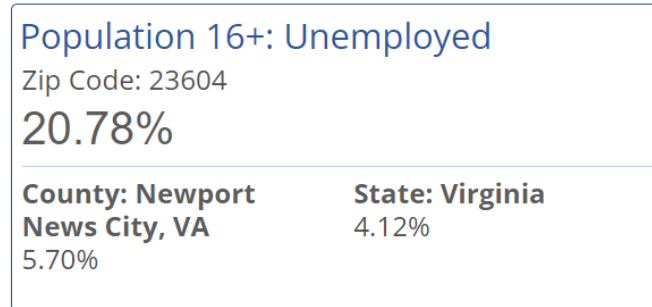


Figure 10. JBLE-Eustis 16 and over Unemployment, 2022

Data Source: Community Indicators Dashboard, Greater Hampton Roads, online. <https://www.ghrconnects.org/?module=demographicdata&controller=index&action=index&id=41708&sectionId=>

This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. Although AC members have consistent employment, their family members (especially the spouse) may not.

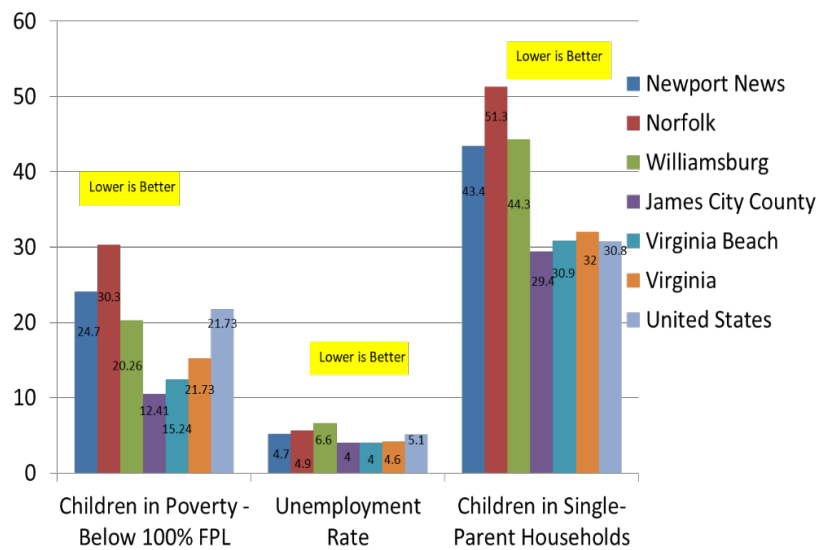


Figure 11. Social-Economic Factors: Relative Comparisons of Poverty, Unemployment, and Children in Single-Parent Households

Data Source: Community Commons: US Census Bureau, American Community Survey 2011-2015; CHSI

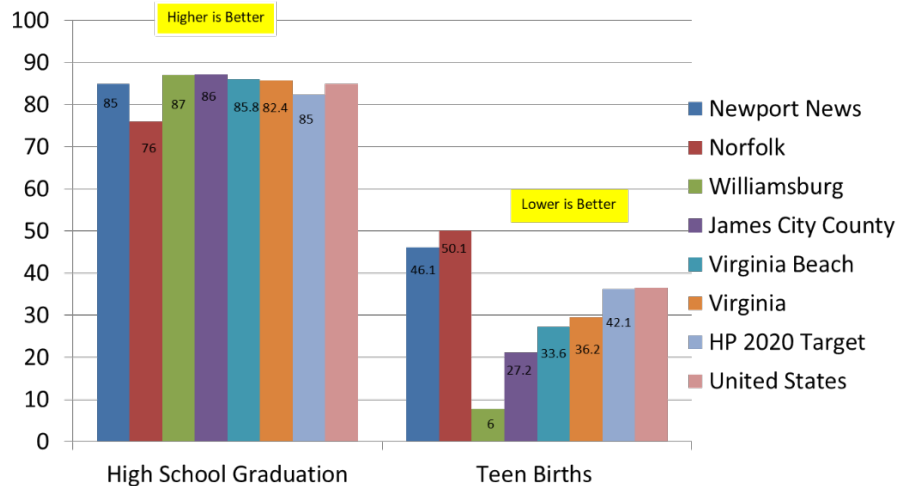


Figure 12. Social-Economic Factors: Comparison of High School Graduation Rates and Teen Births

Data Source: Community Commons: US Census Bureau, American Community Survey 2011-2015; CHSI

**Uninsured Population:** The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of health insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contribute to poor health status. Although AC members are insured to include vision and dental, and beneficiaries receive medical insurance, they may also be underinsured (e.g., not have dental or vision insurance) unless additional plans are purchased. According to Countyhealthrankings.org, in 2019, Newport News City has an uninsured prevalence of 9%, equal to the State’s 9%. Some of the base employee population is temporary/part-time, and subsequently may not have health insurance, unless otherwise eligible.

3. Access to Health 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.” (<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>)

JBLE-Eustis has a unique community because many of its members have healthcare through the military, namely TRICARE, and the civilian workforce is provided Federal Employee health benefit options. On JBLE-Eustis there is one health center, MCAHC. There are 3 health clinics located outside of MCAHC: Skymaster Health Clinic, Resolute Health Clinic, and the Fort Story Lighthouse Clinic. Additionally, there is one Community Based Medical Home (CBMH) located in Williamsburg, VA. The purpose of the CBMH is to improve access to care and continuity of care, particularly caring for family member and retiree beneficiaries. MCAHC Dental Command provides dental

services to Active Duty personnel through two clinics: Tignor Dental Clinic and MCAHC Dental Clinic. MCAHC is a part of the Tidewater Military Health System (TMHS); along with Langley Hospital, Langley Air Force Base; and Naval Medical Center Portsmouth.

4. Clinical Prevention Approaches: The JBLE-Eustis community possesses several community assets capable of having a positive impact on the mental and physical health and well-being of its community members. The 3 Buckets of Prevention Framework to preventive health services is a model to describe the continuum of prevention from one-to-one health care to total population, community-wide interventions. While Bucket 3 prevention approaches focus on an entire population or subpopulation usually identified by a geographic area, Buckets 1 and 2, traditional and innovative clinical interventions, include screening services, are performed to detect potential health disorders or diseases in people who do not have any symptoms of disease. The aim is early detection through 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 the Military Health System to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 90 measures across 6 domains of care. On 1 October 2020, the Army Combat Fitness Test (ACFT) replaced the Army Physical Fitness Test (APFT) as the U.S. Army’s physical fitness test of record. ACFT performance generally improved with more days of revised (proper/guided training on the new test components) unit training prior to taking the test. The ACFT is a more comprehensive physical fitness test, is changing physical training culture, and can be used to identify Soldiers at a higher risk of musculoskeletal (MSK) injury; allowing for targeted physical training which can reduce/limit unnecessary injuries.

The charts that follow depict access /availability of care and effectiveness of care indicators for Fort Eustis and depict comparisons to the HP 2020 target or HEDIS goals.

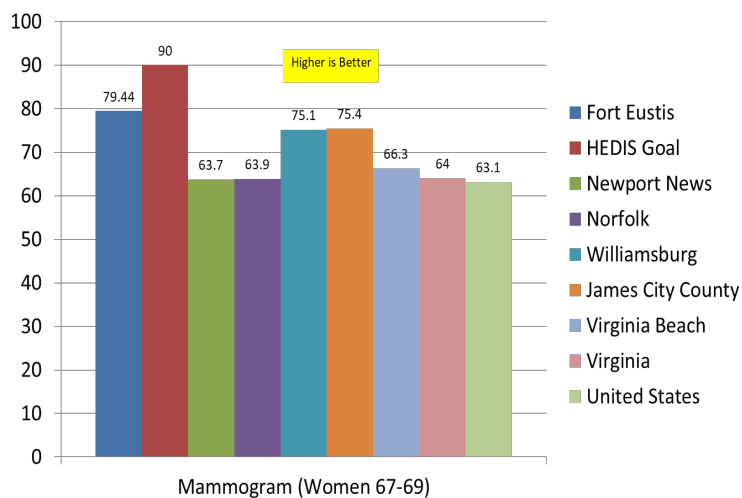


Figure 13. Effectiveness of Care: Mammogram Compliance

Data Source: MCACH HEDIS, Community Commons 2014



Figure 14. Effectiveness of Care: Proportion Hemoglobin A1c Test with annual exam

Data Source: MCACH HEDIS, Community Commons 2014

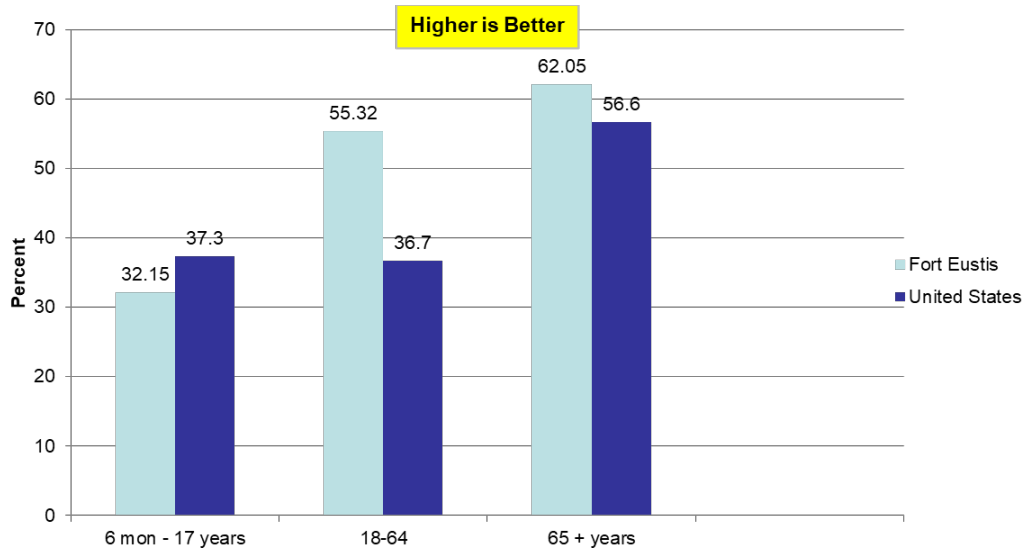


Figure 15. Access/Availability of Care: Proportion who received Seasonal Influenza Vaccination

Data Source: MCACH HEDIS, Community Commons 2014

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

Obesity: Virginia has the 28th highest adult obesity rate in the nation, according to The State of Obesity: Better Policies for a Healthier America released August 2018. According to the Centers for Disease Control and Prevention, weight higher than what is considered as a healthy weight for a given height is described as overweight or obese (<https://www.cdc.gov/obesity/adult/defining.html>). The Body Mass Index, or BMI, is a person's weight in kilograms divided by the square of height in meters. BMI does not measure body fat directly. It is used as a screening tool for overweight or obesity.

Virginia's adult obesity rate is currently 30.1 percent. Although much of the JBLE-Eustis population is physically active due to the military lifestyle, as many Active Duty Soldiers exercise 3-5 mornings a week, there is yet a significant percentage (21 percent, 2021 Health of the Force) of Active Duty adults on JBLE-Eustis who are obese. Military beneficiaries are part of the community in which they live including various risk factors for obesity (types of food, physical activity options, etc.).

