



2021
HEALTH
OF THE ARNG
FORCE
Create a healthier force for tomorrow.

The central panel contains the title '2021 HEALTH OF THE ARNG FORCE' in large, bold, green letters. Below the title is the tagline 'Create a healthier force for tomorrow.' At the bottom of the panel are three logos: the U.S. Army star logo, the Army National Guard logo featuring a minuteman, and the APHC logo.





CONTENTS

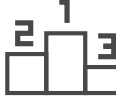
2	●	Introduction
11	●	Health Metrics
38	●	Performance Triad
43	●	State/Territory Profile Summaries
104	●	Appendices


Explore Health of the Army National Guard (ARNG) Force

A suite of products to help YOU improve Force readiness!

01 **Metric Pages**
Discover more about health readiness, health behaviors, and environmental health indicators. 

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

03 **State/Territory Profiles and Rankings**
Explore State/Territory-level strengths and challenges. 

04 **Methods, Contact Us, and Program Website**
Learn more about the science behind *Health of the Force*. 

Welcome to the 2021 *Health of the ARNG Force* Report

OVERVIEW

In this changing world, one constant is the requirement for our Soldiers to remain healthy and ready to achieve Force dominance. In its 5th annual installment, the 2021 *Health of the ARNG Force* report documents conditions that influence the health and medical readiness of the ARNG Soldier population. Leaders can use *Health of the ARNG Force* to optimize health promotion measures and effect culture changes that influence both individual Soldiers and Army institutions. *Health of the ARNG Force* presents Army National Guard-wide and State/Territory-level demographics and data for 10 health and wellness indicators. Data presented in this report reflect status for the prior year (i.e., the 2021 report reflects fiscal year 2020 (FY20) data).

TOTAL FORCE READINESS

The range of health metrics detailed in *Health of the ARNG Force* provides an evidence-based resource that can help ARNG leaders understand the causes of and contributors to medical non-readiness and direct informed policy and programmatic efforts to optimize Soldier health. Calendar year 2020 (CY20) proved to be a challenging year in a multitude of ways. In 2020, the world encountered a global pandemic unlike anything experienced within the past 100 years. The medical and wellness metrics detailed in the *Health of the ARNG Force* report will be a valuable resource for ARNG leaders to provide recommendations to overcome both present and future challenges.

ARNG DATA AVAILABILITY

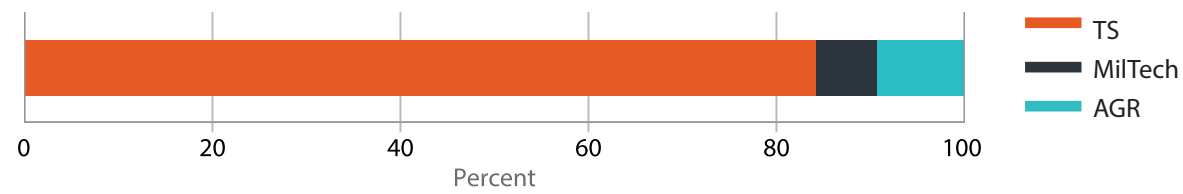
The data sources used to describe Active Component (AC) Soldiers' health and readiness status are not generally available for ARNG Soldiers, as no unified collection system of individual medical data currently exists. The 2021 *Health of the ARNG Force* report relies on administrative data collected and maintained independently by the National Guard Bureau (NGB) and on self-reported information collected through the Periodic Health Assessment (PHA) during the annual Soldier medical physical exam. When data were available, ARNG Soldiers are described in terms of their roles as Active Guard Reserve (AGR)/Military Technicians (Mil Techs) or Traditional Soldiers (TS). The groups of AGR and Mil Techs were combined for analysis and reporting as both groups are employed full-time year-round, fulfilling similar ARNG roles/duties, and have similar access to continuous health insurance (TRICARE® or state-sponsored health insurance) provided by the ARNG or State. 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 ARNG Force* edition describes ongoing efforts by the ARNG to improve the health and readiness of ARNG Soldiers at the enterprise and State/Territory levels. The data described in this report, coupled with information from ongoing health promotion efforts, create a valuable tool with which leaders at all levels can pinpoint challenges and identify possible solutions. The 2021 *Health of the ARNG Force* report may facilitate informed decisions that ultimately improve the readiness and health of ARNG Soldiers, Civilians, and Families.

DEMOGRAPHICS

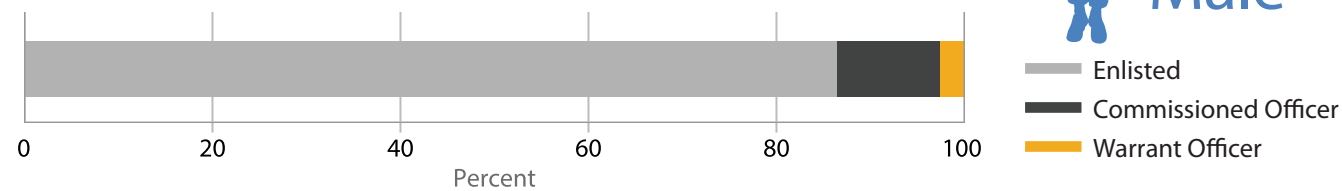
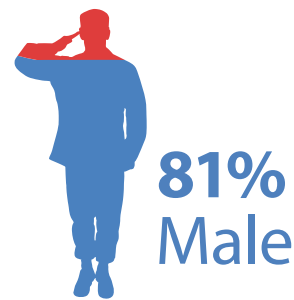
Soldier Type

Traditional Soldiers (TS) comprised 84% of the ARNG in FY20, a slight decrease from 85% in FY19. AGR/Mil Techs comprised the remaining 15% (8.6% and 6.1%, respectively).



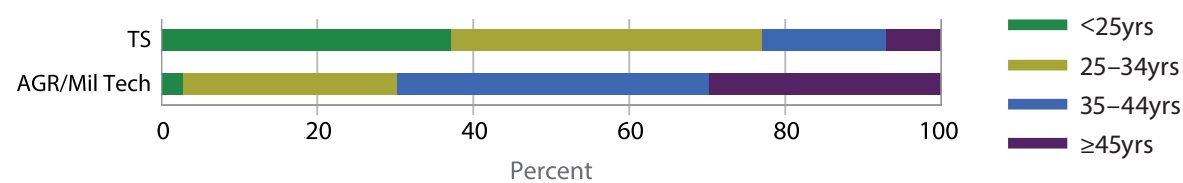
Sex and Rank/Grade

In FY20, the ARNG consisted of 335,973 Soldiers. The majority of ARNG Soldiers were male (81%) and Enlisted (87%). Of the Officers, 2.6% were Warrants and 11% were Commissioned. These data are virtually unchanged from FY16–20.



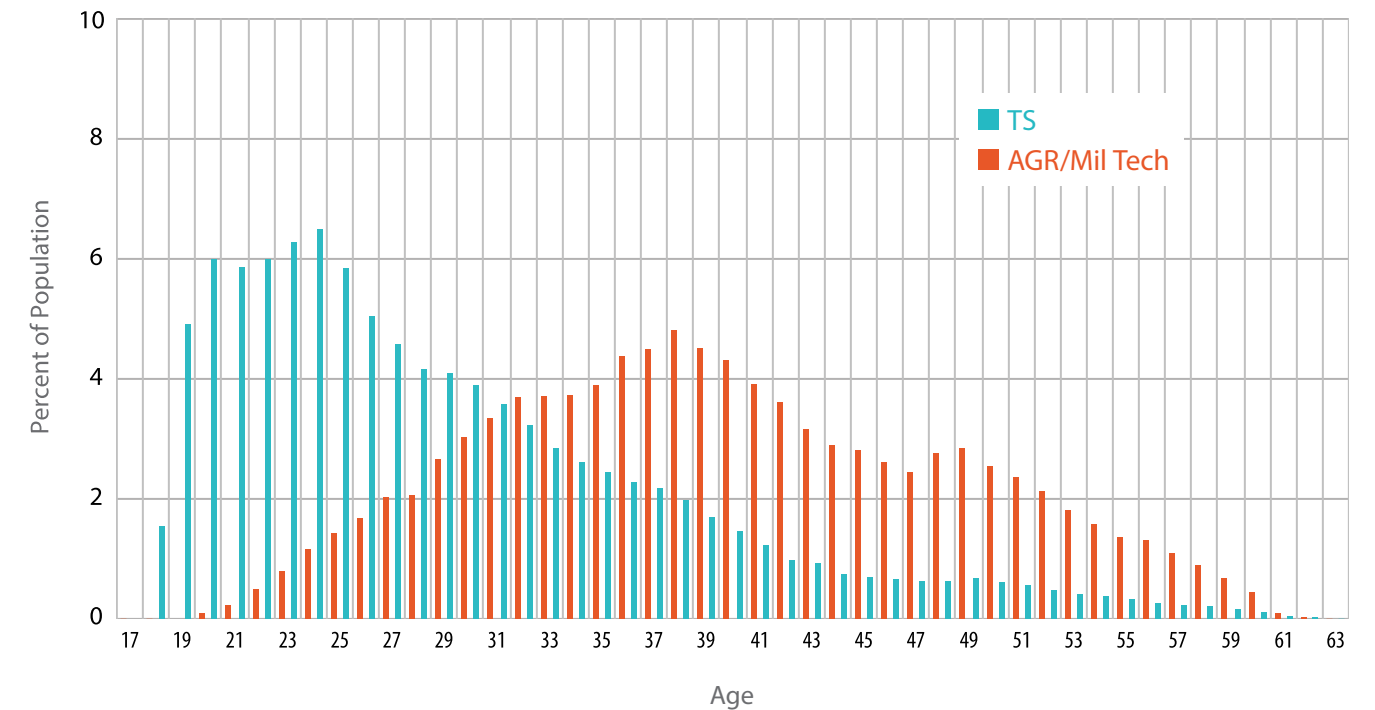
Age

The age of ARNG Soldiers differed by Soldier type. When the age distribution was compared by median, the TS age was 27 years while the AGR/Mil Tech Soldier age was 39 years. The mean age of TS was 28 years in FY20, compared to 39 years for AGR/Mil Tech Soldiers. The difference in mean age between these two groups is expected since AGR/Mil Techs complete specialized duties that may require additional training and experience. It is important to consider this inherent difference in mean age when evaluating the health status and healthcare needs/services of these two populations.



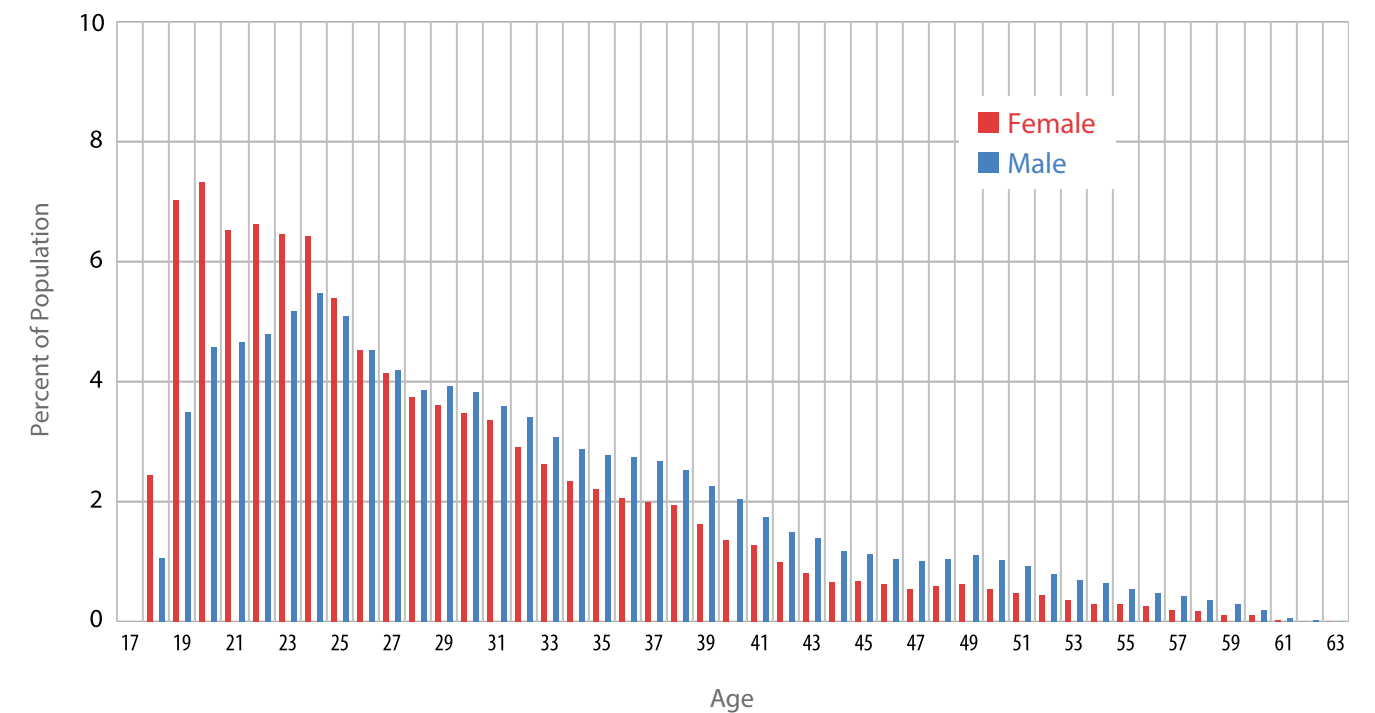
Age Distribution by Soldier Type (Traditional vs. AGR/Mil Tech) Status, ARNG Soldiers, FY20

Age distribution also differed by Soldier type. In FY20, 65% of TS were 29 years of age or younger, while the population of AGR/Mil Techs showed a more normal distribution across age groups.



Age Distribution by Sex, ARNG Soldiers, FY20

The age distribution of ARNG Soldiers by sex was similar among males and females in FY20. However, the proportion of female Soldiers between the ages of 18 and 26 was higher than the proportion of male Soldiers in that age group.

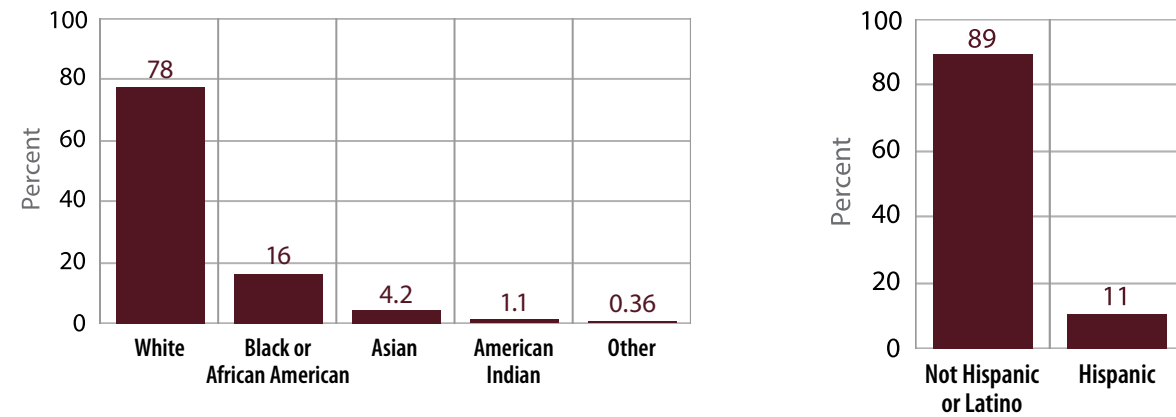


Introduction

Race and Ethnicity

In FY20, the racial/ethnic composition of the ARNG Force was primarily White (78%) followed by Black or African American (16%), Asian (4.2%), American Indian (1.1%), and Other race (0.4%). Additionally, most ARNG Soldiers (89%) identified as Not Hispanic or Latino.

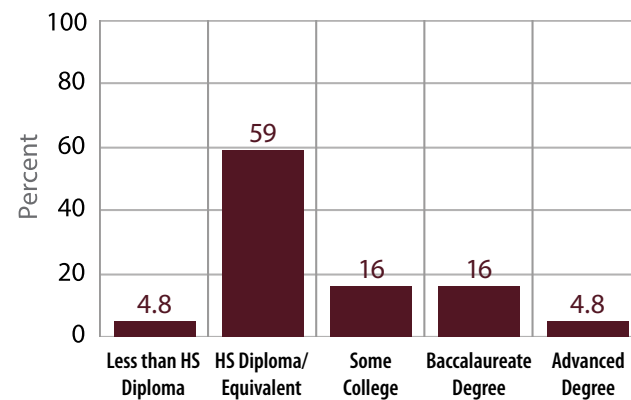
Race and Ethnicity Distribution, ARNG Soldiers, FY20



Education Level

Educational attainment can serve as an important proxy measure for socioeconomic status, which directly influences overall health. The ARNG offers education benefits and incentives to its Soldiers to further their professional development and enable them to better complete their ARNG missions. In FY20, 59% of ARNG Soldiers had earned a high school diploma or equivalency as their highest level of education, while 37% of ARNG Soldiers had pursued post-secondary education.

Educational Attainment, ARNG Soldiers, FY20



FY20 SUMMARY STATISTICS

Medical and Dental Readiness

Medical Readiness

Of ARNG Soldiers, 83% were medically ready for deployment within 72 hours [Medical Readiness Classification (MRC) 1 or 2].

Dental Readiness

Of ARNG Soldiers, 91% were dentally ready or partially dental ready for deployment [Dental Readiness Classification (DRC) 1 or 2].

Hearing Readiness

In FY20, 76% of ARNG Soldiers were hearing ready for deployment; 6.6% of ARNG Soldiers experienced a new hearing injury.

FY20 SUMMARY STATISTICS (cont.)

Health Readiness

Behavioral Health

In FY20, 4.5% of ARNG Soldiers were classified as exhibiting symptoms of depression, and 5.7% were classified as exhibiting symptoms of posttraumatic stress disorder (PTSD).

Among TS, 4.3% were classified as exhibiting symptoms of depression, and 5.1% were classified as exhibiting symptoms of PTSD. Among AGR/Mil Tech Soldiers, 5.2% were classified as exhibiting symptoms of depression, and 8.4% were classified as exhibiting symptoms of PTSD.

Drug Use

In FY20, 2.0% of ARNG Soldiers tested positive for illegal drug use.

Obesity

Of ARNG Soldiers, 22% were classified as obese based on body mass index (BMI).

In FY20, 25% of male ARNG Soldiers and 12% of female ARNG Soldiers were obese, respectively. By Soldier type, 22% of TS and 29% of AGR/Mil Tech Soldiers were classified as obese.

Flagged for Weight

Of ARNG Soldiers, 3.9% were flagged for weight in FY20.

Tobacco Use

Of ARNG Soldiers, 14% smoked and 17% used smokeless tobacco in FY20. No difference in tobacco use was observed by Soldier type.

Hypertension

Hypertension was identified in 6.5% of ARNG Soldiers in FY20. Of these diagnoses, 5.9% were among TS, and 9.2% were among AGR/Mil Tech Soldiers.

Performance Triad

Sleep

Across ARNG Soldiers, 49% reported getting 7 or more hours of sleep per night on weeknights, and 74% achieved this target on weekends.

Activity

Across ARNG Soldiers, 74% reported engaging in 2 or more days of resistance training per week, and 84% achieved adequate moderate and/or vigorous aerobic activity each week.

Nutrition

Across ARNG Soldiers, 30% reported eating two or more servings of fruit per day, and 40% reported eating two or more servings of vegetables per day.

