

2021
HEALTH
OF THE
FORCE

Create a healthier force for tomorrow.



Quarterly DRSi Surveillance Training Webinar

28 JUNE 2022



OUR PURPOSE:

**Empower Senior Army Leaders with
knowledge and context to improve Army
health and Soldier readiness.**



Explore *Health of the Force*

A suite of products
to help YOU improve
Force readiness!



METRIC PAGES

Discover more about health readiness, health behaviors, and environmental health indicators.

SPOTLIGHTS

Review articles on emerging issues, promising programs, and local actions.

INSTALLATION PROFILES AND RANKINGS

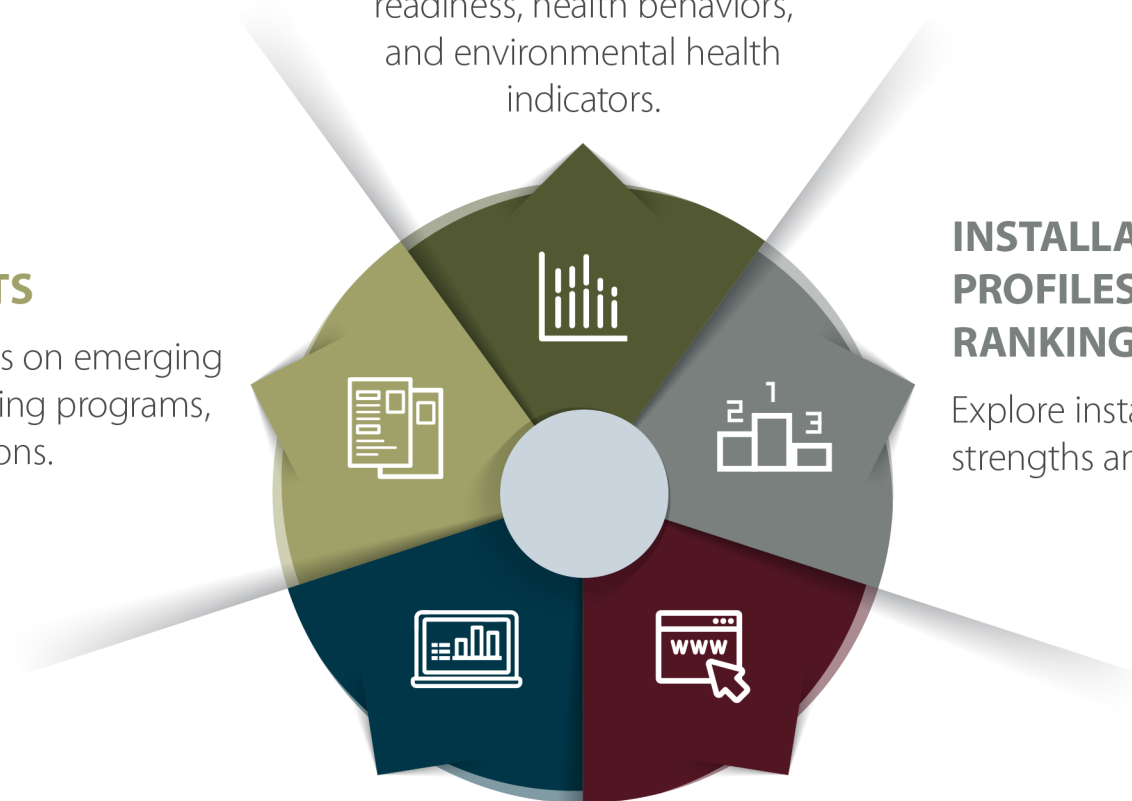
Explore installation-level strengths and challenges.

HEALTH OF THE FORCE ONLINE

Create customizable charts for your population and metrics of interest.

METHODS, CONTACT US, AND PROGRAM WEBSITE

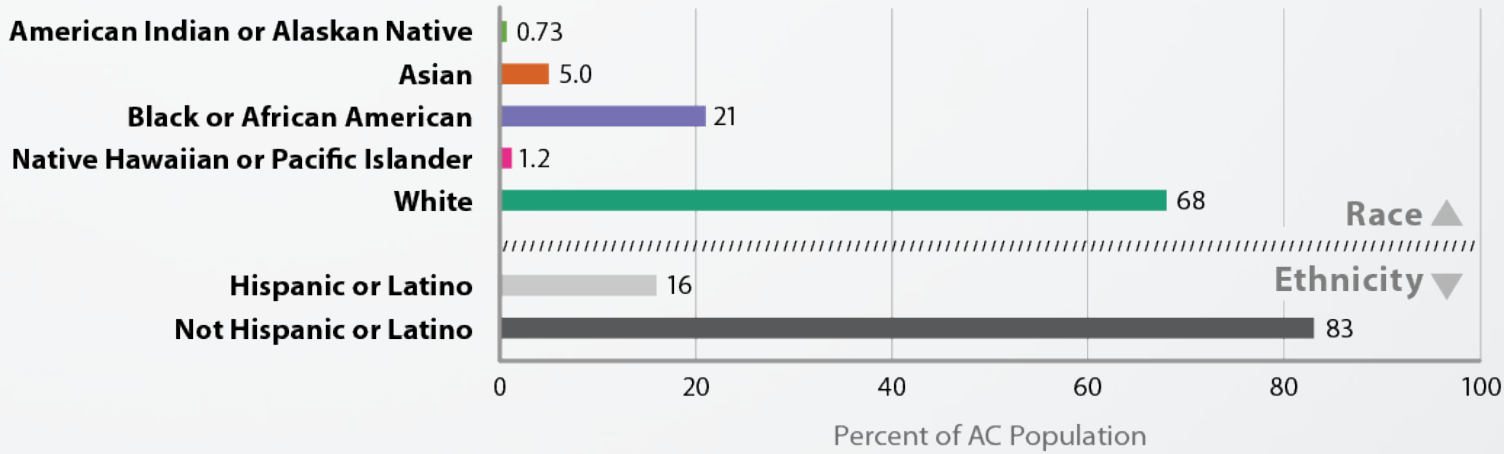
Learn more about the science behind *Health of the Force* and where to obtain more information.





For the year 2020, 21% of Soldiers are Black or African American, compared to approximately 12% in the U.S. civilian workforce population, and 16% of Soldiers are Hispanic or Latino ethnicity, compared to almost 18% of the U.S. civilian workforce population.

DEMOGRAPHICS

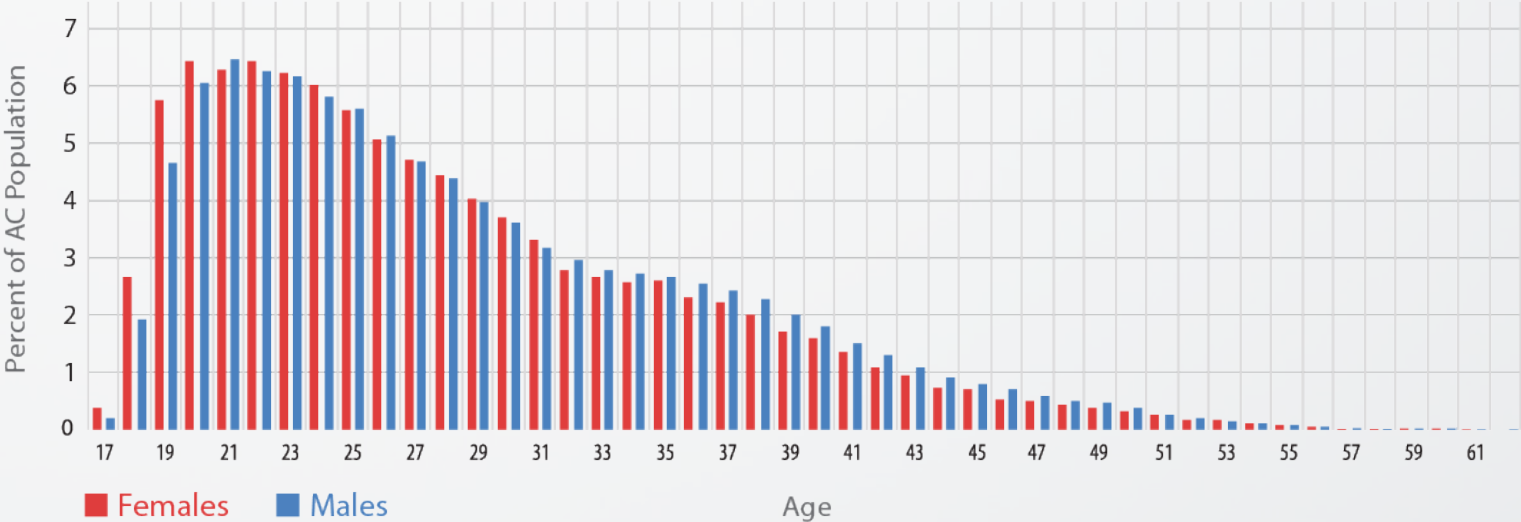




Active Component Soldiers are mostly male (85%) compared to the U.S. civilian employed workforce population of adults aged 18 years or older, which is 53% male and 47% female.