JBLE-Eustis Nutrition Environment. In 2022, the Nutrition Environment Team of the Training and Doctrine Command (TRADOC) conducted a survey of the healthy food options on JBLE-Eustis utilizing the Military Nutritional Environment Assessment Tool (m-NEAT). The appraisal takes into consideration dietary intake, sedentary lifestyle, and the nutritional environment. Based on this data, the m-NEAT creates a community level nutrition measurement. The data from m-NEAT helps health care professionals and commanding officers develop a strategic plan to address and monitor community assets and deficits. The overall rating was 39% (figure 16), indicating that in addition to any other food insecurities Soldiers and families are experiencing, they are also in a healthy option food desert on the installation, meaning, of the options they do have, most are unhealthy. The Nutrition Environment Team has recommended an action plan to Senior Leaders, but without a network of affordable healthy eating options to support the community, Soldiers and families will continue to struggle with obesity. A deficiency of leisure time physical activity, as seen in figure 18, may contribute to this result.

# TOTAL SCORE: 39%

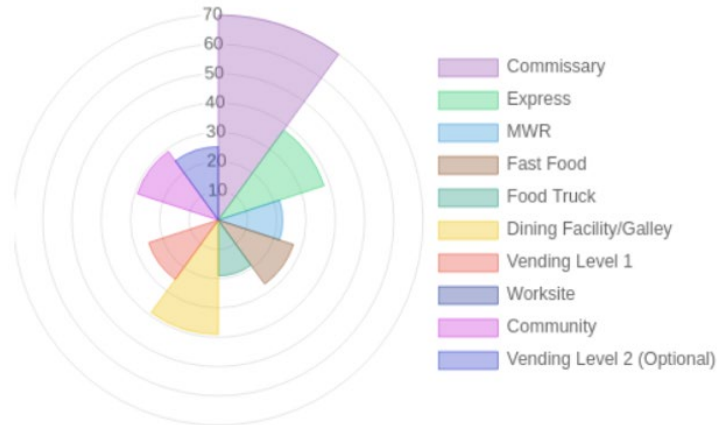


Figure 16. m-NEAT survey results for JBLE-Eustis

Data Source: JBLE-Eustis mNEAT Pilot, 2022

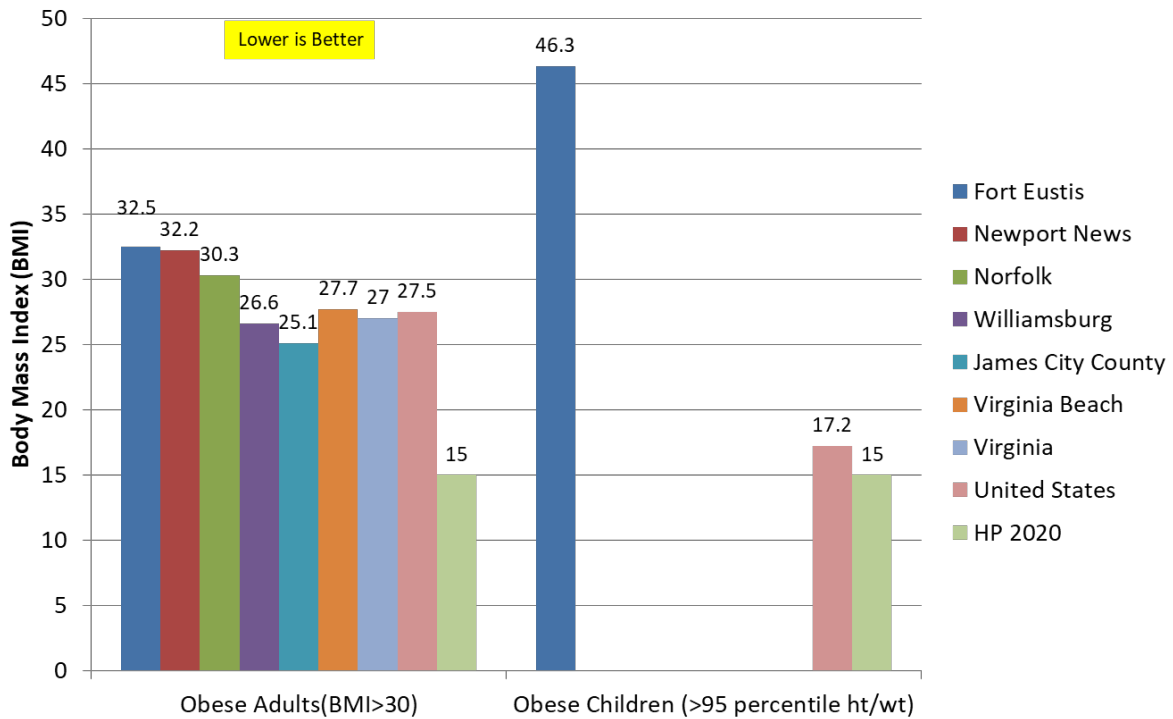


Figure 17. Obesity Prevalence by City - Adults and Children

Data Source: Community Commons 2013; MCAHC HEDIS; NHANES Data Ages 2-19, 2011-2014; Blank values reflect unreliable or missing data

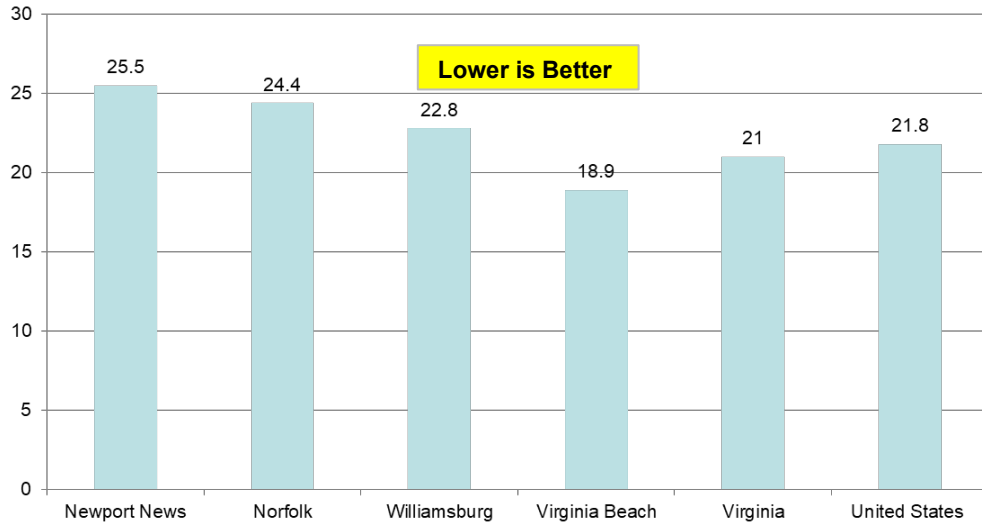


Figure 18. Percent of Adults that Report No Leisure Time Physical Activity

Data Source: Centers for Disease Control and Prevention, Communitycommons.org 2013

**Tobacco Use:** Smoking leads to disease and disability and harms nearly every organ of the body. It is a leading cause of preventable death. Soldier tobacco product use negatively impacts readiness, impairs physical fitness, and increases illness and absenteeism. The prevalence of tobacco use on JBLE-Eustis varies by product type, as seen in figure 19, ranging from 12% for smoked tobacco products to 6.5% for smokeless tobacco. AC personnel who self-reported using tobacco on JBLE-Eustis in March 2018 was higher than the percentage of Active Duty personnel who self-reported using tobacco in the Army in 2016.

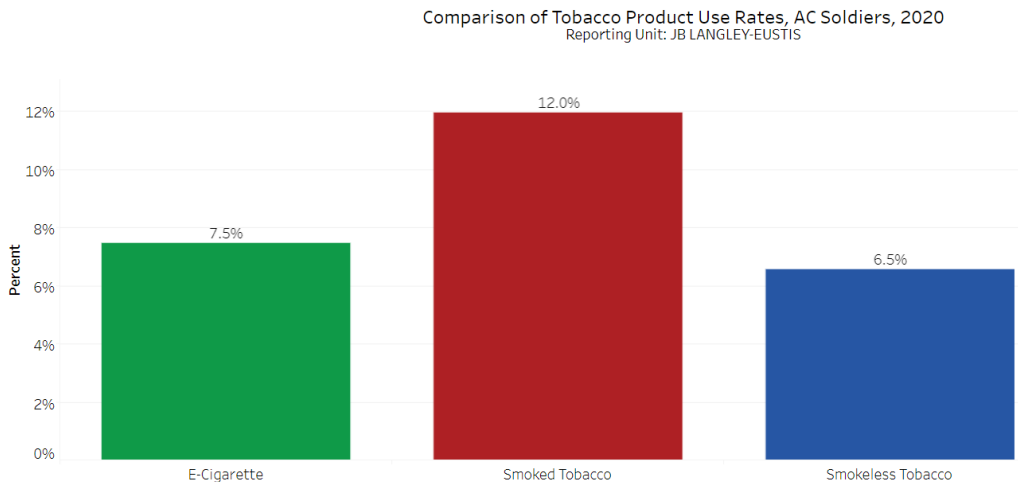


Figure 19. JBLE-Eustis Soldiers Reporting Tobacco Product Use, 2020

Data Source: Health of the Force, 2021:  
<https://carepoint.health.mil/sites/HOF/MM/Pages/STI.aspx>



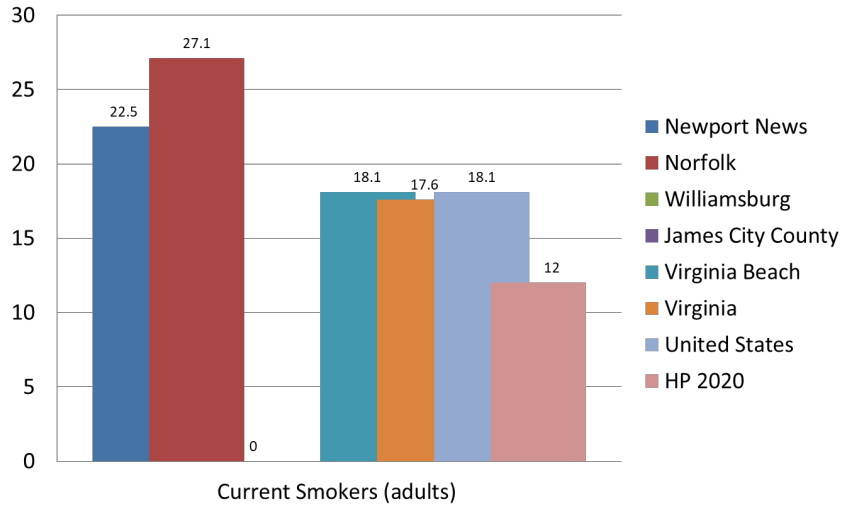


Figure 20. Current Smokers Prevalence by City.

Data Source: CDC BRFSS; CHSI, HP2020; Community Commons 2006-2012; nccd.cdc.gov/statessystem 2015; Blank value reflects unreliable or missing data

The 2021 HOF data also shows that on JBLE-Eustis, Native Hawaiian or Pacific Islander, with the exception of the under 25-year-old age group, are using tobacco products at a greater rate than all other racial/ethnic groups, especially for females.

