



2017
HEALTH
OF THE ARNG
FORCE

Create a **healthier force** for tomorrow.



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Total Health, Total Readiness



Timothy J. Kadavy
Lieutenant General, US Army
Director, Army National Guard

Individual Soldier health readiness is the foundation for Army National Guard combat and state mission readiness. The ARNG's inaugural *Health of the Force* report focuses on the health of National Guard Soldiers, enhancing the U.S. Army Public Health Center's *Health of the Force* series. Previous editions only covered Army Active Component Soldiers.

This report consolidates numerous health and behavior indicators of our force so that National Guard leaders at all levels will be better informed to build and execute plans focused on health outcomes. Leaders must be focused on building readiness and eliminating factors that lead to reduced readiness in our formations. Army Physical Fitness Test failures, obesity, substance abuse, and line of duty conditions leading to permanent profiles or separation are some of the significant factors that directly impact the readiness of our Soldiers. Getting ahead of these negative health outcomes by emplacing healthy behaviors is the first step in improving medical readiness and enhancing the health and readiness of the ARNG.

As a vital component of the Total Army, the ARNG must be ready when called upon to defend our nation at home and abroad. As Citizen Soldiers, our members make up the greater communities in which we live and work. As leaders in our communities, we must possess the knowledge and resources to facilitate personal health readiness and create environments where the healthy choice is the easy choice. This report showcases how individual Soldier health readiness serves as the foundation for combat readiness.

I challenge each of you to review your state or territory's outcomes; measure them against your unit and others in order to develop plans to increase your unit's health. Remember: a healthy force is a ready force!

Citizen Soldiers at the Ready!

The 2017 U.S. Army National Guard Health of the Force Report

Welcome to the 2017 Health of the U.S. Army National Guard (ARNG) Force report, which presents health surveillance data from Fiscal Year 2016 (FY16). Similar to the Army AC *Health of the Force* (HOF) reports, this publication describes state, territory, and area population health metrics for ARNG Soldiers based on national leading health indicators and military-relevant measures of health readiness.

The citizen Soldiers of the ARNG face numerous health challenges, some of which are distinct from those of the Army AC population. Many ARNG Soldiers have more in common with the civilian populations of their states than with their AC counterparts.

Roles of ARNG Soldiers

The professional backbone of the ARNG force are the **Active Guard Reserve (AGR) Soldiers** who serve full-time according to Army Regulation (AR) 135-18, The Active Guard Reserve Program. AGR Soldiers serve in the same manner as AC Soldiers. Within the AGR, there are two types of Soldiers: Title 10 and Title 32. Title 10 AGR Soldiers serve in the Army National Guard of the United States, are managed by the National Guard Bureau, and are deployed worldwide. Title 32 AGR Soldiers, also referred to as Full Time National Guard Duty (FTNGD), serve in the National Guard of the 50 U.S. states, three territories, and the District of Columbia (referred to as states throughout this report). In addition to their full-time jobs as AGR Soldiers, they must also drill 2 days a month and attend Annual Training (AT) with the unit or organization they support. Like their AC comrades, AGR Soldiers are covered by TRICARE health insurance.

National Guard dual-status technicians (Military Technicians or Mil Techs) are civilians who work for the National Guard (as state employees) providing continuity and expertise in specialized military occupations as full-time members of the ARNG, thus their dual status. Though employed full-time by the state, they are only in an ARNG Soldier duty status 39 days per year (unless otherwise mobilized for a State/Federal mission). As full-time employees of their respective state, ARNG Mil Techs have access to state-sponsored health insurance plans.

The majority of Guard members (82%) are **Traditional Soldiers** who drill 2 days per month (typically over a weekend) and complete 2 weeks of AT. Traditional Soldiers are obligated to complete 39 total training days per year (i.e., 2 drill periods/month x 12 months + 15 days AT). Traditional Soldiers are, on average, younger than their AGR/Mil Tech colleagues and must manage the demands of civilian careers and educational pursuits while fulfilling their annual ARNG duties. While Traditional Soldiers enjoy educational benefits and compensation for their 39 annual training days, they do not have access to TRICARE or state-sponsored health insurance as part of their ARNG service.

The data sources that describe AC Soldiers' health and readiness status are generally not available for ARNG Soldiers. As individual medical data are not available for ARNG Soldiers, this report relies on self-reported information collected through the Periodic Health Assessment (PHA) or on data collected and maintained independently by the ARNG. Where data were available, ARNG Soldiers are described in this report in terms of their roles as AGR/Mil Techs or Traditional Soldiers. It may not be appropriate to make direct comparisons between the health status and outcomes reported here and those reported for AC Soldiers.

This *Health of the Force* edition describes ongoing efforts by the ARNG to improve the health and readiness of ARNG Soldiers at the enterprise and state levels. The data described in this report, coupled with the information from ongoing health promotion efforts, create a valuable tool for leaders at all levels to pinpoint challenges and identify possible solutions. It is hoped that the 2017 *Health of the ARNG Force* may facilitate informed decisions that ultimately improve the readiness, health and well-being of ARNG Soldiers, Civilians, and Families.

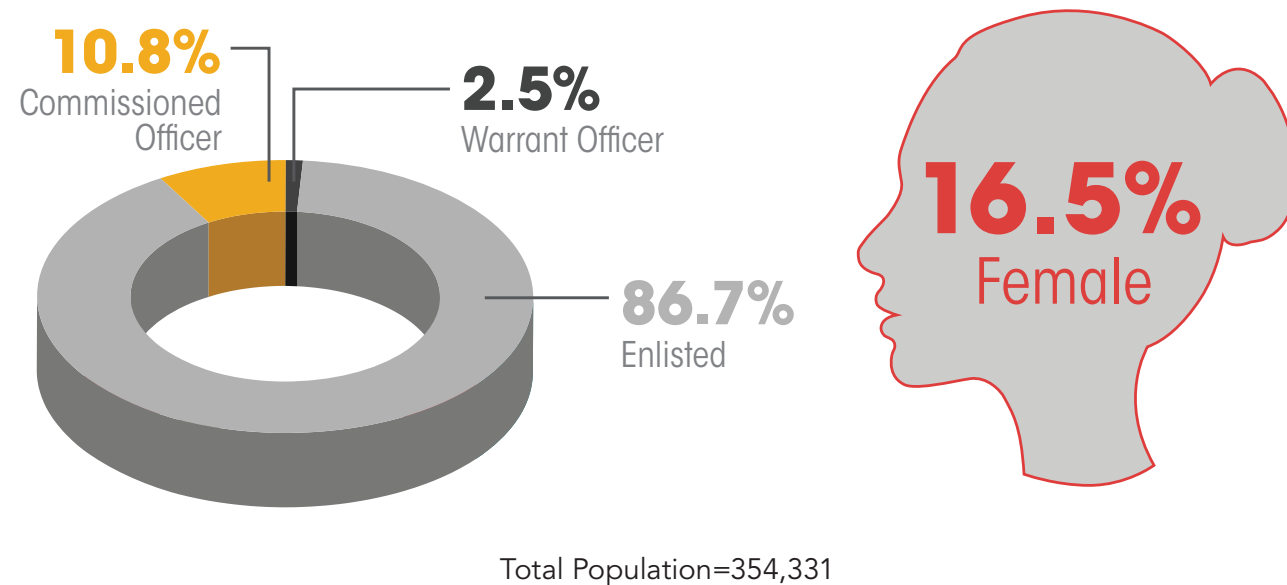
DEMOGRAPHICS

Demographics

In FY16, the ARNG population consisted of 83.5% men (45,023 officers; 251,871 enlisted) and 16.5% women (6,068 officers; 51,369 enlisted). The majority (86.7%) of ARNG Soldiers in FY16 were enlisted personnel, while 10.8% were Commissioned Officers and 2.5% were Warrant Officers. ARNG Traditional Soldiers were generally younger, with a mean age of 28.7 years, compared to AGR/Mil Tech Soldiers, with a mean age of 38.6 years. The different age distributions between these two populations are important to consider when evaluating health status and healthcare needs and services for the two groups. However, data were not generally available to differentiate the health status of these distinct groups. Although, as Soldiers age, they are more likely to develop chronic conditions and may have difficulty maintaining a healthy weight.

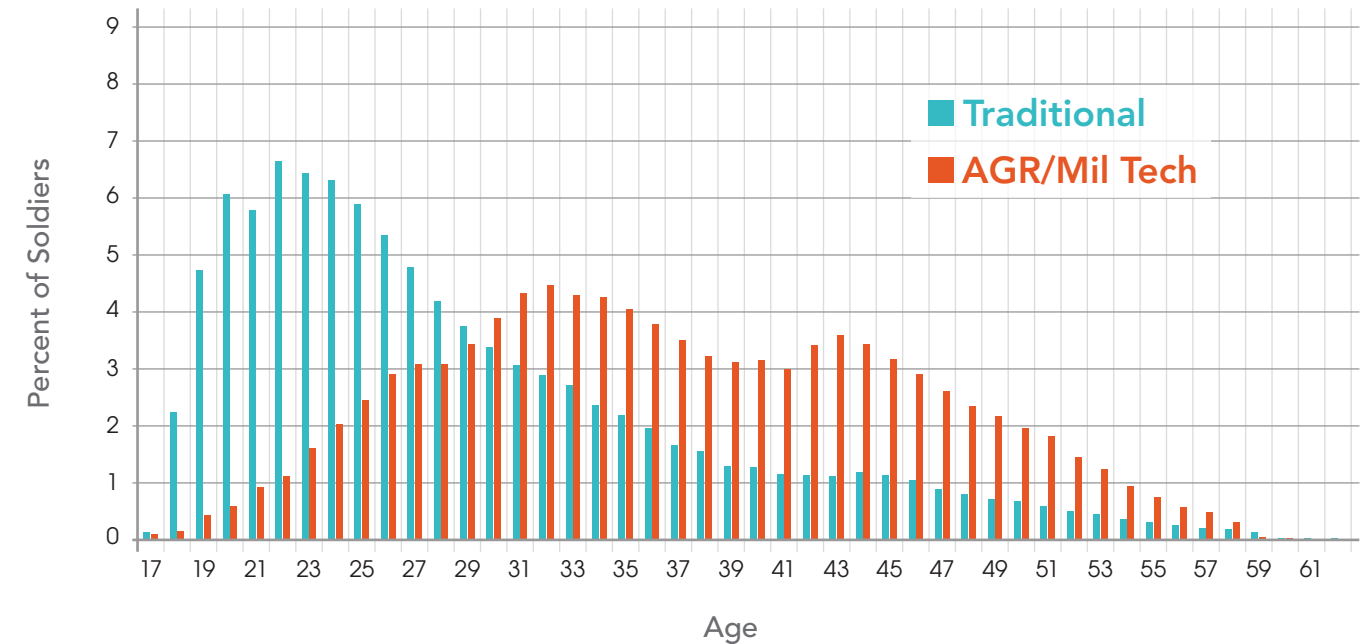
Traditional Soldiers comprised 82.7% of the ARNG population in FY16; AGR/Mil Tech Soldiers represented 17.3% of this population. AGR and Mil Tech populations are similar in that Soldiers in both groups are employed full-time year-round and can access continuous health insurance provided by the ARNG or State. Approximately 13.5% of ARNG Soldiers were unemployed. Traditional ARNG Soldiers who may not have stable employment may lack reliable access to health care.

ARNG Soldiers by Rank, 2016



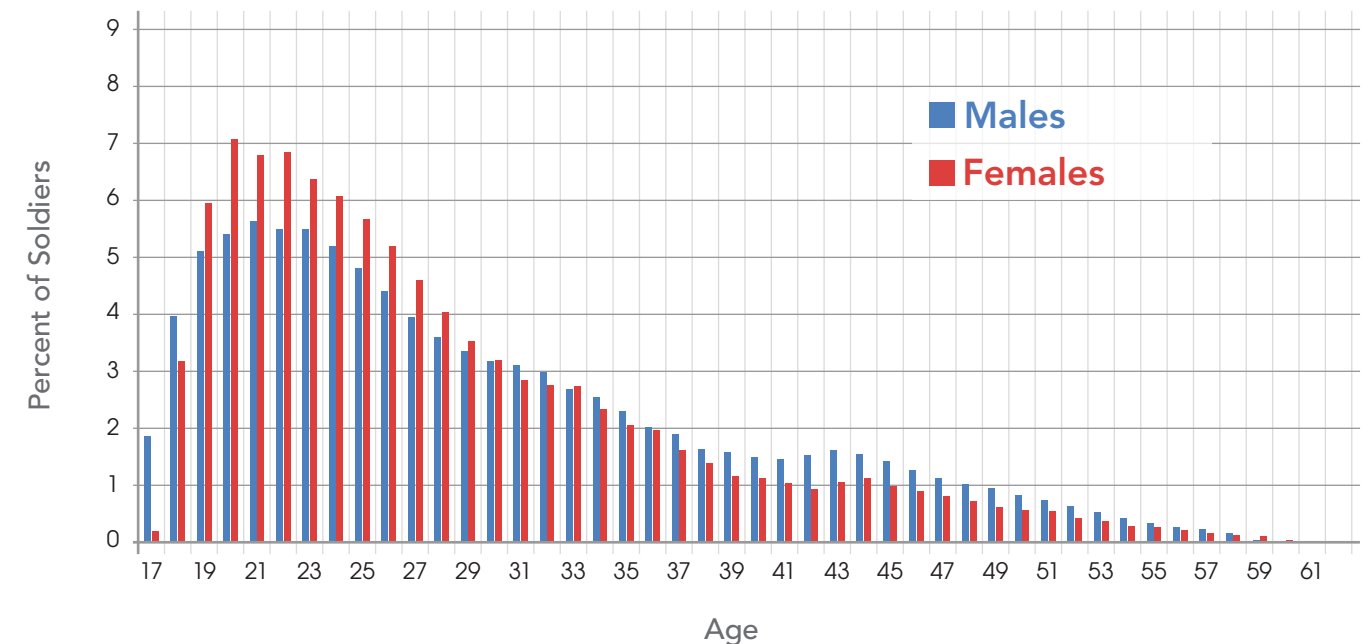
Age Distribution by Traditional vs. AGR/Mil Tech status, ARNG Soldiers, 2016

A high proportion of Traditional Soldiers are of age 29 years and younger. In comparison, the population of AGR/Mil Techs has a more even distribution across age groups.



Age Distribution by Sex, ARNG Soldiers, 2016

Male and female ARNG Soldiers have similar age distributions. However, the proportion of female soldiers who are between the ages of 19 and 29 is higher than the proportion of male Soldiers who fall into that age group.

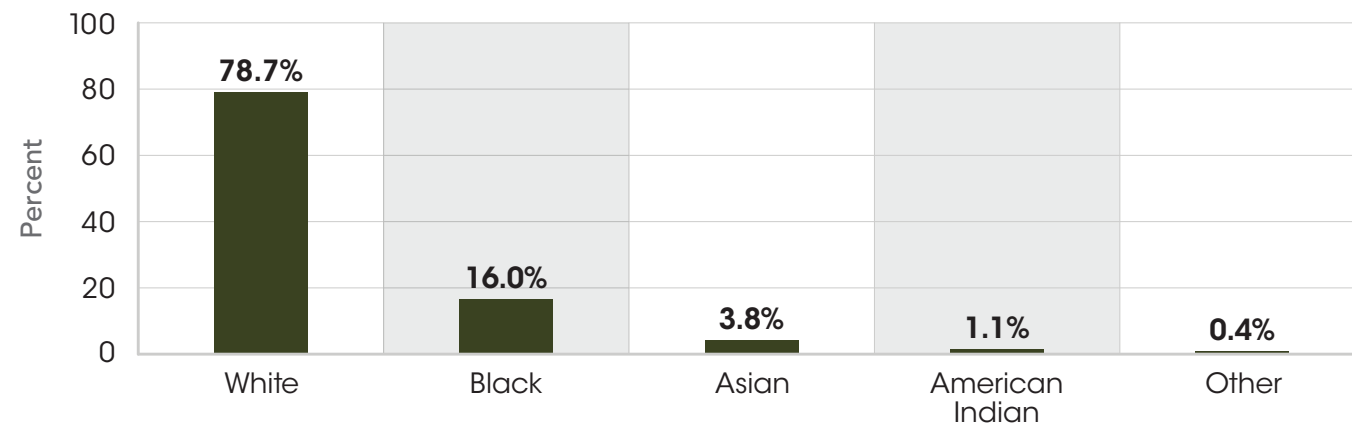


DEMOGRAPHICS (cont.)

Race/Ethnicity

A majority of the ARNG Soldiers are Caucasian followed by Black, Asian, American Indian and Other.

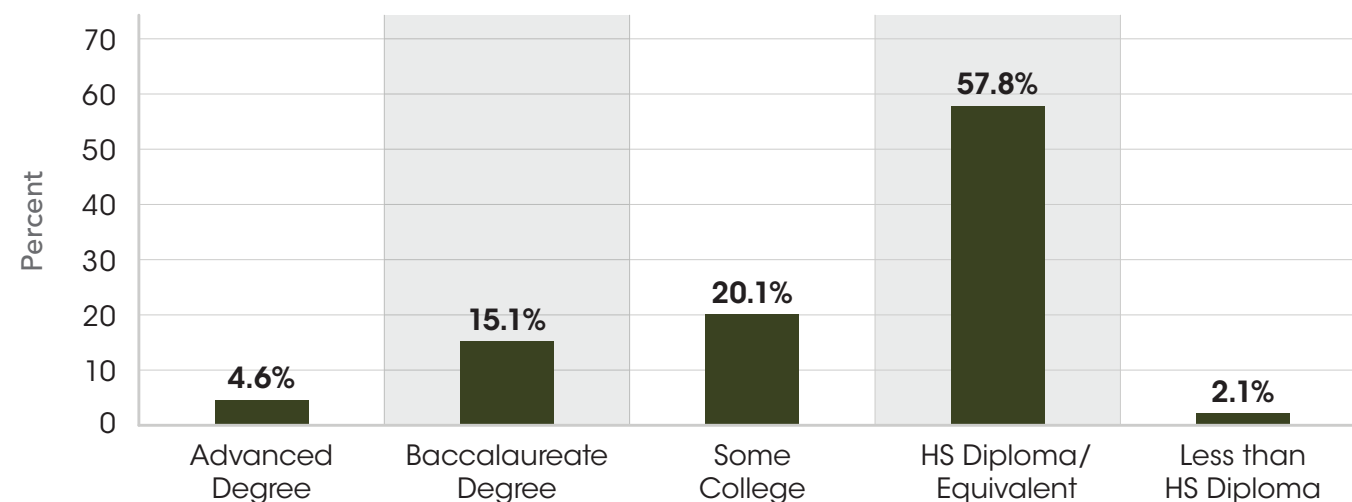
ARNG Soldiers by Race/Ethnicity, 2016



Education Level

Education level can serve as an important indicator of socioeconomic status, which can influence overall health. The ARNG offers education benefits and incentives to its Soldiers, who can use their education to further their professional development and better complete their ARNG missions. As reported in FY16, 57.8% of ARNG Soldiers had earned a high school diploma or equivalent as their highest level of education, while 39.8% had pursued post-secondary education.

Education Level of ARNG Soldiers, 2016



SUMMARY STATISTICS (FY16)

MEDICAL READINESS

Medical readiness within 72 hours was not achieved by 14% of ARNG Soldiers (Medical Readiness Classification (MRC) 3A, 3B, and 4).

DENTAL READINESS

Of ARNG Soldiers, 6% were not medically ready due to dental deficiencies (dental non-readiness).

OBESITY AND OVERWEIGHT

Of ARNG Soldiers, 25% were classified as obese and 45% were classified as overweight based on BMI. Of traditional ARNG Soldiers, 44% were overweight, and 23% were obese. Of AGR/Mil Tech Soldiers, 51% were overweight, and 30% were obese.

FLAGGED FOR WEIGHT

Of ARNG Soldiers, 5% were flagged for weight.

ARMY PHYSICAL FITNESS TEST (APFT) FAILURE

Of ARNG Soldiers, 13% failed the APFT.

HAZARDOUS ALCOHOL USE

Of ARNG Soldiers, 17% were classified as exhibiting hazardous levels of alcohol use.

TOBACCO USE

Of ARNG Soldiers, 15% smoked and 13% used smokeless tobacco.

BEHAVIORAL HEALTH

Of ARNG Soldiers, 3% were classified as exhibiting symptoms of depression and 4% were classified as exhibiting symptoms of Posttraumatic Stress Disorder (PTSD).

DRUG USE

Of ARNG Soldiers, 3% tested positive for illegal drug use.

PERFORMANCE TRIAD (P3)

SLEEP

ARNG Soldiers had an average sleep score of 73 out of 100.

ACTIVITY

ARNG Soldiers had an average activity score of 78 out of 100.

NUTRITION

ARNG Soldiers had an average nutrition score of 69 out of 100.

HEALTH INDEX SCORE

Health metrics included in this report were compiled into a Health Index Score summarizing and ranking the overall health of each State and Territory. Lower Health Index Scores indicate better overall health.