DEMOGRAPHICS

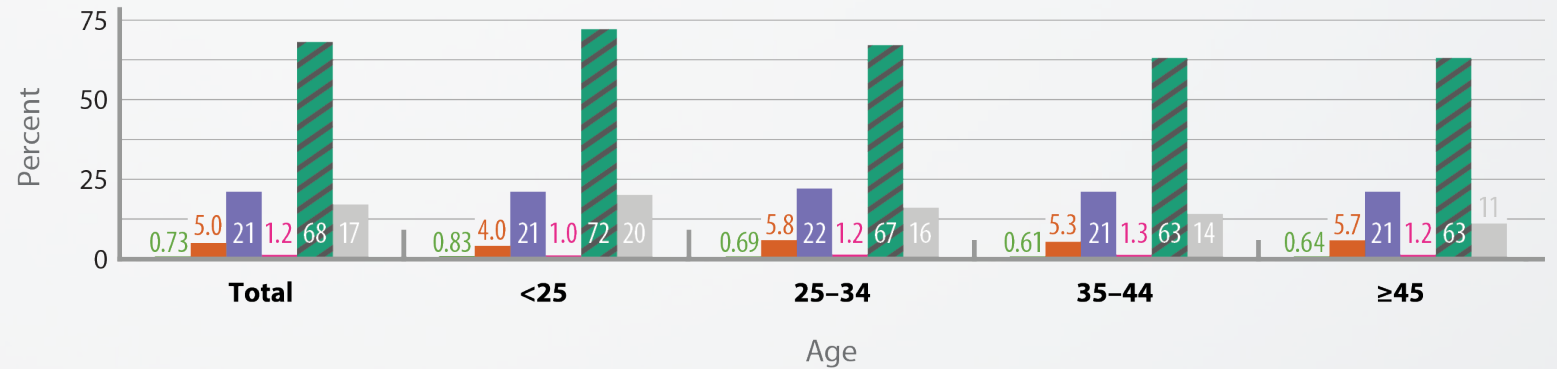
Age Distribution by Sex, AC Soldiers, 2020





DEMOGRAPHICS

Distribution of Age by Race and Ethnicity, Active Component Soldiers, 2020





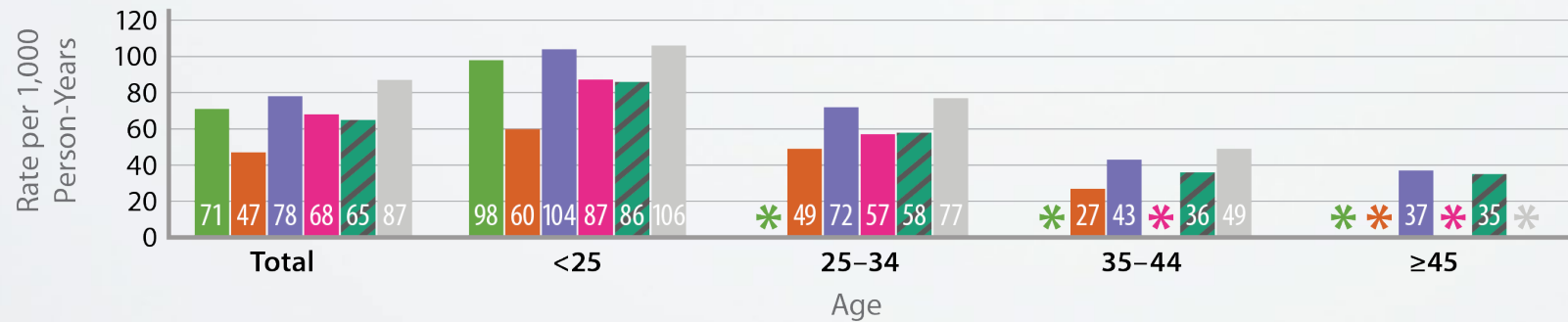
COVID-19

- Incidence of COVID-19 by Sex, Age, Race, and Ethnicity
- Daily COVID-19 Cases and 7-Day Average
- Incidence of COVID-19 Hospitalizations by Sex and Age
- Top Reasons for Hospitalization among COVID-19 Patients by Burden of Disease Category

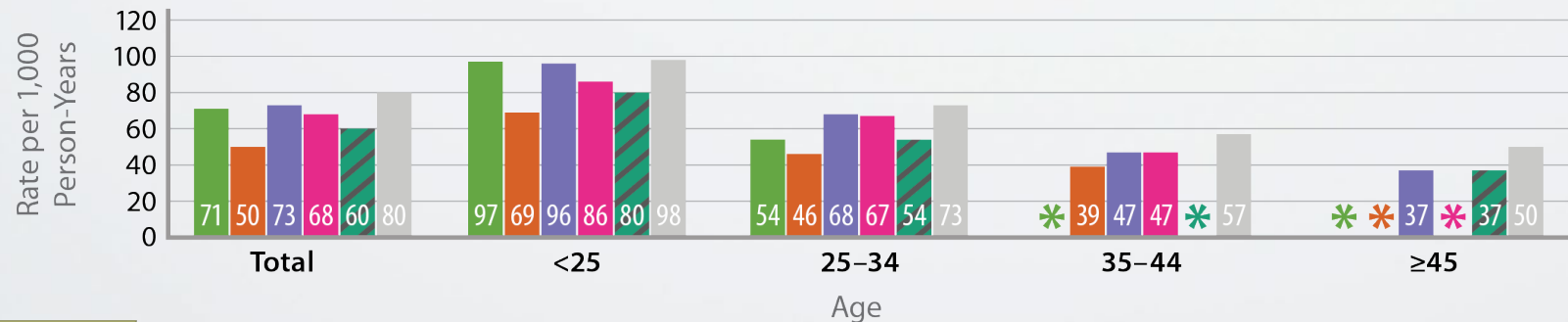
COVID-19

67 COVID-19 cases among Soldiers per 1,000 person-years.

Females (72 Cases per 1,000 person-years)



Males (66 Cases per 1,000 person-years)



*Data suppressed due to small case numbers (<20 cases).



- Highest among Soldiers <25 years old, potentially due to large number of trainees who were tested upon arrival to training
- Across all age groups, highest among Hispanic or Latino Soldiers





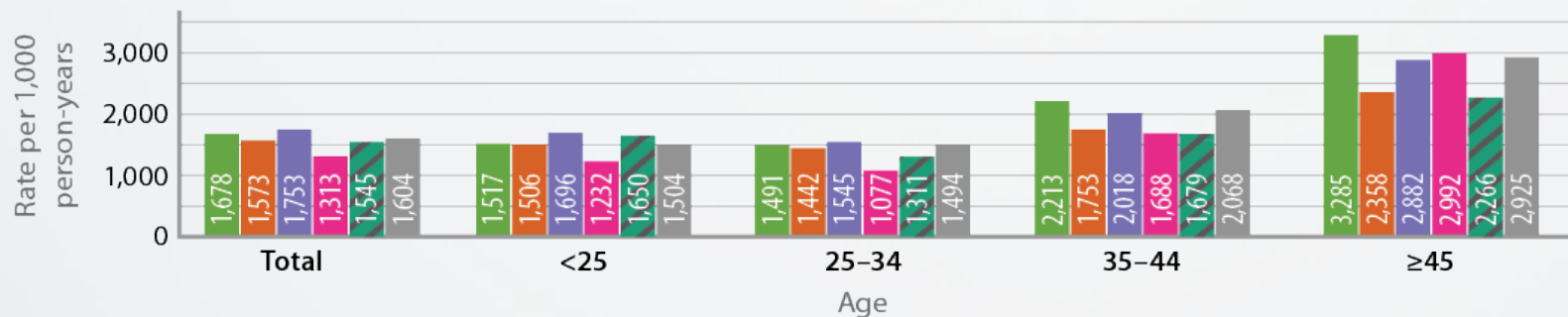
MEDICAL METRICS

- Injury
- Behavioral Health
- Substance Use
- Sleep Disorders
- Obesity
- Tobacco Product Use
- Heat Illness
- Hearing
- Sexually Transmitted Infections
- Chronic Disease

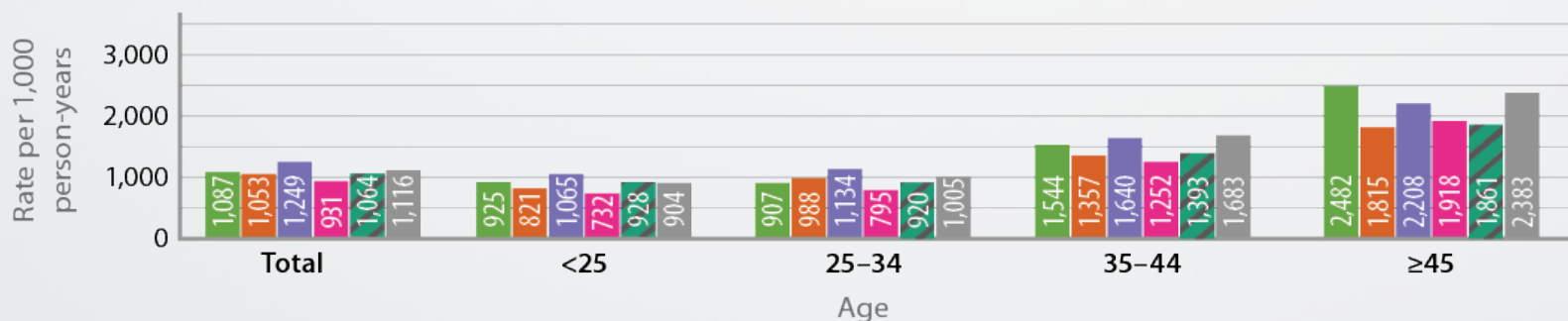
INJURY

1,189 new injuries diagnosed per 1,000 person-years.