ARNG Health Index Scores

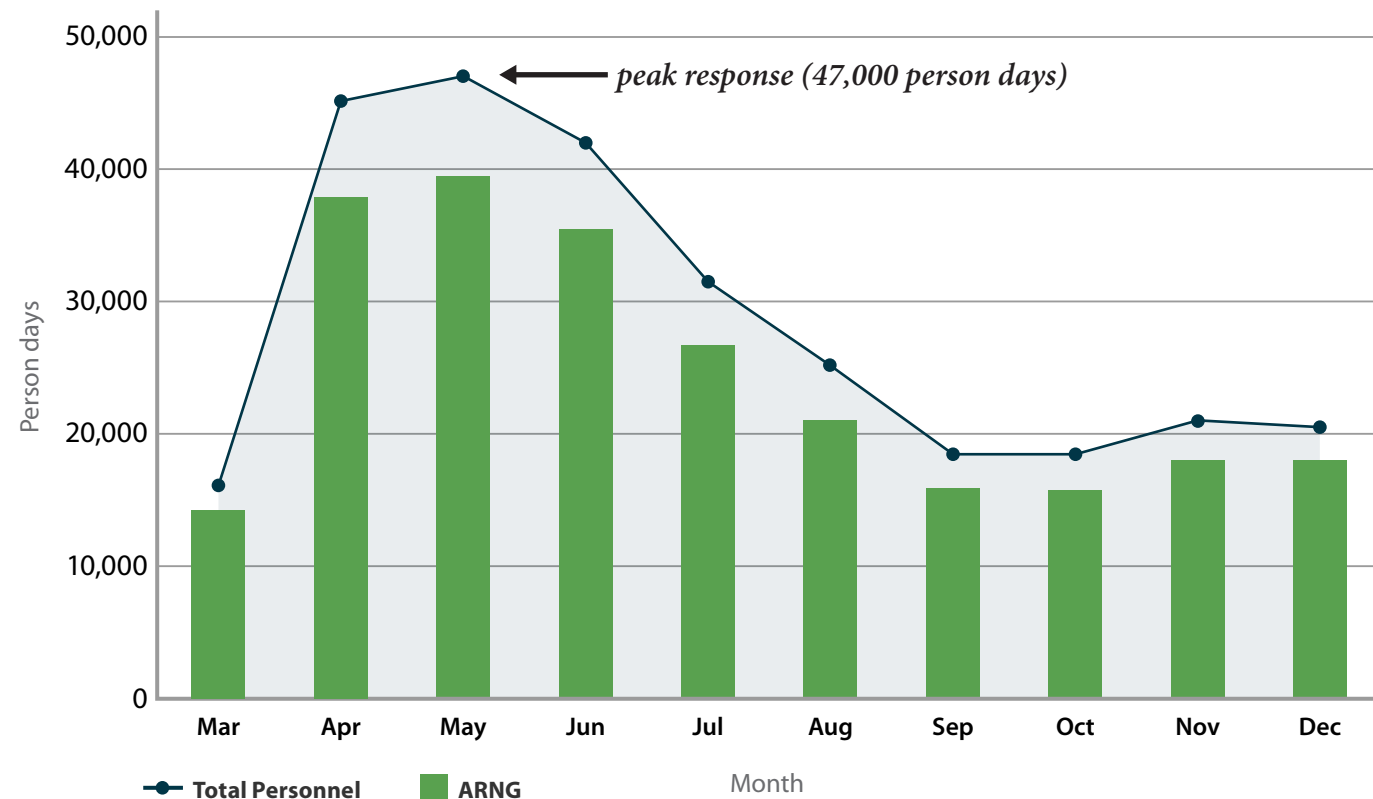
Many of the health metrics included in this report were compiled into a weighted ARNG Health Index (AHI) that summarizes and ranks the overall health of ARNG Soldiers in each State and Territory. While health indices provide a measure of health that helps identify populations that could benefit from health prevention measures, aggregate indices may hide some of the driving factors and social determinants of health. Healthcare decision and policy makers must further review individual measures that comprise the index in order to identify and effectively target key outcomes or behaviors that are the most significant health and readiness detractors for each State/Territory.

DOMESTIC MISSION

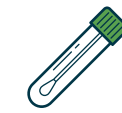


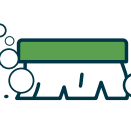




National Guard Response to COVID-19

The year 2020 brought a number of competing priority missions, requiring the support of the National Guard. Second only to warfighting missions, Coronavirus Disease 2019 (COVID-19)-related missions required the greatest level of support from National Guard personnel. Soldiers and Airmen spent 7.6 million personnel days supporting COVID-19 missions, which accounted for 70% of total time spent on domestic missions and over one-third of all missions, both domestic and global. In response to the COVID-19 Emergency Declaration, peak personnel involvement began in March 2020 and carried through August 2020, with involvement leveling off in September through the end of 2020 (Figure 1). At peak response in May 2020, approximately 47,000 Guardsmen were engaged in COVID-19 missions in all States, Territories, and the District of Columbia. COVID-19 also impacted Soldiers and Airmen, resulting in 10,442 positive tests, 113 hospitalizations, and 3 deaths.

Figure 1. COVID-19 Mission Support by Month, 2020



COVID-19 missions included testing and screening, clinical augmentation, site disinfection, transportation and delivery, food bank distribution, call center operations, liaising and planning, human remains collection, and airlift missions. By the numbers, Guardsmen—

-  Administered **16,112,315** COVID-19 tests & screenings at **122,021** facilities and **4,381** mobile test sites.
-  Responded to **2,406,490** calls at call centers.
-  Provided **632 million** meals.
-  Participated in additional outreach, deep-cleaning, and disinfecting of **71,259** facilities.
-  Drove **11.5 million** miles to deliver **562 million** personal protective equipment (PPE) items, **1.4 million** tons of bulk food, and **1.8 million** gallons of water.
-  Provided **1,653** liaison officers and planners to support government agencies.
-  Provided **20,300** additional beds at alternate care facilities.
-  Supported **607** food banks across the United States.

Guardsmen also engaged in missions related to airlift and collection of remains, and aided in distribution efforts as COVID-19 vaccinations became available in December 2020.

National Guard units in all 50 States, 3 Territories, and the District of Columbia were involved in COVID-19 missions throughout 2020, and one of the largest efforts was in New York. The New York National Guard (NYNG) was one of the first units to respond, with 300 troops being mobilized to contain an outbreak in New Rochelle in March 2020, and was one of two Guard Forces to begin administering the vaccine to its troops in late December. Overall, NYNG dedicated more than 5,000 members to the COVID-19 mission. At the height of mission involvement, in addition to distributing tests, supplies, and meals, the NYNG converted the Javits Convention Center in New York City into a 4,000-bed hospital. This conversion took only 4 weeks and resulted in a facility larger than most permanent hospitals in the country. The NYNG also fulfilled the somber mission of supporting New York City's Office of the Chief Medical Examiner in the recovery of people who died of COVID-19 outside of a hospital, a continuous as well as physically and emotionally demanding effort.

Even with COVID-19 missions demanding significant levels of support from the National Guard, units countrywide maintained proper training and readiness, and prepared for other national emergencies and mobilizations as needed; thus highlighting their adaptability, readiness, and resilience under real-world threats. Units in California, New York, and Virginia adapted their drills based on safety protocol and converted to telework where possible. North Carolina National Guard overcame challenges created by restrictions and executed Officer Candidate School, graduating 19 new second lieutenants into the ranks.

Even with the challenges of COVID-19 missions and endeavors to maintain training and response for other domestic missions, National Guard units sought to bring stability and positivity where possible. Members of the Connecticut Guard organized Thanksgiving meal donations for local families in need, and members of the NYNG volunteered to load and deliver Christmas trees to fellow Service members around the country and across the globe. The Michigan National Guard Band supported COVID-19 missions by volunteering at food banks and putting on performances at medical and retirement facilities. Members of the Guard also sought to boost morale by organizing shared online workouts for Guardsmen and their Families.



HEALTH METRICS

Overview

The Chief Surgeon of the U.S. ARNG has identified medical readiness as the leading population health priority for the ARNG. Presented in this report are data on overall Soldier medical readiness, as well as metrics on force health factors and outcomes that can directly impact Soldier medical readiness. This report seeks to serve as a tool for ARNG leaders at all levels to identify and track some of the underlying factors and conditions impacting Soldier health and readiness. Once armed with this actionable knowledge, ARNG leaders can create opportunities for intervention such as programs, policies, and procedures to improve Soldier health and ultimately readiness of the Force to meet current and future dual mission of the ARNG.

2021 Health of the ARNG Force Metrics:

- Medical and Dental Readiness
- Behavioral Health
- Drug Use and Testing
- Obesity
- Flagged for Weight
- Tobacco Use
- Hypertension

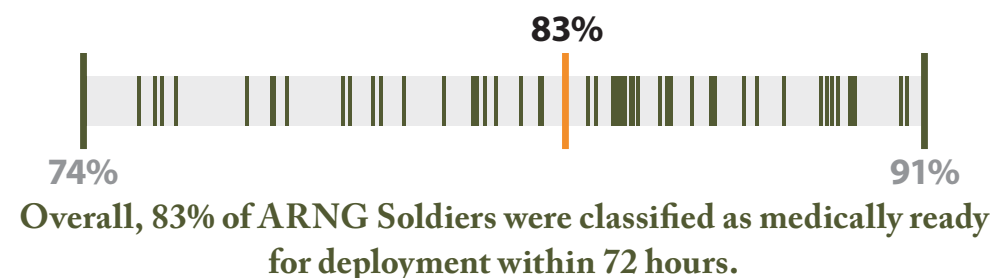
Medical and Dental Readiness

Medical readiness is a key part of the overall Soldier readiness priority for both the AC and the ARNG. To enable commanders to manage their forces, each Soldier is assigned a Medical Readiness Category (MRC). Soldiers classified as MRC1 or MRC2 status are medically ready and deployable. Soldiers in MRC3 status are not medically ready and default to non-deployable. Soldiers classified in MRC4 status have either missed or are overdue for a mandatory medical or dental exam, and thus are not medically ready and are non-deployable.

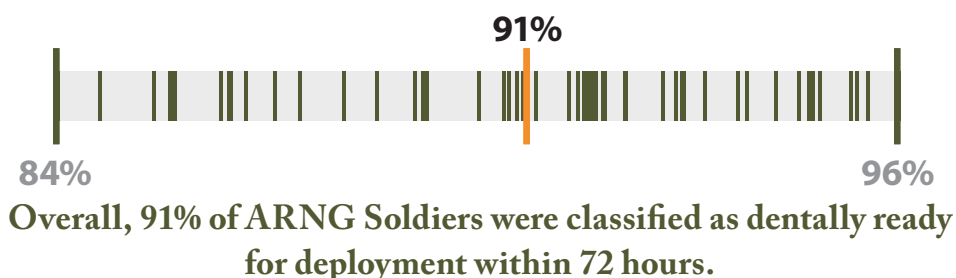
Dental readiness is a vital part of Soldier overall medical readiness. Soldiers that are classified as DRC1 or DRC2 are dentally ready and immediately deployable. Soldiers with a DRC3 or DRC4 are dentally unready and non-deployable. DRC3 status is assigned due to a dental condition that requires urgent or emergent treatment. A DRC4 classification is assigned to Soldiers delinquent or overdue for their annual dental exam.

In FY20, 83% of ARNG Soldiers were considered medically ready and deployable (MRC1 or MRC2) within 72 hours. The proportion of ARNG Soldiers medically ready remained virtually unchanged from FY19 (86%). A stable medical readiness rate is important since 4.2 out of every 5 ARNG Soldiers were able to be called upon during a mobilization/deployment event nationwide. The proportion of Soldiers medically ready varied by location, ranging from 74% to 91% across States/Territories.

The proportion of ARNG Soldiers dentally ready and deployable (DRC1 or DRC2) remained fairly stable between FY19 (93%) and FY20 (91%). In FY20, 4.6 out of every 5 ARNG Soldiers across States/Territories were able to be called upon during a mobilization/deployment event nationwide based on dental readiness. The proportion of Soldiers dentally ready varied by location, ranging from 84% to 96% across the States/Territories.



Prevalence ranged from 74% to 91% across the States and Territories.



Prevalence ranged from 84% to 96% across the States and Territories.

States/Territories with the Highest Medical Readiness, ARNG Soldiers, FY20

RANK	State/Territory	Percentage
1.	Arkansas	91%
2.	North Dakota	90%
3.	Illinois	90%
4.	Indiana	89%
5.	Maine	89%

States/Territories with the Highest Dental Readiness, ARNG Soldiers, FY20

RANK	State/Territory	Percentage
1.	Florida	96%
2.	North Dakota	96%
3.	Maine	96%
4.	South Dakota	96%
5.	Indiana	96%

SPOTLIGHT

LISTEN UP! — Hearing Trends in the ARNG

The sense of hearing is a 24/7 Force multiplier and critical to mission success when operating in fluid environments, around obstacles, and in darkness. Good hearing preserves situational awareness during critical communication and auditory tasks (e.g., verbal conversation, acoustic stealth, sound detection, sound identification, and sound localization) and is crucial to success in training and conventional and unconventional environments, and in maintaining the safety of the workforce during garrison activities. The Army Hearing Program (AHP), a hearing loss prevention program incorporating the use of noise hazard identification, engineering controls, surveillance audiometry, hearing protection devices, hearing health education, and command enforcement, uses Defense Occupational and Environmental Health Readiness System–Hearing Conservation (DOEHRS-HC) hearing test data and Medical Protection System (MEDPROS) hearing readiness classification (HRC) data to monitor the hearing health of personnel from all Army Components (COMPOs), including the 54 ARNG States/Territories.

continued on following page

HEARING INJURIES

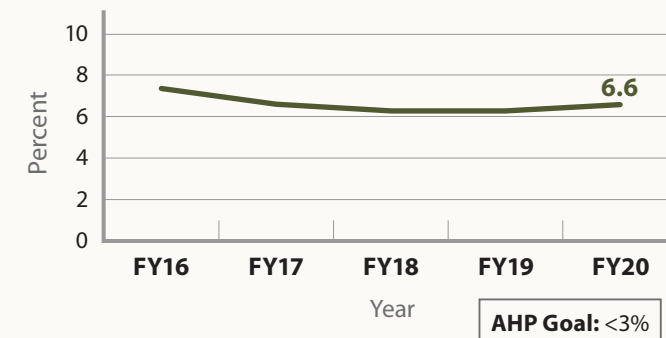
From FY16 to FY20, DOEHS-HC data showed a slight decrease in new hearing injuries among ARNG Soldiers. FY20 rates decreased to 6.6% from 7.4% in FY16.

Total Periodic Hearing Tests

	FY16	FY17	FY18	FY19	FY20
ARNG	236,740	243,178	240,537	229,637	221,953

Source: DOEHS-HC Data Repository (DR)

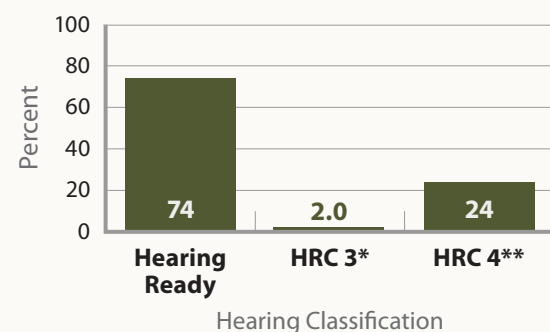
Percent New Cases of Significant Threshold Shift, ARNG Soldiers, FY16–20



HEARING READINESS

FY20 ARNG MEDPROS HRC data demonstrated that of the majority of Not Hearing Ready Soldiers, 24% of all Soldiers were assigned to HRC 4. This was a change of 3.0% compared to FY19. HRC 4 Soldiers are either overdue for their annual hearing test or require a follow-up hearing test(s) to identify true hearing ability. An additional 2.0% of ARNG Soldiers were assigned to HRC 3. This compares to 1.7% in FY19. Soldiers who are HRC 3 are Not Hearing Ready. However, they did complete a hearing test within the last 12 months and either need a comprehensive audiological evaluation, a Department of the Army (DA) form 3349, or a Military Occupational Specialty Administrative Retention Review (MAR2). Therefore, they do not meet readiness and/or deployment standards, or they meet standards but do not have required hearing aid(s) and at least a 6-month supply of batteries.

Percent Hearing Readiness Status, ARNG Soldiers, FY20



AHP Goals:
 ≥90% – Hearing Ready
 ≤1% – HRC 3*
 ≤6% – HRC 4**

ARNG Soldiers:
 FY17 (341,834)
 FY18 (336,241)
 FY19 (333,693)
 FY20 (329, 921)

* Needs comprehensive evaluation; needs DA form 3349; needs MAR2; does not meet readiness and/or deployment standards; or meets standards, but does not have required hearing aid(s) and at least a 6-month supply of batteries.

** No hearing test within 12 months; follow-up testing required.

Source: DOEHS-HC Data in MEDPROS

RECOMMENDATIONS

The ARNG should strive to decrease hearing injury and increase hearing readiness to sustain a fit, hearing ready force and to achieve AHP goals. The ARNG should ensure that hearing testing occurs in accordance with Army hearing test standards and ensure that Soldiers comply with all hearing test requirements to include follow-up hearing testing and comprehensive audiological evaluations, as needed.

This will lead to more precise hearing injury data and improve hearing readiness. The ARNG should promote the proper use of hearing protection in garrison, training and operational environments as it is critical to preserving the hearing health of ARNG Soldiers. Finally, the ARNG should actively support and emphasize the importance of hearing and hearing health to maintain Soldier communication abilities, unit productivity, survivability, lethality, and safety.

DID YOU KNOW?

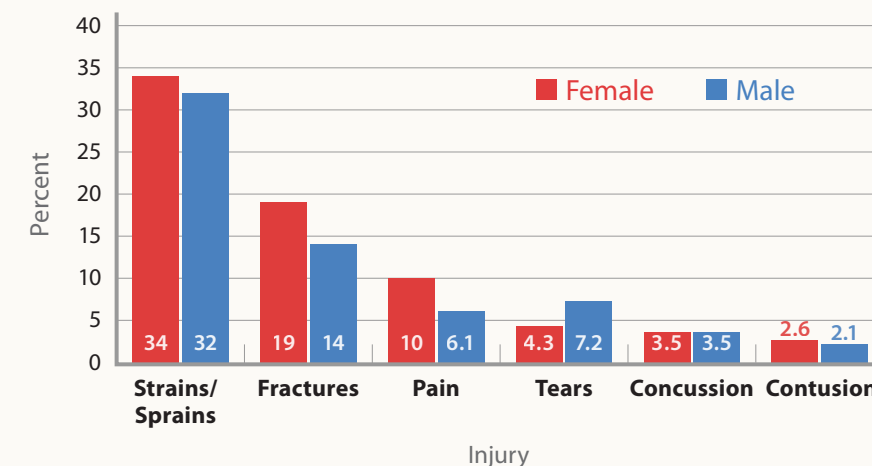
Musculoskeletal Duty-Related Injuries

Musculoskeletal duty-related injuries (MDRI) are injuries that occur while ARNG Soldiers are in an active drilling status. In FY20, approximately 5,600 MDRI were reported and logged in the Medical Electronic Data for Care History and Readiness Tracking (MEDCHART) system.

Male Soldiers accounted for 79% of all MDRI; however, when MDRI rates are examined by sex, female Soldiers (1,800 per 100,000 Soldiers) have a higher burden MDRI than males (1,400 per 100,000 Soldiers). This point is consistent with the paradigm that women generally have lower aerobic endurance and muscular strength—both of which are risk factors for injury—compared to men. When men and women possess similar aerobic endurance and muscular strength, the injury risk is similar (Anderson et al. 2017).

Sprains and strains accounted for approximately one-third (32%) of all MDRI among ARNG Soldiers in FY20; there was not a significant difference in incidence by sex (34% and 32%, males and females). Sprains can be described as injuries to ligaments or joints, whereas strains are injuries to tendons or muscles. Approximately half of strains and sprains occurred in the lower extremities, an occurrence that is corroborated by multiple studies of military and other physically active populations (Cowan et al. 1993; Gardner et al. 1998; Jones et al. 1993a; Jones et al. 1993b; Jones et al. 1992; Jones et al. 1989).

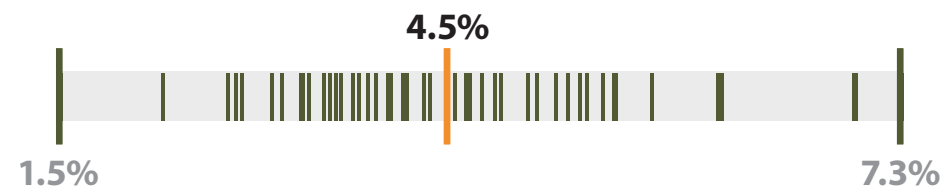
Top Duty-Related Injuries, ARNG Soldiers, FY20



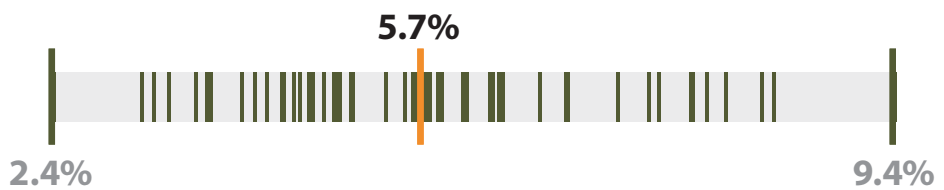
Fractures (15%), pain (7.0%), tears (6.6%), concussions (3.5%), and contusions (2.2%) were the next most common MDRI reported by ARNG Soldiers in FY20. The proportions of concussions and contusions were similar between males (3.5%, and 2.1%, respectively) and females (3.5%, and 4.3%, respectively). The burden of fractures, pain, and tears differed slightly between males (14%, 6.1%, and 7.2%, respectively) and females (19%, 10%, and 4.3%, respectively); these differences were not statistically significant. More information on duty-related injuries can be found in Army Regulation (AR) 600-8-4 (DA 2019b).