Health Index:

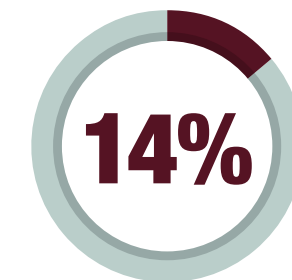
MEDICAL READINESS

- *Medical and Dental Readiness*

Medical and Dental Readiness

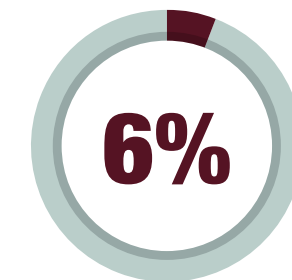
Medical readiness is a priority for both the AC U.S. Army and the ARNG. Soldiers with medical deficiencies that are not resolvable within 72 hours are the greatest cause for concern and are classified as MRC3. Soldiers whose medical readiness status is unknown are classified as MRC4. In FY16, 8.8% of ARNG Soldiers were classified as MRC3 and 5.3% of ARNG Soldiers were classified as MRC4, resulting in a combined total of 14.1% of ARNG Soldiers who were considered not medically ready within 72 hours. The proportion not medically ready varied by geographic location, ranging from 8.8% to 21.0% across the States and Territories.

Dental readiness is another important component of medical readiness. Soldiers with a dental readiness classification (DRC) of 3 (condition that requires urgent or emergent dental treatment) or 4 (dental exam not current) may have treatment or exam needs that can cause more significant delays to their deployment. In FY16, 3.3% of ARNG Soldiers were classified as DRC3, and 2.7% were classified as DRC4 for a combined DRC of 6%.



Overall, 14% of ARNG Soldiers were classified as not medically ready within 72 hours.

Rates ranged from 8.8% to 21.0% across states.



Overall, 6% of ARNG Soldiers were non-ready due to dental deficiencies.

Rates ranged from 2.7% to 14.0% across states.

States with the lowest medical non-readiness, ARNG Soldiers, 2016

1	NORTH DAKOTA	8.8%
2	UTAH	9.2%
3	HAWAII	9.7%
4	KENTUCKY	9.9%
5	WISCONSIN	10.1%

States with the lowest dental non-readiness, ARNG Soldiers, 2016

1	WISCONSIN	2.7%
2	UTAH	2.8%
3	OHIO	3.2%
4	WEST VIRGINIA	3.2%
5	NORTH DAKOTA	3.6%

Health Index:

HEALTH FACTORS

- *Obesity and Overweight*
- *Flagged for Weight*
- *APFT Failure*
- *Hazardous Alcohol Use*
- *Tobacco Use*



Obesity and Overweight

Obesity can have a serious and immediate impact on health and readiness of the Force through reduced physical functioning and performance, quality of life, and mental and physical well-being. In the long term, obesity can contribute to heart disease, type 2 diabetes, cancer, stroke, hypertension, and other serious medical conditions. Obesity has more than doubled since 1990 to include over one third of U.S. adults in 2016. Most ARNG Soldiers must balance their ARNG duties with careers and other full-time pursuits, creating unique challenges to maintaining health weight standards.

The CDC has established BMI ranges for normal (less than 25), overweight (at least 25 but less than 30), and obese (30 or above) derived from the general U.S. adult population to correlate with risk of chronic disease. The Army uses adjusted BMI cut points as described further in the flagged for weight section of this report. Twenty five percent of ARNG Soldiers were obese in FY16. Obesity rates were higher among men (27.0%) compared to women (13.5%). In FY16, 45.2% of ARNG Soldiers were overweight. Overweight was more common among male ARNG Soldiers, with 46.2% of male ARNG Soldiers were classified as overweight compared to 37.3% of female ARNG Soldiers. Of traditional ARNG Soldiers, 44% were overweight, and 23% were obese. Of AGR/Mil Tech Soldiers, 51% were overweight, and 30% were obese. However, after accounting for differences in age and sex breakdowns across these populations, rates of obesity were similar across all ARNG Soldiers regardless of their Traditional or AGR/Mil Tech designation.



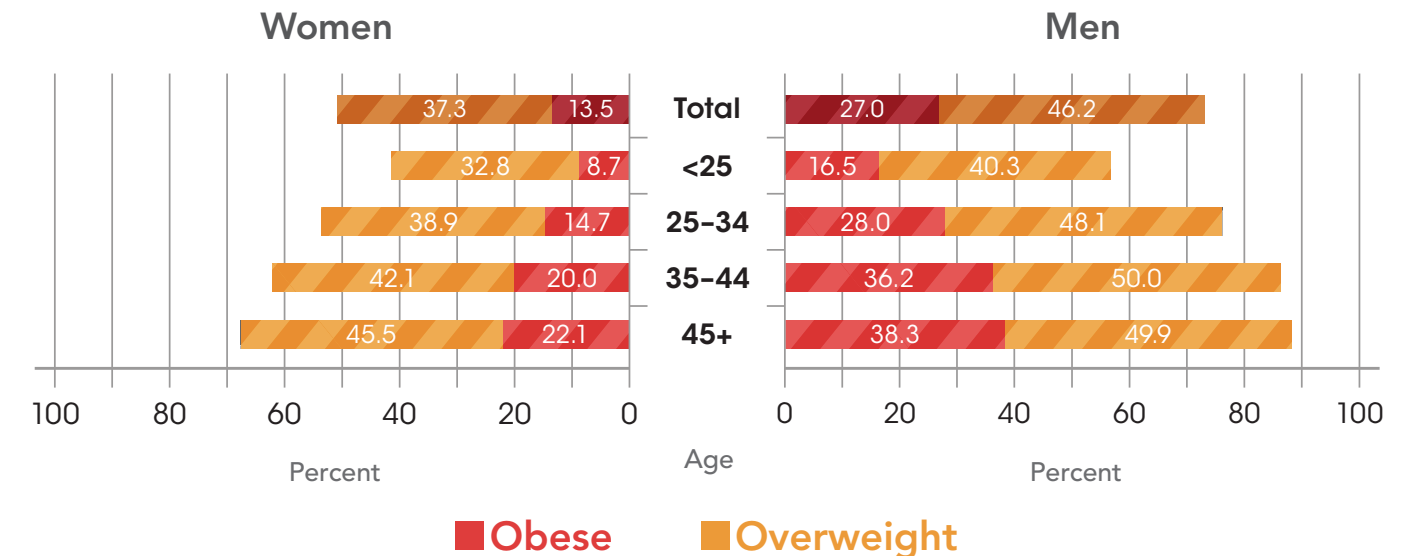
Overall, 25% of ARNG Soldiers were classified as obese.

Rates ranged from 15.1% to 33.4% across states.

STATES WITH THE LOWEST RATES OF OBESITY

1	MONTANA	15.1%	4	UTAH	16.7%
2	WISCONSIN	15.3%	5	NEBRASKA	17.9%
3	DISTRICT OF COLUMBIA	15.6%			

Percent Classified as Overweight or Obese by Sex and Age, ARNG Soldiers, 2016



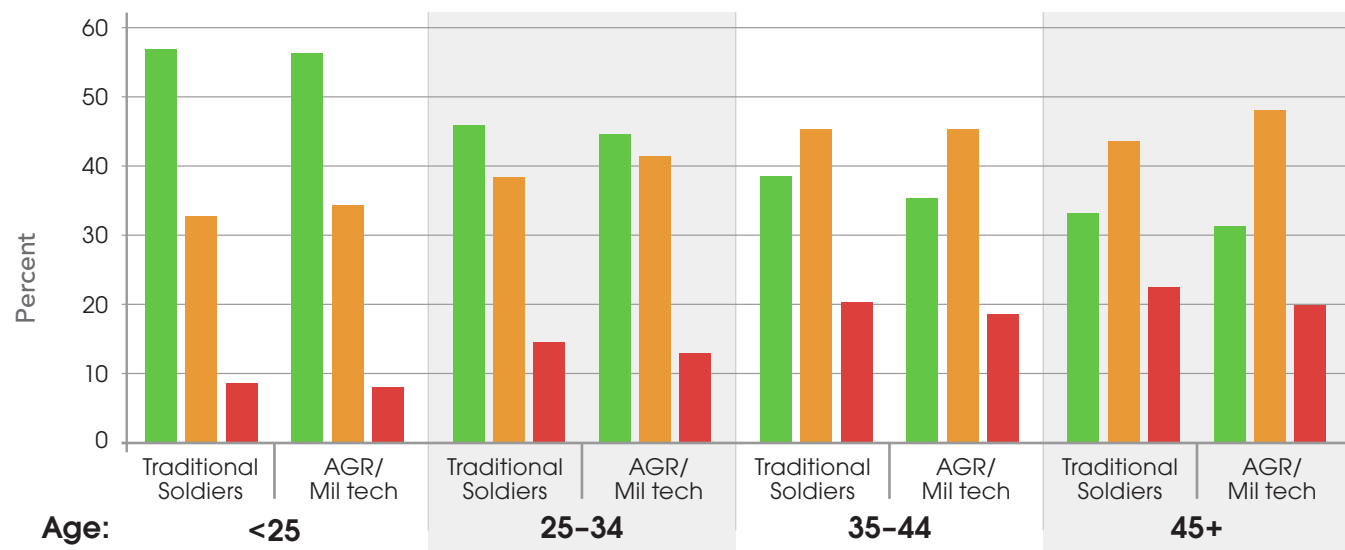
“While deployed, I changed my nutrition away from sugar and grains to more raw food from the salad bar and lean meats. At 5 feet 10 inches I started at 216 pounds with a 41-inch waist, about 33 percent body fat (which is non-compliant!). Twelve months later, I came home at 193 pounds, had a 36-inch waist, and 20 percent body fat. Six months later, tightening my nutrition discipline, I was down to 181 at 18 percent body fat and a 34-inch waist.”

—LTC Daniel Markert
California Army National Guard

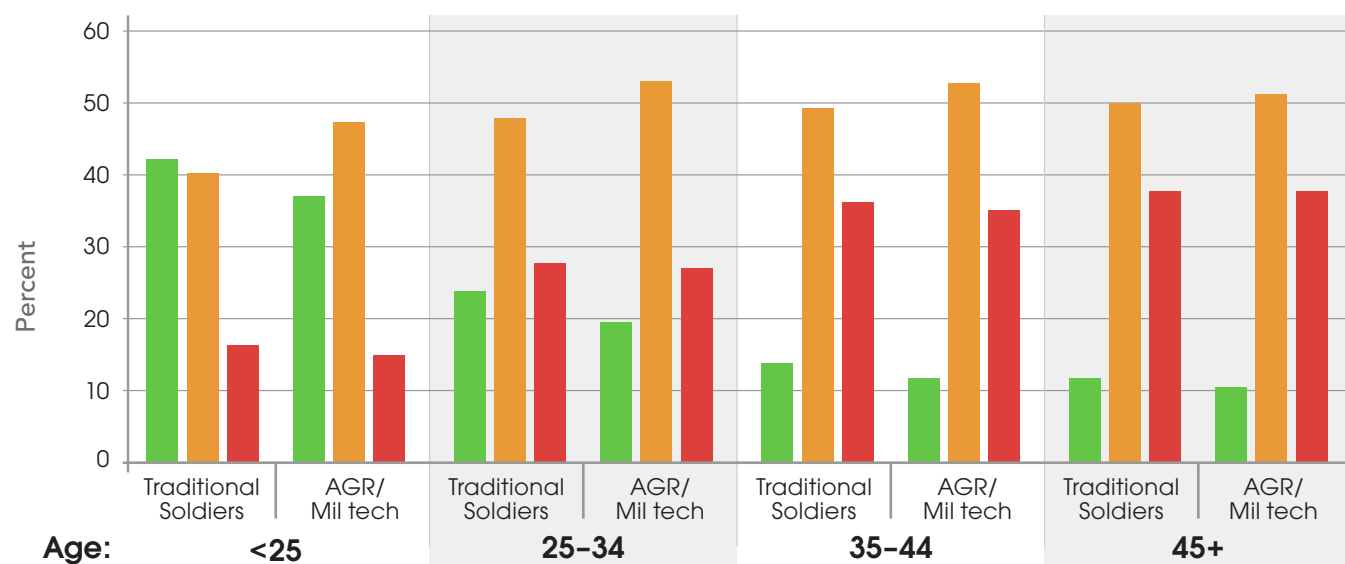
The proportion of soldiers who were normal weight, overweight, and obese did not vary substantially between Traditional Soldiers and AGR/Mil Techs. In both groups, likelihood of being overweight or obese increased with age.



Weight Status by Age, Female ARNG Soldiers (Traditional Soldiers vs. AGR/Mil Tech), 2016



Weight Status by Age, Male ARNG Soldiers (Traditional Soldiers vs. AGR/Mil Tech), 2016



SPOTLIGHT

GUARD YOUR HEALTH



www.GuardYourHealth.com

Guard Your Health supports the Army National Guard (ARNG) Chief Surgeon's efforts to build and sustain a resilient, adaptable, and medically ready Citizen-Soldier force. The campaign provides easily accessible tools and resources that promote comprehensive fitness and overall well-being for Soldiers and their families.

By visiting the campaign's website, www.guardyourhealth.com, Soldiers can access the information, tools, and support they need to overcome the unique challenges they face as Citizen-Soldiers, and make healthy decisions for themselves, their Families, and their units.



Guard Your Health is the most comprehensive, free resource available exclusively for ARNG Soldiers and their Families, providing access to:

- How-To Articles and Infographics
- Ask the Experts Feature
- Fitness-Focused Mobile App
- Workout Plans and Routines
- Easy-to-Use Toolkits
- Soldier Stories
- APFT Training Guides
- 24/7 State Crisis Contacts
- Custom Tools including Hydration and APFT Calculators
- Healthy Recipes

Check out a few featured resources to stay mission ready!



- FitText**
Text FIT to 703-997-6747 to receive PT tips and motivation to max your performance.
- #ClassRecipes**
Access healthy, simple, and budget-friendly recipes.
- Toolkits**
Inspire Soldiers to make positive health changes with easy-to-use toolkits.
- #WarriorReady Workouts**
Boost PT anytime, anywhere with a variety of 15-minute workout videos.
- Drill Deck**
Stay fit on-the-go with an equipment free workout generator accessible via mobile devices.

Guard Your Health is everywhere Soldiers are online:



Flagged for Weight

The Army Body Composition Program (ABCP), as directed by AR 600-9 and DoDI 1308.1, requires Soldiers to be physically fit and maintain a healthy, military appearance. Maximum thresholds for body fat are 26 percent in males and 36 percent in females (as shown in the Body Mass Index Thresholds Table in Appendix I of the methods section). To verify compliance, bi-annual height and weight measurements are taken (typically during the APFT) to calculate BMI; if necessary, circumferential measurements (known as the “tape test”) are also taken. A Soldier whose relative body fat percentage exceeds the maximum allowable standard is “flagged” and is enrolled in the ABCP on the day he or she is notified of the failure. The ABCP includes exercise guidance, nutrition counseling, and behavioral modification strategies. Participating Soldiers are weighed on a monthly basis with a goal of losing 3–8 pounds or 1% body fat per month until the standards are met.

It is noteworthy that 26.2% of Soldiers were classified as obese (BMI ≥ 30), while only 4.6% of Soldiers were flagged for exceeding their maximum allowable weight (as shown in the AR 600-9 height and weight tables, modified for illustration purposes, and provided in Appendix I). According to AR 600-9, the Soldiers classified as obese would have exceeded their maximal allowable weight and should have been flagged for a body composition measurement. For example, the BMI threshold for men over 40 years old is 27.5. Therefore, any Soldier over 40 years old with a BMI greater than 27.5 would exceed his or her maximum allowable weight and should be flagged for a body composition measurement.



Overall, 5% of ARNG Soldiers were flagged for weight.

Rates ranged from 2.1% to 7.0% across states.

Prescribed literature for weight management includes USAPHC TG 358, *Body Composition Management Guide*, which can be found at:

http://www.armyg1.army.mil/hr/bodyComposition/docs/USAPHC_TG_358_Army_Weight_Management_Guide.pdf

STATES WITH THE LOWEST PROPORTION OF SOLDIERS FLAGGED FOR WEIGHT

1	UTAH	2.1%
2	VIRGINIA	2.4%
3	PUERTO RICO	2.6%
4	GEORGIA	2.7%
5	SOUTH DAKOTA	2.8%

SPOTLIGHT

KANSAS KEEPS SOLDIERS READY TO FIGHT

Meeting the Army’s height and weight standards can be a challenge for some ARNG Soldiers. In order to help Soldiers remain fit to fight, the Kansas National Guard implemented a fitness program called the Tactical Strength and Conditioning Program (TSAC-P). The program’s intent is to give Soldiers the tools and resources necessary to make long-term lifestyle changes. The TSAC-P aligns with the National Strength and Conditioning Association’s program specifically designed for military, law enforcement and first responders.

The TSAC-P targets Soldiers who are within 365 days of their Expiration of Term of Service (ETS), but who are ineligible for re-enlistment because of APFT failure or failure to meet height and weight standards. Soldiers who are overdue on Noncommissioned Officer Education System requirements receive priority to attend. Soldier participation in TSAC-P is voluntary; in most cases, attendance is in lieu of AT.

The program comprises 2 weeks followed by a 60-day follow-up in the form of an Inactive Duty Training weekend that includes height and weight screening and an APFT. TSAC-P staff consists of a combination of Active Duty Operational Support and Active Guard Reserve personnel with a range of individual and team-based coaching experience. All staff are current members of the Kansas ARNG.

The 2-week program focuses on physical, nutrition and mental training and includes—

- Physical readiness training,
- Strength training,
- Healthy eating habits,
- Nutrition education,
- Accountability, and
- Team building.

Although data regarding the effectiveness of the TSAC-P are still being collected, some short-term successes have been identified:

- Increased percentage of Soldiers passing APFT.
- Decreased percentage of Soldiers remaining on the Weight-Control Program.
- Enlistment extensions.

At the conclusion of two TSAC-P sessions held in January and July 2016, 58 participants lost a total of 450 pounds (average of 8 pounds per Soldier). Of these 58 Soldiers, 17% met Army height/weight standards at the beginning of the program, and 55% met the standards at its conclusion.

The TSAC-P is funded through Special Projects dollars. Currently, 20 States and Territories conduct fitness programs. Soldiers interested in participating in TSAC-P or a similar fitness program or camp in their State or Territory should contact their chain of command.

States and Territories with 2-week Fitness Programs/Camps

Alaska	Montana
Arkansas	Nebraska
District of Columbia	North Dakota
Florida	Oregon
Georgia	Pennsylvania
Idaho	South Carolina
Indiana	South Dakota
Kansas	Vermont
Maryland	West Virginia
Michigan	Wisconsin

APFT Failure

Physical fitness is an essential component of military service and ensures Soldiers are able to perform physically demanding tasks in both garrison and deployment conditions. The APFT is a test of muscular endurance and cardiorespiratory fitness that comprises push-ups, sit-ups, and a 2-mile run. The test is age- and sex-adjusted on a 100-point scale, with 60 points as the minimum standard for each event. Overall, 12.5% of ARNG Soldiers failed the APFT in FY16.

Among the 54 ARNG States and Territories, APFT failures ranged from 4.5% to 20.6% in FY16. Factors related to APFT failure might include, but are not limited to, increased body fat and failure to exercise.



Overall, 13% of ARNG Soldiers failed their Army Physical Fitness Test.

Rates ranged from 4.5% to 20.6% across states.

STATES WITH THE LOWEST APFT FAILURE RATES

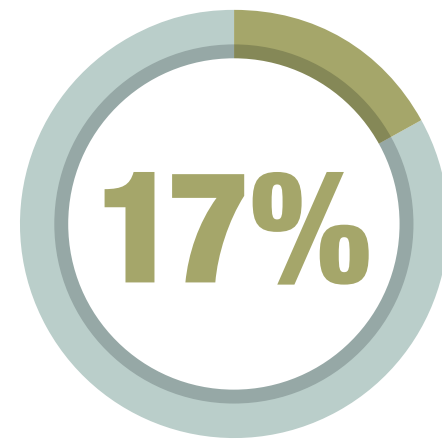
1	UTAH	4.5%	4	COLORADO	6.9%
2	GUAM	6.6%	5	NEW HAMPSHIRE	7.4%
3	SOUTH DAKOTA	6.9%			



Hazardous Alcohol Use

Hazardous alcohol use can be a warning sign for adverse alcohol-related outcomes such as driving under the influence (DUI) or the development of alcohol use disorders. The misuse of alcohol detracts from individual health and unit readiness, and negatively impacts the lives of ARNG Families and the community at large. The accidental or intentional overdose of alcohol is a major cause of illness and death in the United States.

Alcohol use habits were measured using the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C), a standardized self-report survey that is a portion of the Periodic Health Assessment (PHA) questionnaire. The AUDIT-C survey asks Soldiers about the frequency and quantity of their alcohol consumption in order to assess the likelihood that a Soldier's drinking is affecting his or her safety. AUDIT-C is a screening tool that may indicate hazardous alcohol use, which is distinct from an alcohol dependency disorder diagnosis. Soldiers who screen positive on the AUDIT-C may be referred for alcohol education or similar interventions in order to reduce the risk that the Soldier will experience a severe adverse outcome such as a DUI. Among ARNG Soldiers in FY16, reported levels of alcohol use classified as hazardous were higher among males (16.8%) than females (15.6%), and were highest among Soldiers under 35 years of age. Across the states, reported hazardous alcohol use ranged from 8.6% to 31.3%. Rates of hazardous alcohol use were similar across all ARNG Soldiers regardless of their Traditional Soldier or AGR/Mil Tech designation.