Females (Avg. 1,628)



Males (Avg. 1,108)



- Over half of all Soldiers experienced an injury or injury-related musculoskeletal condition
- Higher among female Soldiers, Soldiers over age 35, and Black or African American Soldiers



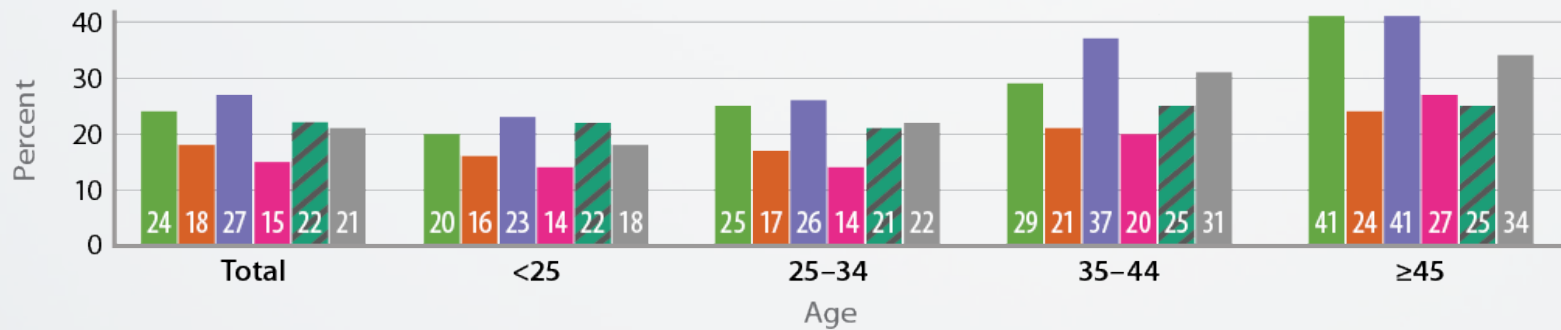
■ American Indian/Alaskan Native
 ■ Asian
 ■ Black or African American
 ■ Native Hawaiian/Pacific Islander
 ■ White (Not Hispanic or Latino)
 ■ Hispanic or Latino

BEHAVIORAL HEALTH

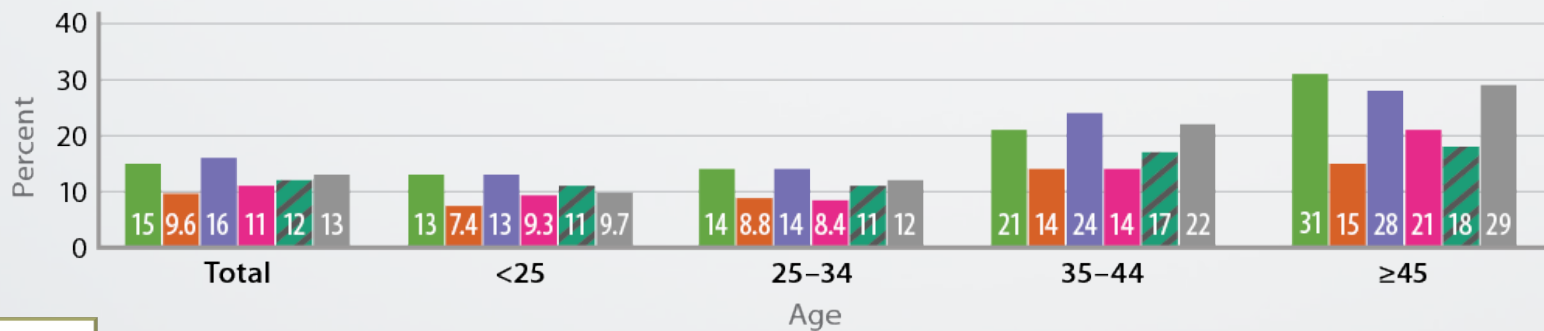
15%

of Soldiers had a diagnosed behavioral health disorder.

Females (Avg. 23%)



Males (Avg. 13%)



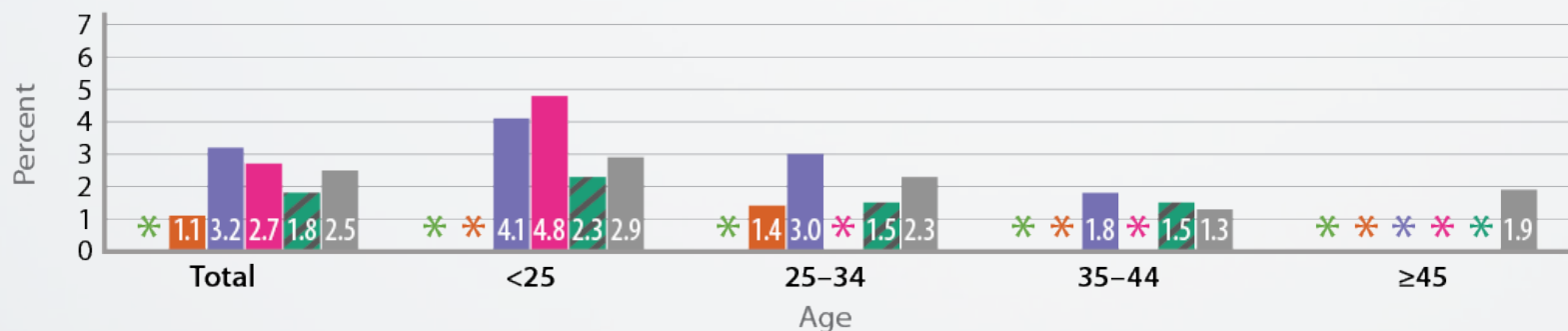
- Higher among female Soldiers, Soldiers >35 years old, and Black or African American Soldiers



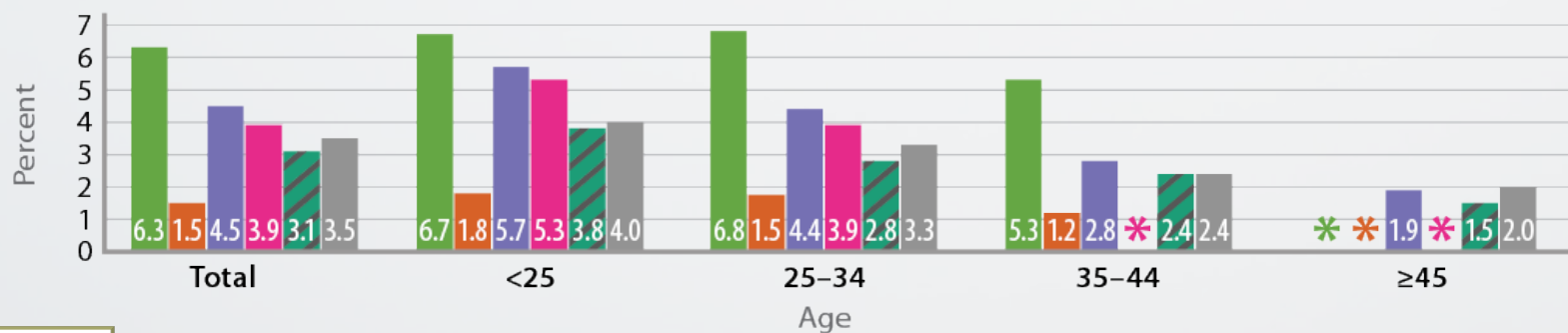
SUBSTANCE USE

3.2% of Soldiers had a substance use disorder.

Females (Avg. 2.4%)



Males (Avg. 3.4%)



*Data suppressed due to small case numbers (<20 cases).

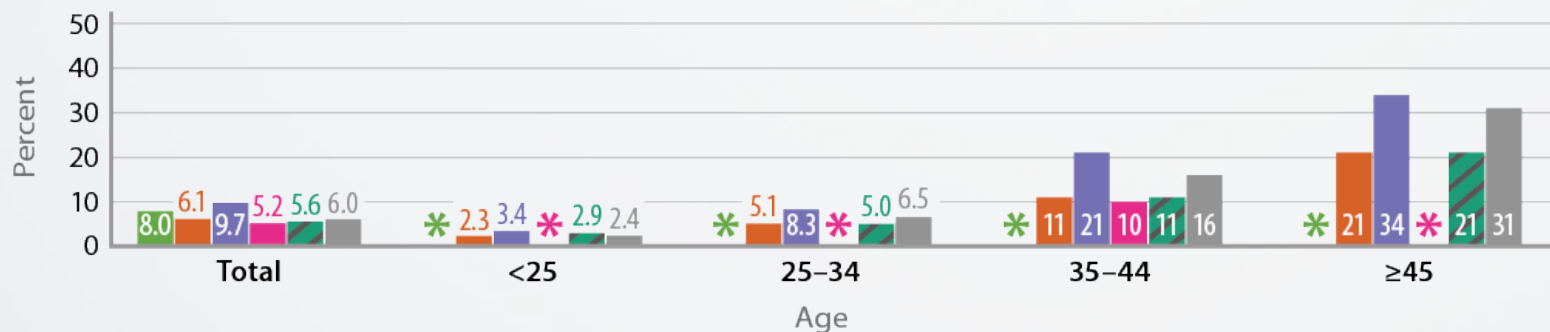


- Higher among male Soldiers, American Indian/Alaskan Native Soldiers, and Black or African American Soldiers
- Highest prevalence in male Soldiers <35 years old

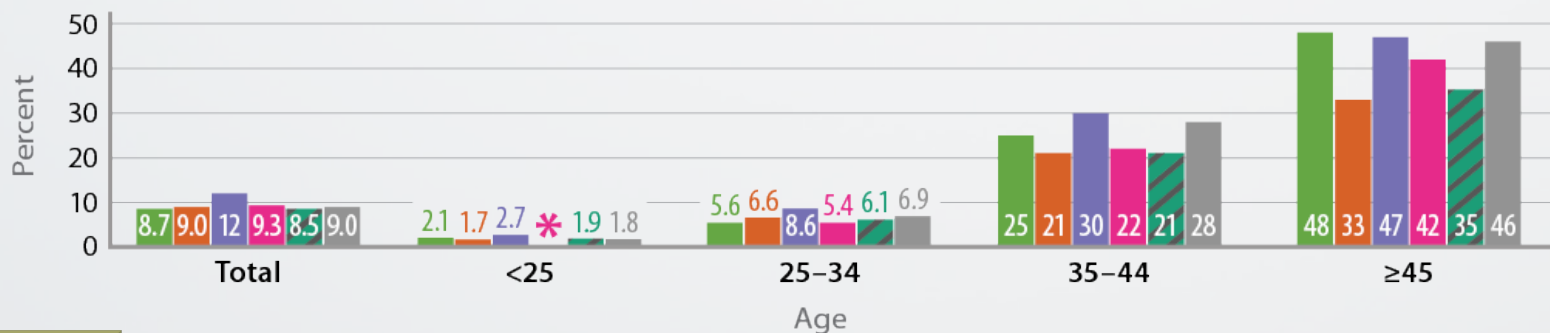
SLEEP DISORDERS

9.0% of Soldiers had a sleep disorder.