Prevalence of Tobacco Product Use by Age, Sex, Race/Ethnicity, AC Soldiers, 2020  
Reporting Unit(s): JB LANGLEY-EUSTIS  
Tobacco Product Type: Smoked Tobacco

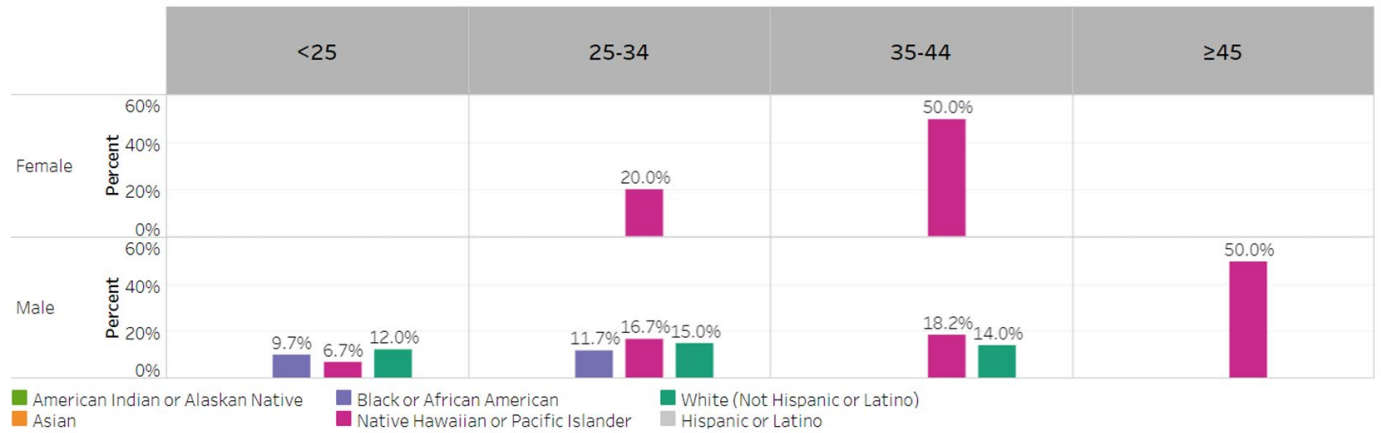


Figure 21. JBLE-Eustis Soldier Prevalence of Tobacco Product use by Age, Sex, Race/Ethnicity, 2020

Data Source: Health of the Force, 2021:  
<https://carepoint.health.mil/sites/HOF/MM/Pages/STI.aspx>

**Breastfeeding:** Breastfeeding, with its many known health benefits for infants, children, and mothers, is a key strategy to improve public health. The American Academy of Pediatrics recommends that infants be exclusively breastfed for about the first 6 months with continued breastfeeding alongside introduction of complementary foods for at least 1 year.

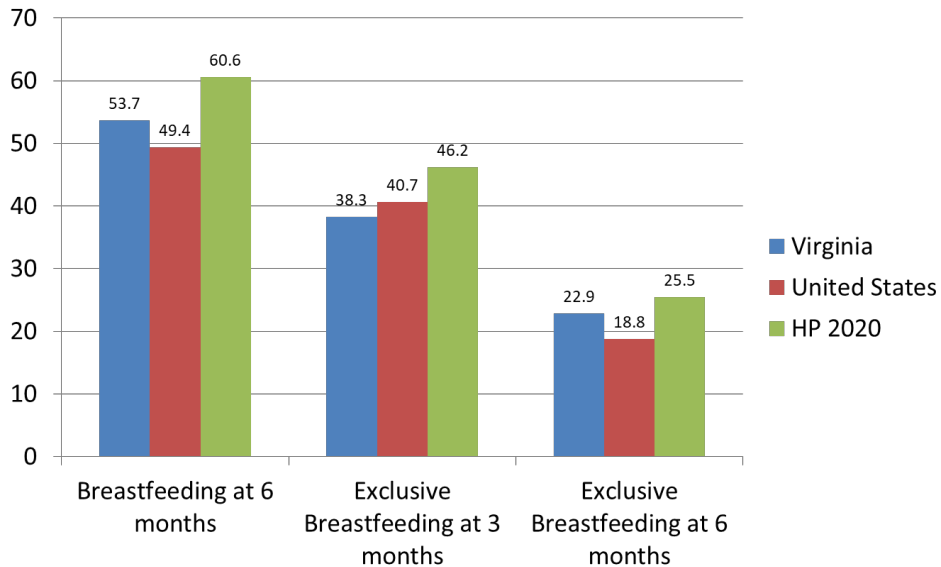


Figure 22. Breastfeeding Prevalence

Data Source: CDC Breastfeeding Report Card United States/2014; Healthy People 2020

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

**Chronic Disease:** In 2019, 7.8 percent of enrolled adult beneficiaries on Fort Eustis had been diagnosed with diabetes. Although not necessarily measured the exact same way for accurate comparison, in general JBLE-Eustis' beneficiary rates are much lower than the rates in the region, or as a whole or the U.S. (Source: Military Health Service Population Health Portal (MHSPHP) in CarePoint). Newport News' rates for heart disease, cancer screenings, and cancer incidences are generally favorable depicted in the following figures. 2021 HOF data for the AC Soldier lists the most common chronic issues, and although not directly comparable to city or state data, figure 23 demonstrates the greatest issues facing Soldiers as they age. Additionally, there is a noticeable predominance of chronic conditions in the Black or African American population on JBLE-Eustis, as shown in figure 24.

Comparison of Chronic Disease Disorder Prevalence, AC Soldiers, 2016-2020  
 Year(s): All  
 Reporting Unit: JB LANGLEY-EUSTIS

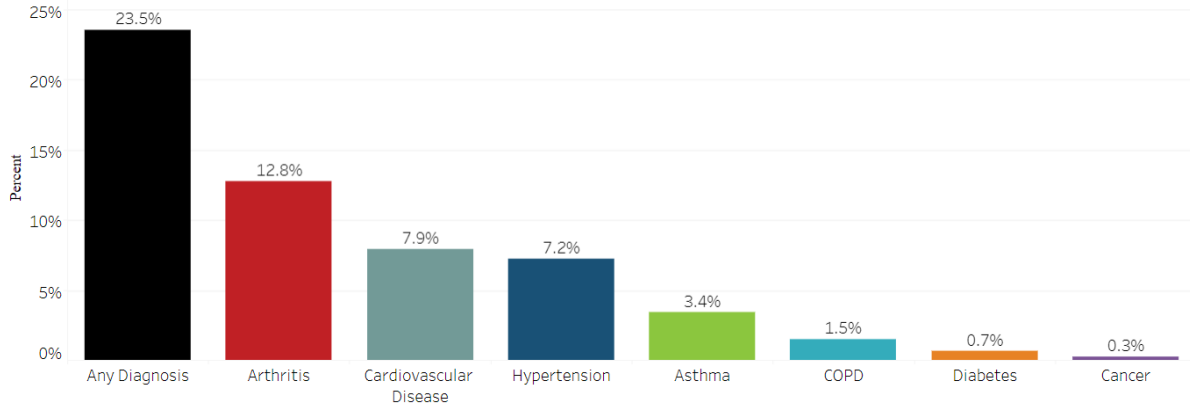


Figure 23. JBLE-Eustis Soldier Prevalence of Chronic Disease from 2016-2020

Data Source: Health of the Force, 2021:

<https://carepoint.health.mil/sites/HOF/MM/Pages/STI.aspx>

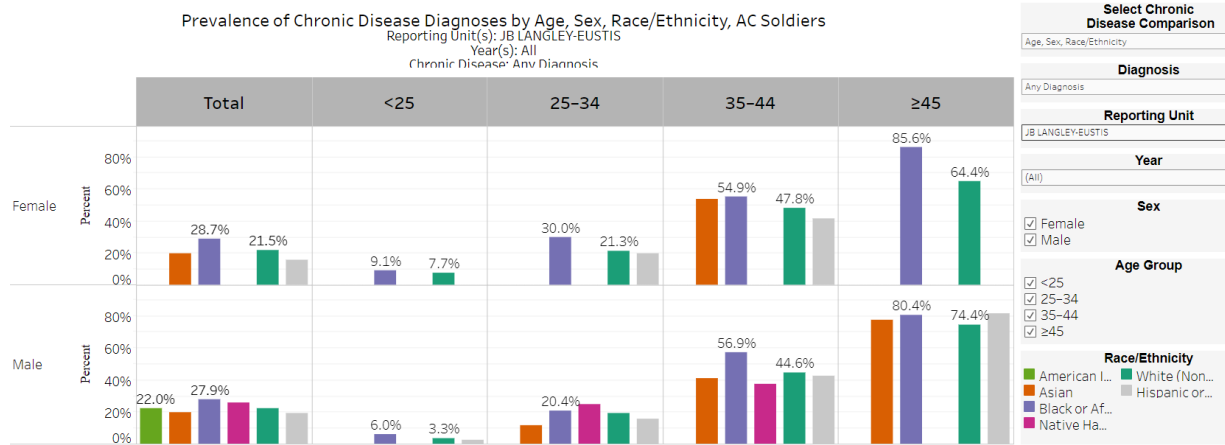


Figure 24. JBLE-Eustis Soldier Prevalence of Chronic Disease by Age, Sex, Race/Ethnicity from 2016-2020

Data Source: Health of the Force, 2021:

<https://carepoint.health.mil/sites/HOF/MM/Pages/STI.aspx>

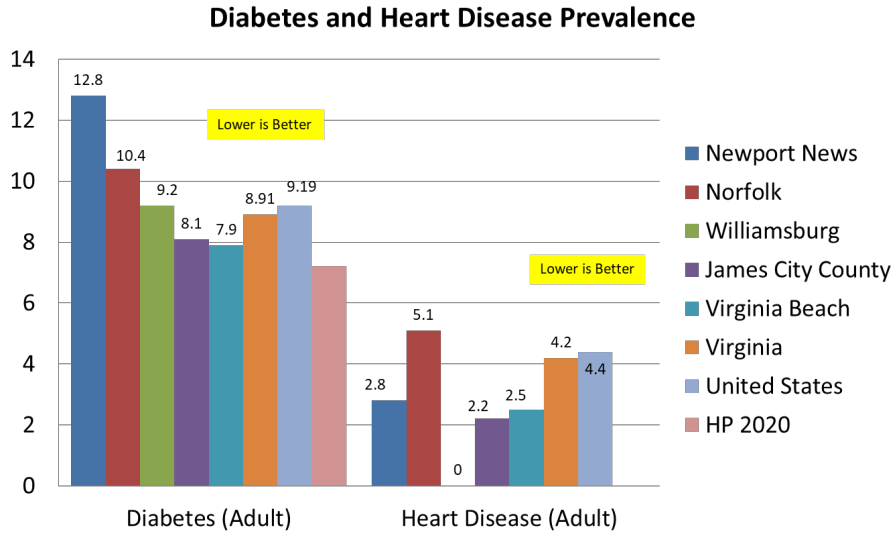


Figure 25. Diabetes and Heart Disease Prevalence

Data Source: Community Commons 2011-2012; HP 2020. Blank value reflects unreliable or missing data