Behavioral Health

The cumulative effect of Soldier and civilian life stressors can be profound on the psychological well-being and condition of ARNG Soldiers, their Families, and the community at large. As a response to these cumulative stressors, ARNG Soldiers are potentially at risk of developing behavioral health disorders such as PTSD, depression, and substance abuse. The impacts of undiagnosed and untreated behavioral health disorders among ARNG Soldiers can be extremely detrimental to the Force, potentially resulting in increased levels of medical boarding and early discharge, and potentially associated with suicidal behavior. In FY20, **4.5% of ARNG Soldiers reported symptoms that could be consistent with a diagnosis of clinical depression**, (FY19 - 4.1%); while **5.7% of ARNG Soldiers reported symptoms that could be consistent with a diagnosis of PTSD**, (FY19 - 5.4%). Identifying concerns early and encouraging Soldiers to seek treatment are primary goals of Army Medicine and lead to better clinical outcomes. Soldiers with behavioral health conditions who do not receive timely treatment are at risk for negative outcomes and decreased readiness.



Overall, 4.5% of ARNG Soldiers reported symptoms consistent with clinical depression. Prevalence ranged from 1.5% to 7.3% across the States/Territories.



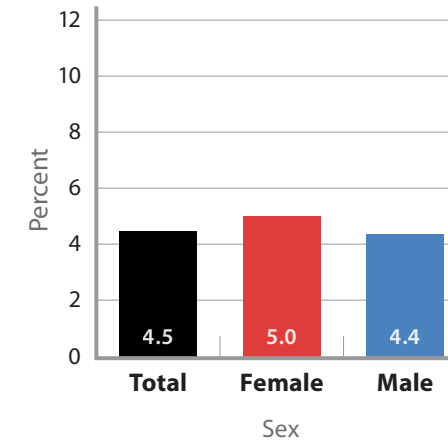
Overall, 5.7% of ARNG Soldiers reported symptoms consistent with PTSD. Prevalence ranged from 2.4% to 9.4% across the States/Territories.

RANKING STATES/TERRITORIES

States/Territories are not rank-ordered for behavioral health conditions in these pages because higher percentages of Soldiers endorsing symptoms of behavioral health disorders may, in fact, reflect lower levels of stigma and higher levels of self-awareness among Soldiers. Identifying behavioral health concerns early and encouraging Soldiers to seek treatment are priority goals of the ARNG and lead to better long-term outcomes. Soldiers who do not receive timely treatment for behavioral health concerns are at risk for negative outcomes and decreased readiness.

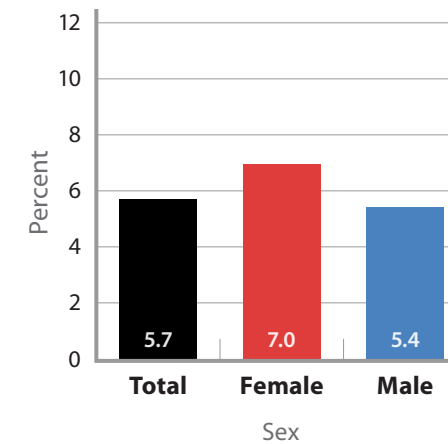
Percent Reporting Symptoms Consistent with Depression by Sex, ARNG Soldiers, FY20

Patient Health Questionnaire Depression Scale (PHQ-8) results revealed that female Soldiers (5.0%) were slightly more likely than male Soldiers (4.4%) to report symptoms that could be consistent with a diagnosis of depression.



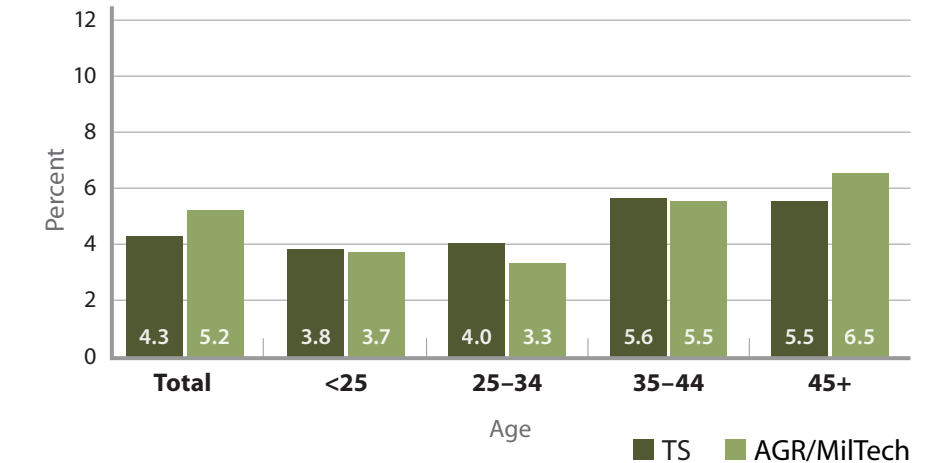
Percent Reporting Symptoms Consistent with PTSD by Sex, ARNG Soldiers, FY20

PTSD Checklist-Civilian (PCL-C) results revealed that female Soldiers (7.0%) were slightly more likely than male Soldiers (5.4%) to report symptoms that could be consistent with a diagnosis of PTSD.



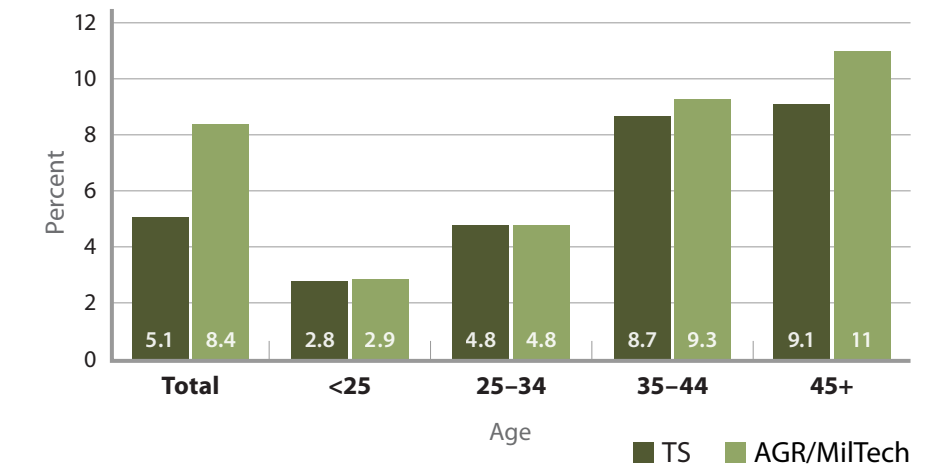
Percent Reporting Symptoms Consistent with Depression by Age and Soldier Status, ARNG Soldiers, FY20

When Soldier type is considered for PHQ-8 scores, TS (4.3%) were less likely than AGR/Mil Tech Soldiers (5.2%) to report symptoms that could be consistent with a diagnosis of depression. The proportion of Soldiers that reported symptoms that could be consistent with a diagnosis of depression varied by State/Territory, ranging from 1.5% to 7.3% for FY20.



Percent Reporting Symptoms Consistent with PTSD by Age and Soldier Status, ARNG Soldiers, FY20

When Soldier type is assessed for PCL-C scores, TS (5.1%) were less likely than AGR/Mil Tech Soldiers (8.4%) to report symptoms that could be consistent with a diagnosis of PTSD. The proportion of Soldiers reporting symptoms that could be consistent with a diagnosis of PTSD varied by State/Territory, ranging from 2.4% to 9.4% for FY20.



SPOTLIGHT

Unit Risk Inventory Reduces High-Risk Behaviors

Approximately two-thirds (61%) of TS are 29 years of age or younger, and a majority of these Soldiers fall into a high-risk behavior age group (18 to 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) (DA 2019c), 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

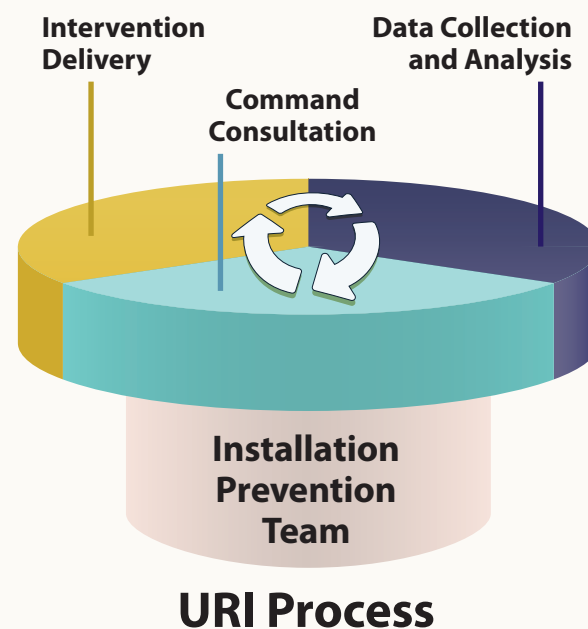
When high-risk behaviors are identified, the unit commander is informed immediately and is advised to brief their Soldiers on available resources. Results of the URI can be used to inform the development of a unit Risk Mitigation Plan (RMP). The RMP provides proposed unit education and early interventions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

As of FY18, approximately 151,000 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 to acquire a State-specific roll-up report, contact the State's or Territory's 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.

The Unit Risk Inventory—

- Is an Army-approved Command Climate Survey.
- Is designed for company-level use.
- Screens for high-risk behaviors and attitudes that compromise unit readiness.
- Can be completed in 30 minutes.
- Incurs no cost to installations or units.



SPOTLIGHT

Hunting the Good ARNG Master Resiliency Training

The COVID-19 pandemic and associated distance and safety protocols presented potential challenges to maintaining National Guard resilience and readiness. The Warrior Resilience and Fitness (WRF) Division, which is focused on Air and Army National Guard well-being, resilience, and suicide prevention, received the Army Resilience Directorate's only exception-to-policy granted to any Army component to conduct a 2-week Master Resilience Training (MRT) certification remotely. This sole exception was granted due to WRF's robust training platform, extensive testing, and instructors' high level of expertise. Based on lessons learned during the virtual course, the MRT schoolhouse staff in Wisconsin was able to conduct nine virtual training certification courses, including one 2-week Level 1 MRT training, seven 4-day MRT Refresher Trainings, and one 5-day Resilience Trainer Assistant training. Coursework was presented predominantly through video chat.

MRT provides individuals with the opportunity to enhance leadership skills and effectiveness, and to learn how to teach skills to Soldiers, Family members, and DA Civilians. After being certified, Master Resilience Trainers are equipped to teach about coping with stress, monitoring mental health, and managing personal workloads. MRT participants learn 14 distinct skills that allow them to develop themselves and others in the following six MRT competency areas:

- Self-Awareness
- Self-Regulation
- Optimism
- Mental Agility
- Strengths of Character
- Connection

With these skills, students develop the ability to understand their own thoughts, emotions, and behaviors, as well as the thoughts, emotions, and behaviors of others. Participants master skills to strengthen relationships through communication strategies and learn how to praise effectively, respond to positive experiences, and discuss problems constructively. In FY20, the WRF trained 648 Master Resilience Trainers, bringing the total number trained to 7,297.



ARMY RESILIENCE DIRECTORATE

The virtual training accomplishments helped offset issues caused by cancelled in-person classes and were achieved while creating a distance learning environment for the MRT program for the first time. Virtual format facilitates reaching a larger group of people and those who are at great distances, whether deployed or overseas. The MRT schoolhouse is now certified to bring any Resilience, Suicide Prevention, or Substance Abuse training to the 50 States, 3 Territories, and the District of Columbia upon request. Three Army Guard MRT Mobile Training Teams provided Resilience, Risk Reduction, and Suicide Prevention training 25 times last year.

For more information on MRT and potential opportunities to participate in future training courses, please visit: <https://www.nationalguard.mil/wrf>.

SPOTLIGHT

Suicide Prevention: A Top Priority for the ARNG

The ARNG faces a number of unique stressors, including a geographically dispersed work force and limited Soldier face-to-face time with leadership. Soldier access to, and ability to afford, resources such as behavioral health care also vary across the nation.

Data collected over the last 5 years indicates the following demographics comprise the highest percentage of ARNG Soldier deaths by suicide:

Male	95%
Caucasian	83%
Never deployed	72%
Single	63%
Junior Enlisted (E1–E4)	56%
18–24 years old	42%

The number of suicide deaths each year in the NG has stayed relatively consistent over the past 10 years, ranging from 90 to 136 deaths. According to Department of Defense’s (DOD) official release of the 2020 Annual Suicide Report in September 2021, NG lost 120 members to suicide in CY20, which is consistent with the 5-year and 10-year averages.

In CY16 through CY20, there is no evidence of seasonality associated with death by suicide among ARNG Soldiers (Figure 1). The suicide incident rate remained constant with 32 deaths per 100,000 ARNG Soldiers in CY16 to 31 deaths per 100,000 ARNG Soldiers in CY20 (Figure 2), with a low of 23 deaths per 100,000 in CY19.

Figure 1. Incidence of Suicide by Month and Year, ARNG Soldiers, CY16–CY20

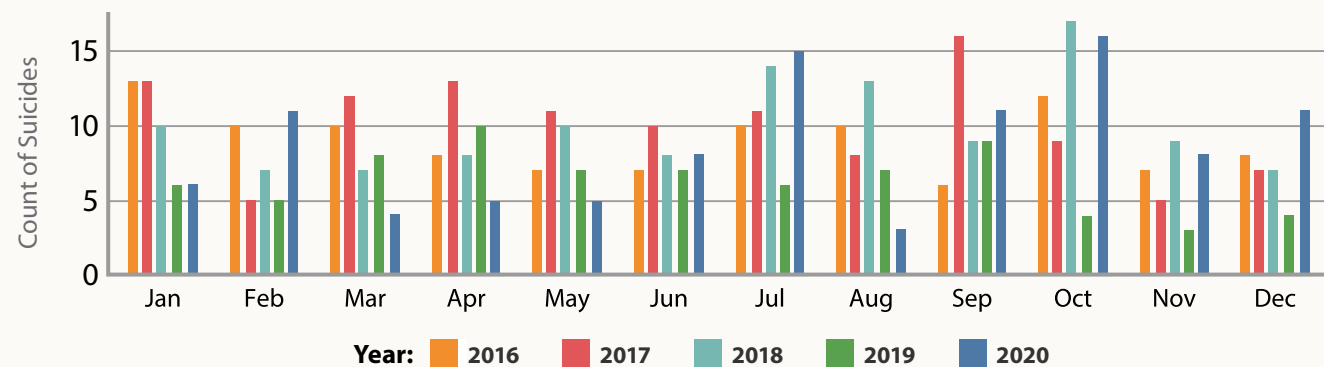
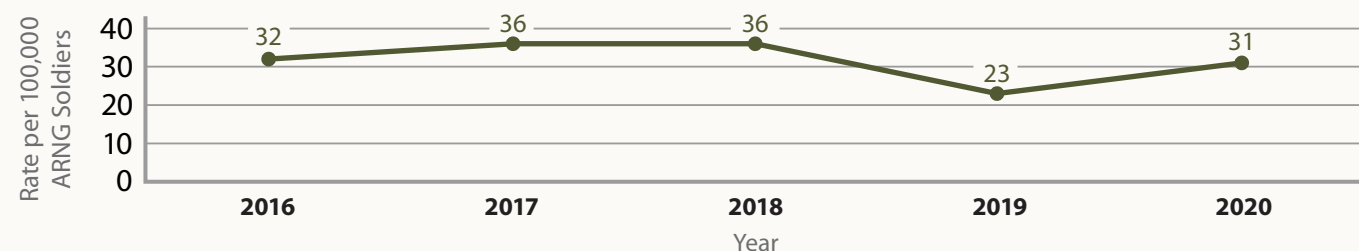


Figure 2. Suicide Rate per 100,000 ARNG Soldiers, CY16–CY20



CURRENT EFFORTS

ARNG has behavioral health specialists available to assist members on a wide range of mental health issues, with at least one Director of Psychological Health per wing, State, Territory, and the District of Columbia.

In January 2021, the NGB initiated a Suicide Prevention Task Force to develop an integrated prevention strategy with actionable items, in coordination with the 50 States, 3 Territories, and the District of Columbia, to reduce suicides in the NG.

The NGB has expanded its approach to integrated prevention. The NGB established the Office of Warrior Resilience and Fitness to synchronize Air and Army NG well-being, resilience, and suicide prevention efforts across the 50 States, 3 Territories, and the District of Columbia. Key initiatives include:

(1) Suicide Prevention and Readiness Initiative for National Guard (SPRING): a machine learning analytics tool to inform data-driven decision making across the 50 States, 3 Territories, and the District of Columbia.

(2) Innovation Incubator Program: the NGB selects, funds, and pilots innovative best practices to enhance the NG readiness and resilience (currently funding 27 pilots across 34 States, Territories, and the District of Columbia).

(3) Partnership with Department of Veterans Affairs (VA): the NGB now leverages Mobile Vet Centers on training weekends to expand access to care. In 2020, there was a 158% increase of NGB members receiving Vet Center services compared to 2019.

(4) Updated annual suicide prevention and intervention training: developed to increase resilience, foster meaningful discussions, and encourage connections through small group discussions.

(5) Star Behavioral Health Providers (SBHP): continued partnership with the NGB, the Uniformed Services University, and Purdue University to train community-based behavioral health providers in military culture. Since October 2019, more than 1,200 individuals have received specialized training.

For more information, please visit <https://www.nationalguard.mil/wrf>.

NATIONAL AND LOCAL SUICIDE PREVENTION RESOURCES

The ARNG Suicide Prevention Program provides crosscutting programs and resources to address multiple factors that may contribute to suicide. The Program provides 54 managers, one to each State, Territory, and the District of Columbia. Managers provided training to 76,479 Soldiers and Family members in FY20. The training was focused on enabling participants to recognize the signs of suicide, intervene appropriately, and connect those in need to military and community resources.

Soldiers (regardless of duty status) and Family members who need help for themselves or a loved one may call 1-800-273-TALK (8255).



ARNG Suicide Prevention Programs

For information about ARNG suicide prevention programs, contact the NGB Suicide Prevention Section at ng.ncr.ngb-arng.mbx.arngsuicideprevention@mail.mil or visit the Suicide Prevention Program GKO page: <https://gko.portal.ng.mil/joint/J1/WRF/R3SP/SP/SitePages/ARNG%20SPP.aspx>.

MITIGATION STRATEGIES INCLUDE:

- Master resilience trainers and risk reduction, prevention, and suicide prevention coordinators in each State, Territory, and the District of Columbia assist ARNG leadership with resilience training, risk reduction activities, substance abuse prevention, and suicide prevention efforts.
- Family Assistance Centers provide emergency financial services, crisis intervention, legal and community information, and referrals.
- Financial and employment resources include transition assistance advisors and personal financial counselors.
- The Mobile Vet Center partners with the VA to increase access to health care at drill weekends.
- Military OneSource provides resources and information to Service members at 1-800-342-9647 or <https://www.militaryonesource.mil/>.

Drug Use and Testing

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.