Females (Avg. 7.2%)



Males (Avg. 9.3%)



- Higher among Black or African American Soldiers in most age groups
- Higher among Soldiers in older age groups

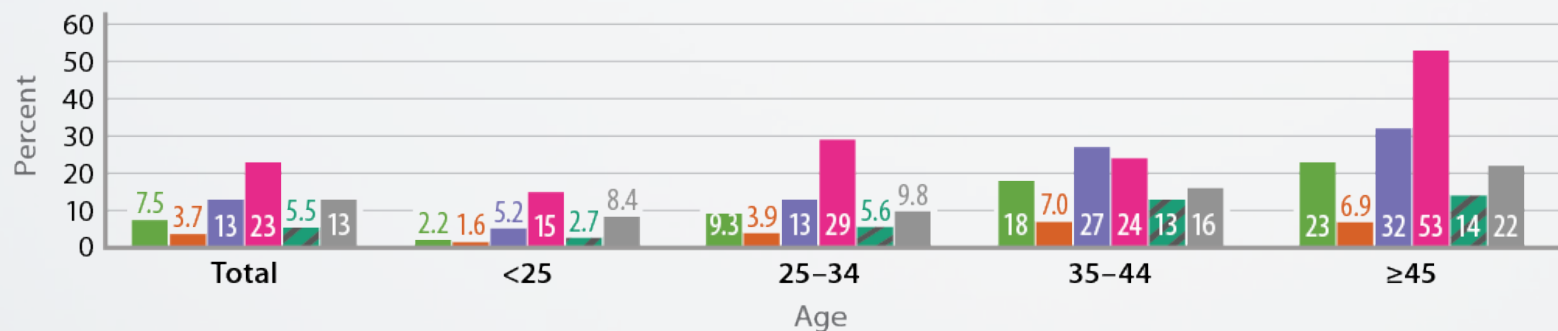
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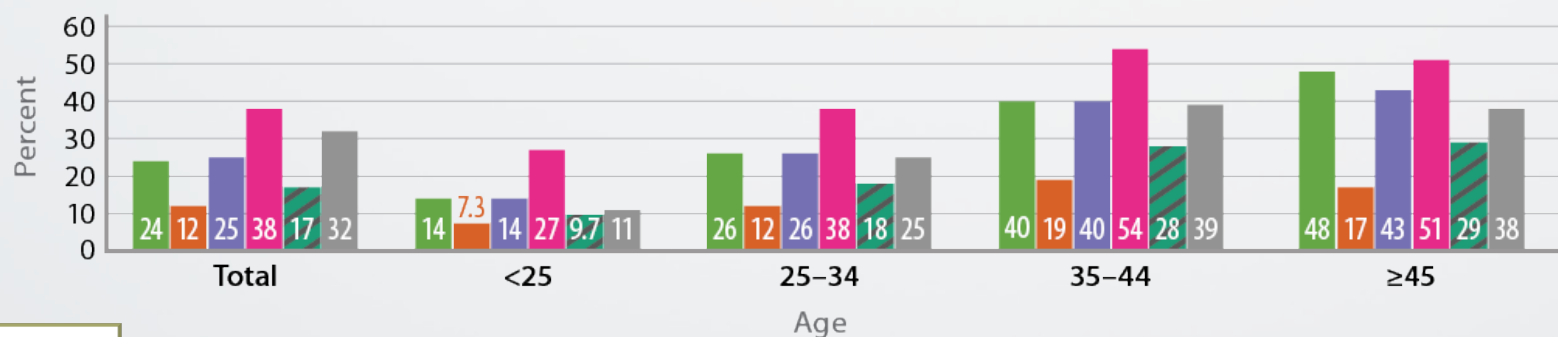
OBESITY

18% of Soldiers were classified as obese.

Females (Avg. 9.2%)



Males (Avg. 19%)



- Prevalence was lower for female Soldiers
- Lowest for Asian Soldiers and highest for Native Hawaiian/ Pacific Islander Soldiers

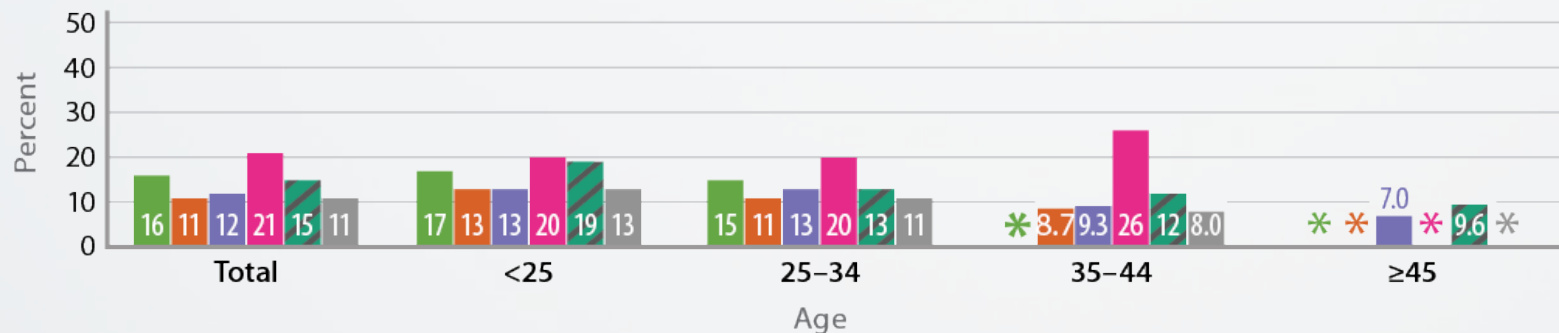


■ American Indian/Alaskan Native
 ■ Asian
 ■ Black or African American
 ■ Native Hawaiian/ Pacific Islander
 ■ White (Not Hispanic or Latino)
 ■ Hispanic or Latino

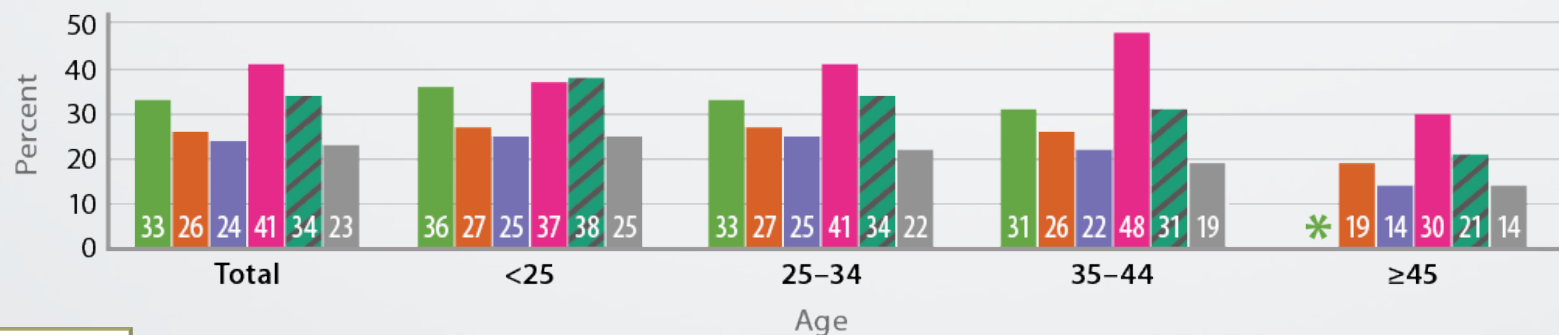
TOBACCO PRODUCT USE

27% of Soldiers reported using tobacco products.