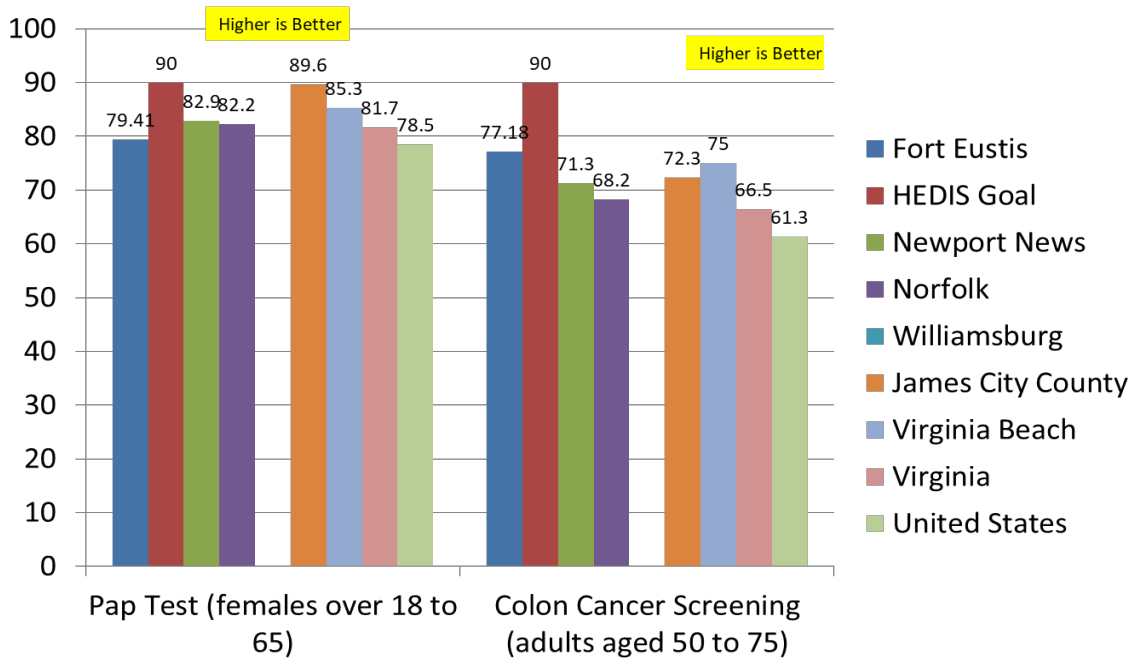


Figure 26. Pap Smear Test and Colon Cancer Screening Compliance

Data Source: Community Commons 2006-2012; MCAHC HEDIS measures 2016

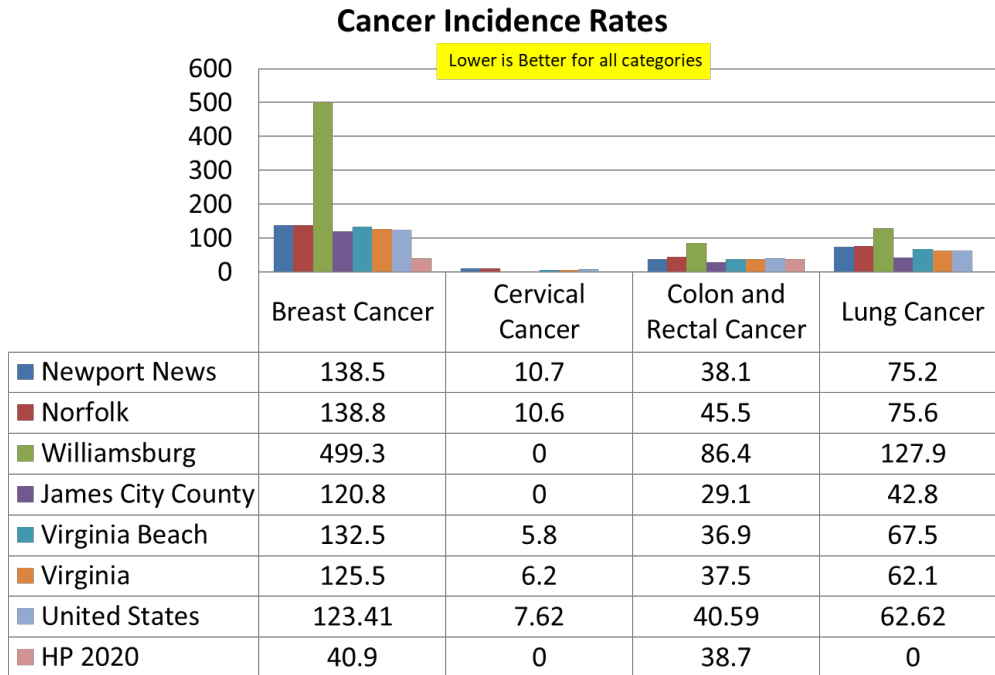


Figure 27. Cancer Incidence Rates.

Data Source: Community Commons 2009-2013. Blank values reflect unreliable or missing data

**Sexually Transmitted Infections (STIs):** Target objectives for rates of reported chlamydial infection were removed from HP 2020 and deemed not a good measure of chlamydia burden, therefore, not an appropriate metric for health objectives at this time. HIV and gonorrhea incidence target rates are currently unavailable with no reason given at this time. As shown in the graphs below, Newport News experienced STI incidents disproportionate to the surrounding populations. JBLE-Eustis' STI rates are comparable to rates in the Army overall. HIV cases exist on post (not described), as in the city. Clinicians must consider age as a possible contributing factor for STI rates as individuals in their late teens to early twenties are more likely to exhibit feelings of invincibility. Often there are disparities in prevention and treatment due to cultural beliefs and norms and stigma. Data specific to Soldiers at JBLE-Eustis from 2016-2020 (see figure 28) show that non-white racial/ethnic group have a higher incidence rate of Chlamydia in both males and females. Females, regardless of race/ethnicity, have a higher incident rate than males, while both males and females overall, and specifically under the age of 25 years old have the highest incidence rates.

Incidence of Chlamydia by Age, Sex, Race/Ethnicity, AC Soldiers, 2016-2020  
 Reporting Unit(s): JB LANGLEY-EUSTIS  
 Year(s): All

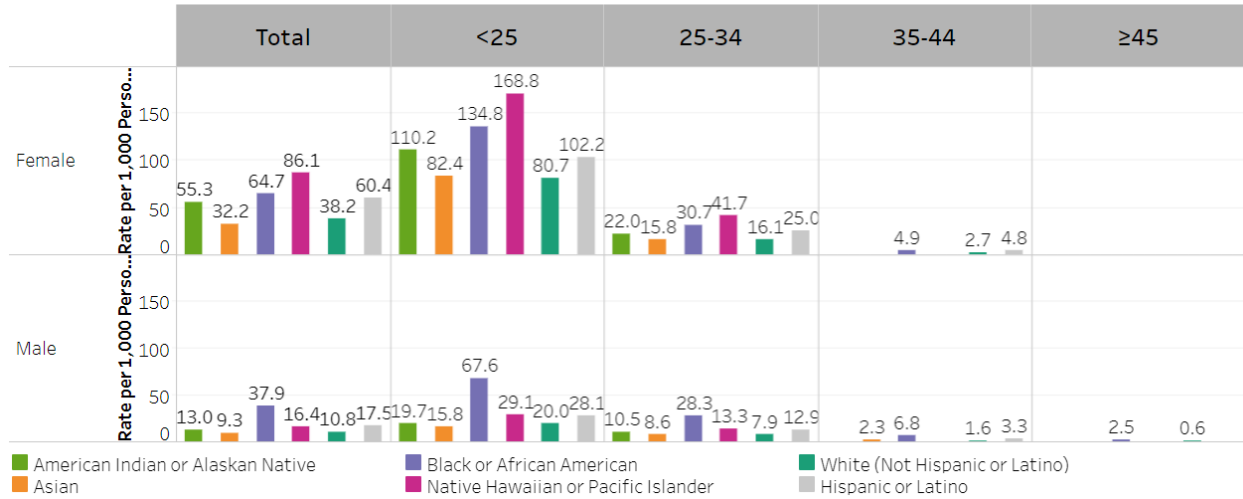


Figure 28. JBLE-Eustis Incidence of Chlamydia by age and race/ethnicity

Data Source: Health of the Force, 2021:  
<https://carepoint.health.mil/sites/HOF/MM/Pages/STI.aspx>

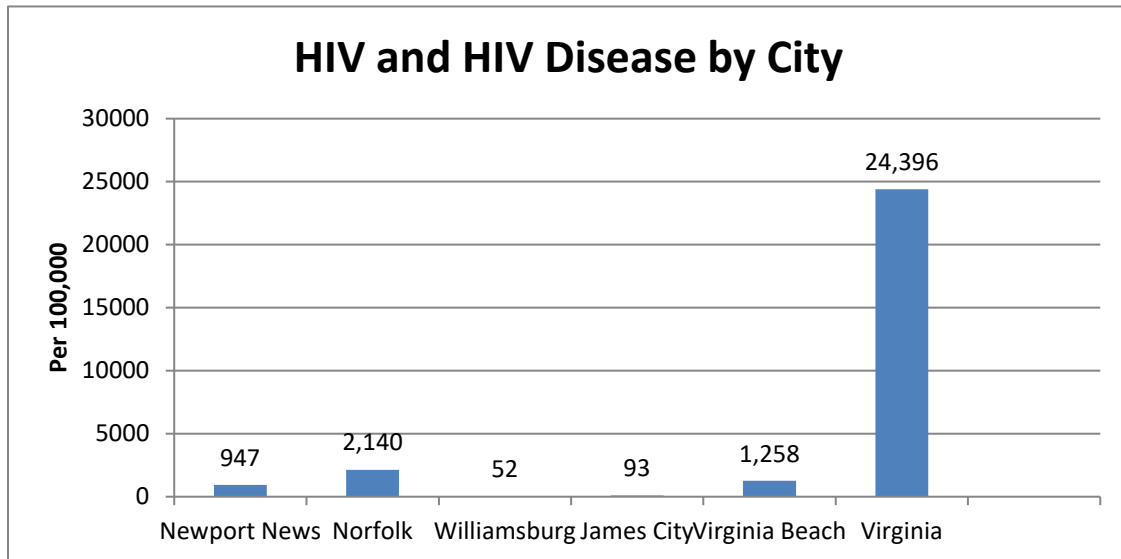
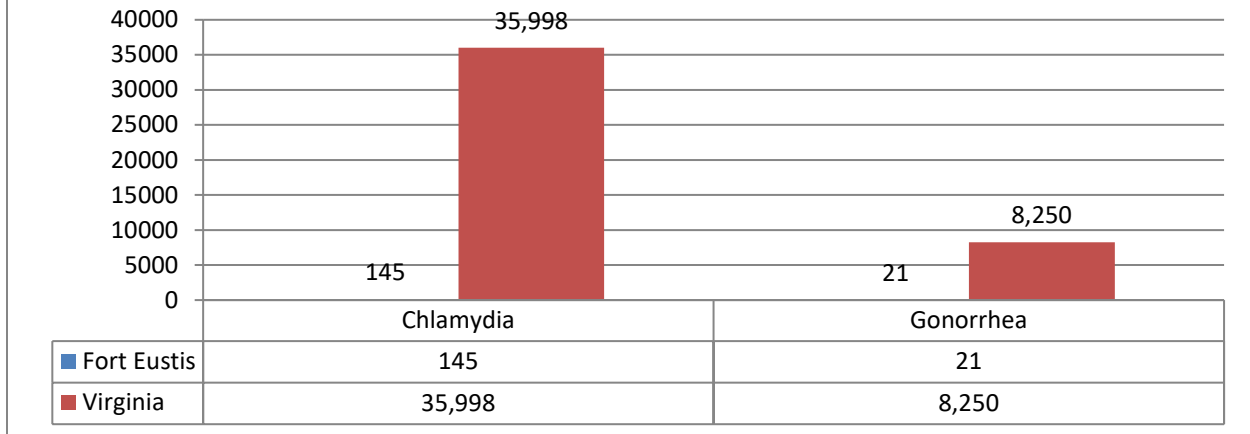


Figure 29. HIV: Persons Living with HIV Disease by Health Region and City/County.