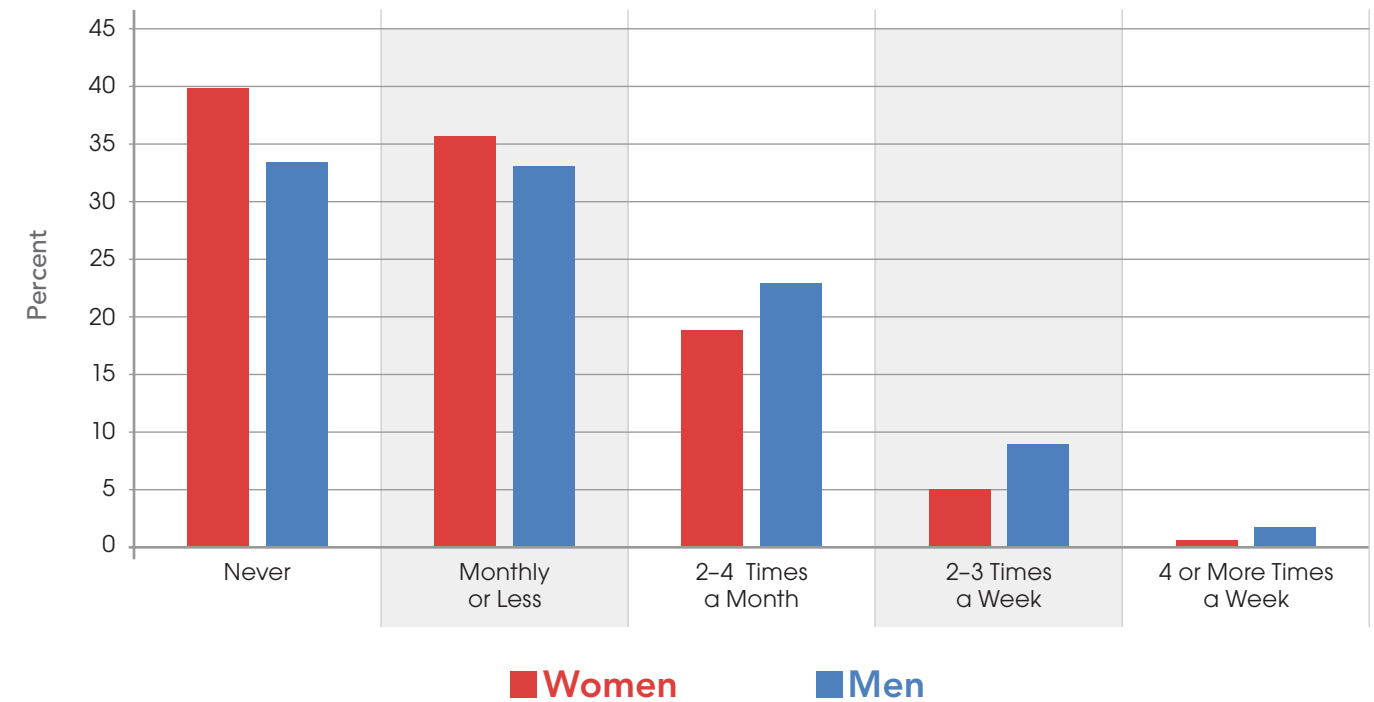
Overall, 17% of ARNG Soldiers were classified as exhibiting hazardous levels of alcohol use.

Rates ranged from 8.6% to 31.3% across states.

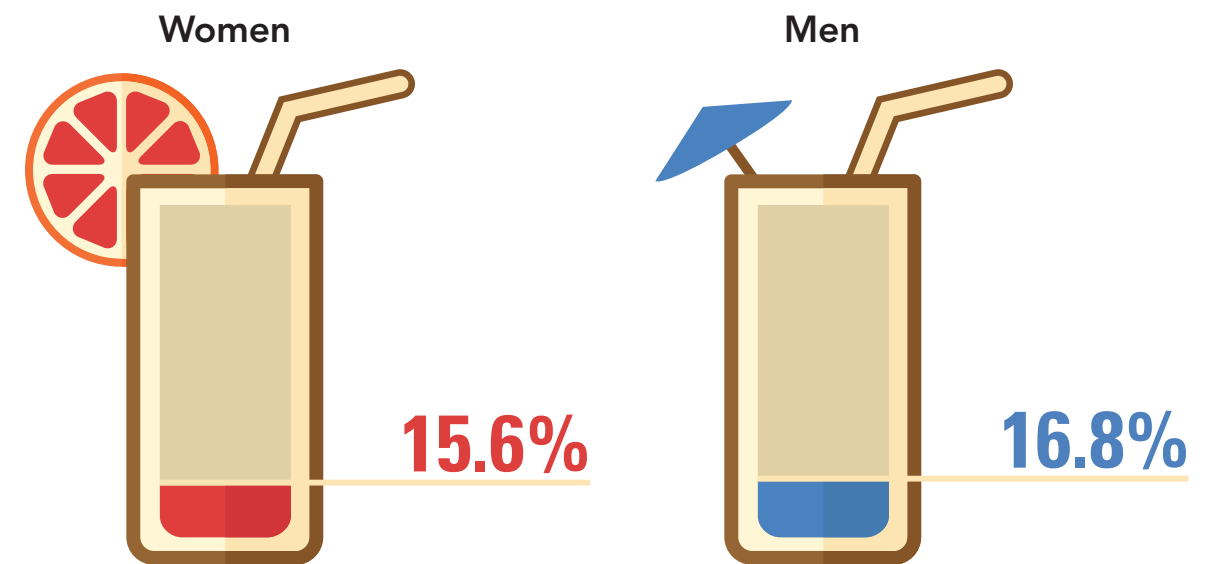
STATES WITH THE LOWEST RATES OF HAZARDOUS ALCOHOL USE

1	U.S. VIRGIN ISLANDS	8.6%	4	NEW JERSEY	11.5%
2	UTAH	11.0%	5	PUERTO RICO	12.0%
3	MISSISSIPPI	11.4%			

Frequency of Alcohol Consumption by Sex, ARNG Soldiers, 2016



Percent Classified as exhibiting Hazardous Levels of Alcohol Use, by Sex, ARNG Soldiers, 2016*



* Frequent alcohol consumption, drinking several alcoholic drinks on a typical day, and/or frequent binge drinking (drinking more than six drinks in one sitting) can lead to an AUDIT-C score indicative of hazardous alcohol use.

Tobacco Use

Tobacco use can greatly diminish health and contributes to respiratory disease, heart disease, stroke, cancer, and premature death. Previous investigations have also demonstrated an increased risk of injury in smokers compared to non-smokers. The relationship between tobacco use and injury may be due to an individual's compromised ability to repair damaged tissues.

Tobacco use data were collected from self-reported responses on the PHA questionnaire. Overall, 15.1% of ARNG Soldiers reported smoking, and 12.5% reported using dip or chewing tobacco. Smoking rates ranged from 2.5% to 25.7% across States and Territories. Rates of using dip or chewing tobacco ranged from 0.3% to 22.7% across States and Territories and were much higher among men than among women. Rates of tobacco use were similar across all ARNG Soldiers regardless of their Traditional Soldier or AGR/MIL designation.



Overall, 15% of ARNG Soldiers reported smoking tobacco.

Rates ranged from 2.5% to 25.9% across states.



Overall, 13% of ARNG Soldiers reported using smokeless tobacco.

Rates ranged from 0.3% to 22.7% across states.

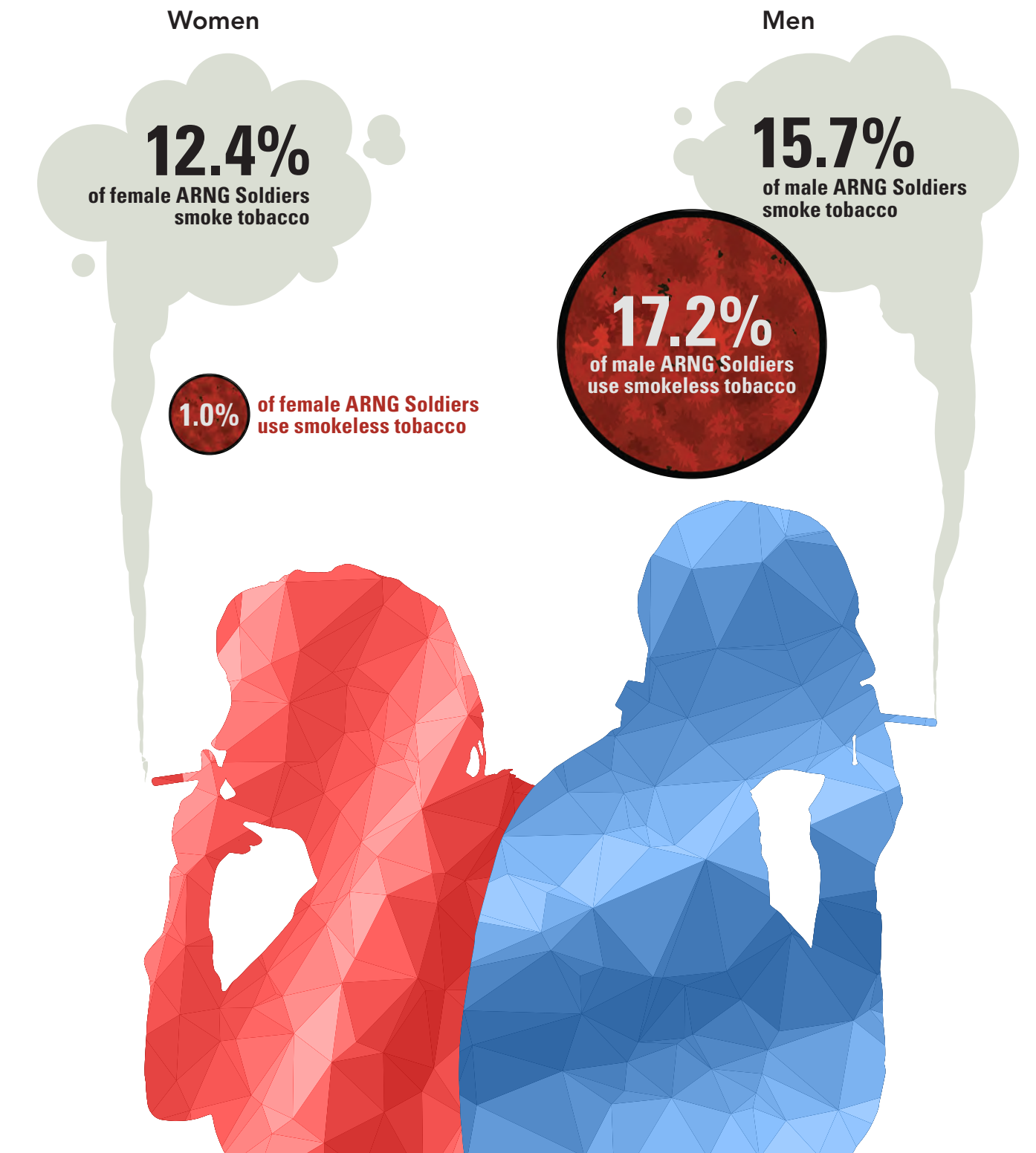
States with the lowest rates of smoking tobacco use

1	VIRGINIA	2.5%
2	UTAH	7.2%
3	DISTRICT OF COLUMBIA	9.8%
4	PUERTO RICO	10.1%
5	FLORIDA	10.6%

States with the lowest rates of smokeless tobacco use

1	VIRGINIA	0.3%
2	PUERTO RICO	0.3%
3	DISTRICT OF COLUMBIA	2.1%
4	NEW JERSEY	5.0%
5	DELAWARE	5.4%

Percent Using Tobacco Products by Sex, ARNG Soldiers, 2016



Health Index:

HEALTH OUTCOMES

- *Behavioral Health*
- *Drug Testing*

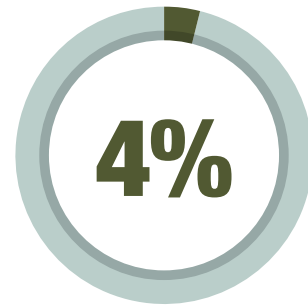


Behavioral Health

The stressors of military life can have a profound impact on the psychological well-being of ARNG Soldiers and Families. Behavioral health disorders such as PTSD, depression, and substance use are risk factors for a number of negative outcomes for ARNG Soldiers. These negative outcomes may affect medical readiness, result in early discharge, and can be associated with suicidal behavior.

The FY16 PTSD Checklist-Civilian Version (PCL-C) results indicated that 4.1% of ARNG Soldiers reported symptoms that could be consistent with a diagnosis of PTSD. A matrix on the provider review portion of the PHA was used to interpret PTSD scores (PCL-C), which can range from 17 to 85. The PCL-C scores are categorized as sub-threshold or no symptoms (<30), mild symptoms (30–39), moderate symptoms (40–49) and severe symptoms (≥50).

Based on the Patient Health Questionnaire (PHQ-8) scores, 2.6% of ARNG Soldiers reported symptoms that could be consistent with a diagnosis of clinical depression. The PHQ-8 is a standardized self-report survey that is a portion of the PHA questionnaire. A depression intervention matrix on the provider review portion of the PHA was used to interpret PHQ-8 depression scores, which can range from 1 to 24. The scores are categorized as no depression (<5), sub-threshold symptoms (5–9) mild depression (10–14), moderate depression (15–18), or severe depression (19–24). In accordance with provider guidelines, Soldiers classified as having PTSD or mild, moderate, or severe depression are offered behavioral education and, at the provider’s discretion, may be referred to specialized care for further evaluation.



Overall, 4% of ARNG Soldiers were classified as exhibiting symptoms of PTSD.

Rates ranged from 0.9% to 9.3% across states.



Overall, 3% of ARNG Soldiers were classified as exhibiting symptoms of depression.

Rates ranged from 0.3% to 6.4% across states.

BEST RANKING STATES

The top five states are not reported for behavioral health disorders because higher percentages of Soldiers with established diagnoses may, in fact, reflect lower levels of stigma and greater access to care. Identifying concerns early and encouraging Soldiers to seek treatment is a primary goal of Army Medicine and leads to better clinical outcomes. Soldiers with behavioral health conditions who do not receive timely treatment are at risk for negative outcomes and decreased readiness.

Treatment options for PTSD include counseling, group or family therapy, medication, and alternative medicine. The goal of treatment is to reduce the symptoms of PTSD and help Soldiers find the best ways to cope. If PTSD symptoms are left untreated, it can lead to other concerns like depression, relationship problems, or substance misuse. Encourage your fellow Soldier to reach out for help now for a positive outcome.

“How to Spot Signs of PTSD in Your Buddy”

Guard Your Health website

SPOTLIGHT

SUICIDE PREVENTION: A TOP PRIORITY

The ARNG faces unique challenges in preventing suicides. These challenges include a geographically dispersed work force and limited Soldier face-to-face time with leadership. Leaders may only see their Soldiers one weekend a month and may be unaware that a Soldier needs help.

Who's Most at Risk?

- ARNG Soldiers most at risk for suicide are:
 - Enlisted (E1–E4)
 - Single
 - 18–24 years-old
 - Caucasian
 - Male
- There is no proven correlation between deployments and ARNG Soldier suicides.
- 53% of ARNG Soldiers who commit suicide have never deployed.

Key suicide risk factors for ARNG Soldiers:

Personal relationship problems

◆◆◆

Financial / unemployment / underemployment issue

◆◆◆

Substance abuse problems and/or behavioral health concerns

National and Local Suicide Prevention Resources

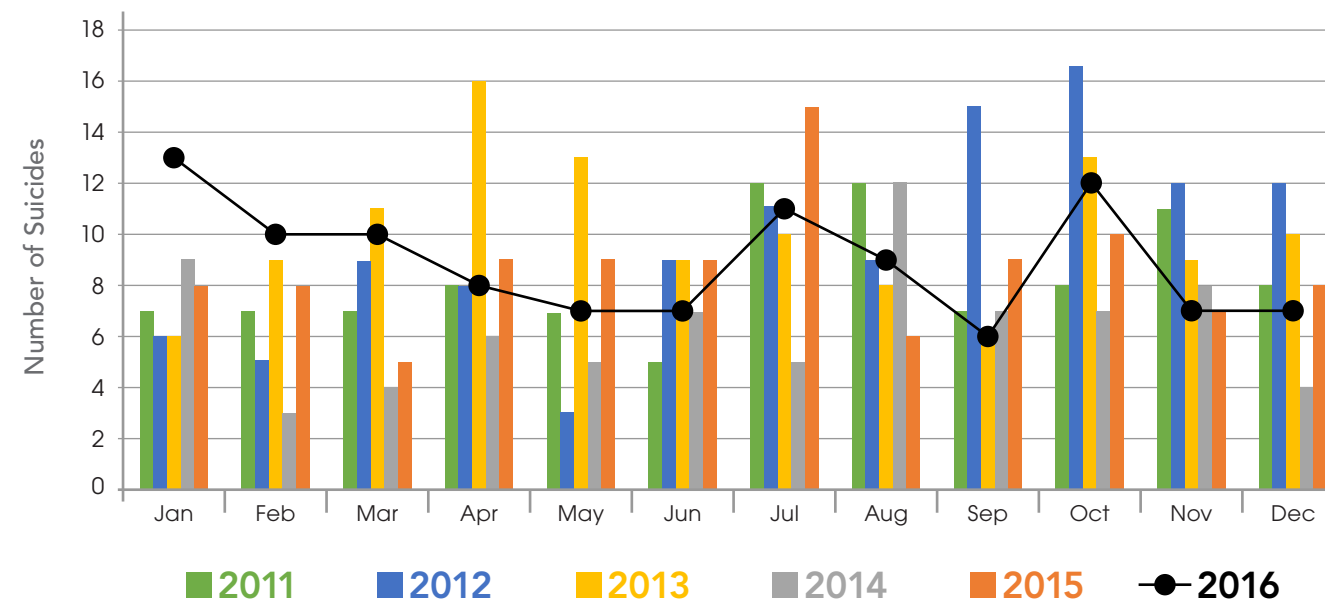
Master resilience trainers, substance abuse trainers, and suicide prevention program managers are in each State, Territory and the District of Columbia to assist State ARNG leadership with resilience training, risk reduction and suicide prevention efforts. Training is tracked in the Digital Training Management System (DTMS).

Risk Reduction Campaign Plan

The Risk Reduction Campaign (R2CP) is currently being implemented in all States to address resilience and risk reduction in ARNG Soldiers and Family members. R2CP includes four main initiatives:

- Leader engagement
- Training
- Social media
- Analytics

Suicides by Month, ARNG Soldiers, CY2011-2016



Source: Army National Guard

Current Efforts

The ARNG is currently conducting a research study that focuses on identifying geographic locations that may demonstrate an increased risk for suicides.

More Information

- ARNG Soldiers who need immediate help may call: 1-800-273-TALK (8255).
- For information about ARNG Suicide Prevention Programs, contact the National Guard Bureau Suicide Prevention Section at ng.ncr.ngb-arng.mbx.arngsuicideprevention@mail.mil.
- Information is also available at the following Facebook and Milsuite sites:
 - <https://www.facebook.com/arnghrs>
 - <https://www.milsuite.mil/book/groups/arng-ready-and-resilientcommunity-health-promotion-council-operations>
 - <https://www.milsuite.mil/book/groups/arng-fatality-review-discussion-group>

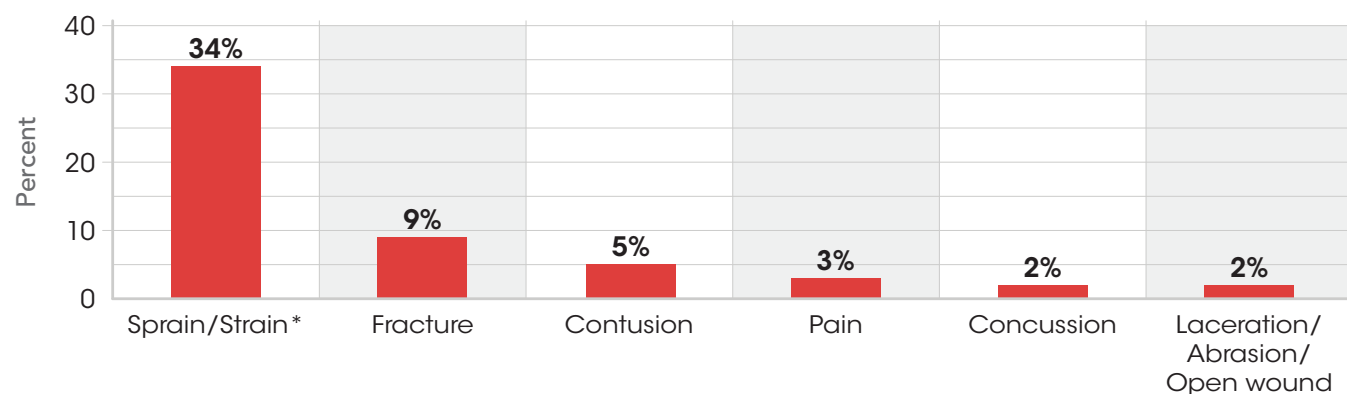
DID YOU KNOW?