Females (Avg. 13%)



Males (Avg. 30%)



- Majority of tobacco product users were <35 years old
- 9.1% reported e-cigarette use

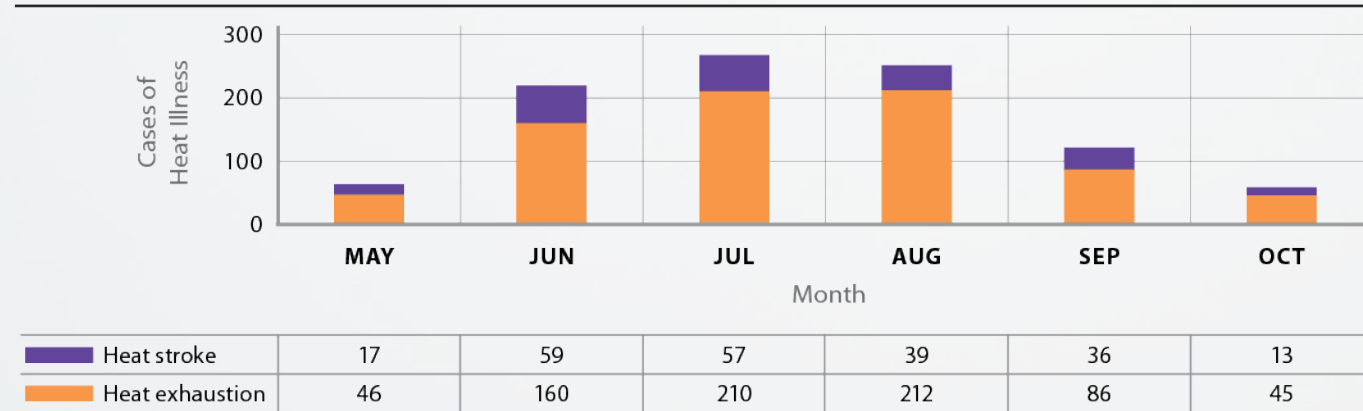
*Data suppressed due to small case numbers (<20 cases).



HEAT ILLNESS

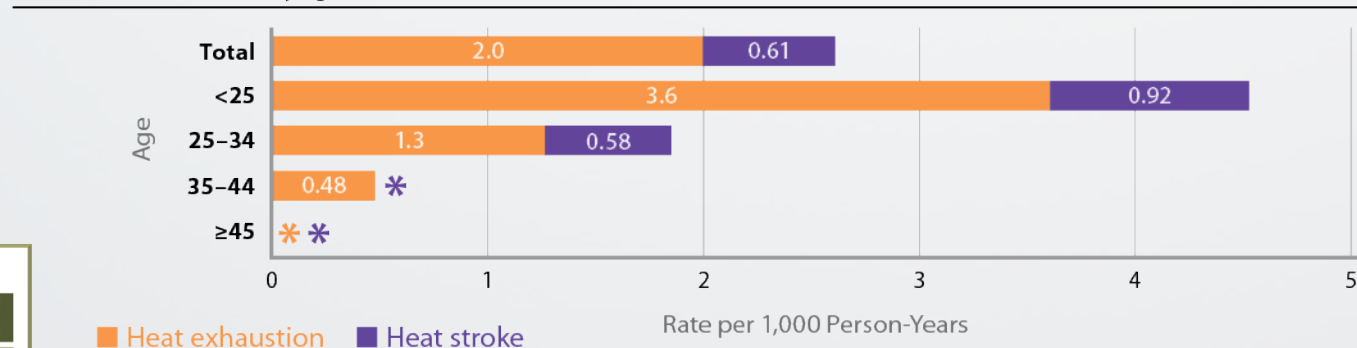
1,105 incident cases of heat illness occurred in 2020.

Incident Cases of Heat Illness by Month*, AC Soldiers, 2020



*Months not shown had <20 cases for heat exhaustion and/or heat stroke.

Incidence of Heat Illness by Age, AC Soldiers, 2020



*Data suppressed due to small case numbers (<20 cases).

- Incidence of heat exhaustion and heat stroke, per 1,000 person-years, was highest in AC Soldiers <25 years old



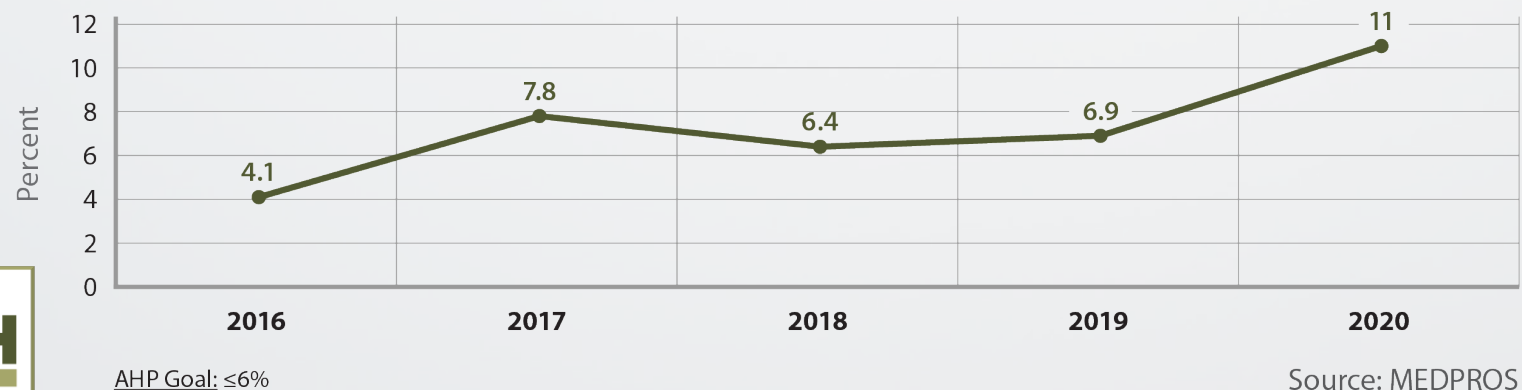
HEARING

4.5% of Soldiers experienced a significant threshold shift (STS).

Percent New Significant Threshold Shifts (STSs), AC Soldiers, 2016–2020



Percent Not Hearing Ready – Hearing Readiness Classification (HRC) 4, AC Soldiers, 2016–2020

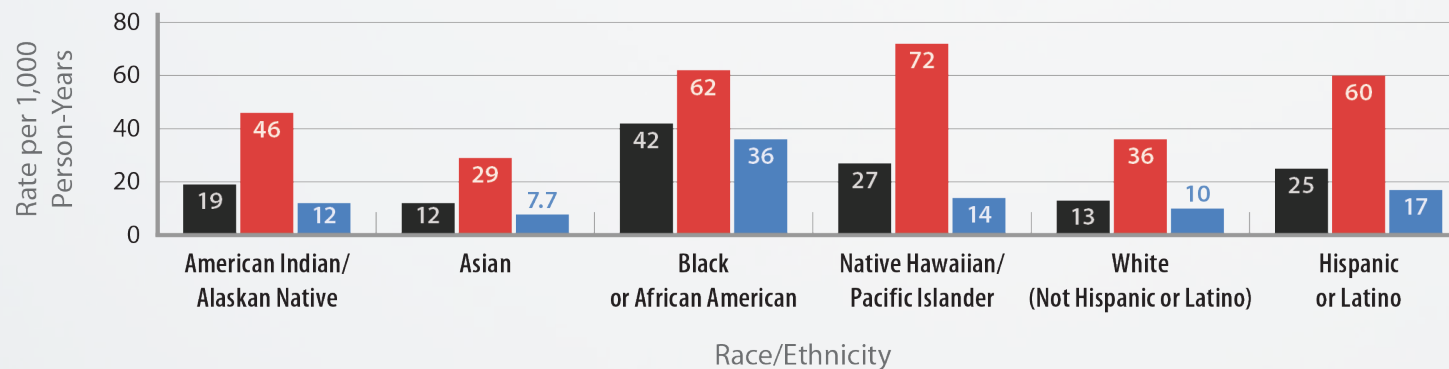


- Over 11% of AC Soldiers were classified as not Hearing Ready (HRC 4), almost double the Army Hearing Program goal of ≤6%.
- Soldiers with H-2 hearing profiles may have a clinically significant hearing loss; Soldiers with ≥H-3 have at least a moderate hearing loss.

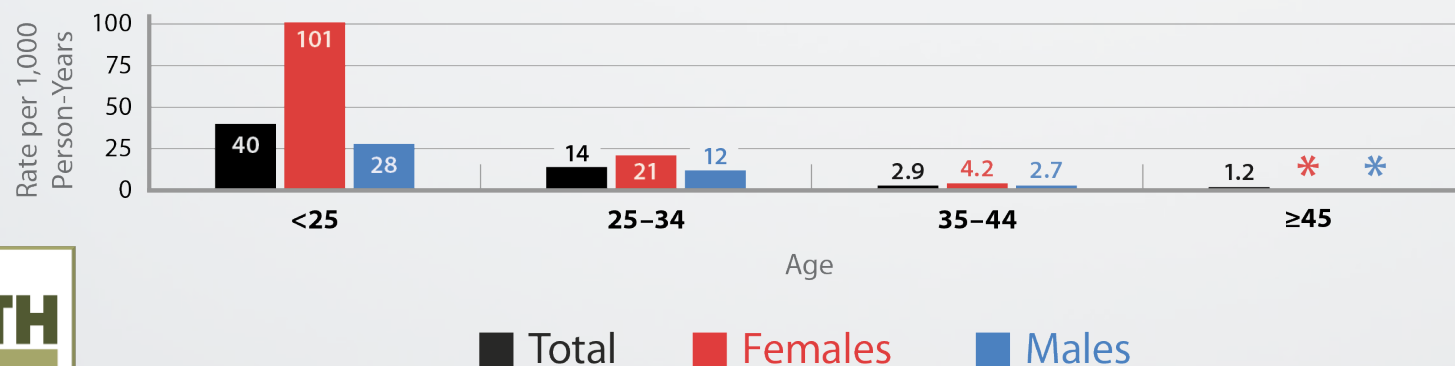


SEXUALLY TRANSMITTED INFECTIONS

Rate of Reported Chlamydia Infection by Sex, Race, and Ethnicity, AC Soldiers, 2020



Incidence of Reported Chlamydia Infection by Sex and Age, AC Soldiers, 2020



21 new chlamydia infections per 1,000 person-years were reported in 2020.