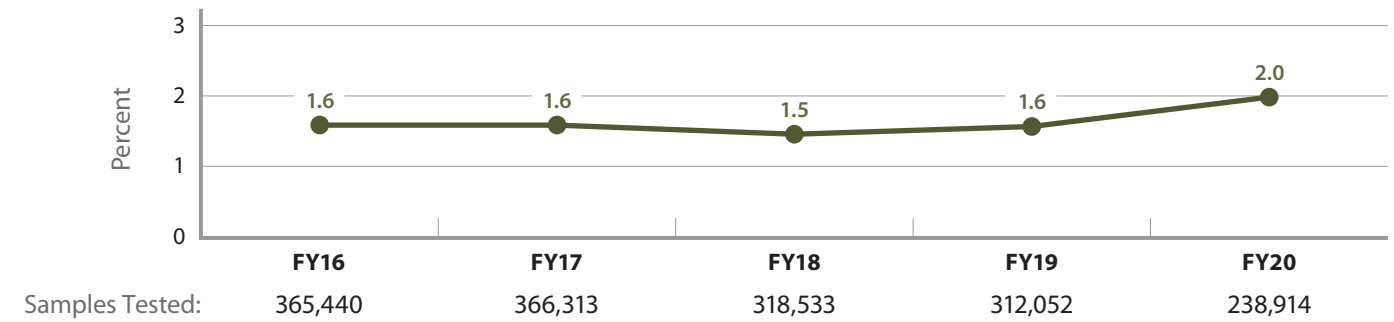
Drug testing is an important tool to assist in the identification and prevention of Soldier drug abuse. AR 600–85 (DA 2020) provides applicable guidance for drug testing in the ARNG. Unit commanders randomly select and test 10% of their unit each month and, during the 4th quarter, test all Soldiers who have not been tested during the first 3 quarters, in addition to the 10% monthly testing for illicit substances.



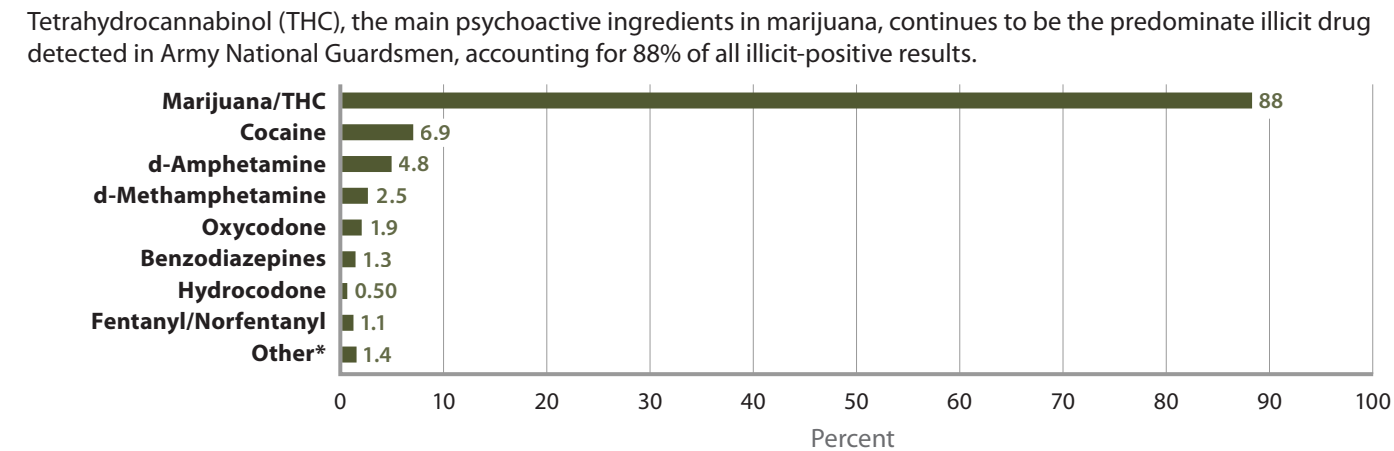
In FY20, the ARNG tested more than 240,000 urine specimens for drugs; 2.0% of ARNG Soldiers tested positive for illicit drugs. ARNG Soldiers not on Active Status accounted for the majority of illicit positive results (99%). The percentage of ARNG Soldiers who tested positive for illicit drugs varied by State/Territory and ranged from 0.70% to 5.4%.

States/Territories with the Lowest Rate of Illicit-Positive Drug Results, ARNG Soldiers, FY20	
RANK	
1.	Hawaii 0.70%
2.	South Dakota 0.73%
3.	Puerto Rico 0.79%
4.	Alaska 0.81%
5.	Nebraska 0.81%

Illicit-Positive Rate, ARNG Soldiers, FY16–20



Percent Illicit-Positive Results by Drug, ARNG Soldiers, FY20



*Other=Heroin, Codeine, Designer Amphetamine, Morphine, Synthetic Cannabinoids, Steroids
Note: Drug categories are not mutually exclusive, resulting in a total of greater than 100% of illicit positives.

Prevention Resources

The ARNG has increased its drug prevention and testing efforts to reduce illicit-positive rates. The ARNG conducts a 2-hour annual Army Substance Abuse Program (ASAP) training for TS and a 4-hour annual ASAP training for full-time members. Each State ASAP makes 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- to 25-year-olds.

Treatment Challenges

Traditional Soldiers who test positive for illicit substances during ARNG drug tests are required to undergo 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 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.

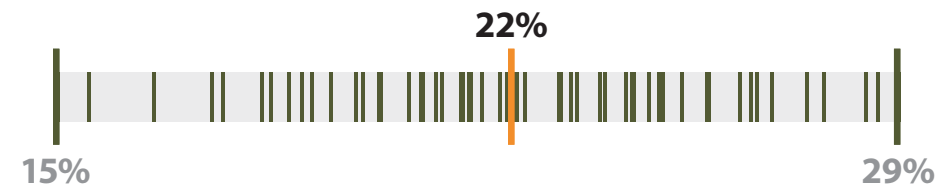
For help with substance misuse or addiction, contact your Risk Reduction Coordinator by visiting:
<https://www.findtreatment.samhsa.gov/>

Obesity

Soldier body composition has a direct influence on the health and readiness of the ARNG Force. Body compositions in the overweight to obese range can reduce physical functioning and performance, as well as Soldier mental, physical well-being, and overall quality of life. As citizen Soldiers, ARNG members face a unique challenge in balancing their ARNG duties with the function of everyday civilian life (civilian employment, education, and family life) while still striving to maintain and conform to ARNG body composition standards.

The Centers for Disease Control and Prevention (CDC) has established BMI ranges for normal (<25), overweight (≥25 and <30), and obese (≥30) derived from the general U.S. adult population to correlate with risk of chronic disease. The Army uses adjusted BMI cut points as described in “Flagged for Weight” on page 26 of this report.

In FY20, 22% of ARNG Soldiers had a BMI of ≥30 and thus classified as obese. The FY20 ARNG Soldier obesity rate remained in line with the FY19 rate of 23%.



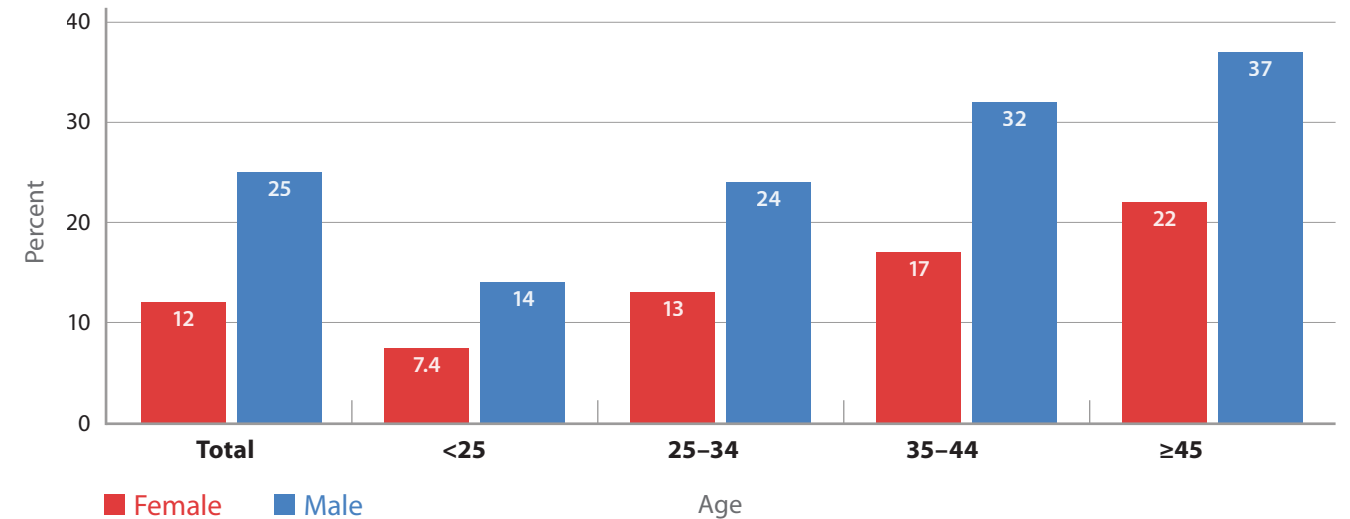
Overall, 22% of ARNG Soldiers were classified as obese.

Rates ranged from 15% to 29% across the States/Territories.

States/Territories with the Lowest Proportion of Obese Soldiers, ARNG Soldiers, FY20		
RANK		
1.	Wisconsin	15%
2.	Montana	15%
3.	District of Columbia	16%
4.	Illinois	17%
5.	Colorado	18%

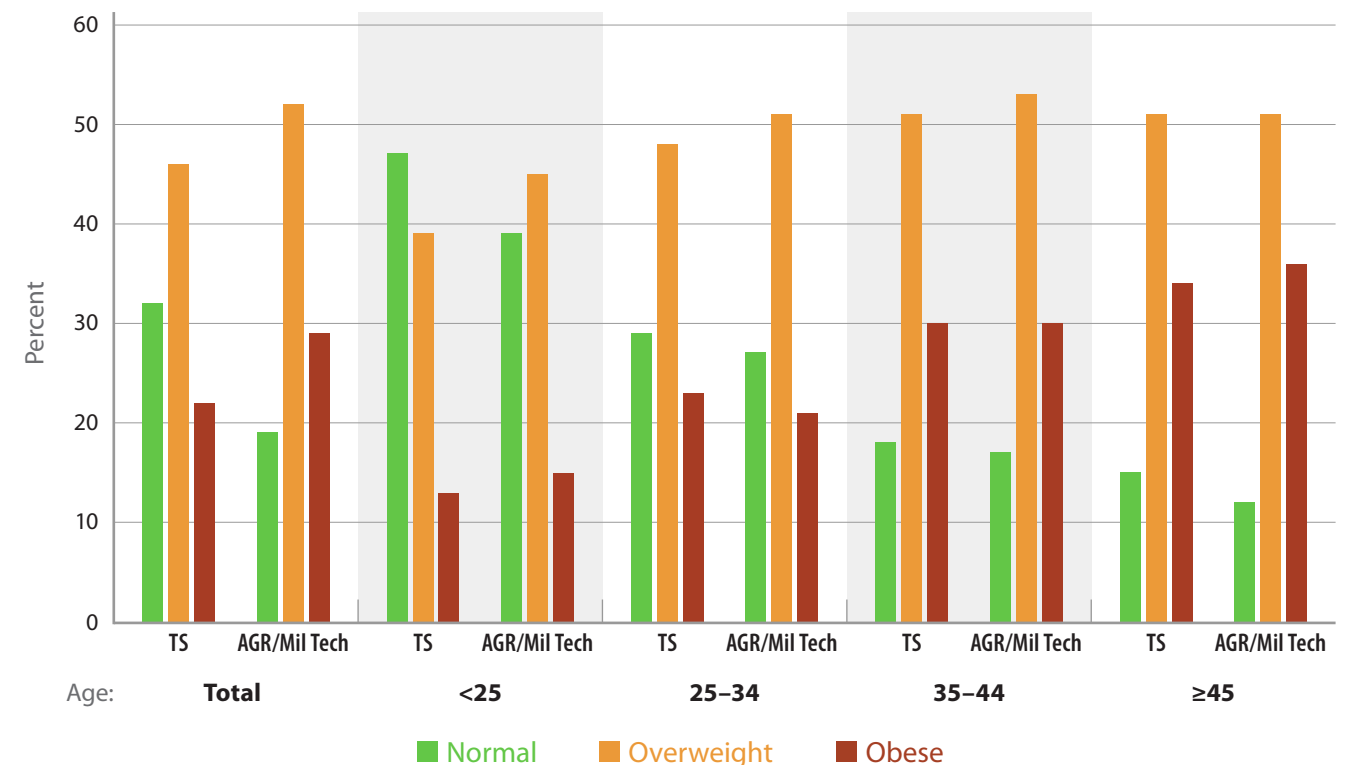
Percent Obese by Age and Sex, ARNG Soldiers, FY20

When obesity was examined by sex among ARNG Soldiers in FY20, the percent among males (25%) was twice that of females (12%). Additionally, when Soldier age and sex are considered in concert, obesity rate increases as Soldier age increases.



Weight Status by Age and Soldier Type, ARNG Soldiers, FY20

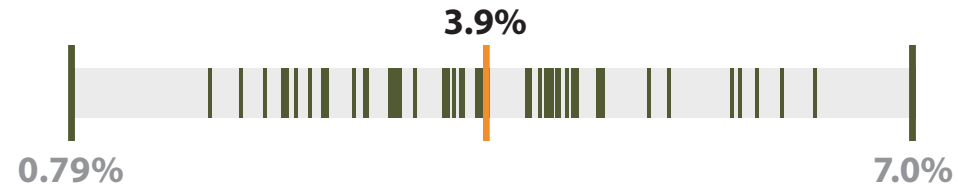
In FY20, the prevalence of obesity was higher among AGR/Mil Tech Soldiers (29%) than TS (22%). The proportion of ARNG Soldiers who were obese did not vary significantly between TS and AGR/Mil Techs based on age. In both groups, the likelihood of being obese increased with age. After adjusting for differences in age and sex distributions across these Soldier types, the prevalence of obesity was similar across all ARNG Soldier groups.



Flagged for Weight

The Army Body Composition Program (ABCP), as directed by AR 600-9 (DA 2019d) and Department of Defense Instruction (DODI) 1308.3 (DOD 2002), requires Soldiers to be physically fit and maintain a healthy, military appearance. According to the ABCP, the maximum allowable body fat threshold is 26% for males and 36% for females (as shown in the BMI Thresholds Table in Appendix I). Following Army Physical Fitness Testing (APFT), Soldiers are required to undergo bi-annual anthropometric measurements of height and weight in order to calculate BMI. When the allowable BMI is exceeded for sex and age group, circumferential measures (known as the “tape test”) of the Soldier’s neck, waist, and hips are collected to determine detailed body composition. A Soldier with a relative body fat percentage that exceeds the maximum allowable sex and age standard is “flagged” and is enrolled in the ABCP on the day he or she is notified of the failure. Once enrolled in the ABCP, Soldiers receive exercise guidance, nutrition counseling, and behavioral modification strategies to assist in aligning their body composition with the Army sex and age standards. The ABCP also has an ongoing assessment component that weighs participating Soldiers monthly, with a goal of losing 3 to 8 pounds or 1% body fat per month until the Army sex and age standards are achieved.

In FY20, 3.9% of ARNG Soldiers were flagged for exceeding their maximum allowable weight, and 22% of ARNG Soldiers were classified as being obese (BMI ≥ 30).



Overall, 3.9% of ARNG Soldiers were flagged for exceeding their maximal allowable weight. Rates ranged from 0.79% to 7.0% across the States/Territories.

States/Territories with the Lowest Proportion of ARNG Soldiers Flagged for Weight, FY20

RANK	State/Territory	Percentage
1.	Puerto Rico	0.79%
2.	Colorado	1.8%
3.	Hawaii	2.0%
4.	South Dakota	2.2%
5.	Idaho	3.0%

According to AR 600-9, those Soldiers classified as obese had exceeded the maximal allowable weight for their sex and age group and should have been flagged for a body composition measurement. The ultimate decision to flag Soldiers exceeding their maximum allowable weight is a matter of command discretion, which may account for the difference in ARNG Soldiers who were flagged for weight compared to the proportion of Soldiers that were classified as being obese. The ABCP is built on the ideal of consistent bi-annual anthropometric measurements to assist Soldiers in gauging their height, weight, and body fat and ultimately conforming to Army standards. The potentially inconsistent identification of Soldiers who exceed the maximal allowable threshold may contribute to higher APFT failure rates, higher chronic health conditions, and lower overall Soldier readiness.

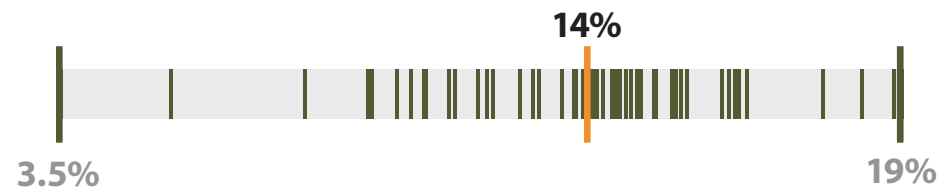


U.S. Army National Guard photo by Sgt. Sebastian Rothwyn

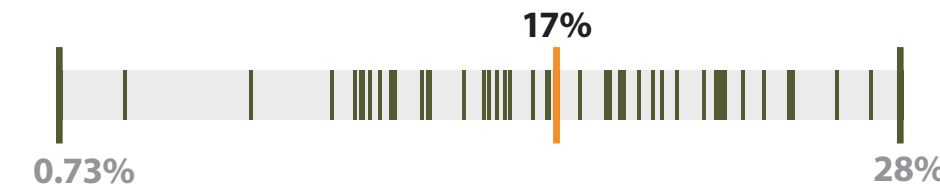
Tobacco Use

Use of tobacco products negatively impacts Soldier readiness by impairing physical fitness and by increasing illnesses, absenteeism, premature death, and healthcare costs (DA 2015). Additionally, a more immediate effect of tobacco use on Soldier health and readiness is a demonstrated 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. The PHA, completed annually by Soldiers, contains several self-reported tobacco-related questions (DOD 2016b). Because the PHA is conducted as part of a physical exam which determines an individual’s ability to deploy, many Soldiers may not report their tobacco usage to avoid potential negative attention. In addition, nicotine is known to increase alertness, and some Soldiers believe tobacco use enhances their ability to survive in austere environments.

In FY20, 14% of ARNG Soldiers reported smoking, and 17% reported using dip or chewing tobacco. FY19 prevalence was 15% for smoking and 18% for using dip or chewing tobacco.



Overall, 14% of ARNG Soldiers reported smoking tobacco.
Prevalence ranged from 3.5% to 19% across the States/Territories.



Overall, 17% of ARNG Soldiers reported using smokeless tobacco.
Prevalence ranged from 0.73% to 28% across the States/Territories.