Data Source: Virginia HIV Surveillance Annual Report  
[http://www.vdh.virginia.gov/content/uploads/sites/10/2017/08/annual\\_report\\_july\\_2016.pdf](http://www.vdh.virginia.gov/content/uploads/sites/10/2017/08/annual_report_july_2016.pdf)

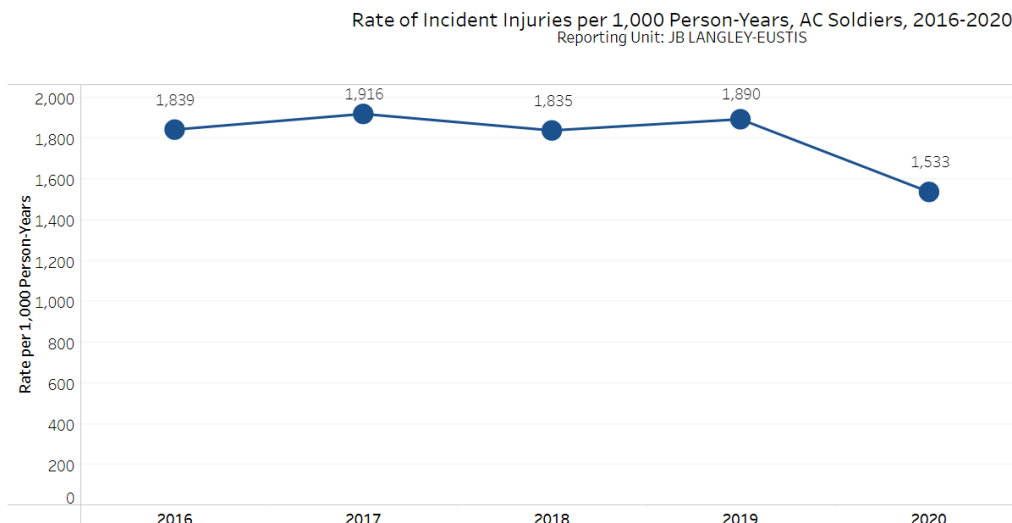
## Chlamydia and Gonorrhea Cases: Active Duty vs Virginia



*Figure 30. Chlamydia and Gonorrhea Cases: Active Duty vs Virginia*

*Data Source: ADRSi 2015 Data and Community Commons 2014.*

**Injuries:** Injuries have noticeably declined across the Army enterprise from 2019 to 2020. Although the JBLE-Eustis injury rates are significantly higher than the overall Army injury rates, they have also been on the decline from 2019 to 2020. However, as shown in Figure 32, there are disparities in incident injury rates by race/ethnicity, with Black or African American Soldiers at JBLE having the highest rate in 2016-2020 and Native Hawaiian or Pacific Islander Soldiers having the lowest rates during this period.



*Figure 31. JBLE-Eustis Incidence of Injury over time, 2016-2020*

*Data Source: Health of the Force, 2021: <https://carepoint.health.mil/sites/HOF/MM/Pages/Injury.aspx>*

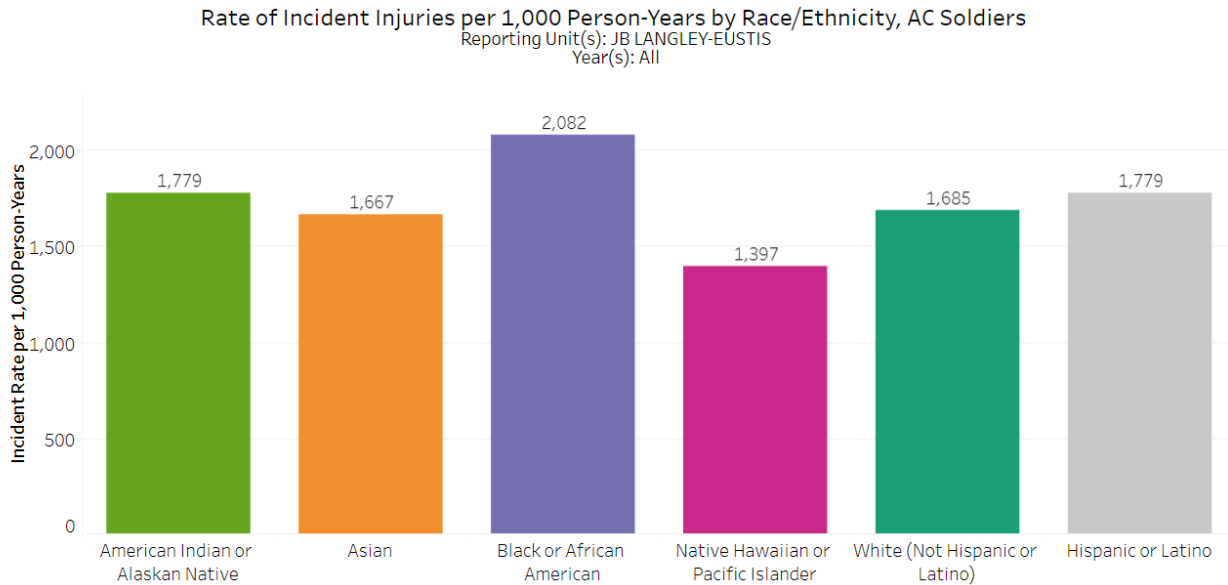


Figure 32. JBLE-Eustis Injury rates, by Race/Ethnicity, 2016-2020

*Data Source: Health of the Force, 2021: <https://carepoint.health.mil/sites/HOF/MM/Pages/Injury.aspx>*

## B. Community Strengths & Themes Assessment

1. The CSTA, last conducted in 2019, is a survey administered every 2 years, with the objective of providing a deeper understanding of issues that relate to the community member’s perceptions of quality of life, health, safety, and satisfaction with the environment of an Army installation. The survey is made up of six domains, including: physical health, behavioral and emotional health, social and environmental health, spiritual health, family health, and programs and services.

The CSTA was administered online and could be accessed through a web link or by scanning the QR code. The CSTA was marketed to the entire JBLE-Eustis community (those who live, work, and play on the installation).

Background: U.S. Army Public Health Center Health Promotion and Wellness portfolio subject matter experts developed a standardized CSTA to assist installations with evaluating the community’s feelings on quality of life, health, safety, and satisfaction of like services on the installation. The review of the community is used toward the determination of priorities for the CR2C process and the results to be included in the strategic plan and the top identified issues addressed through the CR2C working groups.

The assessment was available from February through April 2019 to all JBLE-Eustis Service Members, Families, Department of Army (DA) and Department of Air Force Civilians, and DoD Contractors who live, work, or recreate on the installation.



Demographic characteristics of the 441 respondents follow:

- Gender: 71% male
- Age categories: 26-39 years of age: 25%; 55 and over: 30%
- Ethnicity/Race: White/Caucasian - 67%; African-American - 17%; Hispanic/Latino – 9%; Asian/Pacific Islander – 4%; Native – 2%; remainder – no response.
- Marital status: married – 80%; single – 7%; divorced – 7%
- Educational background: high school – 3%; some college – 10%; Bachelor's degree or higher 65%
- Employment Status: Active Duty – 56%; Army Civilian - 23%; Family member – 5%; Military retiree – 5%
- Grade/Rank: E1-E4 – 14%; GS 9-11-16%; GS 12-15-18%; NA – 22%

In summary, the top issues identified by the installation population for each domain:

1. Physical health: overweight/obesity, poor diet, lack of fitness, aging problems, and high blood pressure.
2. Behavioral and emotional health: stress, depression, anxiety, alcohol/drug abuse, and sleep issues.
3. Social and environmental health: financial issues, work-life balance, lack of community, unemployment, and walkability.
4. Spiritual health: morals, diversity, Army Values, time for spiritual fitness, activities, and opportunities.
5. Family health: financial issues, work-life balance, transition/moving/retirement, deployments/separation/TDY, and family time.

Participants had a low awareness (54%) of the available programs and services and low awareness (38%) of the Community Resource Guide (CRG). The full survey and aggregate responses are available by request.

2. Select CSTA Responses reflecting the issues identified above and samples of the narrative comments:

### Domain 1: Physical Health

Sample question: What do you think are the top physical health-related concerns that affect our installation? (Up to 5 responses)

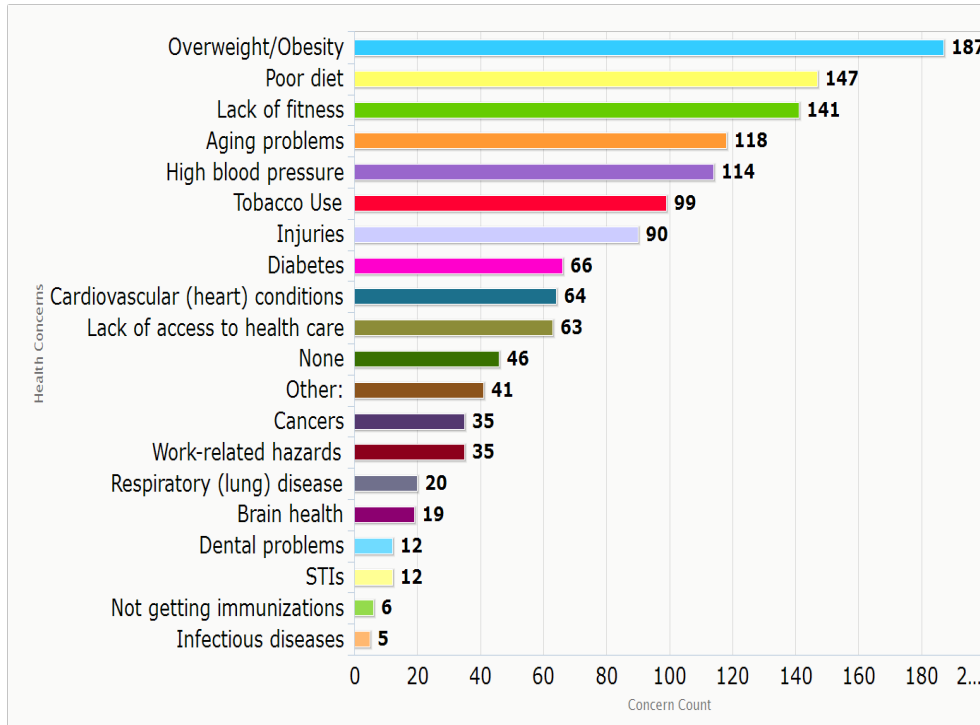


Figure 33. Physical Health – across areas of Health & Wellness, Social and Occupational, Medical, Behavioral, and Emotional

Comments included:

“More classes for families at the gym.”

“Time to devote to fitness, physical and mental health care accessibility. Also, lack of time for Family Quality Time.”