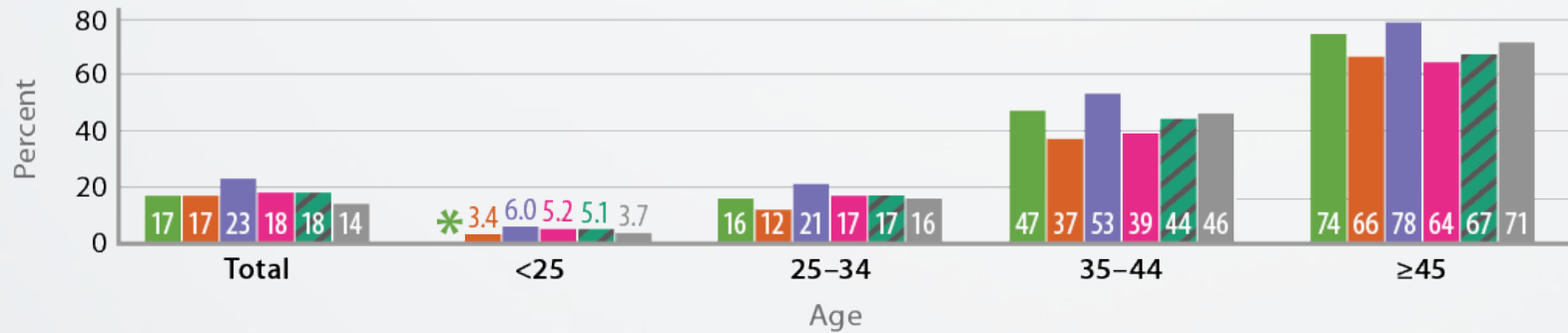
- Rates of reported chlamydia infections among male Black or African American Soldiers were 2–4 times higher than rates among male Soldiers identifying as another race or ethnicity.



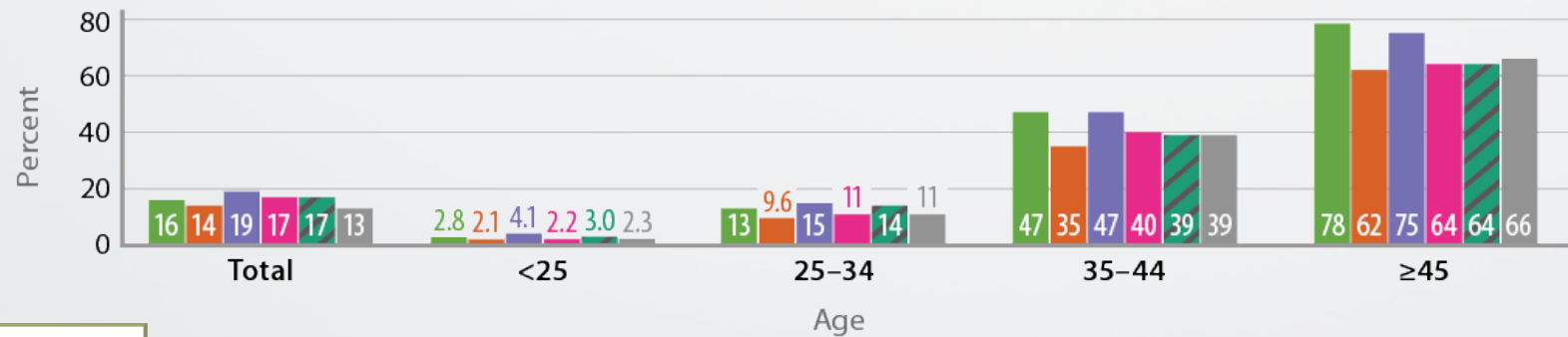
CHRONIC DISEASE

17% of Soldiers had a diagnosed chronic disease.

Females (Avg. 19%)



Males (Avg. 17%)



*Data suppressed due to small case numbers (<20 cases).

■ American Indian/Alaskan Native
 ■ Asian
 ■ Black or African American
 ■ Native Hawaiian/Pacific Islander
 ■ White (Not Hispanic or Latino)
 ■ Hispanic or Latino

- Highest among Soldiers over age 45
- Rates varied among age-race/ethnicity groups, but generally increased with age





ENVIRONMENTAL HEALTH INDICATORS



- Air Quality
- Drinking Water Quality

- Water Fluoridation
- Solid Waste Diversion
- Tick-borne Disease

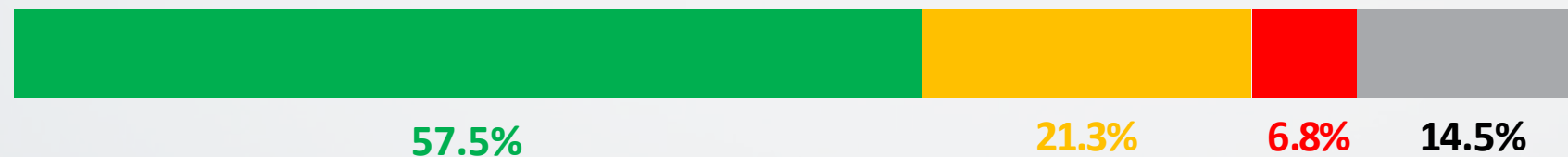
- Mosquito-borne Disease
- Heat Risk

AIR QUALITY

Distribution of Army Installations by Air Quality Status, 2020



Distribution of Army Population by Air Quality Status, 2020



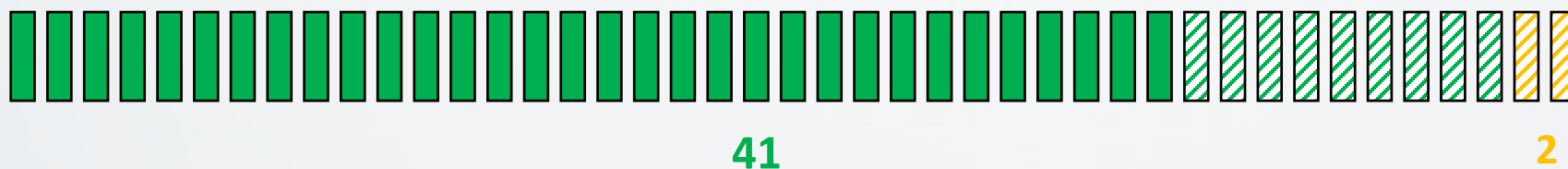
■ ≤5 days/year
 ■ 6–20 days/year
 ■ ≥21 days/year
 ■ No data

U.S.-based installation
 Installation outside the U.S.

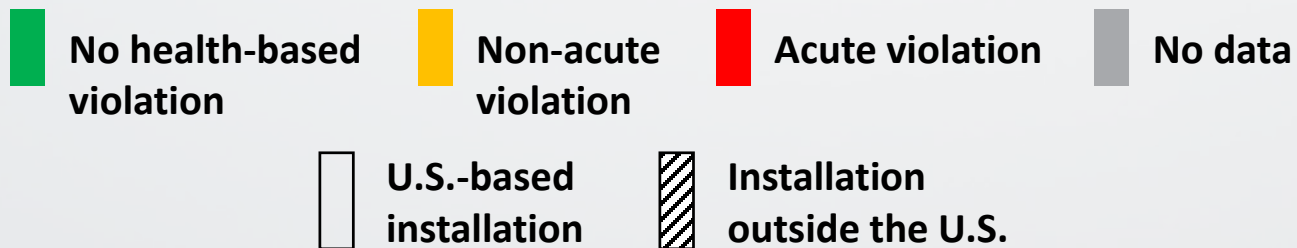
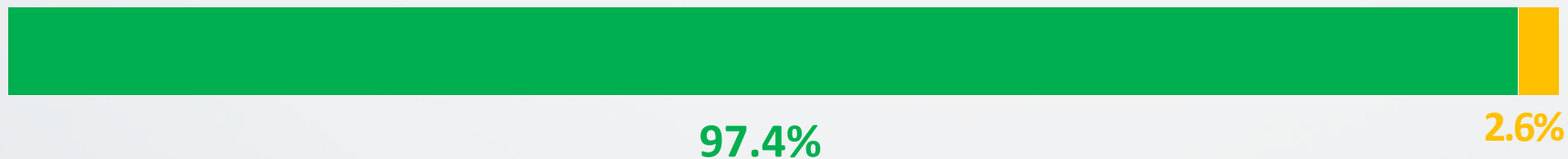
- Installations in South Korea and Italy have chronically poor air quality due to high levels of fine particulate matter.

DRINKING WATER QUALITY

Distribution of Army Installations by Drinking Water Status, FY20



Distribution of Army Population by Drinking Water Status, FY20



- In 2020, 97.4% of Soldiers had access to garrison drinking water with no health-based violations. This exceeded the Healthy People 2030 goal of 92.1%.