States/Territories with the Lowest Rate of Smoking Tobacco Use, FY20

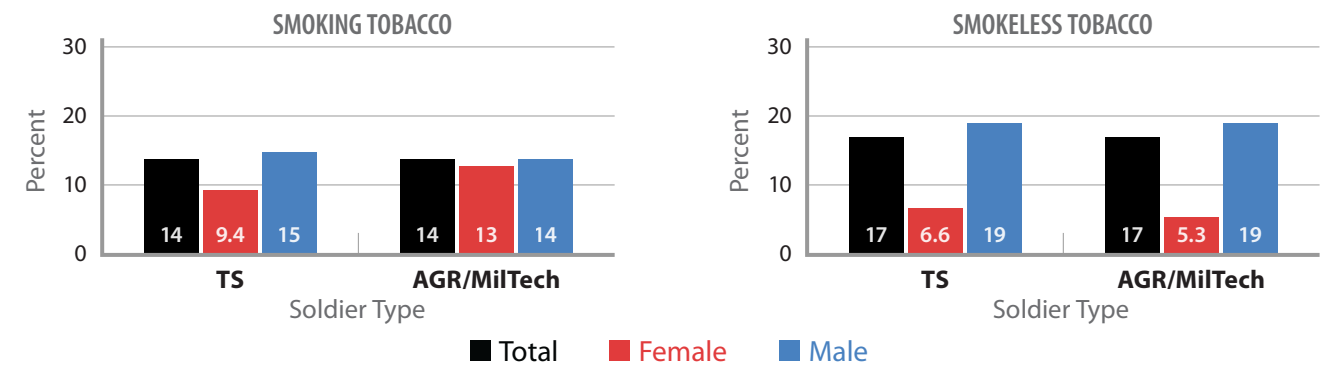
RANK	State/Territory	Rate (%)
1.	U.S. Virgin Islands	3.5%
2.	Utah	5.5%
3.	District of Columbia	8.0%
4.	Puerto Rico	9.2%
5.	Nevada	9.3%

States/Territories with the Lowest Rate of Smokeless Tobacco Use, FY20

RANK	State/Territory	Rate (%)
1.	U.S. Virgin Islands	0.73%
2.	Puerto Rico	2.8%
3.	District of Columbia	6.9%
4.	New Jersey	9.6%
5.	California	10%

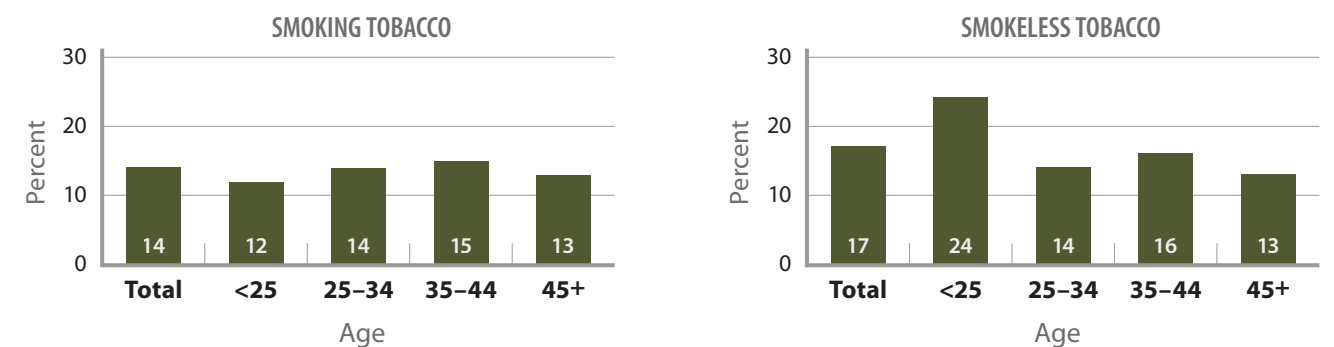
In FY20, there were observable differences in the proportion of ARNG Soldiers’ tobacco use by sex, with males reporting higher prevalence of both smoking (14%) and chewing or dipping tobacco (19%) than females (10% and 6.4%, respectively). The difference in ARNG smokeless tobacco use between sexes is mirrored in the civilian population where nearly 7% of males and less than 1% of females report using smokeless tobacco (CDC 2019). **It is noteworthy that the proportion of male ARNG Soldiers using smokeless tobacco (19%) was almost three (2.7) times that of the U.S. male civilian prevalence (~7.0%) (CDC 2019).**

Percent Reporting Tobacco Use by Sex and Soldier Type, ARNG Soldiers, FY20



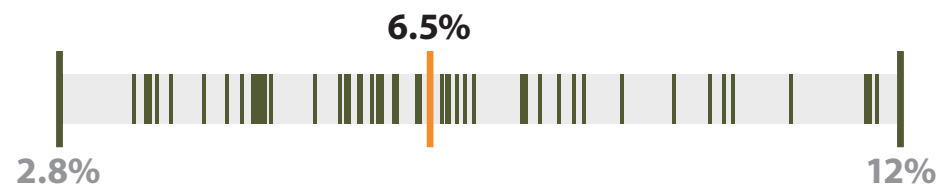
In examining tobacco use by Soldier age, the highest proportion of Soldiers reporting smoking was among the 35–44 age group (15%) followed by 25–34 (14%), 45+ (13%), and <25 (12%) age groups. The reported use of smokeless tobacco decreased in an almost linear trend with age, with Soldiers ages <25 reporting the highest proportion (24%), followed by 35–44 (16%), 25–34 (14%), and 45+ (13%) age groups. Older ARNG Soldiers (45+ years of age) reported the lowest proportion of smoke and smokeless tobacco use (13% and 13%, respectively). This trend was also observed in FY16–FY19.

Percent Reporting Tobacco Use by Age, ARNG Soldiers, FY20



Hypertension

Hypertension, or high blood pressure, usually has no warning signs or symptoms. As a result, many people do not realize they have hypertension until they undergo a blood pressure screening. High blood pressure can greatly diminish health and significantly increase one’s risk for heart disease, stroke, and premature death. Several unhealthy behaviors, including tobacco use, eating foods high in sodium and low in potassium, not getting enough physical activity, excessive weight, and excessive alcohol consumption can increase risk for developing hypertension. Cardiovascular health is a key component of a Soldier’s holistic health and is an ARNG priority for overall Soldier health and readiness. One area that shows the ARNG’s dedication to overall cardiovascular health is the APFT, which is a routine examination specifically designed to assess the muscular strength, endurance, and cardiorespiratory fitness of all Soldiers. Measuring blood pressure is a quick, painless, standard diagnostic screening that all Soldiers undergo during their annual PHA physical exam. Strategies for keeping blood pressure levels in a healthy range (<120/<80) usually involve reducing dietary sodium, engaging in daily physical activity, quitting smoking, and potentially taking medication.



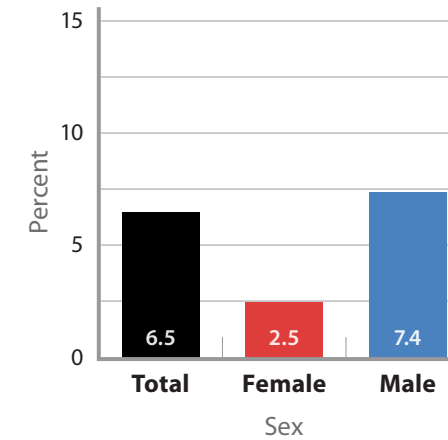
Overall, 6.5% of ARNG Soldiers were identified for hypertension based on the healthcare provider's determination during a PHA physical exam.

The prevalence of hypertension varied by State/Territory, ranging from 2.8% to 12%.

States/Territories with the Lowest Rate of Hypertension, FY20		
RANK	State/Territory	Rate
1	Illinois	2.8%
2	Colorado	3.5%
3	Iowa	3.6%
4	California	3.7%
5	Wisconsin	3.8%

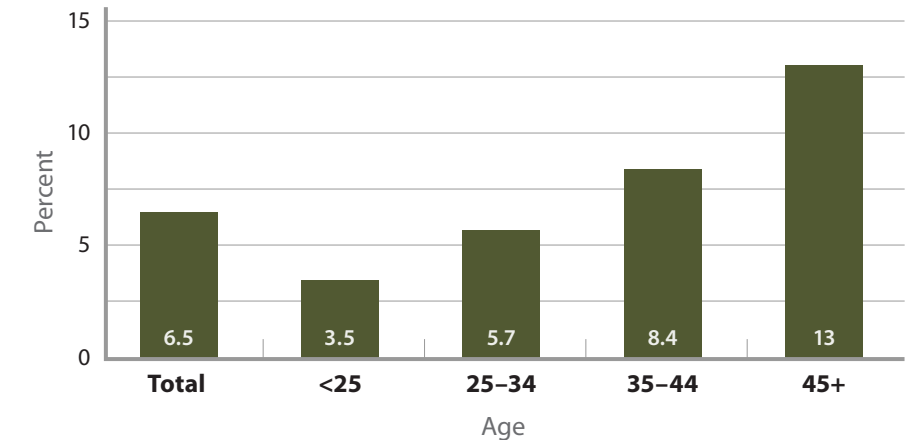
Percent with Hypertension by Sex, ARNG Soldiers, FY20

In FY20, 6.5% of ARNG Soldiers were identified as having hypertension. The prevalence of hypertension was more than twice as high in males (7.4%) than females (2.5%).



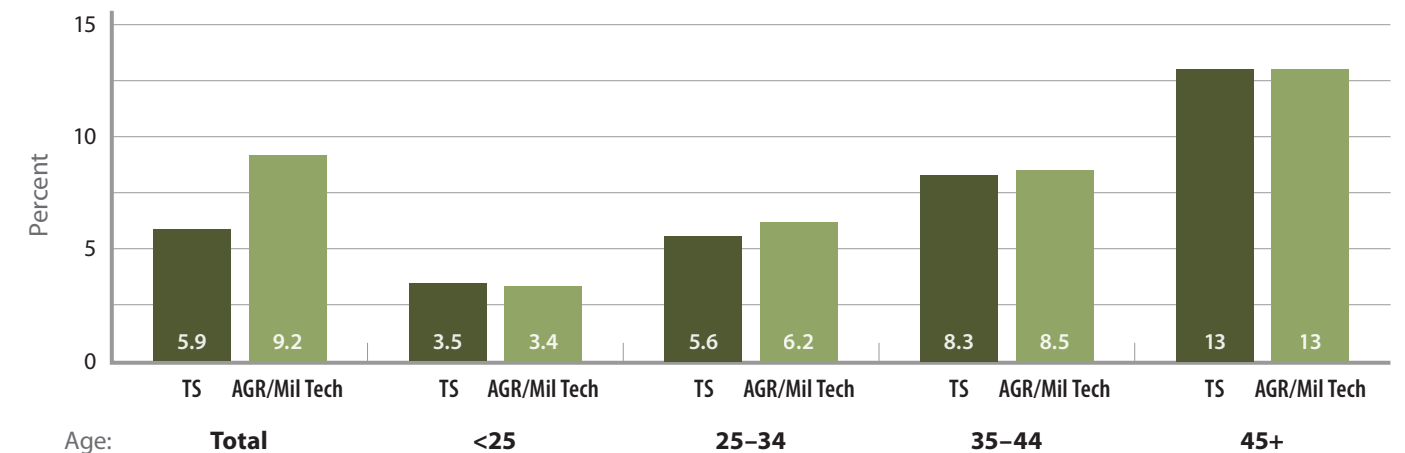
Percent with Hypertension by Age, ARNG Soldiers, FY20

In examining the prevalence of hypertension by age, a direct linear relationship was observed; as Soldier age increased, so does the prevalence of hypertension. The lowest prevalence of hypertension was among Soldiers under 25 years of age (3.5%), and the highest prevalence was found among Soldiers aged 45 years and older (13%).



Percent with Hypertension by Soldier Type and Age, ARNG Soldiers, FY20

The prevalence of hypertension was almost two times higher among AGR/Mil Tech Soldiers (9.2%) than TS (5.9%). One factor that may influence this relationship is the difference in the age structure of AGR/Mil Tech versus TS; the mean age of an AGR/Mil Tech Soldier is 11 years older than the Traditional Soldier’s mean age.



SPOTLIGHT

Climate Hazards Affect ARNG Locations in the U.S.

The U.S. climate continues to experience record-setting conditions that have become common in recent years. In 2020, the average annual temperature for the contiguous U.S. was 2.4°F above the 20th century average. This ranked as the fifth-warmest year in the 126-year record. The five warmest years on record have all occurred since 2012. It was also the most active wildfire year on record across the western United States. Five of the six largest fires in California history and the three largest fires on record in Colorado occurred during 2020 (NOAA 2021a). Because of these trends, Congress continues to prioritize investigation of climate change impacts to national security, as evidenced by mandates in the National Defense Authorization Act (NDAA) (Public Law 116–283, 2021). Climate hazards highlighted in the NDAA include drought, energy demand, flood, heat, land degradation, and wildfire.

Table 1. Health Risks Associated with Climate Hazards

Climate Hazard	Health Risk						
	Poor Air Quality	Poor Water Quality	Loss of Comfort Cooling or Refrigeration	Heat Illness	Disruption of Water Supply	Waste or Sewage Overflows	Vector-borne Disease
Drought		X		X	X		
Energy Demand	X		X		X		
Flood		X	X		X	X	X
Heat			X	X	X		X
Land Degradation	X	X					
Wildfire	X	X	X	X	X		

The cost of U.S. climate-related disasters—\$616.5 billion over the last 5 years (2016–2020)—is testament to the increasing frequency and intensity of these conditions (NOAA 2021b). In comparison, the entire DOD budget for FY20 was \$690 billion. Beyond damage to property and the natural environment, demonstrated health risks also result from the changing climate, as shown in the Table 1.

In an effort to characterize climate hazards impacting military infrastructure and operational viability, the Assistant Secretary of the Army (Installations, Energy, and Environ-

ment) released tools to help Army leaders quantify and plan for impacts at their installation. The Army Climate Resilience Handbook (USACE 2020) and the Army Climate Assessment Tool (DA 2020) are resources designed to identify site-specific threats and develop climate resilience measures. They assess and score severity of exposure to climate hazards at Army installations for two 30-year climate periods centered on 2050 and 2085, and at the lower future warming and higher future warming scenarios developed by the U.S. Global Change Research Program.

Table 2. Severity of Exposure to Climate Hazards at Selected ARNG Installations in the U.S.

State	Installation	Climate Hazard						
		Drought	Energy Demand	Coastal Flooding	Riverine Flooding	Heat	Land Degradation	Wildfire
AL	Fort McClellan ARNG TC							
AZ	Camp Navajo							
AR	Camp Robinson MTC							
AR	Fort Chaffee MTC							
CA	Camp Roberts							
CA	JFTB Los Alamitos							
GA	General Lucius D Clay NGC							
HI	Wahiawa Annex							
ID	Orchard Combat TC							
IN	Camp Atterbury							
LA	Jackson Barracks							
MA	Camp Edwards							
MI	Fort Custer TC							
MI	Camp Grayling							
MN	Camp Ripley							
MS	Camp Shelby							
NY	Camp Smith Training Site							
OH	Camp James A. Garfield JMTC							
OR	Camp Rilea AFTC							
PA	Fort Indiantown Gap							
TN	VTS Milan							
UT	Camp W.G. Williams							
VA	Fort Pickett MTC							

Legend: AFTC – Armed Forces Training Center; JFTB – Joint Forces Training Base; JMTC – Joint Maneuver Training Center; NGC – National Guard Center; MTC – Maneuver Training Center; TC – Training Center; VTS – Volunteer Training Site

- 1st quartile of Army installations with greatest exposure to climate hazard
- 2nd quartile of Army installations with greatest exposure to climate hazard

Table 2 shows the projected severity of climate hazards at selected ARNG installations. Exposure scores were evaluated for the near-term climate period (2050) at the lower future warming scenario.

Exposure is only one of the three determinants that influence vulnerability to climate change; sensitivity (degree of effect due to exposure) and adaptive capacity (ability to adjust to exposure) also play a role in whether, and to what extent, installations and populations may be impacted. Early planning using these new tools to identify and prioritize climate hazards can help mitigate the effects of global climate change on military health and readiness.

SPOTLIGHT

ARNG Wide World of Domestic Missions

Though a significant portion of National Guard support throughout 2020 was focused on COVID-19 missions, locations around the country endeavored to execute mission-specific training and mission response in parallel; thus reflecting the National Guard’s adaptability and resilience under unique threats. Units in California and Washington conducted training and preventive preparations for the yearly wildfire seasons. Louisiana National Guard conducted response and recovery missions for five separate storms, including Hurricane Laura in August. Units in Tennessee and Puerto Rico balanced efforts in early 2020 to focus on COVID-19 response as well as conducting tornado and earthquake response.

In addition to COVID-19 missions, the National Guard provided support to the following domestic missions:

MISSION	PERSONNEL DAYS
Wildfires	155,108
Hurricanes and tropical storms.....	118,748
Earthquakes.....	36,767
Flood support.....	11,340
Other severe weather.....	5,106
Tornadoes.....	3,502
Winter storms.....	1,174
All domestic missions.....	10,917,957

The majority of National Guard support of natural disaster-focused missions occurred between August and November, with peak engagement of 7,367 Guardsmen in September. This peak reflected the multi-mission response efforts for both Hurricane Laura, the strongest storm to make landfall in Louisiana since 1856, and Hurricane Sally, as well as unprecedented wildfires that burned a record 3.5 million acres of the western U.S.

The U.S. experienced a record-breaking tropical cyclone season in 2020, with 30 tropical storms (the most on record) and 13 hurricanes. The National Guard responded to nine of those tropical weather systems, four of which made landfall as a Category II or higher.

The storm responses included:

Civilians rescued.....	9,812
Meals distributed.....	6,079,540
Water distributed (gallons).....	12,194,382
Ice distributed (bags).....	1,622,138
Tarps distributed.....	318,993
Road cleared (miles).....	2,703
Debris removed (tons).....	15,816
Personnel housed overnight.....	1,478

The Guard also supported 19 states in responding to 46 different wildfires during the 2020 season. Mission support included 489 Modular Airborne Fire Fighting Systems (MAFFS) with 1,353,200 gallons of fire retardant, new fire and hot spot detection, ground crew training, and real-time fire mapping. Ground crews cleared a total of 341,210 burned wildland acres.



U.S. Army National Guard photos by (top photo) Senior Airman Alex Kaelke, (middle photo) Sgt. Peter Chang, and (bottom photo) Spc. Alyssa Lisenbe.

SPOTLIGHT

Promoting Soldier Oral Health with Water Fluoridation

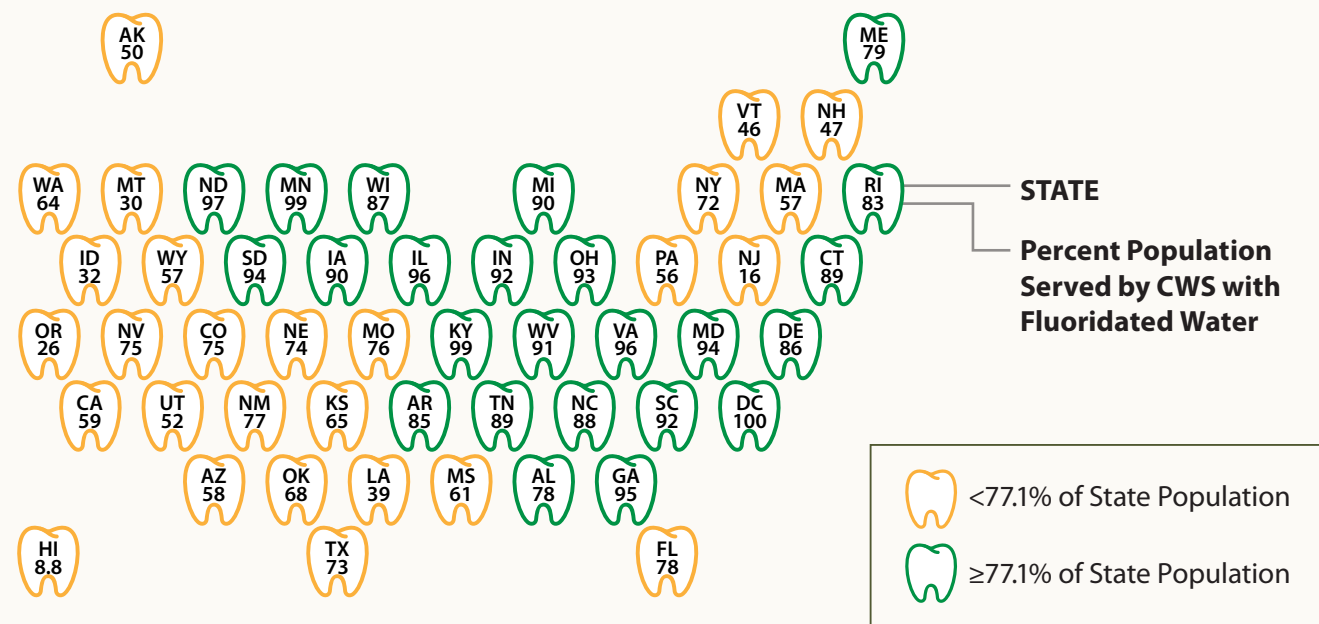
Community water fluoridation is the practice of managing the level of fluoride in drinking water to meet optimal levels established by the U.S. Public Health Service (PHS). The American Dental Association and the CDC promote water fluoridation as a safe, effective, low cost, and socially equitable means of preventing tooth decay and improving oral health for children and adults.

Army regulations require drinking water supplies at Army installations to be “optimally fluoridated,” which refer to the CDC and PHS recommended fluoride level of 0.7 mg/L, to promote Soldier oral health and medical readiness (DA 2016a). To ensure optimally fluoridated water and compliance with drinking water regulations, water suppliers monitor fluoride levels and report them to the local environmental authority.

Healthy People 2030 (HP2030) is the U.S. Surgeon General’s decadal blueprint for improving the health of U.S. citizens. Proper fluoridation of community water systems (CWS)

is one of the HP2030 goals for managing oral health. The current goal is for 77.1% of the U.S. population served by CWS to receive optimally fluoridated water by 2030 (DHHS 2021). Approximately half of the U.S. States and the District of Columbia have been able to meet the HP2030 goal according to the latest data published by the CDC (2018; see figure). Although fluoridated water is one of the simplest ways to maintain oral health, regular dental care and periodic fluoride treatments are integral to a comprehensive dental health strategy. These measures are more important in areas where properly fluoridated water is not available.