DUTY-RELATED INJURIES

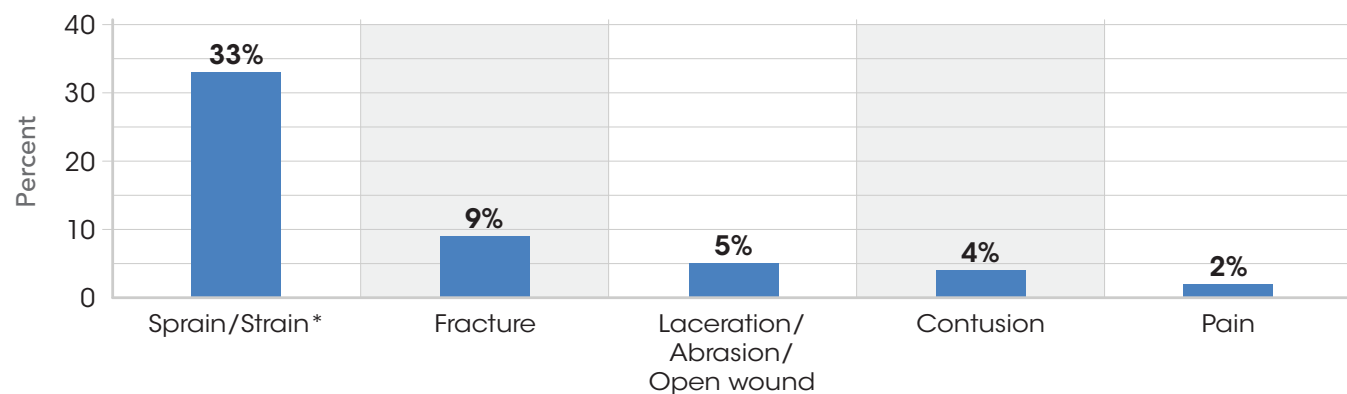
Duty-related injuries are injuries that occur while ARNG Soldiers are in an active drilling status. In FY16, 7,333 duty-related injuries were reported. Male Soldiers accounted for 81% of all duty-related injuries. Sprains, strains and fractures accounted for approximately 44% of all duty-related injuries, and contusions accounted for approximately 5%. Approximately half of strains and sprains occurred in the lower extremities. Multiple studies of military and other physically

active populations have indicated that injuries most commonly occur in the lower extremities. Sprains and strains are the most common injury type among lower-extremity injuries. Sprains can be described as injuries to ligaments or joints, and strains as injuries to tendons or muscles. The proportion of duty-related injury types was similar for men and women. More information on duty-related injuries can be found in AR 600-8-4, *Line of Duty Policy, Procedures and Investigations*.

Top 5 Duty-Related Injuries, Female ARNG Soldiers, 2016



Top 5 Duty-Related Injuries, Male ARNG Soldiers, 2016



* Lower Extremity Sprain-Strain: 50% / Upper Extremity Sprain-Strain: 26% / Unspecified Sprain-Strain: 24%

SPOTLIGHT

UNIT RISK INVENTORY PREVENTS HIGH-RISK BEHAVIORS

More than half of Traditional ARNG Soldiers are 29 years of age or younger, and a majority of these Soldiers fall into a high-risk behavior age group (18–25 years). High-risk behaviors are destructive and can lead to decreased Soldier and unit readiness. Unit commanders can use the Unit Risk Inventory (URI), a 53-item Soldier questionnaire, to identify and reduce high-risk behaviors. The URI assesses the following areas:

- Alcohol/drug use
- Command factors
- Stress levels
- Self perceptions
- Relationships
- Safe sex practices
- Child/spouse abuse
- Violence/crimes
- Suicide
- Financial problems

When a high-risk Soldier is identified, the commander is immediately informed and is advised to brief the Soldier on available resources. Results of the URI can further be used to inform the development of a Unit Risk Mitigation Plan (RMP). The RMP provides proposed unit education and early interventions using available ARNG, State, and local resources. Contracted staff support URI survey administration and analysis and help develop Unit RMPs.

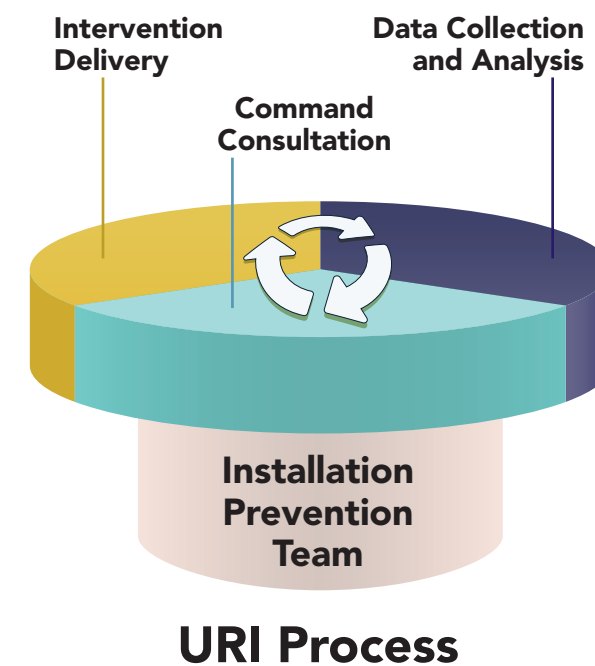
As of FY16, more than 170,000 ARNG Soldiers have taken the URI. State leadership is encouraged to utilize the surveys to identify and promote programs and initiatives that mitigate Soldiers' high-risk behaviors.

For information on the URI or a roll-up report for your State, please contact your Alcohol and Drug Control Officer. For additional information about the URI, contact the Army G1's Resilience and Risk Reduction Branch at usarmy.pentagon.hqda-dcs-g-1.mbx.urisurvey-acsap@mail.mil.

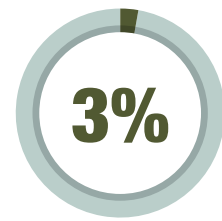
References:
 1 Office of the Deputy Assistant Secretary of Defense. 2014. *Military Community and Family Policy. 2014 Demographics. Profile of the Military Community*, <http://download.militaryonesource.mil/12038/MOS/Reports/2014-Demographics-Report.pdf>.
 2 URI Marketing. *Risk Reduction Program*.

Unit Risk Inventory:

- Army-approved Command Climate Survey
- Designed for company-level use
- Screens for high-risk behaviors and attitudes that compromise unit readiness
- Only takes 30 minutes to complete survey
- No cost to installation or units



Drug Use



Overall, 3% of ARNG Soldiers tested positive for illicit drug use. Rates ranged from 0.2% to 6.3% across states.

The use of illicit drugs and the abuse of alcohol are inconsistent with the military's standards of conduct and professionalism and can negatively impact the Army mission. AR 600-85 provides guidance for the drug testing program in the ARNG. Unit commanders randomly select and test 10% of their unit each month or 25% of their unit each quarter for illicit substances and alcohol abuse. Overall, 3.0% of ARNG Soldiers tested positive for illicit drugs in FY16. The percentage of ARNG Soldiers who tested positive for illegal drugs ranged from 0.2% to 6.3% across States and Territories. The use or possession of small quantities of marijuana has been legalized in 24 States and Territories, but remains prohibited for all ARNG Soldiers.

BEST RANKING STATES

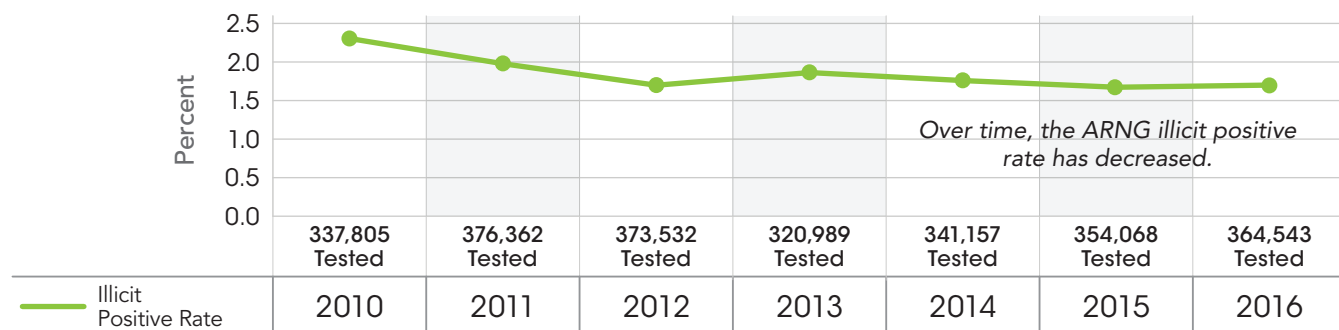
1	U.S. VIRGIN ISLANDS	0.2%
2	GUAM	0.8%
3	PUERTO RICO	1.1%
4	SOUTH DAKOTA	1.7%
5	MONTANA	1.7%

SPOTLIGHT

ARNG DRUG TESTING

Drug testing is an important tool commanders use to assist in the identification and prevention of Soldier drug abuse within their respective commands. In FY16, the ARNG tested more than 354,000 urine specimens for drugs. The percentage of urine specimens that yielded positive laboratory results, known as the illicit positive rate, was 1.67%. In comparison, the Active Army illicit positive rate was 0.56% for the same period. ARNG Soldiers not on Active Status accounted for the majority of illicit positive results (98.5%).

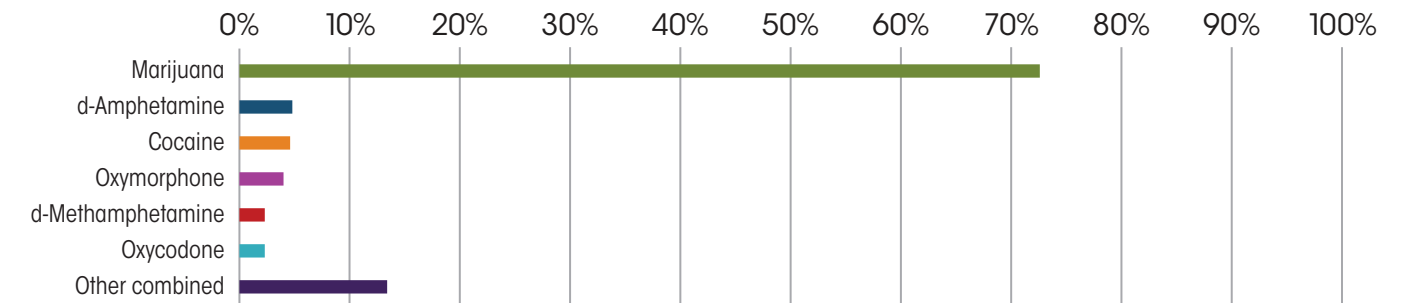
Illicit Positive Rate, ARNG Soldiers, 2010-2016



Types of Drugs Detected

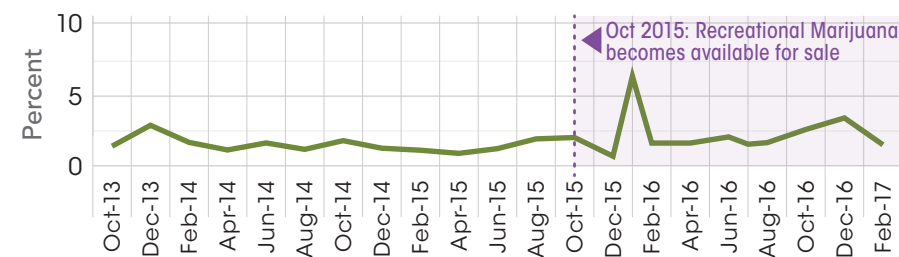
Tetrahydrocannabinol (THC), the main psychoactive ingredient in marijuana, continues to be the predominant illicit drug detected in Army National Guardsmen, accounting for 72.6% of all illicit positive results. Of the illicit positive results not cleared by medical staff as attributable to prescription drug use, 85% are for THC use.

Percentage of Illicit Positive Results by Drug, ARNG Soldiers, 2015*



* In UICs with end strength equal to or greater than 15 members

Rate of Oregon ARNG Soldiers Testing Positive for THC, Oct 2013-Feb 2017*



Impact of Marijuana Legalization

In some States, marijuana is legal for civilians; however, it is not legal for U.S. Military personnel. Most of the States in which marijuana is legal share the same overall metrics as "non-legal" states, but there have been some monthly spikes above the national average in Oregon and California.

Prevention Resources

The ARNG has stepped up its drug prevention and testing efforts to decrease illicit positive rates. The ARNG conducts a 2-hour annual Army Substance Abuse Prevention (ASAP) training for Traditional ARNG Soldiers and a 4-hour annual ASAP training for full-time members. Each state ASAP program has a list of resources and points of contact available to ARNG Soldiers. Each State and many individual counties have unique levels of resources available for ARNG Soldier access. The ARNG has also expanded testing and prevention training in Recruit Sustainment Program units to reduce drug use in the high-risk age group of 18-25 year-olds.

Treatment Challenges

Traditional Soldiers testing positive for illicit substances during ARNG drug tests are required to have a substance abuse assessment and are referred to a state provider. Soldiers who require counseling or treatment must participate at their own expense unless the state has available resources. Full-time AGR or long-term Active Duty for Operational Support (ADOS) Soldiers in the ARNG have TRICARE insurance and may seek an assessment and any required treatment services through their assigned providers. Full-time ARNG members living within driving distance of an Army Medical Treatment Facility with a substance abuse program may access that program.

Behavioral Health Treatment facilities locator for substance abuse/addiction and/or mental health problems: <https://www.findtreatment.samhsa.gov/>

Soldiers who need help with a substance abuse problem should contact their local ASAP program office.

PERFORMANCE TRIAD



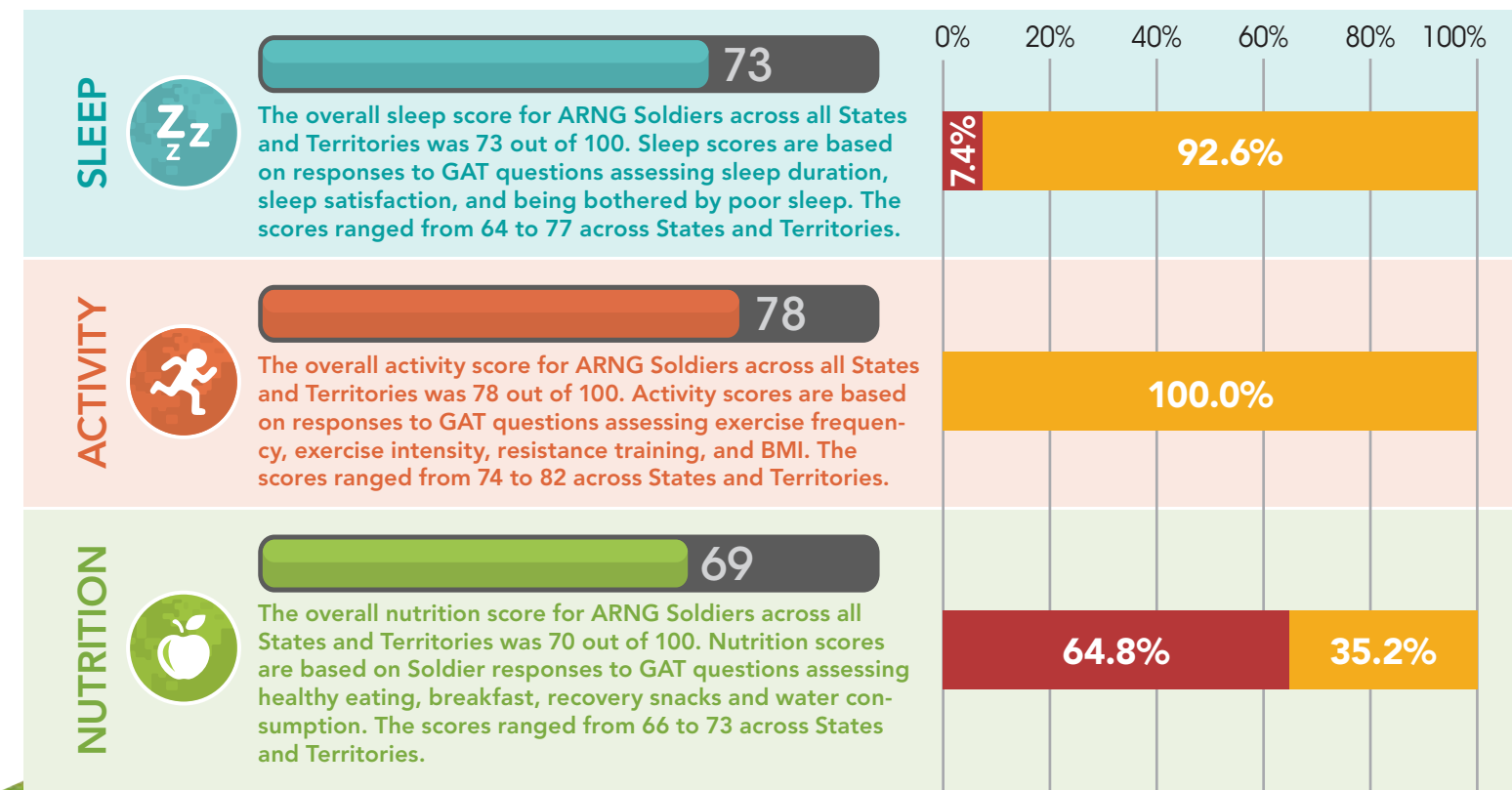
- *Sleep/Activity/Nutrition*

Performance Triad

Sleep, activity and nutrition (SAN) are critical for achieving optimal physical, mental, and emotional health and well-being. They are integral in maximizing Soldier performance and are the cornerstones of the U.S. Army Office of The Surgeon General's (OTSG) Performance Triad (P3) Campaign. P3 integrates the best available SAN science to improve Soldier performance in tactical environments. It includes messaging, training, policy development, technology, leader development, and changes within the built installation environment to make the healthy choice the easy choice. P3 strives to improve and sustain healthy SAN knowledge, attitudes, behaviors, and associated outcomes among Soldiers and other Army beneficiaries. ARNG Soldiers face distinct challenges in achieving P3 goals because their schedule and duties vary from those of AC Soldiers.

The Global Assessment Tool (GAT) is a survey tool designed to assess personal behaviors that can impact physical, emotional, and spiritual well-being. A portion of the GAT questions is useful for assessing progress toward SAN goals established by P3. GAT-derived SAN summary scores for each State and Territory were compiled with measures of the percentage of ARNG Soldiers in each State or Territory meeting SAN targets specified by OTSG. This assessment revealed that the vast majority of ARNG States and Territories were similar with respect to overall P3 measures. No State, Territory or Area achieved the "green" zone for Sleep, Activity, or Nutrition goals.

Performance Triad Metric Status by State*



* ■ Red=Score<70 ■ Amber=Score 70–84.9 ■ Green=Score≥85 (No state met this standard.)

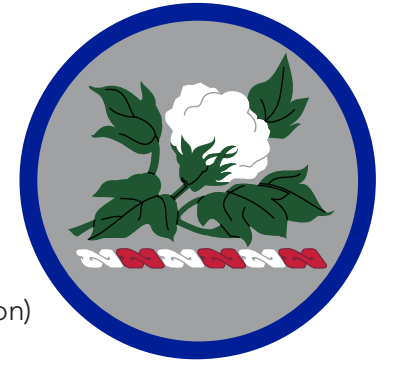
STATE PROFILE SUMMARIES

ARNG Health Index scores take into account hazardous alcohol use, tobacco use, obesity, medical readiness, dental readiness, PTSD, and depression.