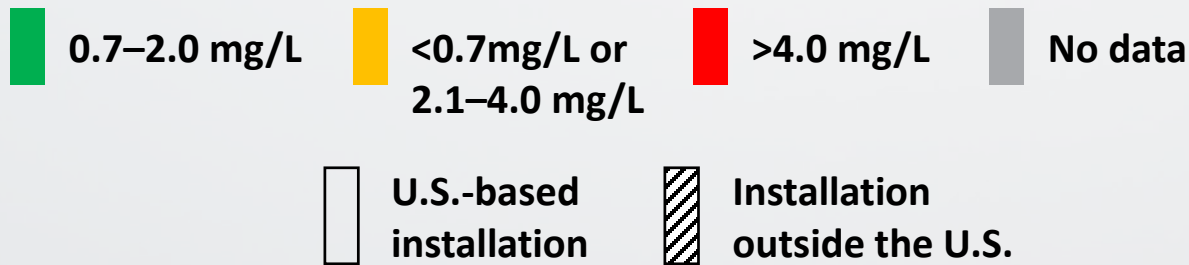


WATER FLUORIDATION

Distribution of Army Installations by Water Fluoridation Status, FY20



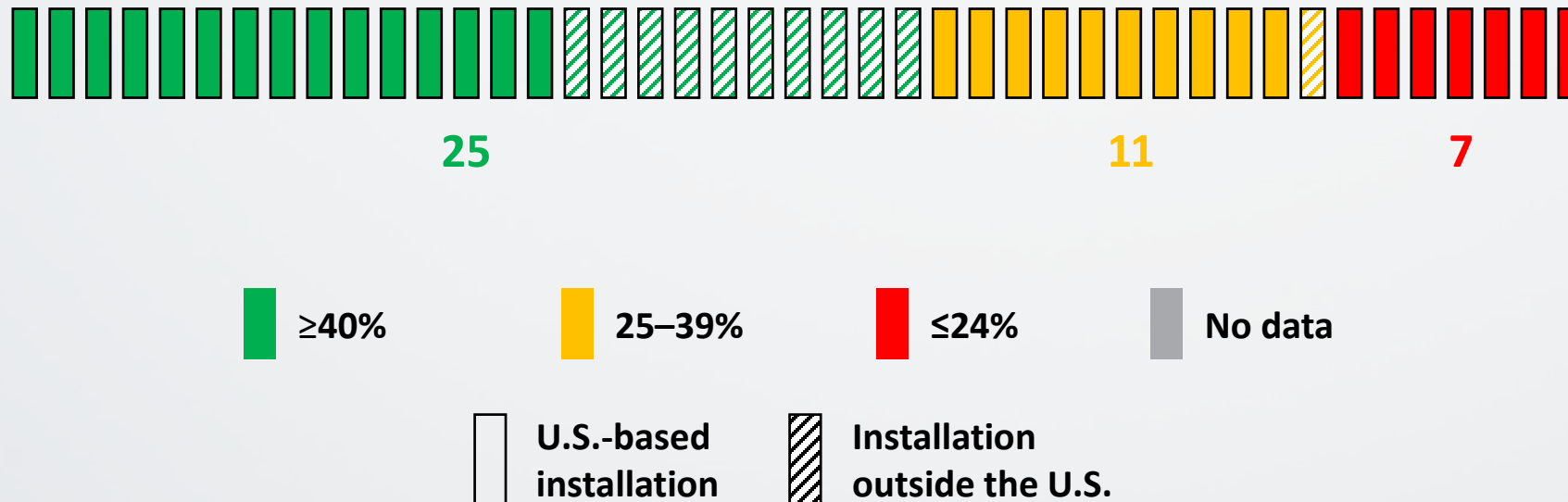
Distribution of Army Population by Water Fluoridation Status, FY20



- Only 48.5% of Soldiers had access to garrison drinking water that met CDC fluoridation goals. This fell short of the Healthy People 2030 goal of 77.1%.

SOLID WASTE DIVERSION

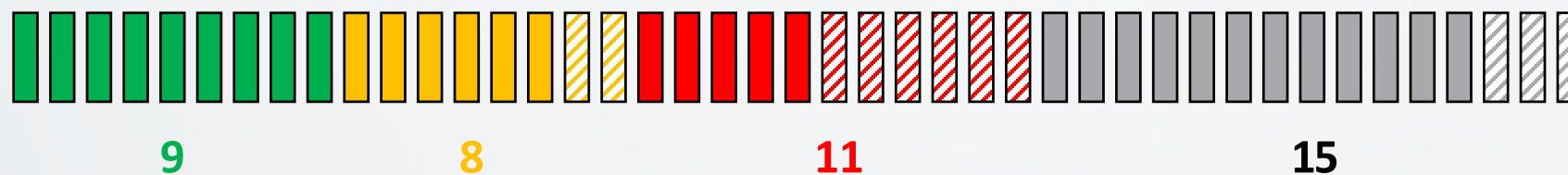
Distribution of Army Installations by Solid Waste Diversion Rate, FY20



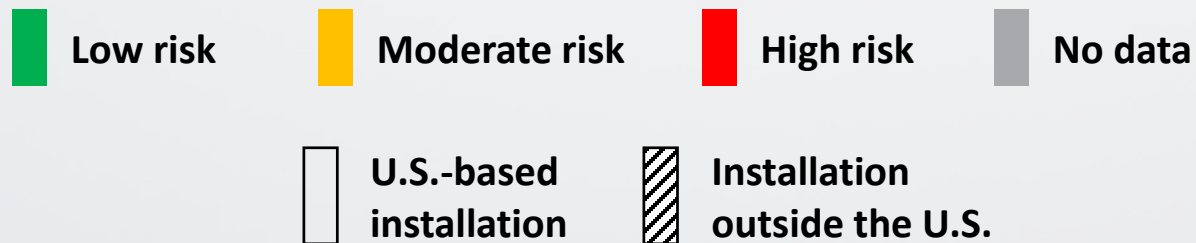
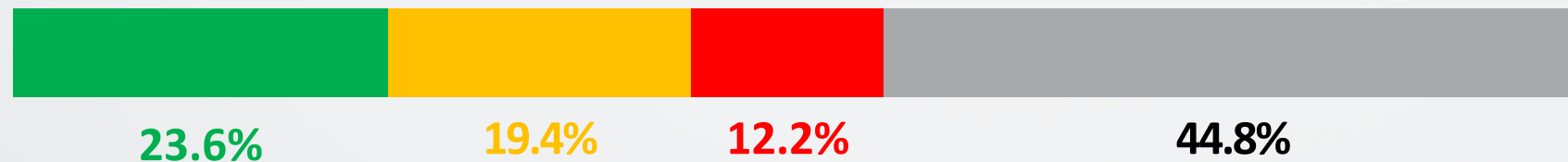
- In 2020, DOD lowered its solid waste diversion goal to 40%. Less than half of installations within the U.S. met the goal, but 91% of installations outside the U.S. met the goal.

TICK-BORNE DISEASE

Distribution of Army Installations by Lyme Disease Risk, 2020



Distribution of Army Population by Lyme Disease Risk, 2020



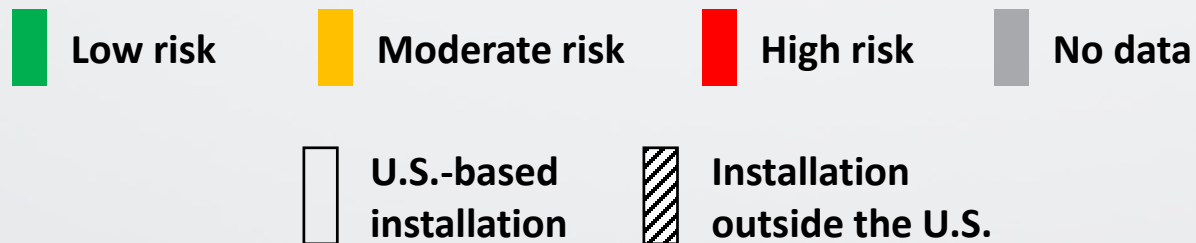
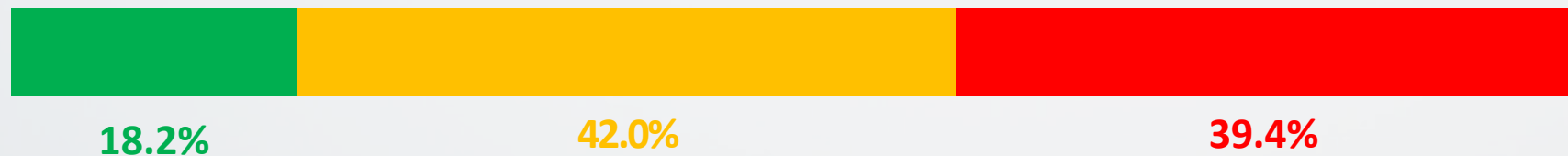
- The absence of MiLTICK and Army tick surveillance data in 2020 resulted in a failure to characterize nearly 45% of the AC Soldier population for risk of exposure to Lyme disease.

MOSQUITO-BORNE DISEASE

Distribution of Army Installations by Mosquito-borne Disease Risk, 2020



Distribution of Army Population by Mosquito-borne Disease Risk, 2020



- Although a majority of installations are at low or moderate risk, nearly 40% of Soldiers are at high risk for diseases transmitted by day-biting mosquitoes, concentrated mostly in the mid-Atlantic and southern U.S.