U.S. Population with Optimally Fluoridated Water, by State, 2018



SPOTLIGHT

Vector-borne Disease Dashboards — Ticking Another Surveillance Need Off of the List

The U.S. Army Public Health Center (APHC) has established online vector-borne disease (VBD) dashboards that are customized to geographic regions of interest and can be utilized by both Army leaders and surveillance personnel. Six VBD-related dashboards are available on a CAC-enabled website that offers mosquito and tick surveillance data along with associated pathogen detection information.

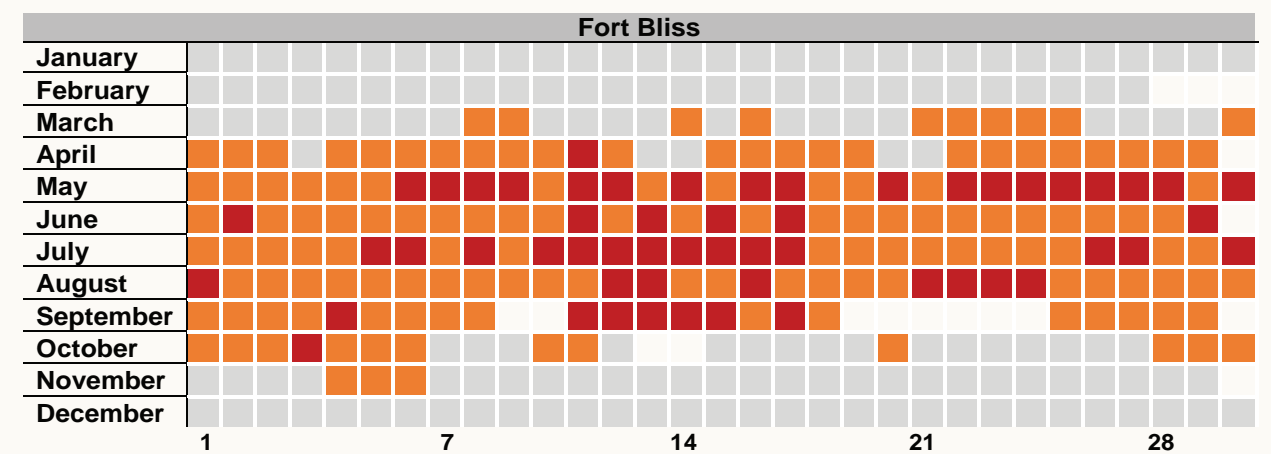
Field personnel can now see when different species are most abundant throughout the year, what traps are working best for which species, and the pathogens related to those trends. Leaders can access expansive views of surveillance and pathogen testing productivity, including analytes and turnaround times, within their laboratory and Public Health Command (PHC) Region. Dashboards are currently available for PHC-Central, PHC-Europe, and U.S. Army Medical Research Directorate – Georgia. Future dashboards will cover the PHC-Atlantic and PHC-Pacific Regions.

of Service, to view a calendar grid (as shown) of mosquito activity and riskiest disease transmission days.

This new feature can help optimize trapping and surveillance activities when vector activity and disease transmission are most likely to occur. This project aims to better characterize VBD risk to Service members working and living in a specific locale by creating uniformed surveillance plans for acquiring samples on 15% or more of the total transmission days.

A new capability was launched for the 2020 mosquito season that permits installations around the world, regardless

To view these products and access their full feature set, visit: <https://carepoint.health.mil/sites/ENTO>.



■ High Transmission Days ■ Total Transmission Days ■ No Activity

197	56	29
Total Transmission Days	High Transmission Days	Surveillance Days Needed to Meet Standard

Performance Triad



SLEEP
ACTIVITY
NUTRITION
SYNERGY

-  Get 7 or more hours of sleep per 24-hour period
-  Go caffeine free 6 hours before bedtime
-  Aim for at least 150 minutes of moderate aerobic exercise per week or 75 minutes of vigorous intensity aerobic exercise per week
-  Include 2-3 strength activities per week
-  Eat at least 8 servings of fruits and vegetables a day
-  Replace sugary drinks with water

<https://p3.amedd.army.mil/>

Sleep, Activity, and Nutrition

Sleep, activity, and nutrition (SAN), also known as the Performance Triad (P3), work together as the pillars of optimal physical, behavioral, and emotional health. Neglect of any single SAN domain can lead to sub-optimal performance and, in some cases, a dramatic negative impact on readiness, recruitment, retention, and Soldier health (DA 2016b). The interrelationships between SAN domains are critical for maximizing Soldier performance – Soldiers need to have balanced nutrients to fuel their physical activity, and physical activity can impact the amount and quality of sleep. To address SAN deficiencies, leaders and Soldiers need information about the SAN targets that Soldiers do not meet.

The Azimuth Check, previously known as the Global Assessment Tool (GAT), is a survey designed to assess an individual’s SAN behaviors, among other domains. Soldiers are required to complete the GAT per AR 350-53, *Comprehensive Soldier and Family Fitness* (DA 2014). The data presented here represent the proportion of ARNG Soldiers who met expert-defined SAN targets based on data reported in the 2020 Azimuth Check.



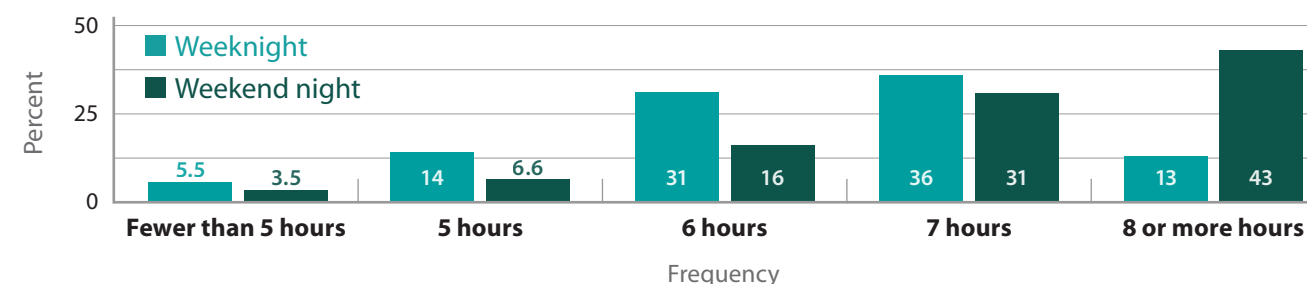
Sleep

The CDC (CDC 2020a) and the National Sleep Foundation (NSF 2020) both recommend adults attain 7 or more hours of sleep per night.

On the Azimuth Check, Soldiers report the approximate hours of sleep they attain within a 24-hour period, during work/duty weeks and weekends/days off.

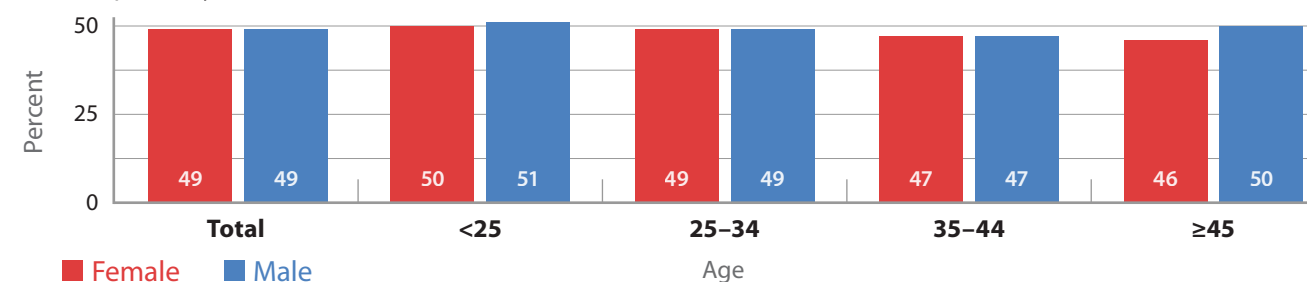
Estimated Hours of Sleep by Duty Status, ARNG, CY20

Overall, a smaller proportion of ARNG Soldiers reported meeting the sleep target of 7 or more hours of sleep during work/duty weeks than during weekends/days off. During work/duty weeks, less than half of Soldiers (49%) reported obtaining 7 or more hours of sleep. During weekends/days off, the majority of Soldiers (74%) reported obtaining 7 or more hours of sleep.



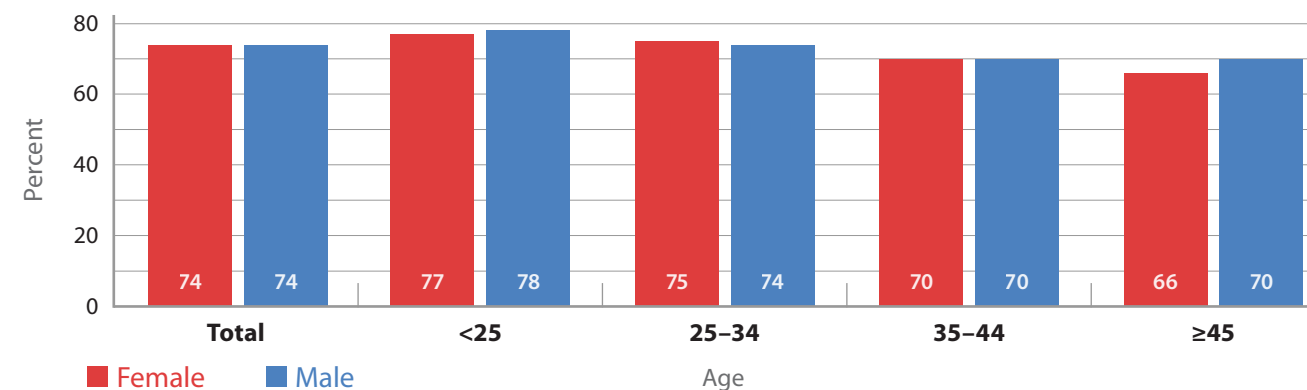
Percent Who Met the Work/Duty Weeks Sleep Target by Sex and Age, ARNG Soldiers, CY20

A similar proportion of males (49%) and females (49%) reported meeting the sleep target of 7 or more hours of sleep during work/duty weeks. For females, Soldiers younger than 25 years had the highest proportion meeting this target (50%). For males, Soldiers younger than 25 years or 45 years or older had the highest proportion meeting this target (51% and 50%, respectively).



Percent Who Met the Weekend/Days-Off Sleep Target by Sex and Age, ARNG Soldiers, CY20

A similar proportion of males (74%) and females (74%) reported meeting the sleep target of 7 or more hours of sleep during weekends/days off. For females and males, Soldiers younger than 25 years had the highest proportion meeting this target (77% and 78%, respectively).





Activity

The CDC recommends two physical activity targets (CDC 2020b). The first is attaining 2 or more days per week of resistance training. The second is attaining adequate aerobic activity. The amount of activity can be attained in one of three ways:

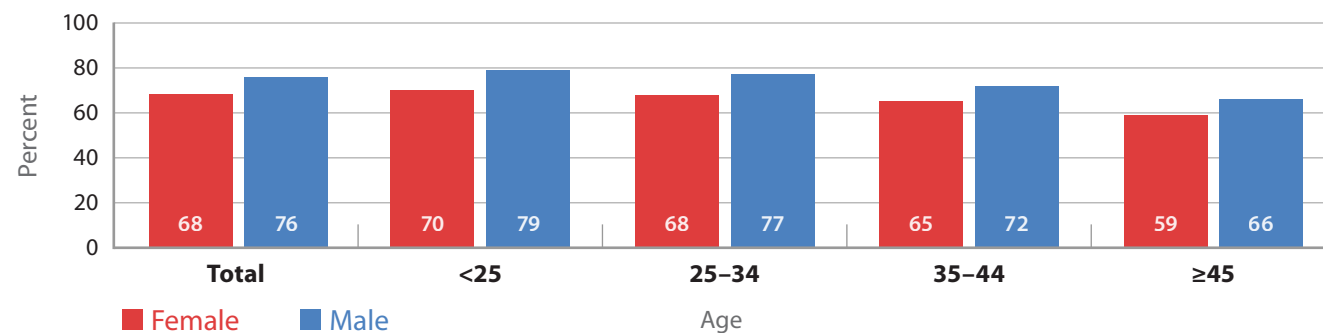
- 150 minutes/week of moderate-intensity aerobic activity, or
- 75 minutes/week of vigorous-intensity aerobic activity, or
- An equivalent combination of moderate- and vigorous-intensity aerobic activity.

On the Azimuth Check, Soldiers report the average number of days per week in which they participated in resistance training in the last 30 days. Soldiers also report the average number of days per week in which they engaged in (a) vigorous activity and (b) moderate activity in the last 30 days, and the average number of minutes per day in which they engaged in these activities.

Overall, the majority of ARNG Soldiers met the activity targets. The majority of Soldiers (74%) engaged in resistance training 2 or more days per week. Most Soldiers (84%) achieved adequate moderate/vigorous aerobic activity targets.

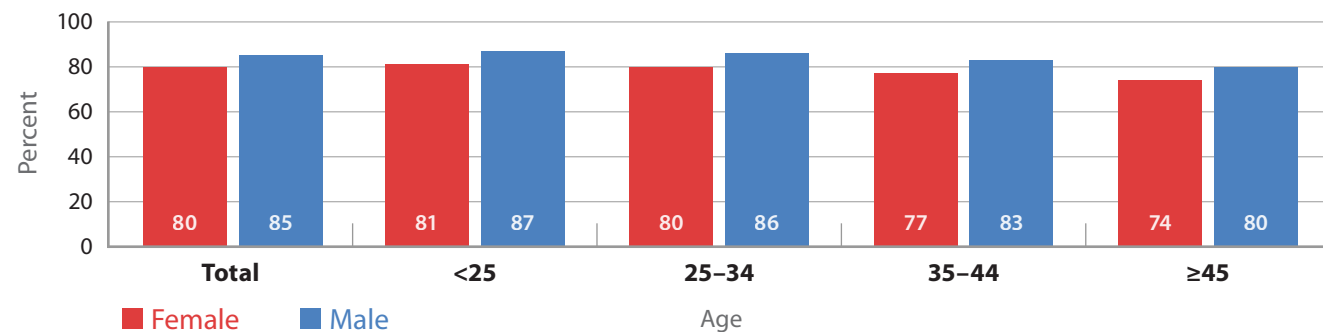
Percent Who Met the Resistance Training Target by Sex and Age, ARNG Soldiers, CY20

A greater proportion of males (76%), relative to females (68%), reported engaging in resistance training 2 or more days per week. The proportion of Soldiers meeting this target progressively decreased with advancing age. For females and males, Soldiers younger than 25 years had the highest proportion meeting this target (70% and 79%, respectively). For females and males, Soldiers older than 45 years had the lowest proportion meeting this target (59% and 66%, respectively).



Percent of ARNG Soldiers Who Met the Aerobic Activity Target by Sex and Age, CY20

A greater proportion of males (85%), relative to females (80%), achieved adequate moderate and/or vigorous aerobic activity targets. For females and males, Soldiers younger than 25 years had the highest proportion meeting this target (81% and 87%, respectively).

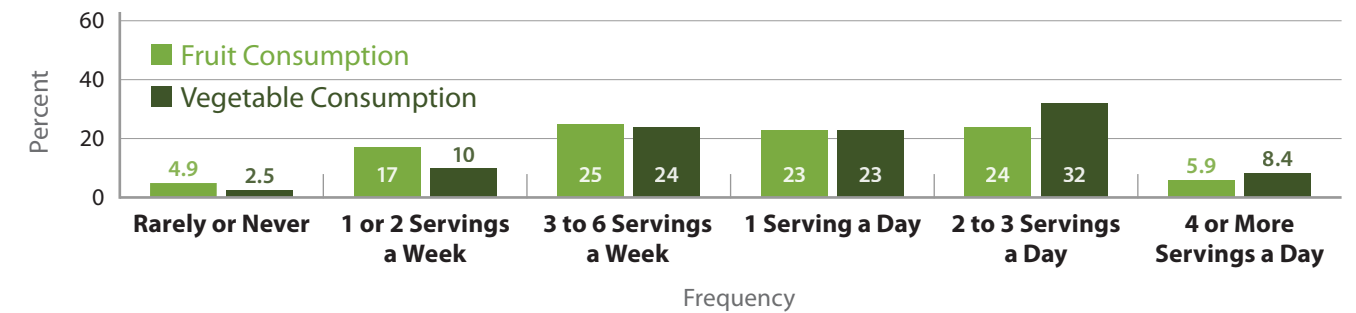


Nutrition

The U.S. Department of Agriculture (USDA 2019) recommends two or more servings of fruits and two or more servings of vegetables per day. On the Azimuth Check, Soldiers report the approximate servings of fruits and vegetables they consumed during the past 30 days.

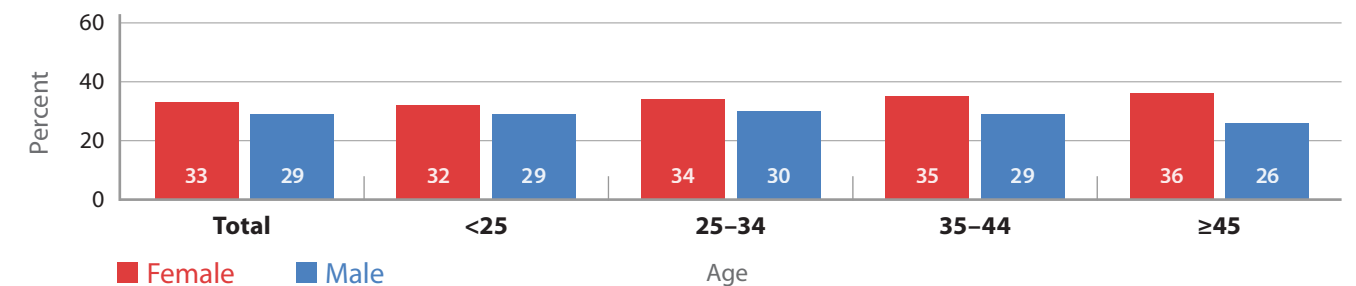
Percent Who Met the Nutrition Targets, ARNG Soldiers, CY20

Overall, less than half of ARNG Soldiers met the nutrition targets. Nearly one-third of Soldiers (30%) met the target of two or more servings of fruit per day. Less than half of Soldiers (40%) met the target of two or more servings of vegetables per day.



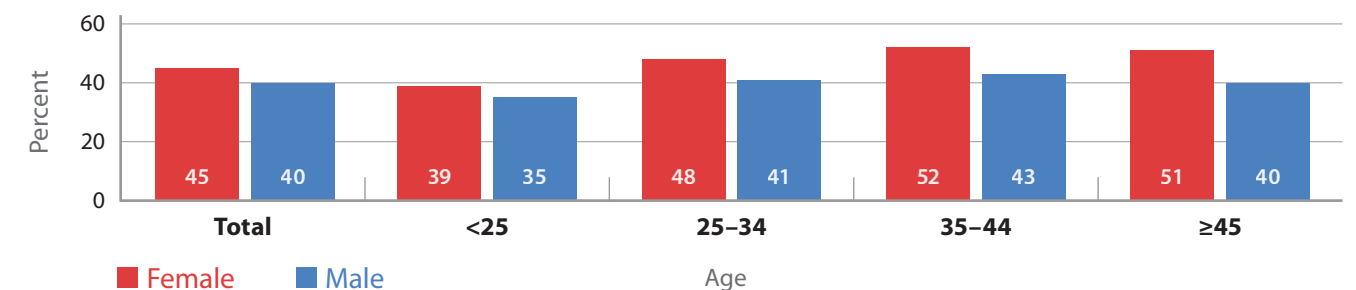
Percent Who Met the Fruit Consumption Target by Sex and Age, ARNG Soldiers, CY20

A greater proportion of females (33%), relative to males (29%), reported eating two or more servings of fruit per day. For females, Soldiers older than 45 years had the highest proportion meeting this target (36%). For males, Soldiers between 25 and 34 years had the highest proportion meeting this target (30%).



Percent Who Met the Vegetable Consumption Target by Sex and Age, ARNG Soldiers, 2020

A greater proportion of females (45%), relative to males (40%), reported eating two or more servings of vegetables per day. The proportion of Soldiers meeting this target progressively increased with advancing age. For females and males, Soldiers between 35 and 44 years had the highest proportion meeting this target (52% and 43%, respectively). For females and males, Soldiers younger than 25 years had the lowest proportion meeting this target (39% and 35%, respectively).