ARNG HEALTH INDEX RANKING

- | | |
|-------------------------|-------------------|
| 1. U.S. Virgin Islands | 28. West Virginia |
| 2. Utah | 29. Montana |
| 3. Puerto Rico | 30. New Hampshire |
| 4. Wisconsin | 31. Idaho |
| 5. Nevada | 32. Pennsylvania |
| 6. Florida | 33. Missouri |
| 7. New Jersey | 34. Maine |
| 8. District of Columbia | 35. Kentucky |
| 9. Connecticut | 36. Indiana |
| 10. New York | 37. Nebraska |
| 11. Arizona | 38. Tennessee |
| 12. Alabama | 39. Washington |
| 13. Hawaii | 40. Michigan |
| 14. Maryland | 41. Mississippi |
| 15. Ohio | 42. Alaska |
| 16. North Carolina | 43. Iowa |
| 17. Illinois | 44. New Mexico |
| 18. Delaware | 45. Oklahoma |
| 19. Georgia | 46. Arkansas |
| 20. South Dakota | 47. Wyoming |
| 21. Massachusetts | 48. North Dakota |
| 22. Rhode Island | 49. Texas |
| 23. Colorado | 50. Vermont |
| 24. Virginia | 51. Louisiana |
| 25. Minnesota | 52. Kansas |
| 26. California | 53. Oregon |
| 27. South Carolina | 54. Guam |

Alabama Army National Guard



Profile (2016)*

Demographics: 10,189 (18.1% Female)
27.5% have a post-secondary education

State Population: 4,863,300 (2.0 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 12 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	10.4	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.6	6.0	2.7–14.0
Health Factors			
Obesity (%)	24.3	24.5	15.1–33.4
Flagged for weight (%)	3.8	4.6	2.1–7.0
APFT failed (%)	14.5	12.5	10.7–36.6
Smoke tobacco (%)	15.7	15.1	2.5–25.7
Smokeless tobacco (%)	13.2	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	12.2	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.1	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.4	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.0	3.0	0.2–6.3
ARNG Health Index Score***	89.9	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 72.6
ARNG average: 72.8
ARNG range: 64–77

Score: 74.8
ARNG average: 77.8
ARNG range: 74–82

Score: 67.3
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower proportion not medically ready
- Lower level of hazardous alcohol use

CHALLENGES:

- Higher APFT failure percentage

Alabama State Health ‡

- Alabama ranked 47 in overall health out of 50 States in 2016.
 - 35.6% of the population is considered obese.
 - Smoking prevalence was estimated at 21.4%.
 - There were 13.1 drug deaths per 100,000 persons in 2016.
 - 13.0% of the population is considered to drink in excess.
 - An estimated 89.3% graduated from high school.

‡ Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

▶ Alaska

Army National Guard



Profile (2016)*

Demographics: 1,701 (16.9% Female)
28.0% have a post-secondary education

State Population: 741,894 (2.2 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 42 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	19.6	14.1	8.8–21.0
Dental readiness classification (% not ready)	7.2	6.0	2.7–14.0
Health Factors			
Obesity (%)	22.6	24.5	15.1–33.4
Flagged for weight (%)	5.2	4.6	2.1–7.0
APFT failed (%)	11.6	12.5	10.7–36.6
Smoke tobacco (%)	14.7	15.1	2.5–25.7
Smokeless tobacco (%)	13.2	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	17.9	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	6.0	4.1	0.9–9.3
Depression (% with self-reported symptoms)	4.3	2.6	0.3–6.4
Tested positive for illegal drug use (%)	1.7	3.0	0.2–6.3
ARNG Health Index Score***	107.3	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 71.7
ARNG average: 72.8
ARNG range: 64–77

Score: 77.5
ARNG average: 77.8
ARNG range: 74–82

Score: 69.7
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of drug use

CHALLENGES:

- Lower medical readiness

Alaska State Health †

- Alaska ranked 30 in overall health out of 50 States in 2016.
 - 29.8% of the population is considered obese.
 - Smoking prevalence was estimated at 19.1%.
 - There were 16 drug deaths per 100,000 persons in 2016.
 - 22.1% of the population is considered to drink in excess.
 - An estimated 75.6% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

▶ Arizona

Army National Guard



Profile (2016)*

Demographics: 5,199 (15.7% Female)
29.9% have a post-secondary education

State Population: 6,931,071 (0.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 11 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	14.5	14.1	8.8–21.0
Dental readiness classification (% not ready)	8.9	6.0	2.7–14.0
Health Factors			
Obesity (%)	19.9	24.5	15.1–33.4
Flagged for weight (%)	3.0	4.6	2.1–7.0
APFT failed (%)	12.2	12.5	10.7–36.6
Smoke tobacco (%)	11.0	15.1	2.5–25.7
Smokeless tobacco (%)	9.1	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	16.8	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.5	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.8	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.2	3.0	0.2–6.3
ARNG Health Index Score***	89.7	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 71.3
ARNG average: 72.8
ARNG range: 64–77

Score: 79.8
ARNG average: 77.8
ARNG range: 74–82

Score: 69.9
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower levels of obesity and tobacco smoking

CHALLENGES:

- Lower dental readiness

Arizona State Health †

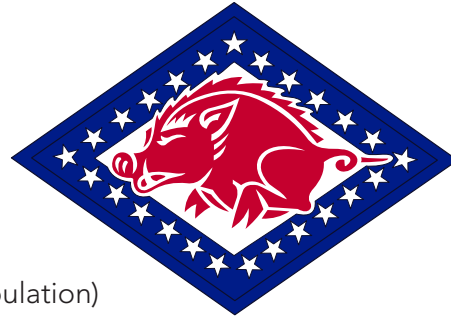
- Arizona ranked 29 in overall health out of 50 States in 2016.
 - 28.4% of the population is considered obese.
 - Smoking prevalence was estimated at 14.0%.
 - There were 18.6 drug deaths per 100,000 persons in 2016.
 - 16.0% of the population is considered to drink in excess.
 - An estimated 77.4% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

▶ Arkansas

Army National Guard



Profile (2016)*

Demographics: 6,950 (16.1% Female)
26.4% have a post-secondary education

State Population: 2,988,248 (2.3 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 46 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	11.9	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.9	6.0	2.7–14.0
Health Factors			
Obesity (%)	27.9	24.5	15.1–33.4
Flagged for weight (%)	5.3	4.6	2.1–7.0
APFT failed (%)	20.6	12.5	10.7–36.6
Smoke tobacco (%)	20.6	15.1	2.5–25.7
Smokeless tobacco (%)	17.1	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	16.8	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.8	4.1	0.9–9.3
Depression (% with self-reported symptoms)	3.3	2.6	0.3–6.4
Tested positive for illegal drug use (%)	4.6	3.0	0.2–6.3
ARNG Health Index Score***	111.8	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 72.0
ARNG average: 72.8
ARNG range: 64–77

Score: 75.9
ARNG average: 77.8
ARNG range: 74–82

Score: 67.1
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower proportion not medically ready

CHALLENGES:

- Higher percentage of APFT failure, tobacco smoking, and testing positive for drug use

Arkansas State Health †

- Arkansas ranked 48 in overall health out of 50 States in 2016.
 - 34.5% of the population is considered obese.
 - Smoking prevalence was estimated at 24.9%.
 - There were 12.1 drug deaths per 100,000 persons in 2016.
 - 15.3% of the population is considered to drink in excess.
 - An estimated 84.9% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

▶ California

Army National Guard



Profile (2016)*

Demographics: 14,357 (15.9% Female)
29.3% have a post-secondary education

State Population: 39,250,017 (0.4 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 26 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	21.0	14.1	8.8–21.0
Dental readiness classification (% not ready)	14.0	6.0	2.7–14.0
Health Factors			
Obesity (%)	27.5	24.5	15.1–33.4
Flagged for weight (%)	4.1	4.6	2.1–7.0
APFT failed (%)	11.3	12.5	10.7–36.6
Smoke tobacco (%)	10.9	15.1	2.5–25.7
Smokeless tobacco (%)	5.8	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	13.2	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.6	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.1	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.2	3.0	0.2–6.3
ARNG Health Index Score***	100.3	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 72.4
ARNG average: 72.8
ARNG range: 64–77

Score: 77.8
ARNG average: 77.8
ARNG range: 74–82

Score: 70.8
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentages of tobacco chewing and smoking

CHALLENGES:

- Lower medical and dental readiness

California State Health †

- California ranked 16 in overall health out of 50 States in 2016.
 - 24.2% of the population is considered obese.
 - Smoking prevalence was estimated at 11.7%.
 - There were 11.4 drug deaths per 100,000 persons in 2016.
 - 18.0% of the population is considered to drink in excess.
 - An estimated 82.0% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Colorado

Army National Guard



Profile (2016)*

Demographics: 3,744 (15.9% Female)
31.5% have a post-secondary education

State Population: 5,540,545 (0.7 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 23 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	15.4	14.1	8.8–21.0
Dental readiness classification (% not ready)	6.5	6.0	2.7–14.0
Health Factors			
Obesity (%)	19.6	24.5	15.1–33.4
Flagged for weight (%)	3.5	4.6	2.1–7.0
APFT failed (%)	6.9	12.5	10.7–36.6
Smoke tobacco (%)	13.4	15.1	2.5–25.7
Smokeless tobacco (%)	14.0	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	18.4	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.2	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.5	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.6	3.0	0.2–6.3
ARNG Health Index Score***	97.7	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 74.1
ARNG average: 72.8
ARNG range: 64–77

Score: 81.9
ARNG average: 77.8
ARNG range: 74–82

Score: 72.6
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of failed APFT and obesity

CHALLENGES:

- Higher percentage of drug use

Colorado State Health †

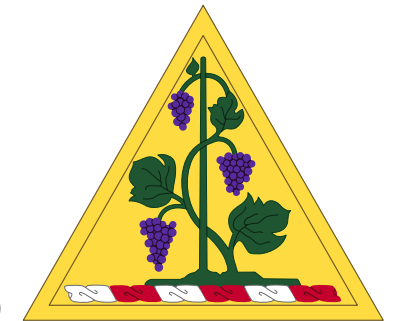
- Colorado ranked 10 in overall health out of 50 States in 2016.
 - 20.2% of the population is considered obese.
 - Smoking prevalence was estimated at 15.6%.
 - There were 15.9 drug deaths per 100,000 persons in 2016.
 - 19.1% of the population is considered to drink in excess.
 - An estimated 77.3% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Connecticut

Army National Guard



Profile (2016)*

Demographics: 3,544 (16.9% Female)
32.0% have a post-secondary education

State Population: 3,576,452 (1.0 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 9 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	11.6	14.1	8.8–21.0
Dental readiness classification (% not ready)	5.7	6.0	2.7–14.0
Health Factors			
Obesity (%)	21.9	24.5	15.1–33.4
Flagged for weight (%)	6.0	4.6	2.1–7.0
APFT failed (%)	14.1	12.5	10.7–36.6
Smoke tobacco (%)	12.1	15.1	2.5–25.7
Smokeless tobacco (%)	6.6	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	16.5	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.4	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.2	2.6	0.3–6.4
Tested positive for illegal drug use (%)	4.6	3.0	0.2–6.3
ARNG Health Index Score***	85.6	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 73.4
ARNG average: 72.8
ARNG range: 64–77

Score: 78.1
ARNG average: 77.8
ARNG range: 74–82

Score: 72.4
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of smokeless tobacco use

CHALLENGES:

- Higher percentage of illegal drug use

Connecticut State Health †

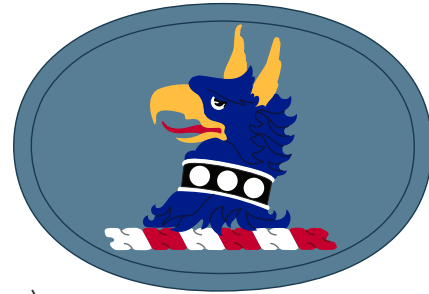
- Connecticut ranked 3 in overall health out of 50 States in 2016.
 - 25.3% of the population is considered obese.
 - Smoking prevalence was estimated at 13.5%.
 - There were 15.1 drug deaths per 100,000 persons in 2016.
 - 18.6% of the population is considered to drink in excess.
 - An estimated 87.2% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Delaware

Army National Guard



Profile (2016)*

Demographics: 1,558 (19.3% Female)
30.2% have a post-secondary education

State Population: 952,065 (1.5 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 18 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	16.9	14.1	8.8–21.0
Dental readiness classification (% not ready)	7.5	6.0	2.7–14.0
Health Factors			
Obesity (%)	25.3	24.5	15.1–33.4
Flagged for weight (%)	5.7	4.6	2.1–7.0
APFT failed (%)	10.7	12.5	10.7–36.6
Smoke tobacco (%)	12.7	15.1	2.5–25.7
Smokeless tobacco (%)	5.4	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	15.7	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.3	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.4	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.5	3.0	0.2–6.3
ARNG Health Index Score***	93.7	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 71.5
ARNG average: 72.8
ARNG range: 64–77

Score: 75.1
ARNG average: 77.8
ARNG range: 74–82

Score: 68.9
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower level of smokeless tobacco use

CHALLENGES:

- Lower medical readiness

Delaware State Health †

- Delaware ranked 31 in overall health out of 50 States in 2016.
 - 29.7% of the population is considered obese.
 - Smoking prevalence was estimated at 17.4%.
 - There were 18.1 drug deaths per 100,000 persons in 2016.
 - 16.6% of the population is considered to drink in excess.
 - An estimated 85.6% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► District of Columbia

Army National Guard



Profile (2016)*

Demographics: 1,421 (28.9% Female)
35.9% have a post-secondary education

State Population: 681,170 (0.7 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 8 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	19.7	14.1	8.8–21.0
Dental readiness classification (% not ready)	8.0	6.0	2.7–14.0
Health Factors			
Obesity (%)	15.6	24.5	15.1–33.4
Flagged for weight (%)	2.8	4.6	2.1–7.0
APFT failed (%)	8.8	12.5	10.7–36.6
Smoke tobacco (%)	9.8	15.1	2.5–25.7
Smokeless tobacco (%)	2.1	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	18.7	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.4	4.1	0.9–9.3
Depression (% with self-reported symptoms)	1.6	2.6	0.3–6.4
Tested positive for illegal drug use (%)	4.0	3.0	0.2–6.3
ARNG Health Index Score***	84.0	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 69.7
ARNG average: 72.8
ARNG range: 64–77

Score: 76.3
ARNG average: 77.8
ARNG range: 74–82

Score: 68.9
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower levels of smoking and smokeless tobacco use
- Lower level of obesity

CHALLENGES:

- Lower medical readiness

District of Columbia Health †

- D.C. was not ranked.
 - 22.1% of the population is considered obese.
 - Smoking prevalence was estimated at 16.0%.
 - There were 15.3 drug deaths per 100,000 persons in 2016.
 - 30.0% of the population is considered to drink in excess.
 - An estimated 68.5% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Florida

Army National Guard



Profile (2016)*

Demographics: 9,694 (15.9% Female)
30.3% have a post-secondary education

State Population: 20,612,439 (0.5 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 6 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	13.7	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.9	6.0	2.7–14.0
Health Factors			
Obesity (%)	23.3	24.5	15.1–33.4
Flagged for weight (%)	3.1	4.6	2.1–7.0
APFT failed (%)	10.9	12.5	10.7–36.6
Smoke tobacco (%)	10.6	15.1	2.5–25.7
Smokeless tobacco (%)	9.0	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	13.7	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.3	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.1	2.6	0.3–6.4
Tested positive for illegal drug use (%)	1.9	3.0	0.2–6.3
ARNG Health Index Score***	82.6	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 74.8
ARNG average: 72.8
ARNG range: 64–77

Score: 78.9
ARNG average: 77.8
ARNG range: 74–82

Score: 71.3
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower level of tobacco smoking

CHALLENGES:

- None

Florida State Health †

- Florida ranked 36 in overall health out of 50 States in 2016.
 - 26.8% of the population is considered obese.
 - Smoking prevalence was estimated at 15.8%.
 - There were 13.2 drug deaths per 100,000 persons in 2016.
 - 17.4% of the population is considered to drink in excess.
 - An estimated 77.9% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Georgia

Army National Guard



Profile (2016)*

Demographics: 10,828 (22.5% Female)
25.8% have a post-secondary education

State Population: 10,310,371 (1.1 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 19 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	13.2	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.8	6.0	2.7–14.0
Health Factors			
Obesity (%)	25.2	24.5	15.1–33.4
Flagged for weight (%)	2.7	4.6	2.1–7.0
APFT failed (%)	12.3	12.5	10.7–36.6
Smoke tobacco (%)	13.9	15.1	2.5–25.7
Smokeless tobacco (%)	10.2	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	15.7	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	5.6	4.1	0.9–9.3
Depression (% with self-reported symptoms)	3.6	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.1	3.0	0.2–6.3
ARNG Health Index Score***	95.3	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 70.6
ARNG average: 72.8
ARNG range: 64–77

Score: 76.3
ARNG average: 77.8
ARNG range: 74–82

Score: 67.7
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher dental readiness

CHALLENGES:

- Higher level of obesity

Georgia State Health †

- Georgia ranked 41 in overall health out of 50 States in 2016.
 - 30.7% of the population is considered obese.
 - Smoking prevalence was estimated at 17.7%.
 - There were 11.2 drug deaths per 100,000 persons in 2016.
 - 16.8% of the population is considered to drink in excess.
 - An estimated 78.8% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

Guam

Army National Guard



Profile (2016):*

Demographics: 1,086 (18.1% Female)
21.2% have a post-secondary education

State Population: 170,000 (6.1 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 54 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	18.1	14.1	8.8–21.0
Dental readiness classification (% not ready)	5.5	6.0	2.7–14.0
Health Factors			
Obesity (%)	33.4	24.5	15.1–33.4
Flagged for weight (%)	4.0	4.6	2.1–7.0
APFT failed (%)	6.6	12.5	10.7–36.6
Smoke tobacco (%)	25.7	15.1	2.5–25.7
Smokeless tobacco (%)	22.3	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	31.3	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	9.3	4.1	0.9–9.3
Depression (% with self-reported symptoms)	6.4	2.6	0.3–6.4
Tested positive for illegal drug use (%)	0.8	3.0	0.2–6.3
ARNG Health Index Score***	152.9	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 63.8
ARNG average: 72.8
ARNG range: 64–77

Score: 77.0
ARNG average: 77.8
ARNG range: 74–82

Score: 70.9
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower levels of illegal drug use and APFT failure

CHALLENGES:

- Higher levels of hazardous drinking behavior, obesity, and tobacco chewing and smoking

Guam Territory Health

—Data source did not include Guam

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

Hawaii

Army National Guard



Profile (2016):*

Demographics: 3,044 (17.4% Female)
29.4% have a post-secondary education

State Population: 1,428,557 (2.1 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 13 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	9.7	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.9	6.0	2.7–14.0
Health Factors			
Obesity (%)	28.9	24.5	15.1–33.4
Flagged for weight (%)	4.4	4.6	2.1–7.0
APFT failed (%)	11.1	12.5	10.7–36.6
Smoke tobacco (%)	15.0	15.1	2.5–25.7
Smokeless tobacco (%)	5.5	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	18.8	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.2	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.2	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.0	3.0	0.2–6.3
ARNG Health Index Score***	90.2	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 69.3
ARNG average: 72.8
ARNG range: 64–77

Score: 76.5
ARNG average: 77.8
ARNG range: 74–82

Score: 71.0
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher medical readiness
- Lower level of smokeless tobacco use

CHALLENGES:

- Higher percentage of obesity

Hawaii State Health †

- Hawaii ranked 1 in overall health out of 50 States in 2016.
 - 22.7% of the population is considered obese.
 - Smoking prevalence was estimated at 14.1%.
 - There were 11.2 drug deaths per 100,000 persons in 2016.
 - 20.5% of the population is considered to drink in excess.
 - An estimated 81.6% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

Idaho

Army National Guard



Profile (2016)*

Demographics: 2,967 (12.9% Female)
28.3% have a post-secondary education

State Population: 1,683,140 (1.7 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 31 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	16.0	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.4	6.0	2.7–14.0
Health Factors			
Obesity (%)	20.2	24.5	15.1–33.4
Flagged for weight (%)	3.3	4.6	2.1–7.0
APFT failed (%)	8.0	12.5	10.7–36.6
Smoke tobacco (%)	14.9	15.1	2.5–25.7
Smokeless tobacco (%)	15.9	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	20.0	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.2	4.1	0.9–9.3
Depression (% with self-reported symptoms)	3.2	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.2	3.0	0.2–6.3
ARNG Health Index Score***	102.0	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 71.1
ARNG average: 72.8
ARNG range: 64–77



Score: 77.9
ARNG average: 77.8
ARNG range: 74–82



Score: 68.7
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentages of APFT failure and obesity

CHALLENGES:

- Lower medical readiness

Idaho State Health †

- Idaho ranked 15 in overall health out of 50 States in 2016.
 - 28.6% of the population is considered obese.
 - Smoking prevalence was estimated at 13.8%.
 - There were 13.1 drug deaths per 100,000 persons in 2016.
 - 15.4% of the population is considered to drink in excess.
 - An estimated 78.9% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

Illinois

Army National Guard



Profile (2016)*

Demographics: 9,979 (18.3% Female)
28.8% have a post-secondary education

State Population: 12,801,539 (0.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 17 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	17.0	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.3	6.0	2.7–14.0
Health Factors			
Obesity (%)	20.7	24.5	15.1–33.4
Flagged for weight (%)	3.2	4.6	2.1–7.0
APFT failed (%)	11.5	12.5	10.7–36.6
Smoke tobacco (%)	14.8	15.1	2.5–25.7
Smokeless tobacco (%)	10.9	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	17.8	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	2.5	4.1	0.9–9.3
Depression (% with self-reported symptoms)	1.6	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.7	3.0	0.2–6.3
ARNG Health Index Score***	93.4	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 74.2
ARNG average: 72.8
ARNG range: 64–77



Score: 79.6
ARNG average: 77.8
ARNG range: 74–82



Score: 70.1
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of obesity
- Higher dental readiness

CHALLENGES:

- Lower medical readiness

Illinois State Health †

- Illinois ranked 26 in overall health out of 50 States in 2016.
 - 30.8% of the population is considered obese.
 - Smoking prevalence was estimated at 15.1%.
 - There were 12.6 drug deaths per 100,000 persons in 2016.
 - 21.2% of the population is considered to drink in excess.
 - An estimated 85.6% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Indiana

Army National Guard



Profile (2016)*

Demographics: 11,463 (16.3% Female)
24.8% have a post-secondary education

State Population: 6,633,053 (1.57 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 36 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	13.9	14.1	8.8–21.0
Dental readiness classification (% not ready)	6.1	6.0	2.7–14.0
Health Factors			
Obesity (%)	23.5	24.5	15.1–33.4
Flagged for weight (%)	7.0	4.6	2.1–7.0
APFT failed (%)	15.6	12.5	10.7–36.6
Smoke tobacco (%)	19.4	15.1	2.5–25.7
Smokeless tobacco (%)	15.8	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	14.6	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	2.6	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.0	2.6	0.3–6.4
Tested positive for illegal drug use (%)	6.2	3.0	0.2–6.3
ARNG Health Index Score***	104.2	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 72.6
ARNG average: 72.8
ARNG range: 64–77

Score: 78.6
ARNG average: 77.8
ARNG range: 74–82

Score: 69.1
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of hazardous alcohol use

CHALLENGES:

- Higher percentage of illegal drug use, APFT failure, and tobacco smoking

Indiana State Health †

- Indiana ranked 39 in overall health out of 50 States in 2016.
 - 31.3% of the population is considered obese.
 - Smoking prevalence was estimated at 20.6%.
 - There were 16.7 drug deaths per 100,000 persons in 2016.
 - 16.8% of the population is considered to drink in excess.
 - An estimated 87.1% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Iowa

Army National Guard



Profile (2016)*

Demographics: 6,827 (15.0% Female)
28.8% have a post-secondary education

State Population: 3,134,693 (2.1 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 43 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	13.7	14.1	8.8–21.0
Dental readiness classification (% not ready)	5.6	6.0	2.7–14.0
Health Factors			
Obesity (%)	24.1	24.5	15.1–33.4
Flagged for weight (%)	5.5	4.6	2.1–7.0
APFT failed (%)	14.2	12.5	10.7–36.6
Smoke tobacco (%)	18.2	15.1	2.5–25.7
Smokeless tobacco (%)	18.4	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	21.9	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	2.6	4.1	0.9–9.3
Depression (% with self-reported symptoms)	1.5	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.5	3.0	0.2–6.3
ARNG Health Index Score***	108.5	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 73.7
ARNG average: 72.8
ARNG range: 64–77

Score: 77.7
ARNG average: 77.8
ARNG range: 74–82

Score: 67.4
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of illegal drug use

CHALLENGES:

- Higher percentage of smokeless tobacco use

Iowa State Health †

- Iowa ranked 17 in overall health out of 50 States in 2016.
 - 32.1% of the population is considered obese.
 - Smoking prevalence was estimated at 18.1%.
 - There were 8.9 drug deaths per 100,000 persons in 2016.
 - 21.0% of the population is considered to drink in excess.
 - An estimated 90.8% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Kansas

Army National Guard

Profile (2016)*

Demographics: 4,850 (13.8% Female)
26.0% have a post-secondary education

State Population: 2,907,289 (1.6 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 52 / 54



ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	12.9	14.1	8.8–21.0
Dental readiness classification (% not ready)	6.8	6.0	2.7–14.0
Health Factors			
Obesity (%)	28.8	24.5	15.1–33.4
Flagged for weight (%)	6.5	4.6	2.1–7.0
APFT failed (%)	16.4	12.5	10.7–36.6
Smoke tobacco (%)	21.1	15.1	2.5–25.7
Smokeless tobacco (%)	18.4	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	20.2	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.3	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.4	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.9	3.0	0.2–6.3
ARNG Health Index Score***	118.7	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 74.9
ARNG average: 72.8
ARNG range: 64–77

Score: 76.2
ARNG average: 77.8
ARNG range: 74–82

Score: 67.3
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher medical readiness

CHALLENGES:

- Higher percentages of obesity, APFT failure, and smoking and smokeless tobacco use

Kansas State Health †

- Kansas ranked 27 in overall health out of 50 States in 2016.
 - 34.2% of the population is considered obese.
 - Smoking prevalence was estimated at 17.7%.
 - There were 11.7 drug deaths per 100,000 persons in 2016.
 - 16.9% of the population is considered to drink in excess.
 - An estimated 85.7% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Kentucky

Army National Guard

Profile (2016)*

Demographics: 6,578 (12.1% Female)
26.7% have a post-secondary education

State Population: 4,436,974 (1.5 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 35 / 54



ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	9.9	14.1	8.8–21.0
Dental readiness classification (% not ready)	8.8	6.0	2.7–14.0
Health Factors			
Obesity (%)	23.2	24.5	15.1–33.4
Flagged for weight (%)	5.6	4.6	2.1–7.0
APFT failed (%)	15.7	12.5	10.7–36.6
Smoke tobacco (%)	17.2	15.1	2.5–25.7
Smokeless tobacco (%)	19.7	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	15.3	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.4	4.1	0.9–9.3
Depression (% with self-reported symptoms)	3.0	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.7	3.0	0.2–6.3
ARNG Health Index Score***	104.0	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 71.6
ARNG average: 72.8
ARNG range: 64–77

Score: 78.1
ARNG average: 77.8
ARNG range: 74–82

Score: 68.5
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher medical readiness

CHALLENGES:

- Higher proportion not dentally ready
- Higher percentages of APFT failure and smokeless tobacco use

Kentucky State Health †

- Kentucky ranked 45 in overall health out of 50 States in 2016.
 - 34.6% of the population is considered obese.
 - Smoking prevalence was estimated at 25.9%.
 - There were 24.1 drug deaths per 100,000 persons in 2016.
 - 16.3% of the population is considered to drink in excess.
 - An estimated 88.0% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Louisiana

Army National Guard



Profile (2016)*

Demographics: 9,434 (19.3% Female)
21.0% have a post-secondary education

State Population: 4,681,666 (1.9 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 51 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	13.7	14.1	8.8–21.0
Dental readiness classification (% not ready)	5.7	6.0	2.7–14.0
Health Factors			
Obesity (%)	29.4	24.5	15.1–33.4
Flagged for weight (%)	4.0	4.6	2.1–7.0
APFT failed (%)	15.5	12.5	10.7–36.6
Smoke tobacco (%)	21.1	15.1	2.5–25.7
Smokeless tobacco (%)	10.8	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	18.1	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	6.9	4.1	0.9–9.3
Depression (% with self-reported symptoms)	4.3	2.6	0.3–6.4
Tested positive for illegal drug use (%)	6.1	3.0	0.2–6.3
ARNG Health Index Score***	116.2	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 68.0
ARNG average: 72.8
ARNG range: 64–77

Score: 73.8
ARNG average: 77.8
ARNG range: 74–82

Score: 65.6
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower smokeless tobacco use

CHALLENGES:

- Higher percentages of drug use, tobacco smoking, and obesity

Louisiana State Health †

- Louisiana ranked 49 in overall health out of 50 States in 2016.
 - 36.2% of the population is considered obese.
 - Smoking prevalence was estimated at 21.9%.
 - There were 15.6 drug deaths per 100,000 persons in 2016.
 - 18.8% of the population is considered to drink in excess.
 - An estimated 77.5% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Maine

Army National Guard



Profile (2016)*

Demographics: 2,020 (13.5% Female)
31.4% have a post-secondary education

State Population: 1,331,479 (1.5 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 34 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	13.2	14.1	8.8–21.0
Dental readiness classification (% not ready)	3.9	6.0	2.7–14.0
Health Factors			
Obesity (%)	26.0	24.5	15.1–33.4
Flagged for weight (%)	6.3	4.6	2.1–7.0
APFT failed (%)	13.5	12.5	10.7–36.6
Smoke tobacco (%)	16.4	15.1	2.5–25.7
Smokeless tobacco (%)	14.2	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	21.1	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.8	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.2	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.0	3.0	0.2–6.3
ARNG Health Index Score***	103.9	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 74.8
ARNG average: 72.8
ARNG range: 64–77

Score: 79.1
ARNG average: 77.8
ARNG range: 74–82

Score: 68.9
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher dental readiness

CHALLENGES:

- Higher percentage of APFT failure

Maine State Health †

- Maine ranked 22 in overall health out of 50 States in 2016.
 - 30.0% of the population is considered obese.
 - Smoking prevalence was estimated at 19.5%.
 - There were 13.6 drug deaths per 100,000 persons in 2016.
 - 19.6% of the population is considered to drink in excess.
 - An estimated 87.5% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Maryland

Army National Guard



Profile (2016)*

Demographics: 4,738 (17.2% Female)
34.2% have a post-secondary education

State Population: 6,016,447 (0.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 14 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	14.7	14.1	8.8–21.0
Dental readiness classification (% not ready)	7.8	6.0	2.7–14.0
Health Factors			
Obesity (%)	24.1	24.5	15.1–33.4
Flagged for weight (%)	3.8	4.6	2.1–7.0
APFT failed (%)	9.0	12.5	10.7–36.6
Smoke tobacco (%)	12.0	15.1	2.5–25.7
Smokeless tobacco (%)	6.4	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	16.1	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.0	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.6	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.0	3.0	0.2–6.3
ARNG Health Index Score***	90.7	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 72.8
ARNG average: 72.8
ARNG range: 64–77

Score: 77.4
ARNG average: 77.8
ARNG range: 74–82

Score: 71.2
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of smokeless tobacco use

CHALLENGES:

- Lower dental readiness

Maryland State Health †

- Maryland ranked 18 in overall health out of 50 States in 2016.
 - 28.9% of the population is considered obese.
 - Smoking prevalence was estimated at 15.1%.
 - There were 15.3 drug deaths per 100,000 persons in 2016.
 - 15.5% of the population is considered to drink in excess.
 - An estimated 87.0% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Massachusetts

Army National Guard



Profile (2016)*

Demographics: 6,041 (15.1% Female)
30.4% have a post-secondary education

State Population: 6,811,779 (0.9 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 21 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	15.6	14.1	8.8–21.0
Dental readiness classification (% not ready)	8.3	6.0	2.7–14.0
Health Factors			
Obesity (%)	26.8	24.5	15.1–33.4
Flagged for weight (%)	5.0	4.6	2.1–7.0
APFT failed (%)	12.2	12.5	10.7–36.6
Smoke tobacco (%)	13.0	15.1	2.5–25.7
Smokeless tobacco (%)	7.0	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	16.1	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.8	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.2	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.9	3.0	0.2–6.3
ARNG Health Index Score***	95.8	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 73.0
ARNG average: 72.8
ARNG range: 64–77

Score: 77.9
ARNG average: 77.8
ARNG range: 74–82

Score: 73.1
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of smokeless tobacco use

CHALLENGES:

- Lower dental readiness

Massachusetts State Health †

- Massachusetts ranked 2 in overall health out of 50 States in 2016.
 - 24.3% of the population is considered obese.
 - Smoking prevalence was estimated at 14%.
 - There were 15.7 drug deaths per 100,000 persons in 2016.
 - 19.5% of the population is considered to drink in excess.
 - An estimated 87.3% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

Michigan

Army National Guard



Profile (2016)*

Demographics: 7,730 (15.6% Female)
29.6% have a post-secondary education

State Population: 9,928,300 (0.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 40 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	15.7	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.7	6.0	2.7–14.0
Health Factors			
Obesity (%)	24.6	24.5	15.1–33.4
Flagged for weight (%)	6.9	4.6	2.1–7.0
APFT failed (%)	15.9	12.5	10.7–36.6
Smoke tobacco (%)	18.6	15.1	2.5–25.7
Smokeless tobacco (%)	14.2	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	15.4	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.8	4.1	0.9–9.3
Depression (% with self-reported symptoms)	3.1	2.6	0.3–6.4
Tested positive for illegal drug use (%)	4.7	3.0	0.2–6.3
ARNG Health Index Score***	105.9	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 72.0
ARNG average: 72.8
ARNG range: 64–77

Score: 77.3
ARNG average: 77.8
ARNG range: 74–82

Score: 68.3
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher dental readiness

CHALLENGES:

- Higher percentages of illegal drug use, APFT failure, and tobacco smoking

Michigan State Health †

- Michigan ranked 34 in overall health out of 50 States in 2016.
 - 31.2% of the population is considered obese.
 - Smoking prevalence was estimated at 20.7%.
 - There were 15.7 drug deaths per 100,000 persons in 2016.
 - 20.0% of the population is considered to drink in excess.
 - An estimated 79.8% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

Minnesota

Army National Guard



Profile (2016)*

Demographics: 10,927 (17.5% Female)
27.3% have a post-secondary education

State Population: 5,519,952 (1.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 25 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	11.2	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.7	6.0	2.7–14.0
Health Factors			
Obesity (%)	18.9	24.5	15.1–33.4
Flagged for weight (%)	5.8	4.6	2.1–7.0
APFT failed (%)	12.8	12.5	10.7–36.6
Smoke tobacco (%)	17.2	15.1	2.5–25.7
Smokeless tobacco (%)	16.2	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	22.7	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.8	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.7	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.8	3.0	0.2–6.3
ARNG Health Index Score***	100.1	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 71.7
ARNG average: 72.8
ARNG range: 64–77

Score: 78.2
ARNG average: 77.8
ARNG range: 74–82

Score: 68.2
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of obesity
- Higher medical and dental readiness

CHALLENGES:

- Higher percentage of hazardous alcohol use

Minnesota State Health †

- Minnesota ranked 4 in overall health out of 50 States in 2016.
 - 26.1 % of the population is considered obese.
 - Smoking prevalence was estimated at 16.2%.
 - There were 9.3 drug deaths per 100,000 persons in 2016.
 - 21.1% of the population is considered to drink in excess.
 - An estimated 81.9% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Mississippi

Army National Guard

Profile (2016)*

Demographics: 9,483 (16.7% Female)
25.3% have a post-secondary education

State Population: 2,988,726 (2.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 41 / 54



ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	15.5	14.1	8.8–21.0
Dental readiness classification (% not ready)	8.6	6.0	2.7–14.0
Health Factors			
Obesity (%)	29.7	24.5	15.1–33.4
Flagged for weight (%)	4.1	4.6	2.1–7.0
APFT failed (%)	14.9	12.5	10.7–36.6
Smoke tobacco (%)	16.6	15.1	2.5–25.7
Smokeless tobacco (%)	15.5	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	11.4	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.3	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.0	2.6	0.3–6.4
Tested positive for illegal drug use (%)	4.1	3.0	0.2–6.3
ARNG Health Index Score***	106.7	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 72.5
ARNG average: 72.8
ARNG range: 64–77

Score: 75.6
ARNG average: 77.8
ARNG range: 74–82

Score: 65.8
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of hazardous alcohol use

CHALLENGES:

- Higher percentages of obesity and APFT failure
- Lower dental readiness

Mississippi State Health †

- Mississippi ranked 50 in overall health out of 50 States in 2016.
 - 35.6% of the population is considered obese.
 - Smoking prevalence was estimated at 22.5%.
 - There were 11 drug deaths per 100,000 persons in 2016.
 - 13.3% of the population is considered to drink in excess.
 - An estimated 75.4% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Missouri

Army National Guard

Profile (2016)*

Demographics: 9,340 (14.9% Female)
26.8% have a post-secondary education

State Population: 6,093,000 (1.5 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 33 / 54



ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	11.9	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.1	6.0	2.7–14.0
Health Factors			
Obesity (%)	25.7	24.5	15.1–33.4
Flagged for weight (%)	4.8	4.6	2.1–7.0
APFT failed (%)	14.3	12.5	10.7–36.6
Smoke tobacco (%)	17.7	15.1	2.5–25.7
Smokeless tobacco (%)	16.8	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	16.9	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.4	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.3	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.7	3.0	0.2–6.3
ARNG Health Index Score***	102.4	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 75.2
ARNG average: 72.8
ARNG range: 64–77

Score: 77.9
ARNG average: 77.8
ARNG range: 74–82

Score: 68.5
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher dental readiness

CHALLENGES:

- Higher APFT failure percentage

Missouri State Health †

- Missouri ranked 37 in overall health out of 50 States in 2016.
 - 32.4% of the population is considered obese.
 - Smoking prevalence was estimated at 22.3%.
 - There were 17 drug deaths per 100,000 persons in 2016.
 - 17.7% of the population is considered to drink in excess.
 - An estimated 87.8% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

▶ Montana

Army National Guard



Profile (2016)*

Demographics: 2,609 (18.0% Female)
27.1% have a post-secondary education

State Population: 1,042,520 (2.4 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 29 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	12.8	14.1	8.8–21.0
Dental readiness classification (% not ready)	6.9	6.0	2.7–14.0
Health Factors			
Obesity (%)	15.1	24.5	15.1–33.4
Flagged for weight (%)	3.4	4.6	2.1–7.0
APFT failed (%)	8.7	12.5	10.7–36.6
Smoke tobacco (%)	13.3	15.1	2.5–25.7
Smokeless tobacco (%)	21.1	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	23.5	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.5	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.5	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.7	3.0	0.2–6.3
ARNG Health Index Score***	101.4	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 74.1
ARNG average: 72.8
ARNG range: 64–77

Score: 81.4
ARNG average: 77.8
ARNG range: 74–82

Score: 69.2
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher dental readiness

CHALLENGES:

- Higher APFT failure percentage

Montana State Health †

- Montana ranked 23 in overall health out of 50 States in 2016.
 - 23.6% of the population is considered obese.
 - Smoking prevalence was estimated at 18.9%.
 - There were 12.8 drug deaths per 100,000 persons in 2016.
 - 21.8% of the population is considered to drink in excess.
 - An estimated 86.0% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

▶ Nebraska

Army National Guard



Profile (2016)*

Demographics: 3,386 (14.2% Female)
30.8% have a post-secondary education

State Population: 1,907,116 (1.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 37 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	12.8	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.4	6.0	2.7–14.0
Health Factors			
Obesity (%)	17.9	24.5	15.1–33.4
Flagged for weight (%)	5.8	4.6	2.1–7.0
APFT failed (%)	11.6	12.5	10.7–36.6
Smoke tobacco (%)	14.3	15.1	2.5–25.7
Smokeless tobacco (%)	20.2	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	26.1	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.4	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.1	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.1	3.0	0.2–6.3
ARNG Health Index Score***	104.3	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 74.0
ARNG average: 72.8
ARNG range: 64–77

Score: 77.9
ARNG average: 77.8
ARNG range: 74–82

Score: 69.0
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of obesity

CHALLENGES:

- Higher percentages of hazardous alcohol use and smokeless tobacco use

Nebraska State Health †

- Nebraska ranked 12 in overall health out of 50 States in 2016.
 - 31.4% of the population is considered obese.
 - Smoking prevalence was estimated at 17.1%.
 - There were 7.1 drug deaths per 100,000 persons in 2016.
 - 20.4% of the population is considered to drink in excess.
 - An estimated 88.9% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Nevada

Army National Guard



Profile (2016)*

Demographics: 3,176 (21.2% Female)
25.1% have a post-secondary education

State Population: 2,940,058 (1.0 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 5 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	11.0	14.1	8.8–21.0
Dental readiness classification (% not ready)	5.2	6.0	2.7–14.0
Health Factors			
Obesity (%)	21.1	24.5	15.1–33.4
Flagged for weight (%)	3.4	4.6	2.1–7.0
APFT failed (%)	8.4	12.5	10.7–36.6
Smoke tobacco (%)	11.3	15.1	2.5–25.7
Smokeless tobacco (%)	9.8	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	14.4	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	2.9	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.2	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.1	3.0	0.2–6.3
ARNG Health Index Score***	80.0	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 76.1
ARNG average: 72.8
ARNG range: 64–77

Score: 80.3
ARNG average: 77.8
ARNG range: 74–82

Score: 71.7
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower APFT failure percentage
- Higher medical readiness

CHALLENGES:

- None

Nevada State Health †

- Nevada ranked 35 in overall health out of 50 States in 2016.
 - 26.7% of the population is considered obese.
 - Smoking prevalence was estimated at 17.5%.
 - There were 20.9 drug deaths per 100,000 persons in 2016.
 - 15.8% of the population is considered to drink in excess.
 - An estimated 71.3% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► New Hampshire

Army National Guard



Profile (2016)*

Demographics: 1,671 (12.2% Female)
28.7% have a post-secondary education

State Population: 1,334,795 (1.5 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 30 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	13.7	14.1	8.8–21.0
Dental readiness classification (% not ready)	5.9	6.0	2.7–14.0
Health Factors			
Obesity (%)	24.0	24.5	15.1–33.4
Flagged for weight (%)	3.1	4.6	2.1–7.0
APFT failed (%)	7.4	12.5	10.7–36.6
Smoke tobacco (%)	15.9	15.1	2.5–25.7
Smokeless tobacco (%)	11.8	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	21.6	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.1	4.1	0.9–9.3
Depression (% with self-reported symptoms)	1.8	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.7	3.0	0.2–6.3
ARNG Health Index Score***	101.7	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 74.2
ARNG average: 72.8
ARNG range: 64–77