## Domain 2: Behavioral and Emotional Health

Sample question: What behavioral or emotional risk factors do you think cause the most concern in our installation? (Up to 5 responses)

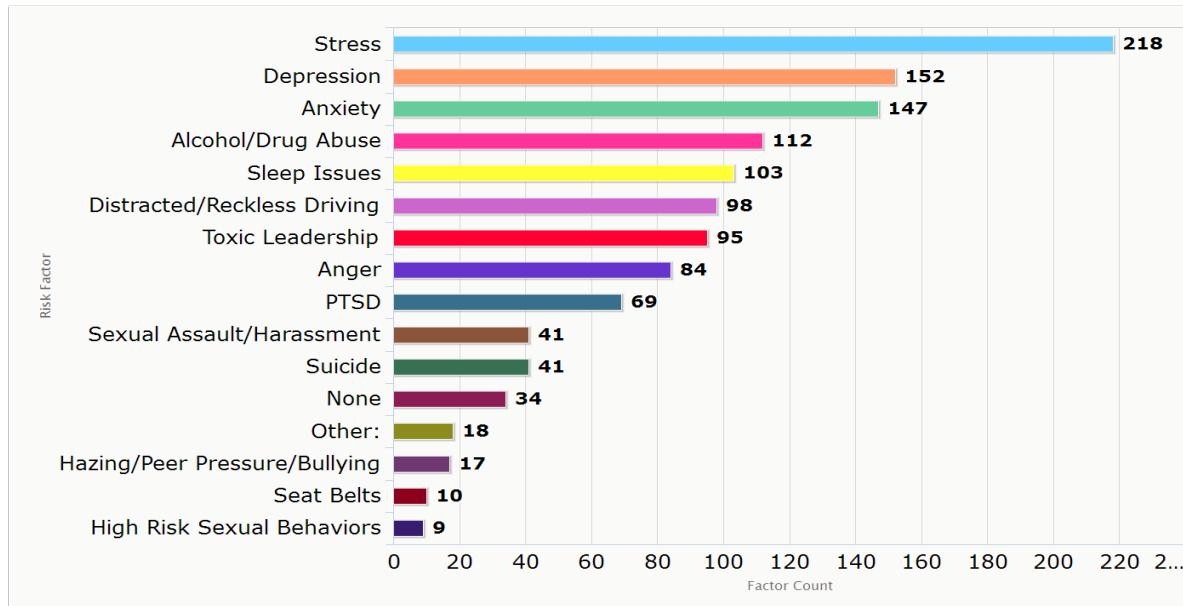


Figure 34. Behavioral and Emotional Health Issues

Comments included:

“Provide ABA Therapy (Applied Behavioral Analysis). ABA is the Only therapy recognized as a treatment for Autism Spectrum Disorder by the Surgeon General and FDA; Gen Stanford Elementary refused out request to provide ABA Therapy in the classroom.”

“1. Currently, there is a lack Applied Behavior Analysis (ABA) therapy for Autism; 2. Children run rampant throughout the neighborhoods at too young of ages, this presents a risk to the kids and there are many examples of idle kids vandalizing cars.”

### Domain 3: Social and Environmental Health

Sample question:

What do you think are the top 5 Social and Environmental Health-related concerns for our installation? (Up to 5 responses)

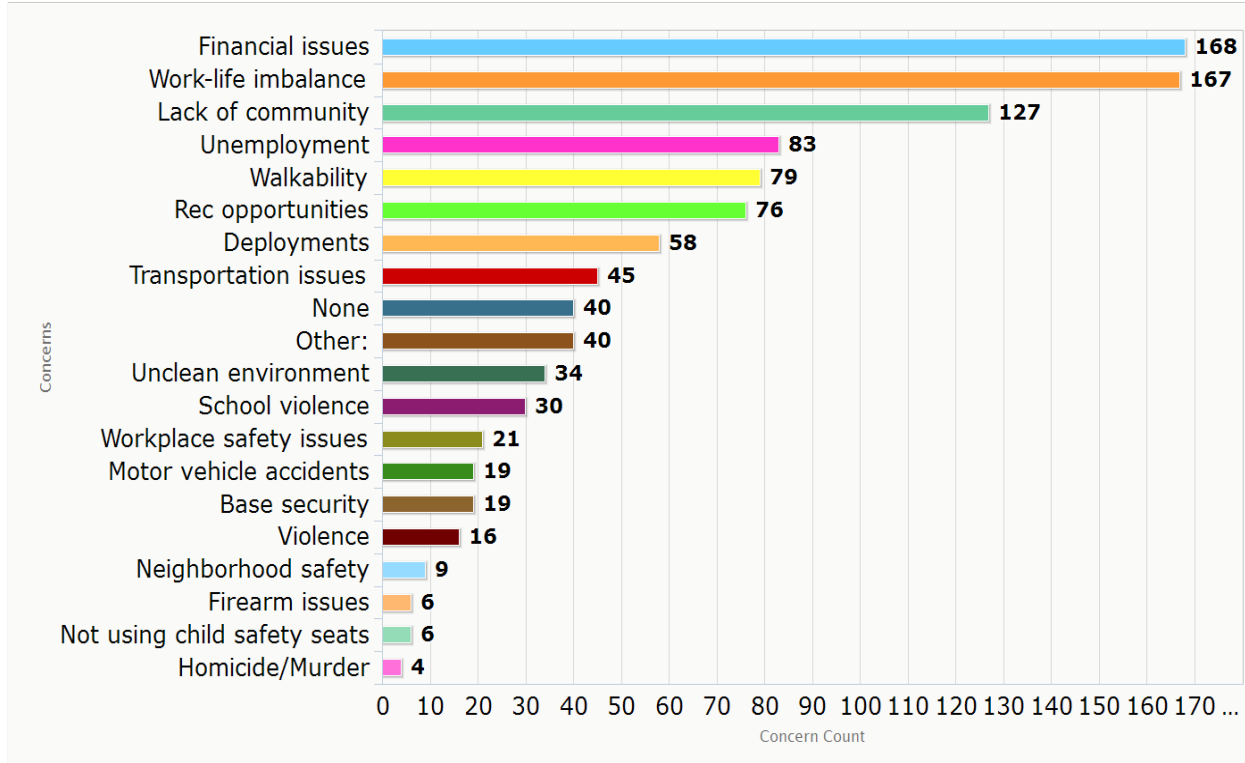


Figure 35. Social and Environmental Health Issues

Comments included:

“Many outdoor activities/walks scheduled at Fort Monroe. People are more sedentary at Fort Eustis. Need emphasis on getting up from desks – must come from leadership and include civilians.”

“Lack of connected sidewalks.”

## Domain 4: Spiritual Health

Sample question: What do you think are the top Spiritual Health-related concerns for our installation? (Up to three3 options)

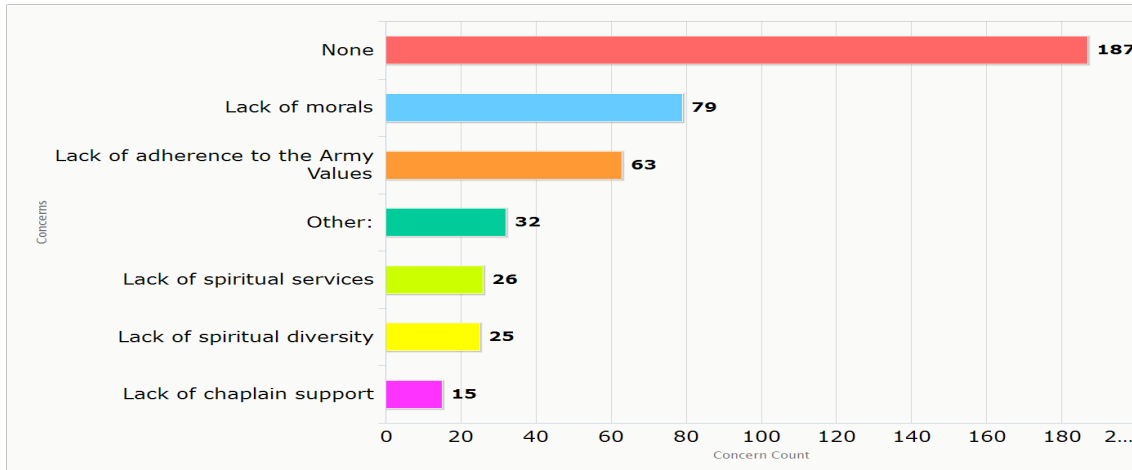


Figure 36. Spiritual Health Issues Across Areas of Morals, Values, and Resiliency

Comments included:

“No advertisement of programs or services.”

“Not allowing the church or USO to expand their outreach and sponsor Dave Ramsey Financial Peace University training for families. This course strengthens family bonds and will help Soldiers families prepare for deployments and furloughs.”

## Domain 5: Family Health

Sample question: What do you think are the top Family Health-related concerns in our installation? (Up to 5 options)

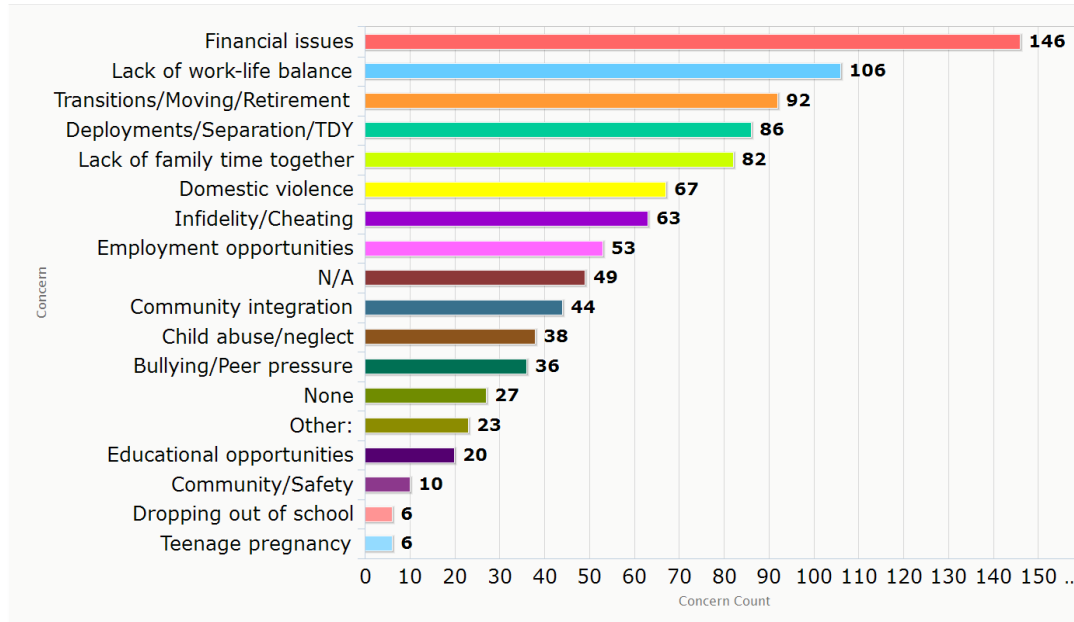


Figure 37. Family Health Issues

Comments included:

“Severe issues in getting slots for child care, there needs to be a facility that offers hourly childcare. Without childcare resources or more options- many families are not able to have dual working adults which provides financial hardship.”

“Unhealthy housing (mold, roaches, etc.) and little help from housing or excuses why they can't clean up/fix on/off base housing problems. This includes the buildings civilians work in and barracks. For civilians, Lack of offering mid-year retirement class.”