Percent Meeting SAN Targets, ARNG Soldiers, 2020:



49% attained 7 or more hours of sleep on weeknights

74% attained 7 or more hours of sleep on weekend nights



74% engaged in resistance training 2 or more days per week

84% achieved adequate moderate and/or vigorous aerobic activity targets



30% ate 2 or more servings of fruits per day

41% ate 2 or more servings of vegetables per day

ARNG Health Index Ranking by State and Territory

ARNG Health Index Scores take into account measures of Medical Readiness, Dental Readiness, Hearing Readiness, PTSD, Depression, Illicit Substance Use, Tobacco Use, Obesity, and Hypertension.

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

Alabama

Army National Guard



Profile (2020)*

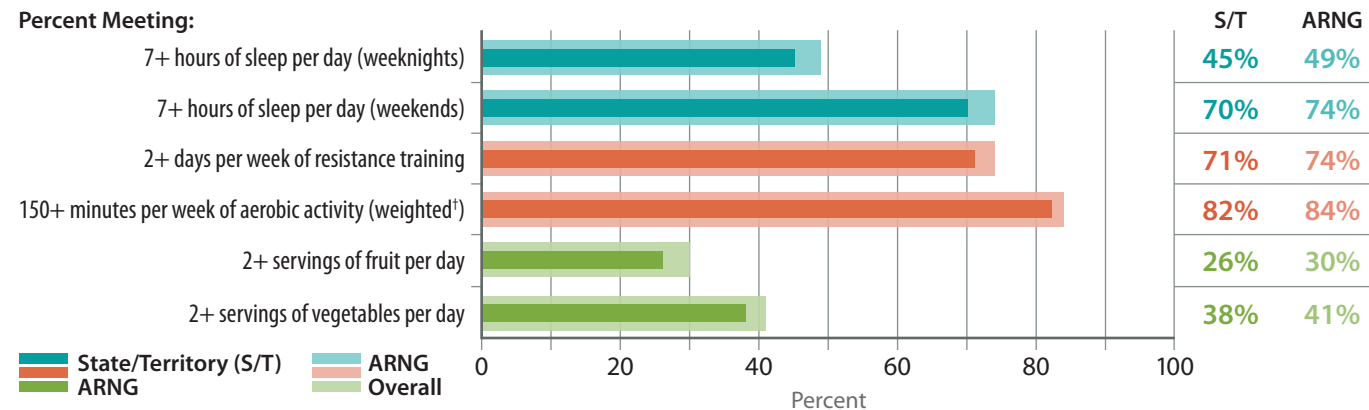
End-Strength: 9,600 (19% Female) AGR/Mil Tech: 17%
 State Population: 4,900,000 (2.0 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 32 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	75	83	74–91
Dental readiness classification (% ready)	85	91	84–96
Hearing (% with significant threshold shift)	9.2	6.2	2.3–12
PTSD (% with self-reported symptoms)	7.1	5.7	2.4–9.4
Depression (% with self-reported symptoms)	5.2	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.5	2.0	0.70–5.4
Smoking tobacco use (%)	14	14	3.5–19
Smokeless tobacco use (%)	19	17	0.73–28
Obesity (%)	24	22	15–29
Flagged for weight (%)	3.9	3.9	0.79–7.0
Hypertension (%)	8.3	6.5	2.8–12

ARNG Health Index Score*** 40–49th percentile

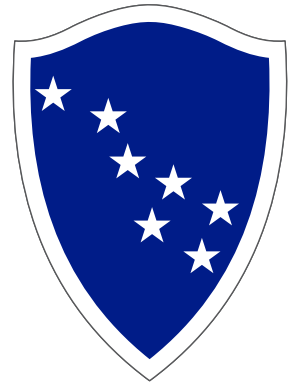
PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Alaska

Army National Guard



Profile (2020)*

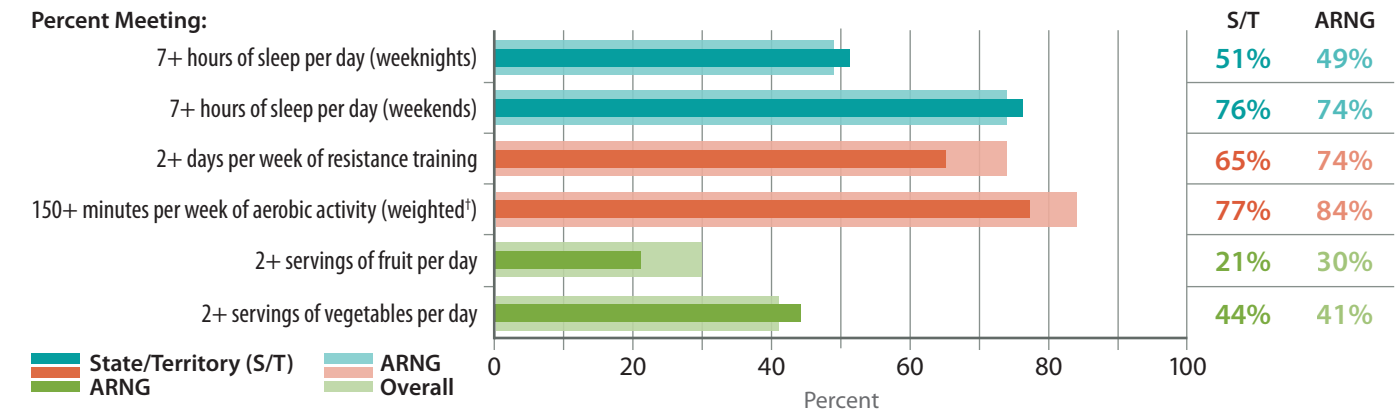
End-Strength: 1,600 (18% Female) AGR/Mil Tech: 36%
 State Population: 730,000 (2.2 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 22 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	76	83	74–91
Dental readiness classification (% ready)	84	91	84–96
Hearing (% with significant threshold shift)	2.7	6.2	2.3–12
PTSD (% with self-reported symptoms)	7.3	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.1	4.5	1.5–7.3
Tested positive for illegal drug use (%)	0.81	2.0	0.70–5.4
Smoking tobacco use (%)	15	14	3.5–19
Smokeless tobacco use (%)	20	17	0.73–28
Obesity (%)	21	22	15–29
Flagged for weight (%)	3.0	3.9	0.79–7.0
Hypertension (%)	7.6	6.5	2.8–12

ARNG Health Index Score*** 50–59th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

► Arizona

Army National Guard

Profile (2020)*

End-Strength: 5,200 (16% Female) AGR/Mil Tech: 18%
 State Population: 7,400,000 (0.70 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 42 / 54

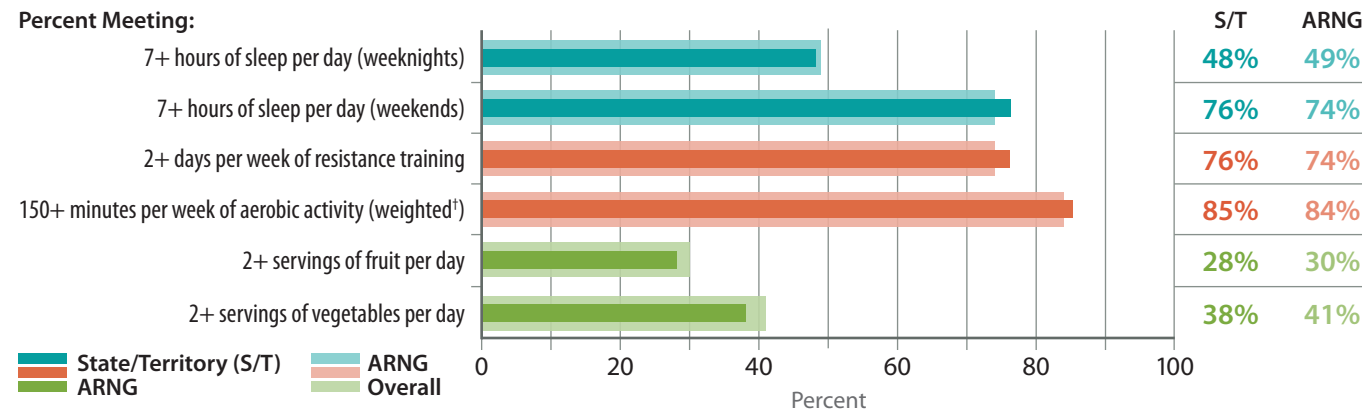


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	78	83	74–91
Dental readiness classification (% ready)	86	91	84–96
Hearing (% with significant threshold shift)	7.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.5	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.8	4.5	1.5–7.3
Tested positive for illegal drug use (%)	2.7	2.0	0.70–5.4
Smoking tobacco use (%)	10	14	3.5–19
Smokeless tobacco use (%)	15	17	0.73–28
Obesity (%)	20	22	15–29
Flagged for weight (%)	3.2	3.9	0.79–7.0
Hypertension (%)	6.3	6.5	2.8–12

ARNG Health Index Score*** 20–29th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Arkansas

Army National Guard

Profile (2020)*

End-Strength: 6,700 (17% Female) AGR/Mil Tech: 14%
 State Population: 3,000,000 (2.2 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 50 / 54

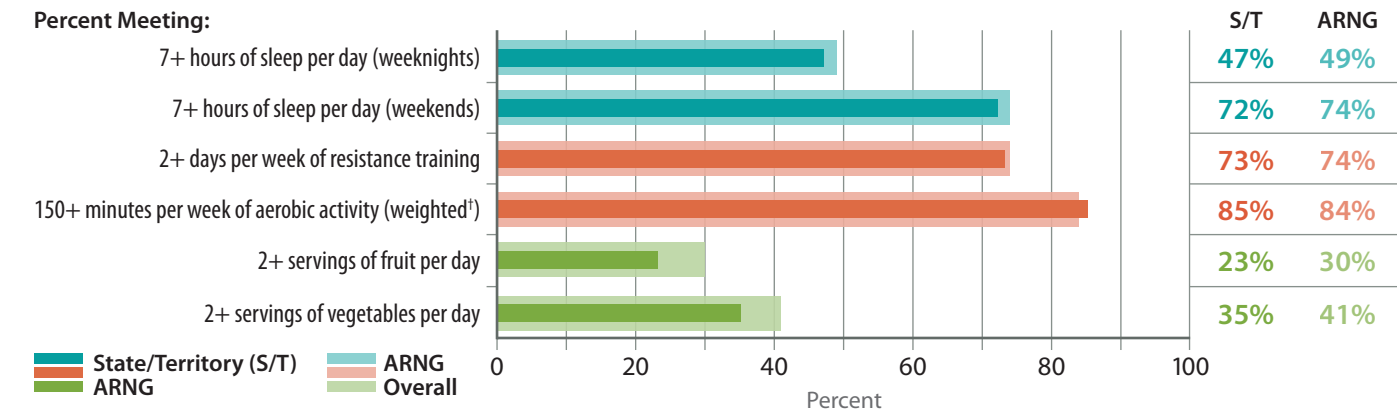


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	77	83	74–91
Dental readiness classification (% ready)	85	91	84–96
Hearing (% with significant threshold shift)	7.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	7.4	5.7	2.4–9.4
Depression (% with self-reported symptoms)	5.3	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.4	2.0	0.70–5.4
Smoking tobacco use (%)	15	14	3.5–19
Smokeless tobacco use (%)	20	17	0.73–28
Obesity (%)	25	22	15–29
Flagged for weight (%)	4.3	3.9	0.79–7.0
Hypertension (%)	5.4	6.5	2.8–12

ARNG Health Index Score*** <10th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

► California

Army National Guard



Profile (2020)*

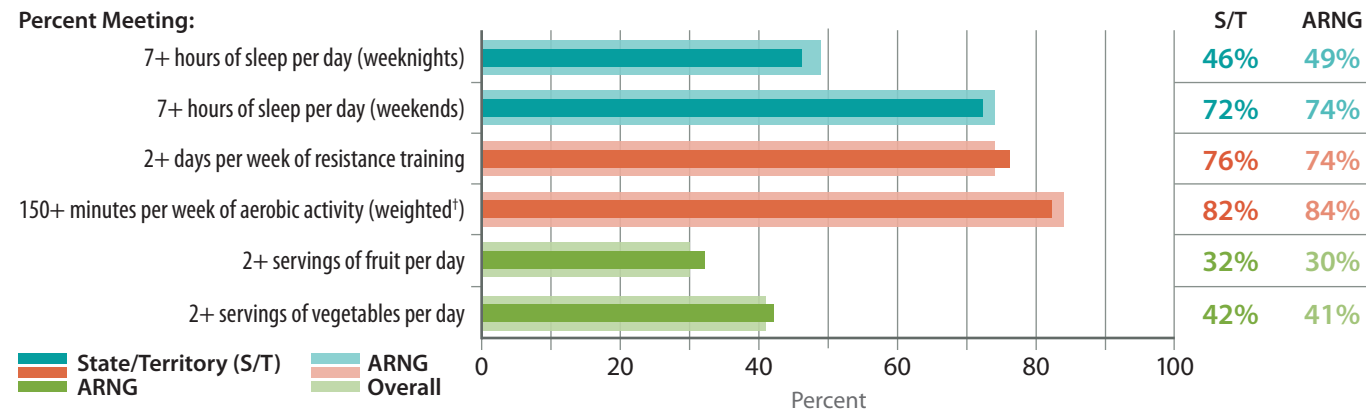
End-Strength: 13,000 (17% Female) AGR/Mil Tech: 16%
 State Population: 39,000,000 (0.33 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 35 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	79	83	74–91
Dental readiness classification (% ready)	86	91	84–96
Hearing (% with significant threshold shift)	8.6	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.4	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.6	4.5	1.5–7.3
Tested positive for illegal drug use (%)	2.1	2.0	0.70–5.4
Smoking tobacco use (%)	10	14	3.5–19
Smokeless tobacco use (%)	10	17	0.73–28
Obesity (%)	24	22	15–29
Flagged for weight (%)	4.3	3.9	0.79–7.0
Hypertension (%)	3.7	6.5	2.8–12

ARNG Health Index Score*** 30–39th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Colorado

Army National Guard



Profile (2020)*

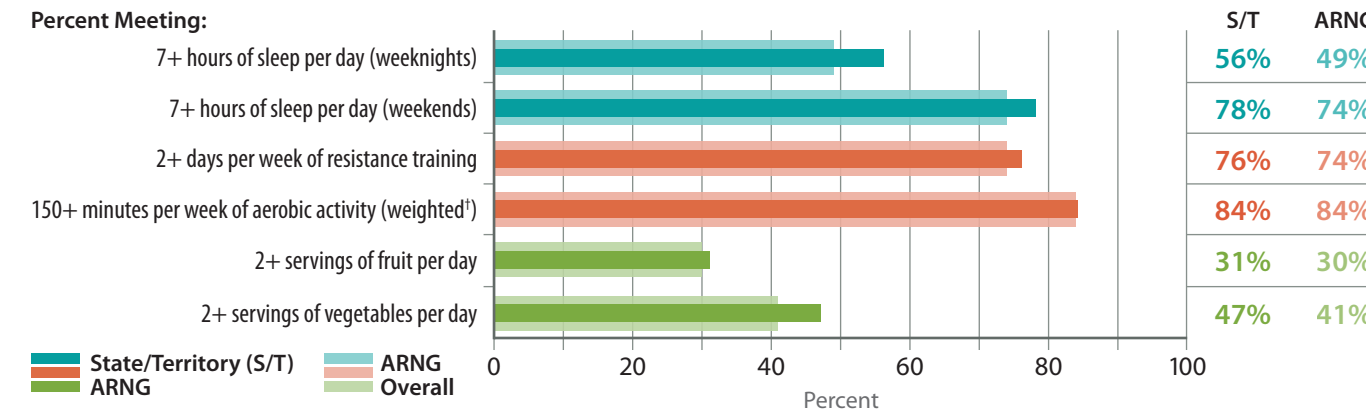
End-Strength: 3,800 (17% Female) AGR/Mil Tech: 20%
 State Population: 5,800,000 (0.65 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 2 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	79	83	74–91
Dental readiness classification (% ready)	86	91	84–96
Hearing (% with significant threshold shift)	8.8	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.8	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.3	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.6	2.0	0.70–5.4
Smoking tobacco use (%)	11	14	3.5–19
Smokeless tobacco use (%)	17	17	0.73–28
Obesity (%)	18	22	15–29
Flagged for weight (%)	1.8	3.9	0.79–7.0
Hypertension (%)	3.5	6.5	2.8–12

ARNG Health Index Score*** ≥90th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Connecticut

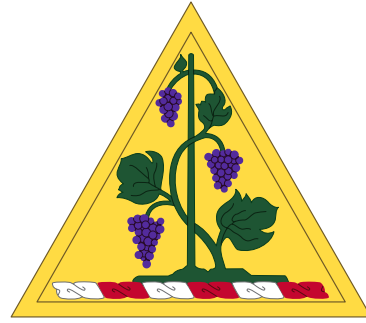
Army National Guard

Profile (2020)*

End-Strength: 3,600 (18% Female) AGR/Mil Tech: 21%

State Population: 3,600,000 (1.0 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 11 / 54

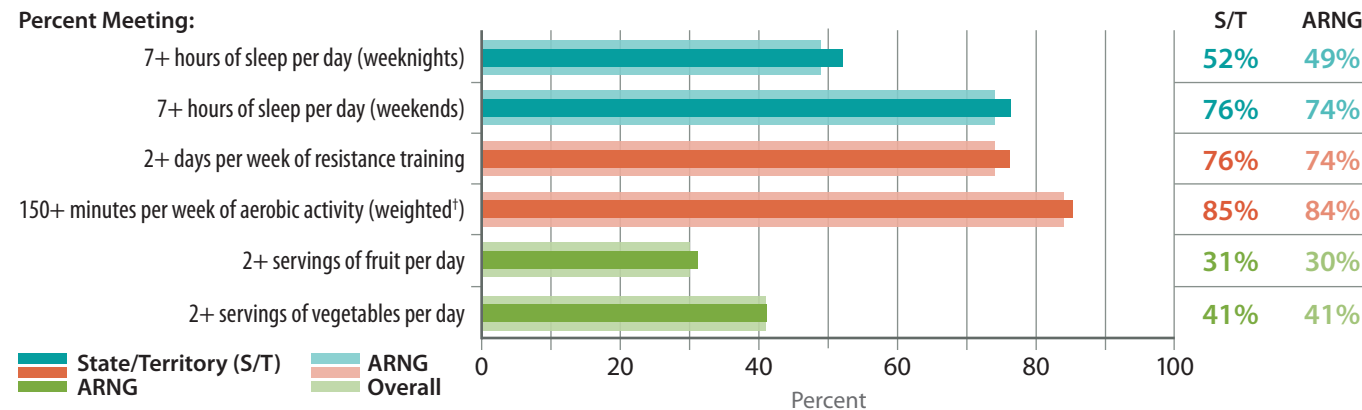


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	76	83	74–91
Dental readiness classification (% ready)	86	91	84–96
Hearing (% with significant threshold shift)	3.2	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.3	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.3	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.9	2.0	0.70–5.4
Smoking tobacco use (%)	10	14	3.5–19
Smokeless tobacco use (%)	11	17	0.73–28
Obesity (%)	21	22	15–29
Flagged for weight (%)	4.7	3.9	0.79–7.0
Hypertension (%)	6.1	6.5	2.8–12

ARNG Health Index Score*** 70–79th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.

** See Appendix I for details regarding measure computations.

***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).

† Please see page 40 for a description of the aerobic activity target.