Score: 78.0
ARNG average: 77.8
ARNG range: 74–82

Score: 70.4
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower APFT failure percentage

CHALLENGES:

- Higher percentage of hazardous alcohol use

New Hampshire State Health †

- New Hampshire ranked 6 in overall health out of 50 States in 2016.
 - 26.3% of the population is considered obese.
 - Smoking prevalence was estimated at 15.9%.
 - There were 17.9 drug deaths per 100,000 persons in 2016.
 - 18.4% of the population is considered to drink in excess.
 - An estimated 88.1% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► New Jersey Army National Guard



Profile (2016)*

Demographics: 6,029 (17.1% Female)
29.6% have a post-secondary education

State Population: 8,994,469 (0.7 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 7 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	15.8	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.1	6.0	2.7–14.0
Health Factors			
Obesity (%)	28.1	24.5	15.1–33.4
Flagged for weight (%)	4.4	4.6	2.1–7.0
APFT failed (%)	11.5	12.5	10.7–36.6
Smoke tobacco (%)	13.0	15.1	2.5–25.7
Smokeless tobacco (%)	5.0	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	11.5	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	2.4	4.1	0.9–9.3
Depression (% with self-reported symptoms)	1.6	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.3	3.0	0.2–6.3
ARNG Health Index Score***	83.7	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 73.1
ARNG average: 72.8
ARNG range: 64–77

Score: 77.4
ARNG average: 77.8
ARNG range: 74–82

Score: 72.1
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentages of smokeless tobacco use and hazardous alcohol use

CHALLENGES:

- Higher percentage of obesity

New Jersey State Health †

- New Jersey ranked 9 in overall health out of 50 States in 2016.
 - 25.6% of the population is considered obese.
 - Smoking prevalence was estimated at 13.5%.
 - There were 14 drug deaths per 100,000 persons in 2016.
 - 17.6% of the population is considered to drink in excess.
 - An estimated 89.7% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► New Mexico Army National Guard



Profile (2016)*

Demographics: 2,819 (18.3% Female)
27.5% have a post-secondary education

State Population: 2,081,015 (1.0 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 44 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	17.8	14.1	8.8–21.0
Dental readiness classification (% not ready)	5.9	6.0	2.7–14.0
Health Factors			
Obesity (%)	26.6	24.5	15.1–33.4
Flagged for weight (%)	3.2	4.6	2.1–7.0
APFT failed (%)	11.6	12.5	10.7–36.6
Smoke tobacco (%)	13.2	15.1	2.5–25.7
Smokeless tobacco (%)	13.6	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	19.4	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	6.6	4.1	0.9–9.3
Depression (% with self-reported symptoms)	3.9	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.1	3.0	0.2–6.3
ARNG Health Index Score***	108.9	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 71.4
ARNG average: 72.8
ARNG range: 64–77

Score: 79.2
ARNG average: 77.8
ARNG range: 74–82

Score: 68.8
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of illegal drug use

CHALLENGES:

- Lower medical readiness

New Mexico State Health †

- New Mexico ranked 38 in overall health out of 50 States in 2016.
 - 28.8% of the population is considered obese.
 - Smoking prevalence was estimated at 17.5%.
 - There were 24.7 drug deaths per 100,000 persons in 2016.
 - 13.8% of the population is considered to drink in excess.
 - An estimated 68.6% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► New York

Army National Guard



Profile (2016)*

Demographics: 10,117 (16.7% Female)
30.9% have a post-secondary education

State Population: 19,745,289 (0.5 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 10 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	13.8	14.1	8.8–21.0
Dental readiness classification (% not ready)	6.0	6.0	2.7–14.0
Health Factors			
Obesity (%)	25.0	24.5	15.1–33.4
Flagged for weight (%)	5.5	4.6	2.1–7.0
APFT failed (%)	11.9	12.5	10.7–36.6
Smoke tobacco (%)	14.4	15.1	2.5–25.7
Smokeless tobacco (%)	7.4	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	15.1	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.3	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.3	2.6	0.3–6.4
Tested positive for illegal drug use (%)	1.9	3.0	0.2–6.3
ARNG Health Index Score***	89.0	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 73.1
ARNG average: 72.8
ARNG range: 64–77



Score: 76.6
ARNG average: 77.8
ARNG range: 74–82



Score: 70.6
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of smokeless tobacco use

CHALLENGES:

- Higher percentage of obesity

New York State Health †

- New York ranked 13 in overall health out of 50 States in 2016.
 - 25.0% of the population is considered obese.
 - Smoking prevalence was estimated at 15.2%.
 - There were 11.1 drug deaths per 100,000 persons in 2016.
 - 18.2% of the population is considered to drink in excess.
 - An estimated 79.2% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► North Carolina

Army National Guard



Profile (2016)*

Demographics: 10,098 (17.2% Female)
29.1% have a post-secondary education

State Population: 10,146,788 (1.0 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 16 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	11.2	14.1	8.8–21.0
Dental readiness classification (% not ready)	5.4	6.0	2.7–14.0
Health Factors			
Obesity (%)	25.7	24.5	15.1–33.4
Flagged for weight (%)	4.5	4.6	2.1–7.0
APFT failed (%)	12.8	12.5	10.7–36.6
Smoke tobacco (%)	15.6	15.1	2.5–25.7
Smokeless tobacco (%)	11.0	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	13.9	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.7	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.7	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.8	3.0	0.2–6.3
ARNG Health Index Score***	93.0	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 72.9
ARNG average: 72.8
ARNG range: 64–77



Score: 78.4
ARNG average: 77.8
ARNG range: 74–82



Score: 69.9
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher medical readiness

CHALLENGES:

- Higher percentage of obesity

North Carolina State Health †

- North Carolina ranked 32 in overall health out of 50 States in 2016.
 - 30.1% of the population is considered obese.
 - Smoking prevalence was estimated at 19.0%.
 - There were 13.3 drug deaths per 100,000 persons in 2016.
 - 14.9% of the population is considered to drink in excess.
 - An estimated 85.6% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

▶ North Dakota

Army National Guard

Profile (2016)*

Demographics: 2,990 (18.4% Female)
36.0% have a post-secondary education

State Population: 757,952 (3.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 48 / 54



ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	8.8	14.1	8.8–21.0
Dental readiness classification (% not ready)	3.6	6.0	2.7–14.0
Health Factors			
Obesity (%)	24.7	24.5	15.1–33.4
Flagged for weight (%)	6.8	4.6	2.1–7.0
APFT failed (%)	11.1	12.5	10.7–36.6
Smoke tobacco (%)	17.3	15.1	2.5–25.7
Smokeless tobacco (%)	18.4	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	30.8	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.0	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.0	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.1	3.0	0.2–6.3
ARNG Health Index Score***	112.7	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 74.5
ARNG average: 72.8
ARNG range: 64–77



Score: 75.3
ARNG average: 77.8
ARNG range: 74–82



Score: 65.6
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher medical and dental readiness

CHALLENGES:

- Higher percentages of hazardous alcohol use and smokeless tobacco use

North Dakota State Health ‡

- North Dakota ranked 11 in overall health out of 50 States in 2016.
 - 31.0% of the population is considered obese.
 - Smoking prevalence was estimated at 18.7%.
 - There were 4 drug deaths per 100,000 persons in 2016.
 - 24.7% of the population is considered to drink in excess.
 - An estimated 86.6% graduated from high school.

‡ Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

▶ Ohio

Army National Guard

Profile (2016)*

Demographics: 11,408 (17.4% Female)
26.0% have a post-secondary education

State Population: 11,614,373 (1.0 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 15 / 54



ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	11.4	14.1	8.8–21.0
Dental readiness classification (% not ready)	3.2	6.0	2.7–14.0
Health Factors			
Obesity (%)	23.0	24.5	15.1–33.4
Flagged for weight (%)	4.0	4.6	2.1–7.0
APFT failed (%)	10.7	12.5	10.7–36.6
Smoke tobacco (%)	14.2	15.1	2.5–25.7
Smokeless tobacco (%)	15.9	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	16.6	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	2.4	4.1	0.9–9.3
Depression (% with self-reported symptoms)	1.8	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.5	3.0	0.2–6.3
ARNG Health Index Score***	91.0	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 73.0
ARNG average: 72.8
ARNG range: 64–77



Score: 78.8
ARNG average: 77.8
ARNG range: 74–82



Score: 70.3
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher dental readiness

CHALLENGES:

- Smokeless tobacco use

Ohio State Health ‡

- Ohio ranked 40 in overall health out of 50 States in 2016.
 - 29.8% of the population is considered obese.
 - Smoking prevalence was estimated at 21.6%.
 - There were 21.1 drug deaths per 100,000 persons in 2016.
 - 19.2% of the population is considered to drink in excess.
 - An estimated 80.7% graduated from high school.

‡ Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

▶ Oklahoma

Army National Guard



Profile (2016)*

Demographics: 6,692 (15.8% Female)
29.7% have a post-secondary education

State Population: 3,923,561 (1.7 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 45 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	11.0	14.1	8.8–21.0
Dental readiness classification (% not ready)	6.2	6.0	2.7–14.0
Health Factors			
Obesity (%)	25.0	24.5	15.1–33.4
Flagged for weight (%)	5.2	4.6	2.1–7.0
APFT failed (%)	6.1	12.5	10.7–36.6
Smoke tobacco (%)	18.1	15.1	2.5–25.7
Smokeless tobacco (%)	18.0	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	16.7	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	5.7	4.1	0.9–9.3
Depression (% with self-reported symptoms)	3.8	2.6	0.3–6.4
Tested positive for illegal drug use (%)	6.3	3.0	0.2–6.3
ARNG Health Index Score***	111.0	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 71.7
ARNG average: 72.8
ARNG range: 64–77

Score: 76.2
ARNG average: 77.8
ARNG range: 74–82

Score: 67.3
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher medical readiness

CHALLENGES:

- Higher percentages of illegal drug use and APFT failure

Oklahoma State Health †

- Oklahoma ranked 46 in overall health out of 50 States in 2016.
 - 33.9% of the population is considered obese.
 - Smoking prevalence was estimated at 22.2%.
 - There were 20.9 drug deaths per 100,000 persons in 2016.
 - 13.9% of the population is considered to drink in excess.
 - An estimated 82.5% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

▶ Oregon

Army National Guard



Profile (2016)*

Demographics: 5,824 (13.9% Female)
28.5% have a post-secondary education

State Population: 4,093,465 (1.3 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 53 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	16.5	14.1	8.8–21.0
Dental readiness classification (% not ready)	8.1	6.0	2.7–14.0
Health Factors			
Obesity (%)	24.2	24.5	15.1–33.4
Flagged for weight (%)	3.8	4.6	2.1–7.0
APFT failed (%)	10.4	12.5	10.7–36.6
Smoke tobacco (%)	15.7	15.1	2.5–25.7
Smokeless tobacco (%)	17.1	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	23.9	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	7.0	4.1	0.9–9.3
Depression (% with self-reported symptoms)	4.3	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.9	3.0	0.2–6.3
ARNG Health Index Score***	119.9	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 71.0
ARNG average: 72.8
ARNG range: 64–77

Score: 76.9
ARNG average: 77.8
ARNG range: 74–82

Score: 67.1
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower APFT failure percentage

CHALLENGES:

- Higher percentage of hazardous alcohol use

Oregon State Health †

- Oregon ranked 21 in overall health out of 50 States in 2016.
 - 30.1% of the population is considered obese.
 - Smoking prevalence was estimated at 17.1%.
 - There were 12.3 drug deaths per 100,000 persons in 2016.
 - 18.8% of the population is considered to drink in excess.
 - An estimated 73.8% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Pennsylvania

Army National Guard



Profile (2016)*

Demographics: 15,547 (16.8% Female)
29.2% have a post-secondary education

State Population: 12,784,227 (1.2 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 32 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	16.9	14.1	8.8–21.0
Dental readiness classification (% not ready)	8.9	6.0	2.7–14.0
Health Factors			
Obesity (%)	23.8	24.5	15.1–33.4
Flagged for weight (%)	5.5	4.6	2.1–7.0
APFT failed (%)	14.5	12.5	10.7–36.6
Smoke tobacco (%)	17.0	15.1	2.5–25.7
Smokeless tobacco (%)	13.5	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	13.8	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	2.9	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.1	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.1	3.0	0.2–6.3
ARNG Health Index Score***	102.0	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 74.3
ARNG average: 72.8
ARNG range: 64–77

Score: 77.3
ARNG average: 77.8
ARNG range: 74–82

Score: 69.3
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of hazardous alcohol use

CHALLENGES:

- Lower medical readiness

Pennsylvania State Health †

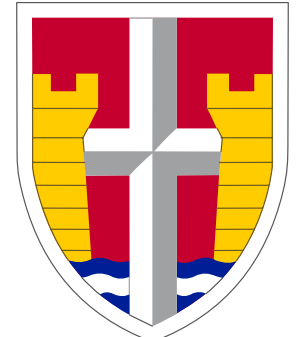
- Pennsylvania ranked 28 in overall health out of 50 States in 2016.
 - 30% of the population is considered obese.
 - Smoking prevalence was estimated at 18.1%.
 - There were 19.8 drug deaths per 100,000 persons in 2016.
 - 18.1% of the population is considered to drink in excess.
 - An estimated 84.8% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Puerto Rico

Army National Guard



Profile (2016)*

Demographics: 6,495 (12.5% Female)
41.0% have a post-secondary education

State Population: 3,411,307 (1.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 3 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	11.8	14.1	8.8–21.0
Dental readiness classification (% not ready)	3.9	6.0	2.7–14.0
Health Factors			
Obesity (%)	27.9	24.5	15.1–33.4
Flagged for weight (%)	2.6	4.6	2.1–7.0
APFT failed (%)	8.5	12.5	10.7–36.6
Smoke tobacco (%)	10.1	15.1	2.5–25.7
Smokeless tobacco (%)	0.3	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	12.0	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.7	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.9	2.6	0.3–6.4
Tested positive for illegal drug use (%)	1.1	3.0	0.2–6.3
ARNG Health Index Score***	73.8	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES

Score: 73.8
ARNG average: 72.8
ARNG range: 64–77

Score: 76.9
ARNG average: 77.8
ARNG range: 74–82

Score: 71.8
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentages of illegal drug use, hazardous alcohol use, and smoking and smokeless tobacco use

CHALLENGES:

- Higher percentage of obesity

Puerto Rico Territory Health

—Data source did not include Puerto Rico

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Rhode Island

Army National Guard

Profile (2016)*

Demographics: 2,032 (14.3% Female)
32.1% have a post-secondary education

State Population: 1,056,426 (1.7 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 22 / 54



ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	18.3	14.1	8.8–21.0
Dental readiness classification (% not ready)	6.8	6.0	2.7–14.0
Health Factors			
Obesity (%)	21.3	24.5	15.1–33.4
Flagged for weight (%)	4.2	4.6	2.1–7.0
APFT failed (%)	11.1	12.5	10.7–36.6
Smoke tobacco (%)	14.3	15.1	2.5–25.7
Smokeless tobacco (%)	7.4	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	21.2	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.3	4.1	0.9–9.3
Depression (% with self-reported symptoms)	1.7	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.2	3.0	0.2–6.3
ARNG Health Index Score***	97.6	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 73.4
ARNG average: 72.8
ARNG range: 64–77



Score: 77.9
ARNG average: 77.8
ARNG range: 74–82



Score: 71.4
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of smokeless tobacco use

CHALLENGES:

- Lower medical readiness

Rhode Island State Health †

- Rhode Island ranked 14 in overall health out of 50 States in 2016.
 - 26% of the population is considered obese.
 - Smoking prevalence was estimated at 15.5%.
 - There were 21.4 drug deaths per 100,000 persons in 2016.
 - 17.9% of the population is considered to drink in excess.
 - An estimated 83.2% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► South Carolina

Army National Guard

Profile (2016)*

Demographics: 9,118 (18.6% Female)
27.3% have a post-secondary education

State Population: 4,961,119 (1.7 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 27 / 54



ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	16.8	14.1	8.8–21.0
Dental readiness classification (% not ready)	6.8	6.0	2.7–14.0
Health Factors			
Obesity (%)	26.9	24.5	15.1–33.4
Flagged for weight (%)	5.2	4.6	2.1–7.0
APFT failed (%)	15.0	12.5	10.7–36.6
Smoke tobacco (%)	14.5	15.1	2.5–25.7
Smokeless tobacco (%)	11.4	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	14.5	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.9	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.7	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.5	3.0	0.2–6.3
ARNG Health Index Score***	101.1	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 72.8
ARNG average: 72.8
ARNG range: 64–77



Score: 75.6
ARNG average: 77.8
ARNG range: 74–82



Score: 66.7
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of hazardous alcohol use

CHALLENGES:

- Higher APFT failure percentage

South Carolina State Health †

- South Carolina ranked 42 in overall health out of 50 States in 2016.
 - 31.7% of the population is considered obese.
 - Smoking prevalence was estimated at 19.7%.
 - There were 13.4 drug deaths per 100,000 persons in 2016.
 - 16.6% of the population is considered to drink in excess.
 - An estimated 80.3% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► South Dakota

Army National Guard

Profile (2016)*

Demographics: 3,125 (17.2% Female)
34.7% have a post-secondary education

State Population: 865,454 (3.6 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 20 / 54



ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	12.1	14.1	8.8–21.0
Dental readiness classification (% not ready)	3.7	6.0	2.7–14.0
Health Factors			
Obesity (%)	19.6	24.5	15.1–33.4
Flagged for weight (%)	2.8	4.6	2.1–7.0
APFT failed (%)	6.9	12.5	10.7–36.6
Smoke tobacco (%)	15.3	15.1	2.5–25.7
Smokeless tobacco (%)	19.7	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	19.3	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	2.6	4.1	0.9–9.3
Depression (% with self-reported symptoms)	1.5	2.6	0.3–6.4
Tested positive for illegal drug use (%)	1.7	3.0	0.2–6.3
ARNG Health Index Score***	95.6	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 77.1
ARNG average: 72.8
ARNG range: 64–77



Score: 77.4
ARNG average: 77.8
ARNG range: 74–82



Score: 66.5
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentages of obesity and APFT failure
- Higher dental readiness

CHALLENGES:

- Higher percentage of smokeless tobacco use

South Dakota State Health †

- South Dakota ranked 24 in overall health out of 50 States in 2016.
 - 30.4% of the population is considered obese.
 - Smoking prevalence was estimated at 20.1%.
 - There were 13.1 drug deaths per 100,000 persons in 2016.
 - 13.0% of the population is considered to drink in excess.
 - An estimated 89.3% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Tennessee

Army National Guard

Profile (2016)*

Demographics: 9,551 (14.4% Female)
26.8% have a post-secondary education

State Population: 6,651,194 (1.5 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 38 / 54



ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	12.0	14.1	8.8–21.0
Dental readiness classification (% not ready)	7.5	6.0	2.7–14.0
Health Factors			
Obesity (%)	26.7	24.5	15.1–33.4
Flagged for weight (%)	5.1	4.6	2.1–7.0
APFT failed (%)	12.9	12.5	10.7–36.6
Smoke tobacco (%)	18.3	15.1	2.5–25.7
Smokeless tobacco (%)	17.9	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	14.0	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.7	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.3	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.3	3.0	0.2–6.3
ARNG Health Index Score***	104.9	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 74.6
ARNG average: 72.8
ARNG range: 64–77



Score: 73.5
ARNG average: 77.8
ARNG range: 74–82



Score: 67.9
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of hazardous alcohol use

CHALLENGES:

- Higher percentages of smoking and smokeless tobacco use

Tennessee State Health †

- Tennessee ranked 44 in overall health out of 50 States in 2016.
 - 33.8% of the population is considered obese.
 - Smoking prevalence was estimated at 21.9%.
 - There were 18.3 drug deaths per 100,000 persons in 2016.
 - 11.2% of the population is considered to drink in excess.
 - An estimated 87.9% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Texas

Army National Guard



Profile (2016)*

Demographics: 18,191 (17.5% Female)
26.0% have a post-secondary education

State Population: 27,862,596 (0.7 ARNG Soldiers per 1,000 population)

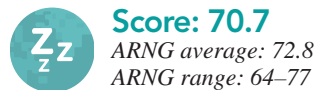
ARNG Health Index Ranking: 49 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	18.5	14.1	8.8–21.0
Dental readiness classification (% not ready)	10.2	6.0	2.7–14.0
Health Factors			
Obesity (%)	28.7	24.5	15.1–33.4
Flagged for weight (%)	4.6	4.6	2.1–7.0
APFT failed (%)	10.9	12.5	10.7–36.6
Smoke tobacco (%)	13.9	15.1	2.5–25.7
Smokeless tobacco (%)	9.9	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	18.8	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	6.3	4.1	0.9–9.3
Depression (% with self-reported symptoms)	4.2	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.2	3.0	0.2–6.3
ARNG Health Index Score***	113.7	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



STRENGTHS:

- Lower percentage of smokeless tobacco use

CHALLENGES:

- Lower dental and medical readiness
- Higher percentage of obesity

Texas State Health †

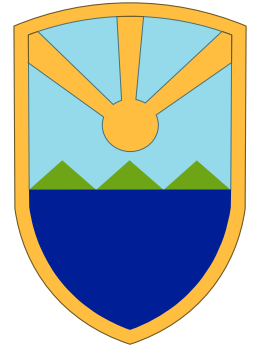
- Texas ranked 33 in overall health out of 50 States in 2016.
 - 32.4% of the population is considered obese.
 - Smoking prevalence was estimated at 15.2%.
 - There were 9.6 drug deaths per 100,000 persons in 2016.
 - 17.3% of the population is considered to drink in excess.
 - An estimated 89.0% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► U.S. Virgin Islands

Army National Guard



Profile (2016)*

Demographics: 757 (39.6% Female)
30.7% have a post-secondary education

State Population: 106,415 (6.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 1 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	15.5	14.1	8.8–21.0
Dental readiness classification (% not ready)	5.7	6.0	2.7–14.0
Health Factors			
Obesity (%)	25.3	24.5	15.1–33.4
Flagged for weight (%)	2.8	4.6	2.1–7.0
APFT failed (%)	11.4	12.5	10.7–36.6
Smoke tobacco (%)	2.5	15.1	2.5–25.7
Smokeless tobacco (%)	0.3	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	8.6	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	0.9	4.1	0.9–9.3
Depression (% with self-reported symptoms)	0.3	2.6	0.3–6.4
Tested positive for illegal drug use (%)	0.1	3.0	0.2–6.3
ARNG Health Index Score***	59.3	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



STRENGTHS:

- Lower percentages of smoking and smokeless tobacco use, illegal drug use, and hazardous alcohol use

CHALLENGES:

- Lower medical readiness

U.S. Virgin Islands Territory Health

—Data source did not include U.S. Virgin Islands

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

Utah

Army National Guard



Profile (2016)*

Demographics: 5,409 (9.0% Female)
29.1% have a post-secondary education

State Population: 3,051,217 (1.7 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 2 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	9.2	14.1	8.8–21.0
Dental readiness classification (% not ready)	2.8	6.0	2.7–14.0
Health Factors			
Obesity (%)	16.7	24.5	15.1–33.4
Flagged for weight (%)	2.1	4.6	2.1–7.0
APFT failed (%)	4.5	12.5	10.7–36.6
Smoke tobacco (%)	7.2	15.1	2.5–25.7
Smokeless tobacco (%)	7.4	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	11.0	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.2	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.2	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.9	3.0	0.2–6.3
ARNG Health Index Score***	62.8	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 74.0
ARNG average: 72.8
ARNG range: 64–77



Score: 80.1
ARNG average: 77.8
ARNG range: 74–82



Score: 72.1
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentages of APFT failure, tobacco smoking, and obesity

CHALLENGES:

- None

Utah State Health †

- Utah ranked 8 in overall health out of 50 States in 2016.
 - 24.5% of the population is considered obese.
 - Smoking prevalence was estimated at 9.1%.
 - There were 22.8 drug deaths per 100,000 persons in 2016.
 - 12.4% of the population is considered to drink in excess.
 - An estimated 84.8% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

Vermont

Army National Guard



Profile (2016)*

Demographics: 2,672 (13.6% Female)
29.4% have a post-secondary education

State Population: 624,594 (3.0 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 50 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	16.0	14.1	8.8–21.0
Dental readiness classification (% not ready)	6.4	6.0	2.7–14.0
Health Factors			
Obesity (%)	28.1	24.5	15.1–33.4
Flagged for weight (%)	6.7	4.6	2.1–7.0
APFT failed (%)	11.1	12.5	10.7–36.6
Smoke tobacco (%)	16.2	15.1	2.5–25.7
Smokeless tobacco (%)	14.0	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	24.6	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.6	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.1	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.7	3.0	0.2–6.3
ARNG Health Index Score***	114.8	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 73.5
ARNG average: 72.8
ARNG range: 64–77



Score: 75.7
ARNG average: 77.8
ARNG range: 74–82



Score: 68.0
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower APFT failure percentage

CHALLENGES:

- Higher percentages of hazardous alcohol use and obesity

Vermont State Health †

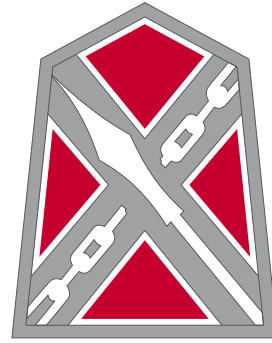
- Vermont ranked 5 in overall health out of 50 States in 2016.
 - 25.1% of the population is considered obese.
 - Smoking prevalence was estimated at 16.0%.
 - There were 13.1 drug deaths per 100,000 persons in 2016.
 - 19.6% of the population is considered to drink in excess.
 - An estimated 87.7% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Virginia

Army National Guard



Profile (2016)*

Demographics: 7,226 (16.7% Female)
29.0% have a post-secondary education

State Population: 8,411,808 (1.1 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 24 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	15.0	14.1	8.8–21.0
Dental readiness classification (% not ready)	7.5	6.0	2.7–14.0
Health Factors			
Obesity (%)	23.0	24.5	15.1–33.4
Flagged for weight (%)	2.4	4.6	2.1–7.0
APFT failed (%)	10.4	12.5	10.7–36.6
Smoke tobacco (%)	13.7	15.1	2.5–25.7
Smokeless tobacco (%)	10.5	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	19.7	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	4.0	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.6	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.1	3.0	0.2–6.3
ARNG Health Index Score***	99.2	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 73.3
ARNG average: 72.8
ARNG range: 64–77



Score: 78.2
ARNG average: 77.8
ARNG range: 74–82



Score: 71.5
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower APFT failure percentage

CHALLENGES:

- Lower dental readiness

Virginia State Health ‡

- Virginia ranked 19 in overall health out of 50 States in 2016.
 - 29.2 % of the population is considered obese.
 - Smoking prevalence was estimated at 16.5%.
 - There were 10.1 drug deaths per 100,000 persons in 2016.
 - 17.4% of the population is considered to drink in excess.
 - An estimated 85.7% graduated from high school.

‡ Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

► Washington

Army National Guard



Profile (2016)*

Demographics: 5,978 (14.7% Female)
26.7% have a post-secondary education

State Population: 7,288,000 (0.9 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 39 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	16.0	14.1	8.8–21.0
Dental readiness classification (% not ready)	8.3	6.0	2.7–14.0
Health Factors			
Obesity (%)	23.6	24.5	15.1–33.4
Flagged for weight (%)	5.6	4.6	2.1–7.0
APFT failed (%)	11.8	12.5	10.7–36.6
Smoke tobacco (%)	13.2	15.1	2.5–25.7
Smokeless tobacco (%)	13.1	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	19.8	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	5.9	4.1	0.9–9.3
Depression (% with self-reported symptoms)	1.8	2.6	0.3–6.4
Tested positive for illegal drug use (%)	1.8	3.0	0.2–6.3
ARNG Health Index Score***	103.2	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 71.2
ARNG average: 72.8
ARNG range: 64–77



Score: 77.1
ARNG average: 77.8
ARNG range: 74–82



Score: 68.7
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of illegal drug use

CHALLENGES:

- Lower dental readiness

Washington State Health ‡

- Washington ranked 7 in overall health out of 50 States in 2016.
 - 26.4% of the population is considered obese.
 - Smoking prevalence was estimated at 15.0%.
 - There were 13.8 drug deaths per 100,000 persons in 2016.
 - 17.8% of the population is considered to drink in excess.
 - An estimated 78.2% graduated from high school.

‡ Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

West Virginia Army National Guard



Profile (2016)*

Demographics: 4,097 (12.0% Female)
26.8% have a post-secondary education

State Population: 1,831,102 (1.7 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 28 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	11.4	14.1	8.8–21.0
Dental readiness classification (% not ready)	3.2	6.0	2.7–14.0
Health Factors			
Obesity (%)	23.3	24.5	15.1–33.4
Flagged for weight (%)	5.1	4.6	2.1–7.0
APFT failed (%)	12.0	12.5	10.7–36.6
Smoke tobacco (%)	16.2	15.1	2.5–25.7
Smokeless tobacco (%)	22.0	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	16.6	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.9	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.5	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.0	3.0	0.2–6.3
ARNG Health Index Score***	101.1	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 74.2
ARNG average: 72.8
ARNG range: 64–77



Score: 77.9
ARNG average: 77.8
ARNG range: 74–82



Score: 69.0
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Higher dental readiness

CHALLENGES:

- Higher percentage of smokeless tobacco use

West Virginia State Health †

- West Virginia ranked 43 in overall health out of 50 States in 2016.
 - 35.6% of the population is considered obese.
 - Smoking prevalence was estimated at 25.7%.
 - There were 32.2 drug deaths per 100,000 persons in 2016.
 - 11.4% of the population is considered to drink in excess.
 - An estimated 86.5% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

Wisconsin Army National Guard



Profile (2016)*

Demographics: 7,352 (18.5% Female)
27.8% have a post-secondary education

State Population: 5,778,708 (1.3 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 4 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	10.1	14.1	8.8–21.0
Dental readiness classification (% not ready)	2.7	6.0	2.7–14.0
Health Factors			
Obesity (%)	15.3	24.5	15.1–33.4
Flagged for weight (%)	4.5	4.6	2.1–7.0
APFT failed (%)	9.6	12.5	10.7–36.6
Smoke tobacco (%)	14.3	15.1	2.5–25.7
Smokeless tobacco (%)	13.7	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	14.3	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	3.0	4.1	0.9–9.3
Depression (% with self-reported symptoms)	2.2	2.6	0.3–6.4
Tested positive for illegal drug use (%)	3.0	3.0	0.2–6.3
ARNG Health Index Score***	78.6	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.
***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 75.7
ARNG average: 72.8
ARNG range: 64–77



Score: 80.2
ARNG average: 77.8
ARNG range: 74–82



Score: 70.2
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower percentage of obesity
- Higher medical and dental readiness

CHALLENGES:

- Higher percentage of smokeless tobacco use

Wisconsin State Health †

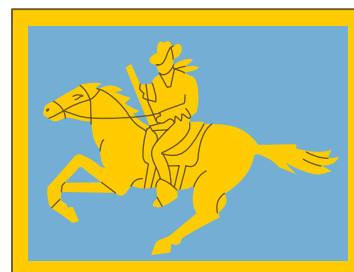
- Wisconsin ranked 20 in overall health out of 50 States in 2016.
 - 30.7% of the population is considered obese.
 - Smoking prevalence was estimated at 17.3%.
 - There were 14 drug deaths per 100,000 persons in 2016.
 - 24.5% of the population is considered to drink in excess.
 - An estimated 88.4% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

Wyoming

Army National Guard



Profile (2016)*

Demographics: 1,521 (13.9% Female)
32.9% have a post-secondary education

State Population: 585,501 (2.4 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 47 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical Readiness			
Medical readiness classification (% not ready)	11.7	14.1	8.8–21.0
Dental readiness classification (% not ready)	4.9	6.0	2.7–14.0
Health Factors			
Obesity (%)	24.2	24.5	15.1–33.4
Flagged for weight (%)	4.7	4.6	2.1–7.0
APFT failed (%)	8.2	12.5	10.7–36.6
Smoke tobacco (%)	15.5	15.1	2.5–25.7
Smokeless tobacco (%)	22.7	12.5	0.3–22.7
Exhibited hazardous levels of alcohol use (%)	20.3	16.6	8.6–31.3
Health Outcomes			
PTSD (% with self-reported symptoms)	5.9	4.1	0.9–9.3
Depression (% with self-reported symptoms)	3.9	2.6	0.3–6.4
Tested positive for illegal drug use (%)	2.8	3.0	0.2–6.3
ARNG Health Index Score***	111.9	99.1	59.3–152.9

**See Appendix I for details regarding measure computations.

***Lower ARNG Health Index Scores indicate better overall health.

PERFORMANCE TRIAD SCORES



Score: 74.3
ARNG average: 72.8
ARNG range: 64–77



Score: 79.5
ARNG average: 77.8
ARNG range: 74–82



Score: 69.5
ARNG average: 69.5
ARNG range: 66–73

STRENGTHS:

- Lower APFT failure percentage

CHALLENGES:

- Higher percentage of smokeless tobacco use

Wyoming State Health †

- Wyoming ranked 25 in overall health out of 50 States in 2016.
 - 29.0% of the population is considered obese.
 - Smoking prevalence was estimated at 19.1%.
 - There were 17.7 drug deaths per 100,000 persons in 2016.
 - 17.5% of the population is considered to drink in excess.
 - An estimated 79.3% graduated from high school.

† Refer to page 95 in Appendix I for explanation of State Health data and references used.

* Population statistics provide approximations of ARNG Soldiers based on time spent at the installation; refer to Appendix I for details.

APPENDICES

- *Methods*
- *Acknowledgments*

METHODS

AGR Soldiers are U.S. Army Reserve (USAR) or ARNG Soldiers who serve full-time according to **AR 135-18**, *The Active Guard Reserve Program*. Thus, AGR soldiers serve in the same manner as AC Soldiers (Title 10 U.S. Code). There are two types of AGR Soldiers in the ARNG:

- Title 10 AGR Soldiers serve in the Army National Guard of the United States, are managed by the National Guard Bureau, and are deployed worldwide.
- Title 32 AGR, also referred to as Full Time National Guard Duty (FTNGD), serve in the National Guard of the 50 U.S. States, three Territories, and the District of Columbia and are covered under 32 USC section 502(f). As members of Modification Table of Organization and Equipment (MTOE) units or Table of Distribution and Allowances (TDA) elements, they also drill 2 days per month and attend AT with the unit or organization they support.

National Guard dual-status technicians (Military Technicians or Mil Techs) are civilians who work full-time for the National Guard (hired as State/Territory employees) and must be members of the ARNG, thus their dual status. Their jobs range from weapon system and equipment maintainers to clerical and support workers. Like Traditional ARNG Soldiers, Mil Techs are in an ARNG Soldier duty status only 39 days per year (unless otherwise mobilized for a State/Federal mission).

Traditional Soldiers refers to the vast majority of National Guardsmen who drill 2 days a month (typically over a weekend) and complete 2 weeks of AT. Traditional Soldiers are obligated to complete 39 total training days per year (i.e., 2 drill periods/month x 12 months + 15 days AT). Traditional Soldiers may be in uniform and pay status more than 39 days throughout the year for various reasons: professional school attendance, mandatory/elective training, Military Occupational Specialty (MOS) sustainment training, or mobilization (i.e., called up for State (Title 32 USC) or Federal (Title 10) missions).

States will be used throughout this publication when referring to the 50 U.S. States, 3 Territories, and the District of Columbia.

Age for Traditional, AGR and Mil Tech Soldiers was obtained from a personnel roster supplied by the ARNG. Social Security Numbers (SSN) were then merged with PHA data. Only those Soldiers with matching SSNs from both the personnel roster and PHA were considered. AGR and Mil Tech Soldiers were combined into a single group as they are deemed to be similar in terms of health risks. Distributions and means were reported.

Medical Readiness was reported as an annual average from monthly counts for each of the 54 States and Territories. Readiness data were furnished by the ARNG, which reported readiness by State, Territory, and Area for MRC3, MRC4, DRC3, and DRC4. The calculation for “percentage not medically ready within 72 hours” was the sum of the annual averages of MRC3 and MRC4. No data were reported for permanent profiles.

Health Factors by state were reported from the PHA self-reported questionnaire. One survey response per individual (the most recent) was retained for analysis. Soldier BMI was calculated from PULHES (an acronym used to identify a Soldier’s physical profile for physical capacity, upper extremities, lower extremities, hearing and ears, eyes, and psychiatric) height and weight data in the PHA using weight in kilograms/height in meters². Overweight was defined as a BMI ≥ 25 and < 30 while obesity was defined as a BMI ≥ 30 . Soldiers without a height and/or weight measurement were not included in the analysis. Calculated BMIs that were < 12 or > 45 were deemed to be out of range and were not included in the analysis. Women who indicated on the PHA that they were pregnant were not included in the BMI analysis. Tobacco use (smoking: yes or no; smokeless: yes or no) was determined from PHA responses. APFT scores and the counts of Soldiers flagged for the ABCP was provided from the ARNG G1LifeCycle database for each state for the month of February 2016.

Table. BMI thresholds and percent body fat standards currently used by the U.S. Army.

Age category (y)	Body mass index (kg • m ⁻²)*	Relative body fat (%)
Men		
<21	25.9	20
21–27	26.5	22
28–39	27.2	24
>40**	27.5	26
Women		
<21	25.0	30
21–27	25.3	32
28–39	25.6	34
>40**	26.0	36

* The AR uses tabled values rounded from these BMI thresholds (AR 600-9).

** The upper limits of BMI permitted in DoDI 1308.3, *DoD Physical Fitness and Body Fat Programs Procedures*, November 5, 2002) are 25–27.5 kg • m⁻² for both sexes. Permissible body fat standards are 26–36% for women and 18–26% for men. Other military services use different age categories and limits within the permissible ranges.

1 website: http://www.cqaimh.org/pdf/tool_auditc.pdf

METHODS

Health Outcomes were reported through two subsets of the PHA: the Personal Health Questionnaire Depression Scale (PHQ-8) and PTSD Checklist - Civilian Version (PCL-C). The PHQ-8 assigned Soldiers a depression score of no depression (<5), sub-threshold symptoms (5–9), mild depression (10–14), moderate depression (15–18), or severe depression (19–24). The PTSD Checklist (PCL-C) assigned Soldiers a PTSD score (<30=no PTSD, 30–39=mild PTSD, 40–49=moderate PTSD, ≥50=severe PTSD). Alcohol use was evaluated by the three-item AUDIT-C in the PHA. The AUDIT-C is scored on a scale of 1–12 with a higher score indicative of greater risk for alcohol use disorders. An AUDIT-C score of ≥ 4 in men and ≥3 in women is “considered optimal for identifying hazardous drinking or alcohol use disorders.”¹

Line of Duty (LOD) injuries for FY16 were aggregated and collapsed into broad categories (sprains and strains, fractures, etc.) and reported by gender.

P3 scores were taken from the ARNG–provided results of the online Global Assessment Tool (GAT), a self-assessment tool that scores Soldiers on sleep, activity, and nutrition. Scores are given as a percentage of the total score which is derived from subcomponent scores in each category. P3 percentage scores are further categorized into “red” (<70%), “amber” (≥70% and <85%) or “green” (≥85%) groups.

ARNG Health Index scores were created by summing the percent positive results for hazardous drinking behaviors, chewing tobacco use, smoking tobacco use, obesity, not dentally ready, not medically ready, and the percentage of Soldiers who screened positive for signs of PTSD and depression. Lower Health Index scores are suggestive of better overall health status.

State Health includes state rankings, drug deaths, excessive drinking, high school graduation, obesity, and smoking measures. State rankings are based on the weighted sum of the number of standard deviations of each core measure from the national average. Drug deaths are reported as the number of deaths due to drug injury of any intent (unintentional, suicide, homicide, or undetermined) per 100,000 population. Excessive drinking is reported as the percentage of adults who reported either binge drinking (having four or more drinks [women] or five or more drinks [men] on one occasion in the past month) or chronic drinking (having 8 or more drinks [women] or 15 or more drinks [men] per week). High school graduation is reported as the percentage of high school students who graduate with a regular high school diploma within four years of starting ninth grade. Obesity is reported as the percentage of adults whose BMI is ≥ 30.0 based on their reported height and weight. Smoking is reported as the percentage of adults who are smokers (reported smoking at least 100 cigarettes in their lifetime and currently smoke every day or some days). Data was retrieved from the United-Health Foundation’s *America’s Health Rankings 2016* annual report.

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Health of the ARNG Force Working Group

Amy Millikan Bell, MD, MPH¹
Health of the Force *Chair*
APHC Medical Advisor

Emily Briskin, MPH¹
Health of the Force *Editor-in-Chief*
Epidemiologist
Disease Epidemiology Division

Alfonza Brown, MPH^{1,2}
Epidemiologist
Disease Epidemiology Division

Jason Embrey¹
Health of the Force *Senior Designer*
Visual Information Specialist
Visual Information Division

Tyson Grier, MS¹
Health of the ARNG Force *Project Manager*
Kinesiologist
Injury Prevention Division

Matthew Inscore, MPH¹
Epidemiologist
Disease Epidemiology Division

Anne Quirin^{1,3}
Health of the Force *Technical Editor*
Public Health Information Directorate

George White¹
Health of the Force *Product Manager*
Public Health Program Development Division

Health of the ARNG Force Writers and Contributors

Joseph Alemany, MS^{1,2}
Exercise Physiologist
Injury Prevention Division

Carrie Kilby, MSN, RN¹
Operations Manager/Health Analyst
Public Health Communication Directorate

Health of the ARNG Force Advisors

John McGowen⁴
Health Promotion Officer
ARNG Office of the Chief Surgeon

COL Jeremiah Stubbs, MD, MPH⁴
Chief, Preventive Medicine
ARNG Office of the Chief Surgeon

¹ U.S. Army Public Health Center

² Oak Ridge Institute for Science and Education

³ NorthTide Group, LLC

⁴ Army National Guard

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HEALTH OF THE ARNG FORCE REPORT



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