## Domain 6: Programs and Services

Sample question: What are some reasons you do not access or use programs and services on this installation? (Up to all that apply)

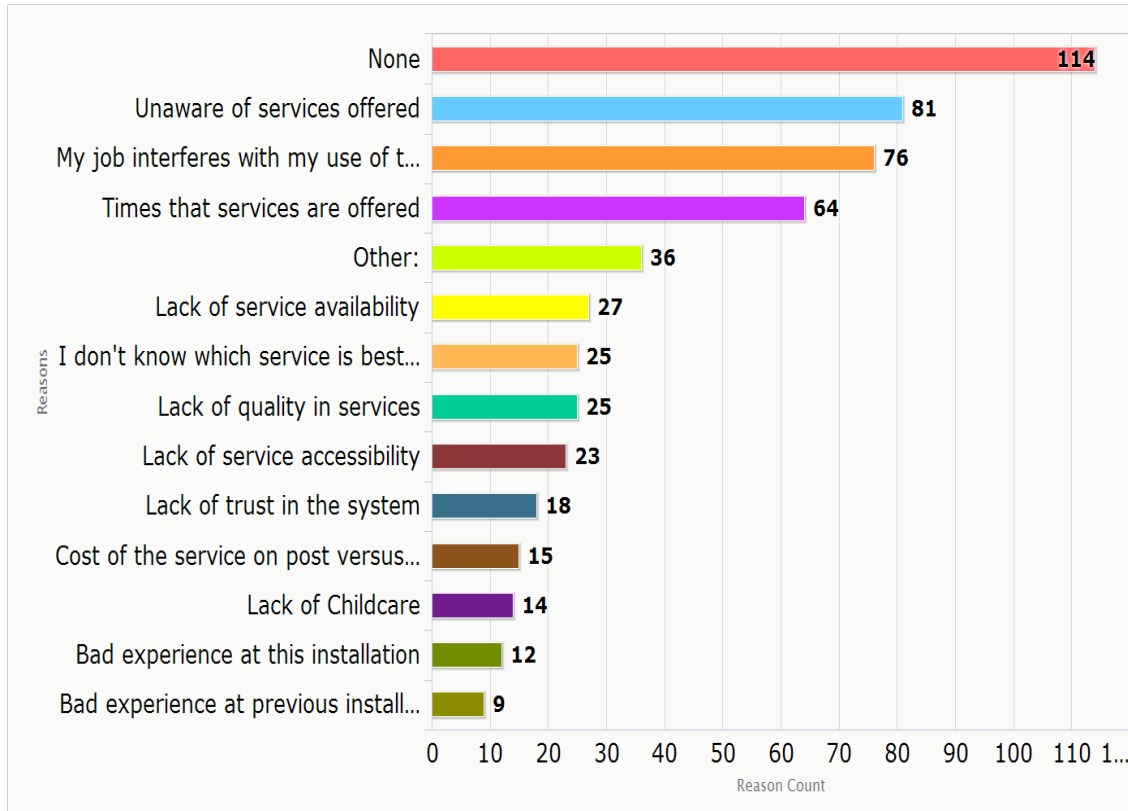


Figure 38. Programs and Services: Barriers to Utilization

Comments included:

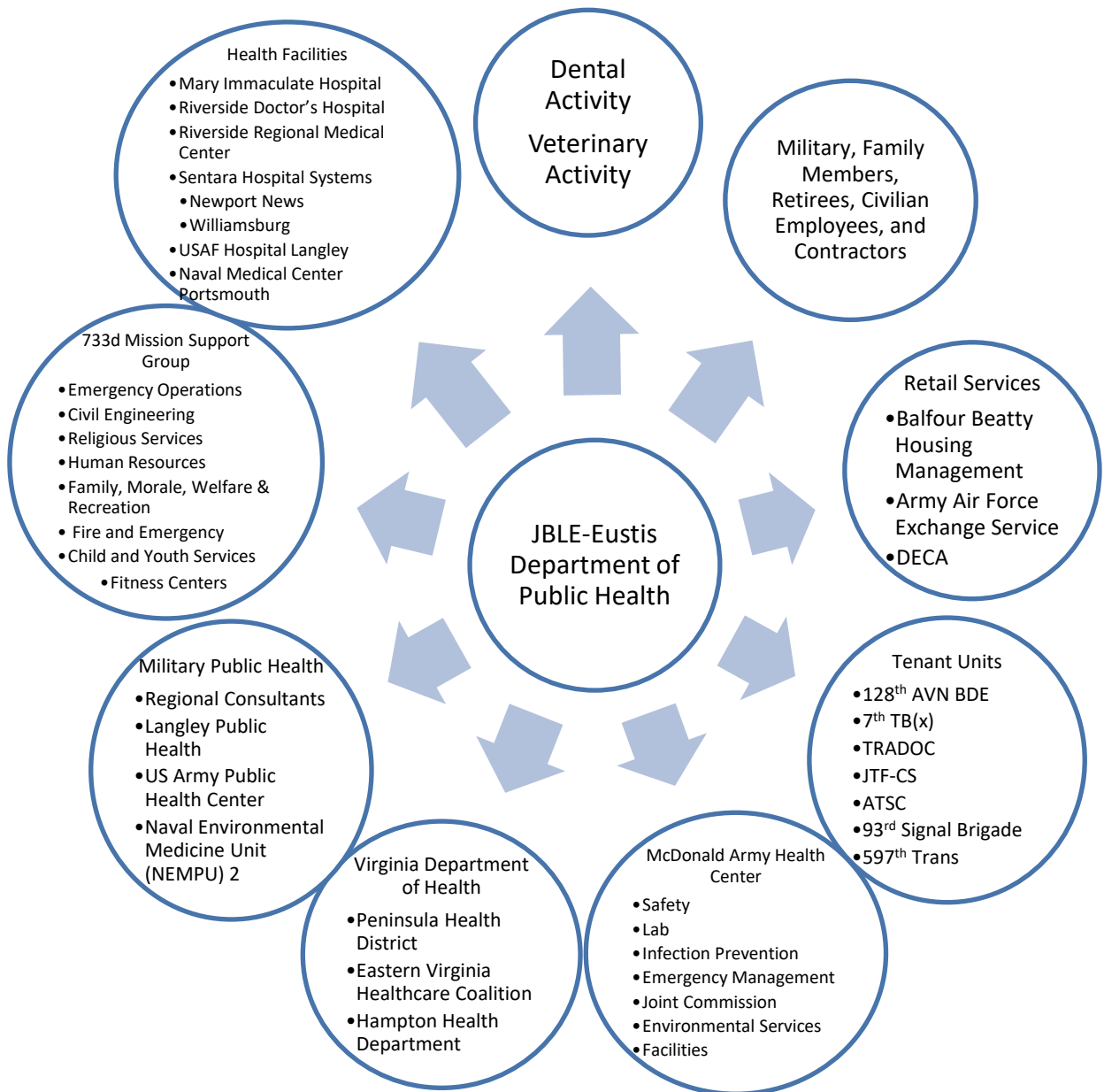
“As an Army civilian, some of the available services are not available to me. Other times I'm unsure if a program is available to me.”

“Lack of customer service; better or as good of programs are found off post - For example, the commissary is no longer the cheapest/best option since variable pricing was introduced in 2013; we take our business and monies to Lidl, Aldi, Trader Joes, Whole Foods.”

## V. Community Partners

DPH has many organizations and individuals that it serves and collaborates with to provide the highest level of service to the JBLE-Eustis community. These partners include the JBLE-Eustis Command Staff, MCAHC, the surrounding counties' health departments, and other various organizations on JBLE-Eustis. For a graphic representation of these partnerships see the figure below.

### A. JBLE-Eustis Public Health Stakeholders





## Local County Public Health Services:

As noted earlier, JBLE-Eustis community members primarily live in 6 nearby counties. JBLE-Eustis Department of Public Health participates in the Eastern Region Health District Epi/Communicable Disease group. Members include:

- Peninsula Health District
- Hampton Health District
- Norfolk City Health District
- Eastern Region Health District
- JBLE-Langley Aerospace Medicine Squadron (Comparable to JBLE-Eustis DPH)

## B. JBLE-Eustis Installation Services

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

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

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

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

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

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

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

Child and Youth Services (CYS): CYSS provides a variety of programs including, childcare, recreation, socialization and development for children of all ages. Currently, there are two child development centers, and two certified family-care homes on post.

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

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

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

Family Readiness Group Center: The Army Community Service Family Readiness Group Center serves the JBLE-Eustis 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.

Personal Financial Readiness Program (PFR): PFR provides financial readiness education and counseling services. PFR services are designed to assist individuals and families, to achieve/maintain financial stability, attain their financial goals, and increase their financial literacy/resiliency throughout the military life cycle. ACS offers monthly financial readiness classes to include but not limited to Army Touchpoint Training, Basic Budgeting, Credit/Debt Management, Saving/Investing, Money Management Refresher, Car Buying, Exiting the Barracks and Unit Requested Training.

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

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

New Parent Support Program (NPSP): The NPSP promotes healthy Families through a variety of services including free weekly home visits to parents of children up to age 36 months anywhere within the 7 county area, play morning activities for parents and children 5 times per month at 3 locations and new parent workshops. Army Families who are expecting a child or who have children up to age 3 can participate in all of these services confidentially and free of charge.

Ready and Resilient Performance Center: R2 Performance Centers provide customized performance training that enables Soldiers to sustain personal readiness, enhance resilience, optimize human performance, and build unit cohesion.

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

Sexual Harassment/Assault Response and Prevention (SHARP) Program: The Armed Forces' SHARP Program is the Armed Forces' integrated, proactive effort to end the crimes of sexual harassment and sexual assault within our ranks. Sexual harassment and sexual assault have no place in the Armed Forces. If individuals are a victim of

sexual harassment or sexual assault, they have a voice, they have rights, and they can get help from the SHARP Program.

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

Victim Advocacy Program (VAP): The VAP provides emergency and follow-up support services to adult victims of intimate partner abuse. Advocacy services are available to Service members, their current or former spouses, an individual with whom the Service member shares a child, and significant others of Service members who live together. Their services are available 24 hours a day, 7 days a week via a hotline (268-8967).

Civilian Health Care Resources:

- Mary Immaculate Hospital (Newport News)
- Riverside Doctor's Hospital (Williamsburg)
- Riverside Regional Medical Center (Newport News)
- Sentara Hospital Systems
  - Newport News
  - Williamsburg

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

Humana Website Resources:

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

JBLE-Eustis Local Area Libraries:

Groninger Library

<http://groningerlibrary.com/>

Grissom Library

<https://www.library.nvva.gov/258/Virgil-I-Grissom-Library>

York County Library

<https://www.yorkcounty.gov/683/Library>

Child and Youth Services (CYS): JBLE-Eustis has 2 Child Development Centers (CDCs) for ages 6 weeks to kindergarten. CDCs are on-post childcare centers that offer full-day, part-day and hourly care for children, in nationally accredited environments. See the table directly below to view the services offered at each CDC. Full Day care is offered from 5:30 a.m. to 6:15 p.m. Hourly care is offered from 8:30am to 5:00pm. Services are also offered for eligible patrons through high school.

Active duty military personnel, reservists on active duty, and DOD contractors at JBLE-Eustis are eligible sponsors for this program.