PERFORMANCE TRIAD

— Sleep

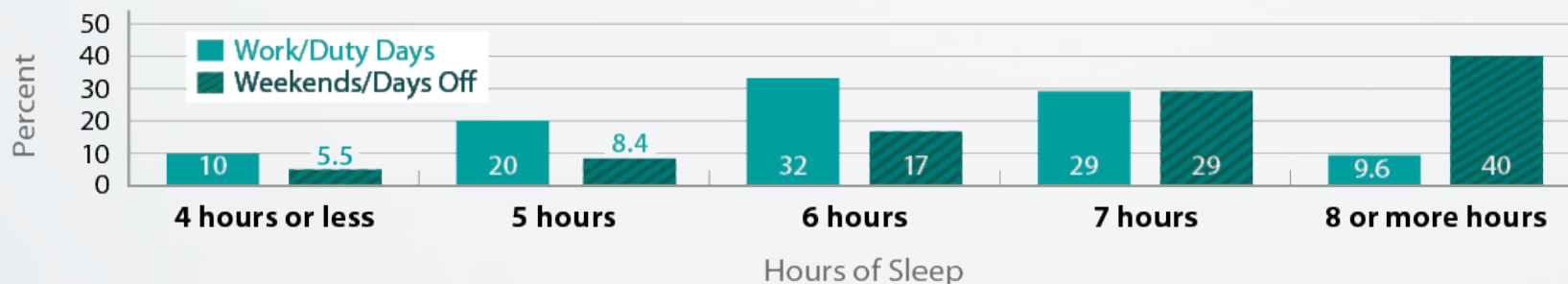
— Activity

— Nutrition

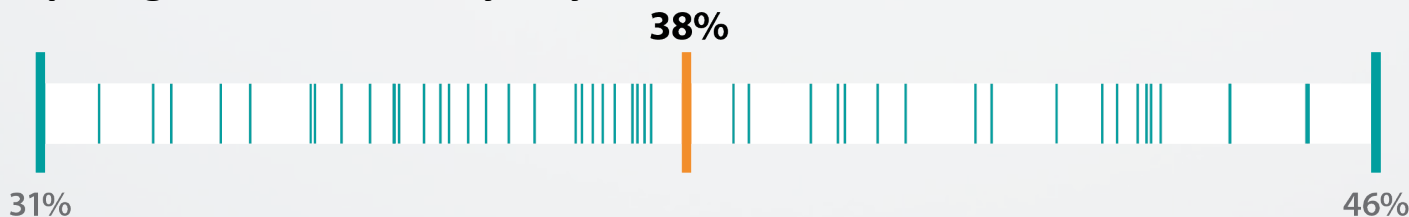


SLEEP

Percent of AC Soldiers Who Met Sleep Targets, 2020



Met 7 Hour Sleep Target on Work/Duty Days



Met 7 Hour Sleep Target on Weekends/Days Off

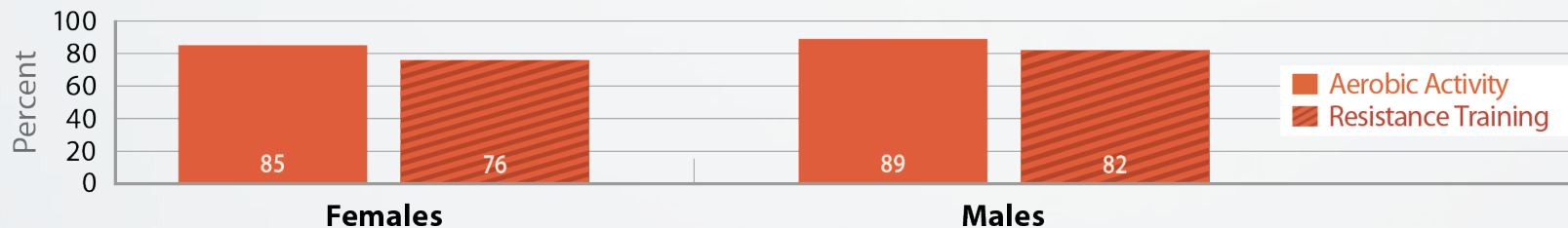


- Soldiers <25 years of age had the lowest proportion meeting the sleep target during work/duty day
- White (non-Hispanic or Latino) Soldiers had the highest proportion meeting sleep targets



ACTIVITY

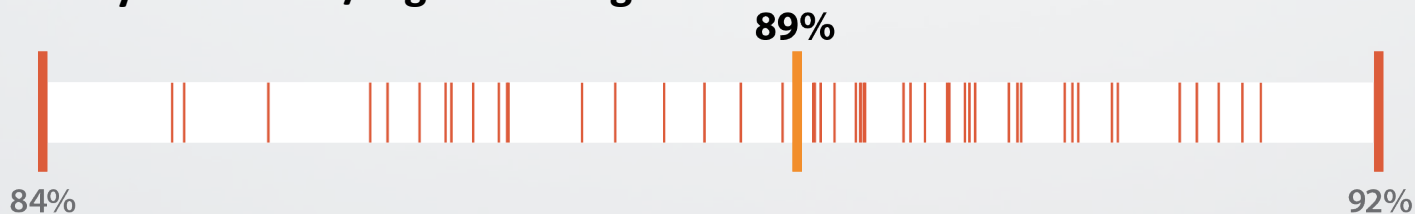
Percent of AC Soldiers Who Met Activity Targets, 2020



Met Resistance Training Target of 2 or More Days/Week



Met Aerobic Activity Moderate/Vigorous Targets

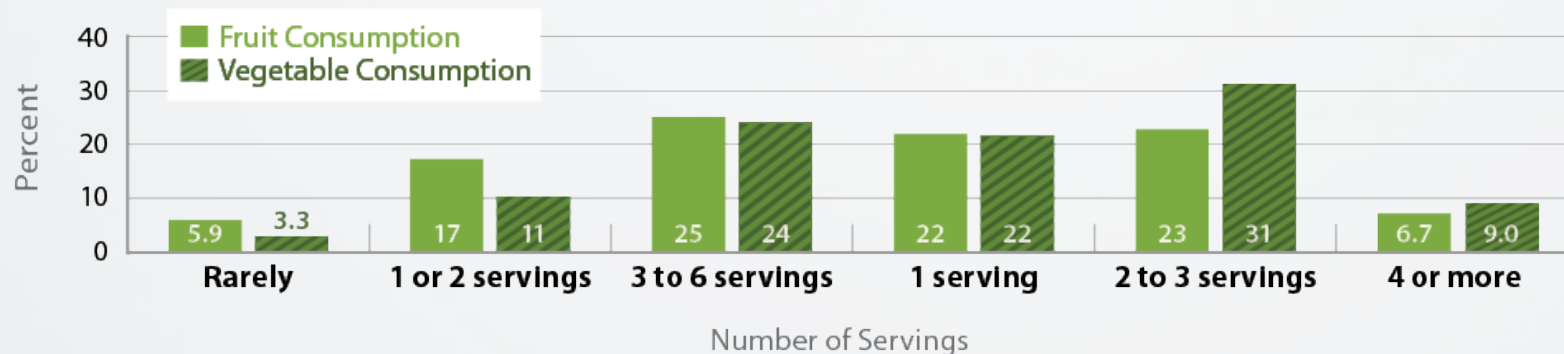


- A greater proportion of males, relative to females, met activity targets
- Soldiers >45 years of age had the lowest proportion meeting activity targets

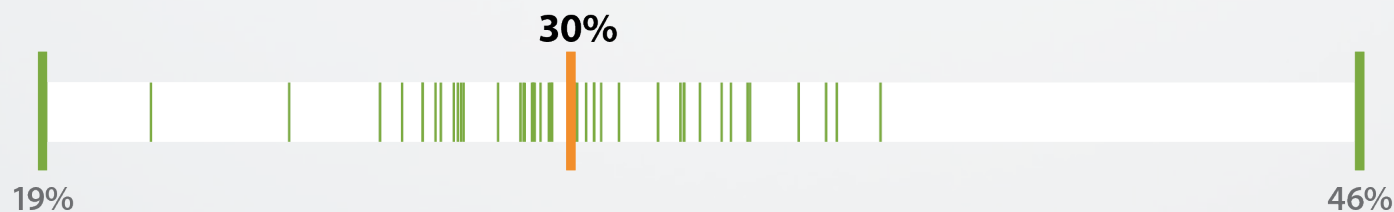


NUTRITION

Percent of AC Soldiers Who Met Nutrition Targets, 2020



Met Target of 2+ Servings of Fruits per Day



Met Target of 2+ Servings of Vegetables per Day



- Soldiers <25 years of age had the lowest proportion meeting nutrition targets
- White (non-Hispanic or Latino) Soldiers had the highest proportion meeting nutrition targets





2021 SPOTLIGHT VIGNETTES

- Health Disparities Among Racial and Ethnic Minority Soldiers
- Women's Health Considerations
- Health of the Army Family
- Military Working Dogs
- Identifying and Mitigating COVID-19 Outbreaks
- Real Time Disease Surveillance During a Pandemic
- Impact of COVID-19 on Behavioral Health
- Effects of COVID-19 on Soldier Physical Fitness
- Food Insecurity among Soldiers During Pandemic
- Pros and Cons of Telework
- Impact of COVID-19 during Influenza Season
- Military Health System Utilization During Pandemic
- Army Combat Fitness Test
- Behavioral Health EPICON Self-Assessment Tool
- Alcohol Use Disorder Comorbidity
- E-cigarette or Vaping Associated Lung Injury and Susceptibility to COVID-19
- Destigmatizing Sexually Transmitted Infections
- HPV Vaccinations
- Exercise Collapse Associated with Sickle Cell Trait
- Wildfire Smoke Effects on Air Quality
- Wastewater Surveillance of COVID-19
- Microplastics and Nanoplastics as Pollutants
- Oral Health of Soldiers
- Soldier Characteristics Associated with Obtaining Recommended Sleep





LOCAL ACTIONS

- Stories From the Field (Army Public Health Nurse and Army National Guard COVID-19 Support)
- COVID-19 Vaccine Support at Tripler Army Medical Center
- Army Wellness Centers Assist U.S. Army Band Members with Reduction of Musculoskeletal Injury
- Warrior Adventure Quest Program Impacts on Behavioral Health
- The Army Heat Center at Fort Benning



HOF ONLINE

- Browse 20 dashboards that explore *Health of the Force* medical, environmental, and Performance Triad data.
- Use demographic and rank data to enhance understanding of population health.
- Easily screenshot and share insights with your team.

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



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