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

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

| <b>Program</b>      | <b>Services Offered</b>                                      |
|---------------------|--|
| Madison CDC         | Full Day, Part Day Preschool, Hourly Care, Strong Beginnings |
| Pershing CDC        | Full Day, Strong Beginnings                                  |
| School Age Services | Before and After School Care                                 |
| Youth Services      | After School Care and Summer Programming                     |

Education (JBLE-Eustis on-Post Schools)  
 Fort Eustis is the home to one primary school (PreK – Grade 6), General Stanford Elementary School, of the Newport News Public School District.  
<http://generalstanford.nn.k12.va.us/>

**JBLE-Eustis’ Colleges and Universities**

JBLE-Eustis offers a variety of colleges on post. Link to the colleges offered and Education Center services:  
[https://www.goarmyed.com/public/facility\\_pages/Fort\\_Eustis\\_Education\\_Center/default.asp](https://www.goarmyed.com/public/facility_pages/Fort_Eustis_Education_Center/default.asp)

Located at: 1500 Madison Avenue, Ft. Eustis, VA, United States 23604

- On-Post Colleges and Universities:
- Thomas Nelson Community College

- Saint Leo University
- Florida Institute Of Technology
- Embry Riddle Aeronautical University

Recreation: JBLE-Eustis, VA provides a wide variety of recreational activities with it being a military installation with more 5,000 active duty Soldiers. Recreational activities include conference centers/dining facilities that can facilitate meetings and parties, fitness centers, a bowling alley, a chapel, indoor/outdoor pools, an 18-hole golf course, gun range, library, picnic/playground areas, hobby/craft center, baseball/soccer fields, various children's sports programs, and basketball/volleyball courts.

JBLE-Eustis Family & Moral, Welfare, and Recreation (MWR) is home to 2 fitness centers, open from 5:00 am to 8:00 pm, with varying times depending on the facility. JBLE-Eustis also has 3 parks and a Smith Lake Recreation Area. The Fort Eustis Club is open to the public and provides an excellent setting for functions such as large group meetings, weddings, graduation, birthday/sweet 16 party, military/FRG function, corporate party, job fair, conference, anniversary, bridal shower, or baby shower.

- Fitness Centers:
  - Anderson Field House with indoor pool
  - McClellan Fitness Center
  - Fort Eustis Satellite Physical Fitness Center
  - Personal Trainers
- Fort Eustis Bowling Center
- Fort Eustis Club
- Fort Eustis Recreation Center
- Pines Golf Course
- Fort Eustis Outdoor Recreation
- Anderson Indoor Aquatics Center
- Religious Support Office
- Military and Family Readiness
- Child and Youth Programs (Air Force)

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

The Community Resource Guide: This guide contains a list of resources available to members of this US military community. It does not provide exhaustive information about each resource. Instead, it provides just enough information for you to quickly determine what resources are available to serve your needs. You can then use the included phone numbers or web links to obtain more detailed information for a particular resource.

<https://crg.amedd.army.mil/guides/tradoc/jble/Pages/default.aspx>

## C. 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, Giant Voice, and computer to name a few. The internet is the most popular form of communication. The cell phone is easy to access and cost the least amount.

### 1. Websites/ Social Media

U.S. Army JBLE-Eustis has a webpage.

Website: <https://www.jble.af.mil/> and additional social media platforms.

Social media platforms: <https://www.facebook.com/JointBaseLangleyEustis>

<https://twitter.com/jblenews>

<https://www.youtube.com/jble>

<https://www.flickr.com/photos/143915984@N06/>

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

MCAHC Social Media.

Social media Sites are best viewed with Mozilla Firefox.

<https://www.facebook.com/McDonaldAHC/?fref=nf>

<https://twitter.com/mcdonaldahc>

Besides providing JBLE-Eustis' 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 its Units/Tenants on JBLE-Eustis, <https://www.jble.af.mil/Units/Army/>

Each Unit/Tenant has their own website, Public Affairs Officers, and additional social media options such as Facebook, Twitter, YouTube and Instagram.

### 2. Public Affairs Office (PAO):

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

Media Relations (757)-878-4920: All news media representatives who wish to enter JBLE-Eustis on official business and/or to cover events must first coordinate with and request permission through the Public Affairs Office. News media also must be escorted by a member of the Public Affairs Office. Due to the limited number of public affairs staff to provide escort, media are asked to make their requests as far in advance

as possible.

Community Relations ((757) 878-4920): The Community Relations Division communicates Soldiers' stories by directly engaging a wide spectrum of businesses, organizations, and local community and education leaders to bring the American people closer to the Soldiers who serve them.

MCAHC PAO, (910) 907-7247: Provides patients, staff and community the most up to date healthcare information. There are 30,000 eligible beneficiaries living in 6 counties. MCAHC utilizes social media to engage in conversation while at the same time promoting awareness of the organizations main communication priorities.

### 3. Other Communication forms

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

Newspapers

The Peninsula Warrior: Weekly newspaper, published for military and civilian personnel at JBLE-Eustis. The paper is distributed free to all post quarters and selected on and off post locations of Thursday afternoons or Friday mornings. Also located on line: <https://www.militarynews.com/peninsula-warrior/>

Postal Service: JBLE-Eustis Postal Service; code: 23604

One store location on post, and 6 post offices within a 10 mile radius

1321 Lee Blvd, Fort Eustis, VA 23604

<https://www.google.com/maps/search/post+office+within+10+miles/@37.1524322,-76.624523,12z/data=!3m1!4b1!4m8!2m7!3m6!1spost+office+within+10+miles!2sUnited+States+Postal+Service,+1321+Lee+Blvd,+Fort+Eustis,+VA+23604!3s0x89b07c4f5a67cc19:0x55cb8019046eaf22!4m2!1d-76.577958!2d37.158498>

Radio: JBLE-Eustis, North Carolina Radio Stations

52 FM radio stations and 37 AM radio stations in the JBLE-Eustis, NC area

<https://www.radiolineup.com/locate/Newport-News-VA>

Telephone Service: Landline service is offered. JBLE-Eustis Area Code 757

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

Television: According to [www.inmyarea.com](http://www.inmyarea.com), JBLE-Eustis has 2 main TV providers including DirectTV and Cox. Two additional satellite providers including DIRECTV offer service to areas of JBLE-Eustis. The most channels available to homes in JBLE-Eustis is 330.



Internet Providers: According to [www.inmyarea.com](http://www.inmyarea.com), JBLE-Eustis has 3 main internet providers including Cox, Verizon FIOS, and HughesNet. The fastest access available to homes in JBLE-Eustis is 300 Mbps.

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," JBLE-Eustis's all hazard sound, AdHoc Emergency Mass Notification System, 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.

A newly launched website for communication of Fort Eustis events is offered:  
<https://www.calendarwiz.com/mobile.html?crd=eustisfsd#>

Nurse Advice Line: The Nurse Advice Line is available to all TRICARE eligible patients 24 hours a day, 7 days a week by calling 1-800-TRICARE (1-800-874-2273), option 1. This service is at no cost to patients and can assist in making informed decisions about self-care at home or when to see a healthcare provider.

Army Medicine Secure Messaging Service: Secure messaging, also sometimes referred to as Relay Health, is a web-based service that gives providers and patients the ability to communicate securely online. The interactive website allows you to initiate a consultation, receive preventive care reminders, send a note to the provider's office, request prescription renewals and refills, request lab or test results, and request appointments. Unlike a phone conversation, it also provides an audit trail so patients and providers can view the entire message history. One can sign-up for secure messaging at your primary care clinic during your next visit. It only takes a few minutes and it can potentially save hours of time in the future.

#### 4. Beneficiary Insurance Options

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

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

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

TRICARE Appointments Online:

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

## **VI. Acknowledgements**

JBLE-Eustis DPH would like to thank all the DPH staff members and our supporting partners on JBLE-Eustis who took time from their busy work schedules to review and/or provide data for this document.

## List of Abbreviations

|        |  |
|--------|--|
| ACS    | Army Community Service                                     |
| AER    | Army Emergency Relief                                      |
| AFAP   | Army Family Action Plan                                    |
| AFTB   | Army Family Team Building                                  |
| APHN   | Army Public Health Nursing                                 |
| ASAP   | Army Substance Abuse Program                               |
| AVCP   | Army Volunteer Corps Program                               |
| AWC    | Army Wellness Center                                       |
| BMI    | Body Mass Index  |
| BOSS   | Better Opportunities for Single Soldiers                   |
| CBMH   | Community Based Medical Home                               |
| CDC    | Child Development Center                                   |
| CHA    | Community Health Assessment                                |
| CHSA   | Community Health Status Assessment                         |
| CSTA   | Community Strength and Themes Assessment                   |
| CYS    | Child and Youth Services                                   |
| DA     | Department of Army   |
| DENTAC | Dental Activity  |
| DES    | Department of Emergency Services                           |
| DoD    | Department of Defense                                      |
| DPH    | Department of Public Health                                |
| EFMP   | Exceptional Family Member Program                          |
| ERP    | Employee Readiness Program                                 |
| FAP    | Family Advocacy Program                                    |
| FoC    | Forces of Change US  |
| FPL    | Federal Poverty Level                                      |
| FRP    | Financial Readiness Program                                |
| HEDIS  | Healthcare Effectiveness Data and Information Set          |
| HHS    | Health and Human Services                                  |
| HP     | Healthy People   |
| LPHSA  | Local Public Health System Assessment                      |
| MAPP   | Mobilizing for Action through Planning and Partnerships    |
| MDSSO  | Mobilization, Deployment, and Support Stability Operations |
| MFLC   | Military and Family Life Counselor                         |
| MHSPHP | Military Health Service Population Health Portal           |
| MNEAT  | Military Nutrition Environment Assessment Tool             |
| MRP    | Multicultural Readiness Program                            |
| MSK    | Musculoskeletal  |
| MWR    | Morale, Welfare and Recreation                             |
| NPSP   | New Parent Support Program                                 |
| OSHA   | Occupational Safety and Health Administration              |
| PA&E   | Program Analysis and Evaluation                            |
| PAO    | Public Affairs Office                                      |

|       |   |
|-------|---|
| RRP   | Risk Reduction Program                            |
| SFAC  | Soldier Family Assistance Center                  |
| SHARP | Sexual Harassment/Assault Response and Prevention |
| SIDS  | Sudden Infant Death Syndrome                      |
| SOS   | Survivor Outreach Services                        |
| STI   | Sexually Transmitted Infection                    |
| TIMR  | Targeted Infant Mortality Reduction               |
| VAP   | Victim Advocacy Program                           |
| WG    | Working Group                                     |

## Appendix

### Appendix 1: Physical Resiliency Working Group Membership:

|  |
|--|
| Facilitator: Chief, Army Public Health Nursing                                 |
| Director, Army Wellness Center   |
| Fort Eustis Dental Activity  |
| Kids Move  |
| Pregnancy and Postpartum Physical Training (P3T)                               |
| Ready and Resilient Performance Center   |
| Installation Safety Office   |
| Fort Eustis Fitness Centers  |
| Health Promotion Officer   |
| Brigades, Directorates and Tenant Units  |
| 128 <sup>th</sup> Aviation Brigade (128 <sup>th</sup> AVN BDE)                 |
| 7 <sup>th</sup> Transportation Brigade (Expeditionary) (7 <sup>th</sup> TB(X)) |
| Training and Doctrine Command Special Troops Battalion (TRADOC STB)            |
| Joint Task Force Civil Support (JTF-CS)  |
| Automated Training Support Center (ATSC)                                       |
| 93 <sup>rd</sup> Signal Brigade  |
| 597 <sup>th</sup> Transportation Brigade (597 <sup>th</sup> Trans BDE)         |
| Center for Initial Military Training Holistic Health and Fitness program       |