► Delaware

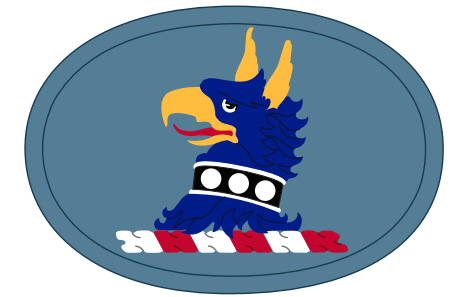
Army National Guard

Profile (2020)*

End-Strength: 1,600 (22% Female) AGR/Mil Tech: 23%

State Population: 990,000 (1.6 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 29 / 54

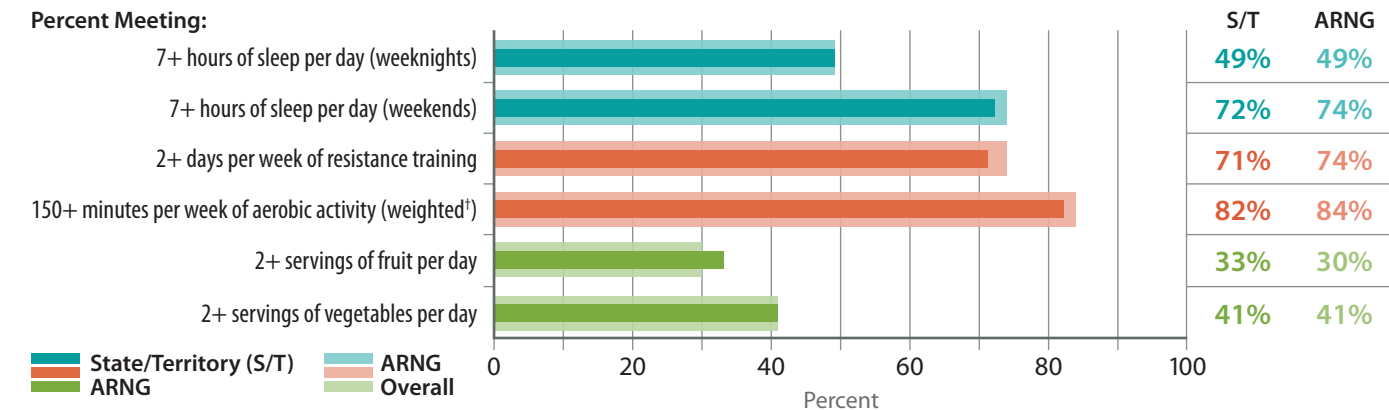


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	76	83	74–91
Dental readiness classification (% ready)	87	91	84–96
Hearing (% with significant threshold shift)	3.7	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.6	5.7	2.4–9.4
Depression (% with self-reported symptoms)	5.2	4.5	1.5–7.3
Tested positive for illegal drug use (%)	2.3	2.0	0.70–5.4
Smoking tobacco use (%)	12	14	3.5–19
Smokeless tobacco use (%)	11	17	0.73–28
Obesity (%)	27	22	15–29
Flagged for weight (%)	4.3	3.9	0.79–7.0
Hypertension (%)	12	6.5	2.8–12

ARNG Health Index Score*** 40–49th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.

** See Appendix I for details regarding measure computations.

***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).

† Please see page 40 for a description of the aerobic activity target.

► District of Columbia

Army National Guard

Profile (2020)*

End-Strength: 1,300 (29% Female) AGR/Mil Tech: 23%

District Population: 710,000 (1.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 8 / 54

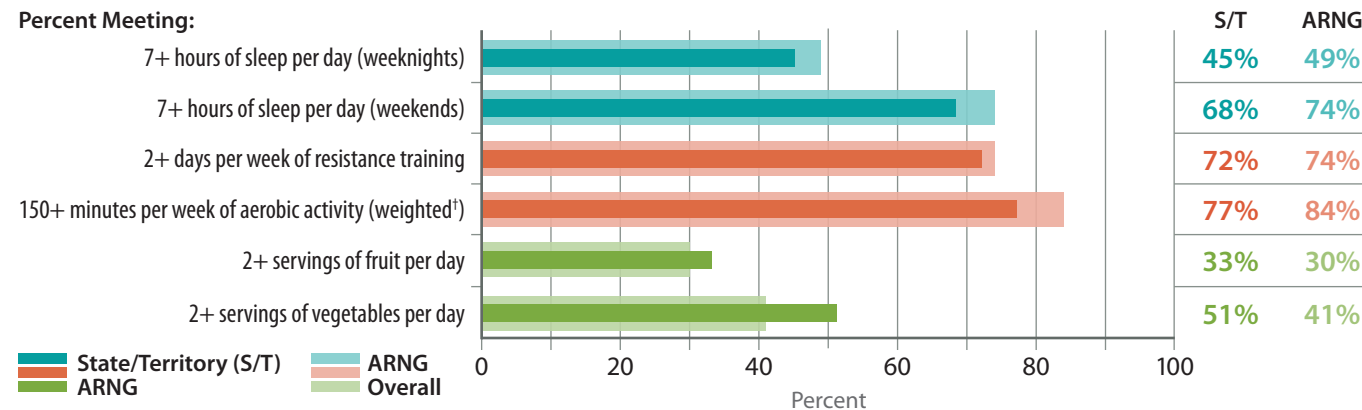


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	74	83	74–91
Dental readiness classification (% ready)	87	91	84–96
Hearing (% with significant threshold shift)	5.5	6.2	2.3–12
PTSD (% with self-reported symptoms)	7.7	5.7	2.4–9.4
Depression (% with self-reported symptoms)	2.9	4.5	1.5–7.3
Tested positive for illegal drug use (%)	2.4	2.0	0.70–5.4
Smoking tobacco use (%)	8.0	14	3.5–19
Smokeless tobacco use (%)	6.9	17	0.73–28
Obesity (%)	16	22	15–29
Flagged for weight (%)	3.1	3.9	0.79–7.0
Hypertension (%)	6.5	6.5	2.8–12

ARNG Health Index Score*** 80–89th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Florida

Army National Guard

Profile (2020)*

End-Strength: 9,400 (18% Female) AGR/Mil Tech: 15%

State Population: 22,000,000 (0.43 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 5 / 54

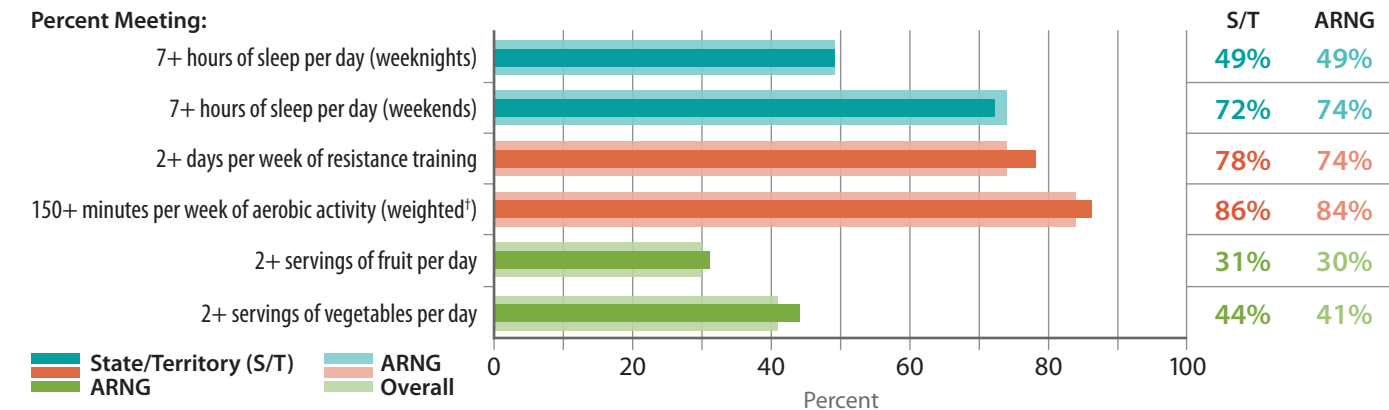


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	78	83	74–91
Dental readiness classification (% ready)	87	91	84–96
Hearing (% with significant threshold shift)	12	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.4	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.9	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.1	2.0	0.70–5.4
Smoking tobacco use (%)	9.7	14	3.5–19
Smokeless tobacco use (%)	13	17	0.73–28
Obesity (%)	22	22	15–29
Flagged for weight (%)	2.5	3.9	0.79–7.0
Hypertension (%)	5.9	6.5	2.8–12

ARNG Health Index Score*** ≥90th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

► Georgia

Army National Guard



Profile (2020)*

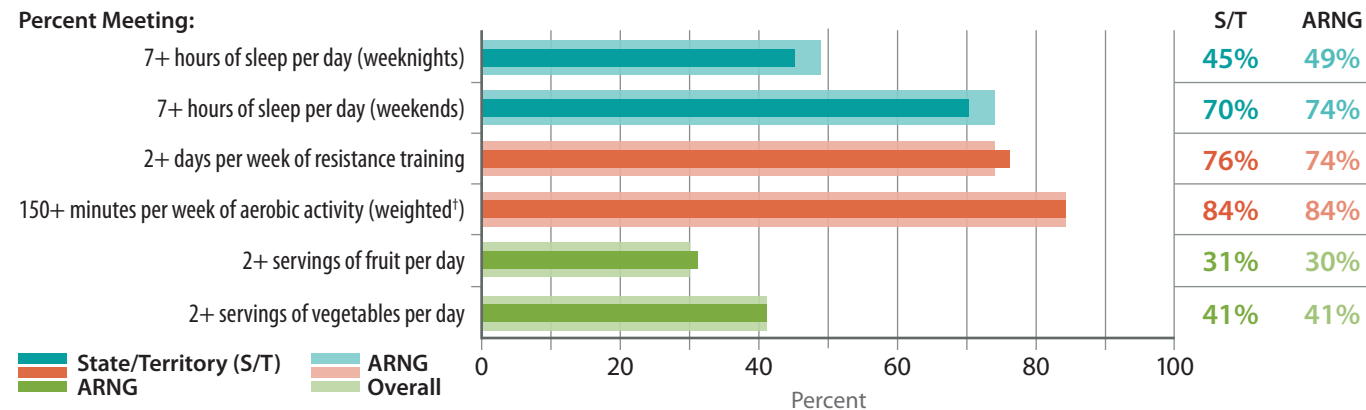
End-Strength: 11,000 (24% Female) AGR/Mil Tech: 11%
 State Population: 11,000,000 (1.1 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 53 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	80	83	74–91
Dental readiness classification (% ready)	87	91	84–96
Hearing (% with significant threshold shift)	8.5	6.2	2.3–12
PTSD (% with self-reported symptoms)	9.4	5.7	2.4–9.4
Depression (% with self-reported symptoms)	7.0	4.5	1.5–7.3
Tested positive for illegal drug use (%)	3.5	2.0	0.70–5.4
Smoking tobacco use (%)	14	14	3.5–19
Smokeless tobacco use (%)	15	17	0.73–28
Obesity (%)	23	22	15–29
Flagged for weight (%)	3.2	3.9	0.79–7.0
Hypertension (%)	8.7	6.5	2.8–12

ARNG Health Index Score*** <10th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Guam

Army National Guard



Profile (2020)*

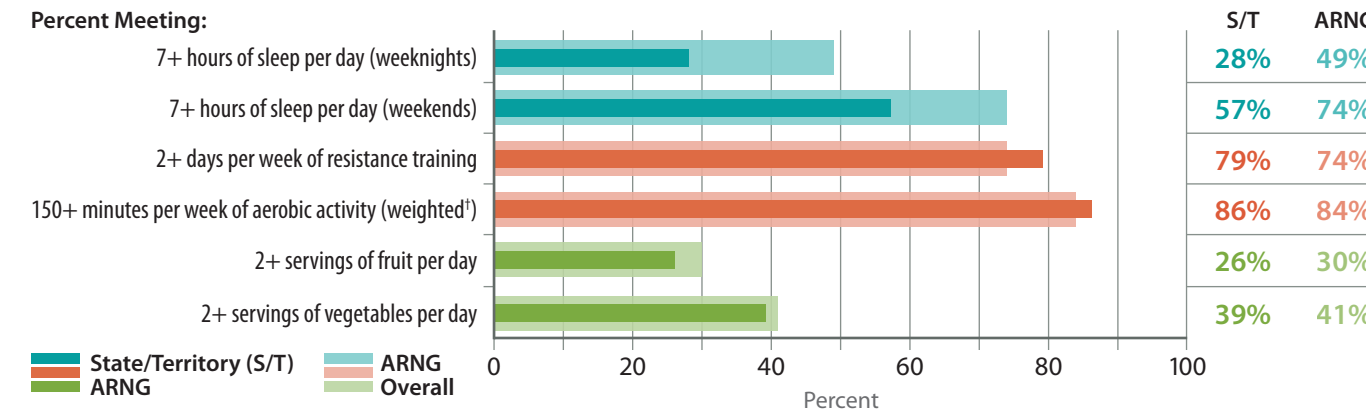
End-Strength: 1,200 (19% Female) AGR/Mil Tech: 17%
 Territory Population: 170,000 (6.9 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 28 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	78	83	74–91
Dental readiness classification (% ready)	87	91	84–96
Hearing (% with significant threshold shift)	6.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.8	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.0	4.5	1.5–7.3
Tested positive for illegal drug use (%)	2.4	2.0	0.70–5.4
Smoking tobacco use (%)	19	14	3.5–19
Smokeless tobacco use (%)	28	17	0.73–28
Obesity (%)	26	22	15–29
Flagged for weight (%)	2.9	3.9	0.79–7.0
Hypertension (%)	7.7	6.5	2.8–12

ARNG Health Index Score*** 40–49th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

► Hawaii

Army National Guard

Profile (2020)*

End-Strength: 3,000 (19% Female) AGR/Mil Tech: 16%
 State Population: 1,400,000 (2.1 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 20 / 54

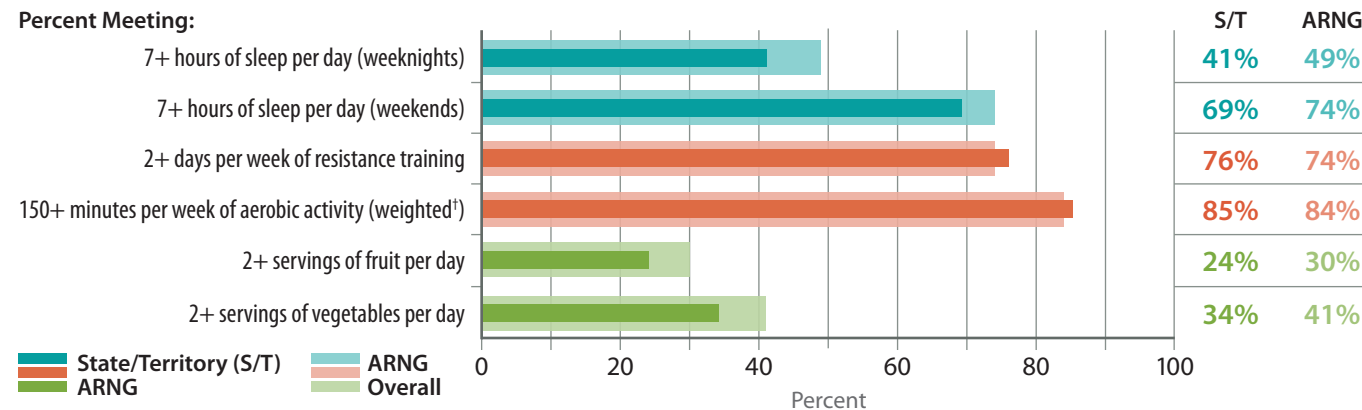


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	80	83	74–91
Dental readiness classification (% ready)	88	91	84–96
Hearing (% with significant threshold shift)	3.4	6.2	2.3–12
PTSD (% with self-reported symptoms)	6.1	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.2	4.5	1.5–7.3
Tested positive for illegal drug use (%)	0.70	2.0	0.70–5.4
Smoking tobacco use (%)	13	14	3.5–19
Smokeless tobacco use (%)	15	17	0.73–28
Obesity (%)	26	22	15–29
Flagged for weight (%)	2.0	3.9	0.79–7.0
Hypertension (%)	6.9	6.5	2.8–12

ARNG Health Index Score*** 60–69th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Idaho

Army National Guard

Profile (2020)*

End-Strength: 3,100 (15% Female) AGR/Mil Tech: 25%
 State Population: 1,800,000 (1.7 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 38 / 54

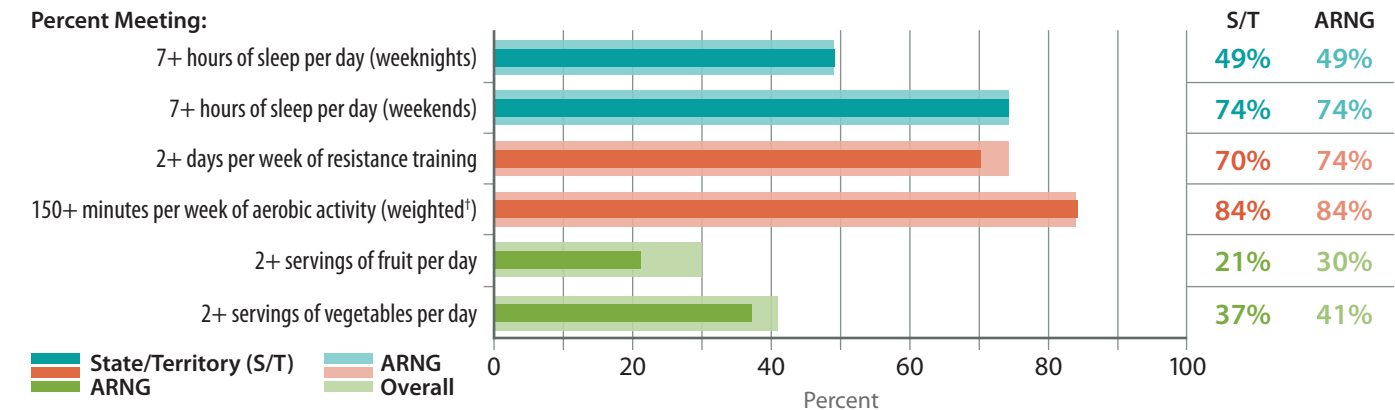


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	80	83	74–91
Dental readiness classification (% ready)	89	91	84–96
Hearing (% with significant threshold shift)	4.1	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.7	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.7	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.4	2.0	0.70–5.4
Smoking tobacco use (%)	12	14	3.5–19
Smokeless tobacco use (%)	20	17	0.73–28
Obesity (%)	19	22	15–29
Flagged for weight (%)	2.3	3.9	0.79–7.0
Hypertension (%)	9.8	6.5	2.8–12

ARNG Health Index Score*** 30–39th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

► Illinois

Army National Guard



Profile (2020)*

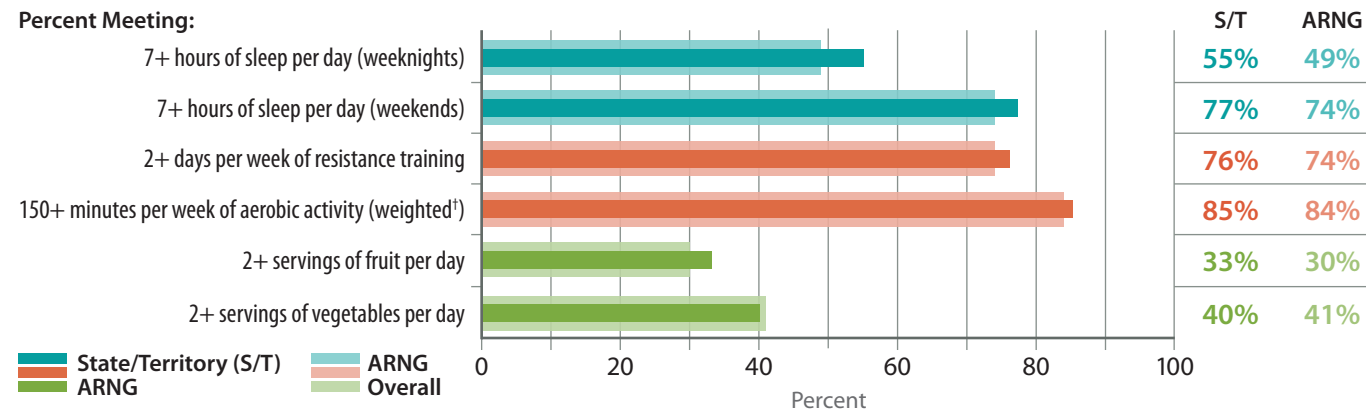
End-Strength: 10,000 (21% Female) AGR/Mil Tech: 12%
 State Population: 13,000,000 (0.8 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 17 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	80	83	74–91
Dental readiness classification (% ready)	89	91	84–96
Hearing (% with significant threshold shift)	6.2	6.2	2.3–12
PTSD (% with self-reported symptoms)	3.7	5.7	2.4–9.4
Depression (% with self-reported symptoms)	2.2	4.5	1.5–7.3
Tested positive for illegal drug use (%)	2.5	2.0	0.70–5.4
Smoking tobacco use (%)	13	14	3.5–19
Smokeless tobacco use (%)	14	17	0.73–28
Obesity (%)	17	22	15–29
Flagged for weight (%)	3.0	3.9	0.79–7.0
Hypertension (%)	2.8	6.5	2.8–12

ARNG Health Index Score*** 60–69th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Indiana

Army National Guard



Profile (2020)*

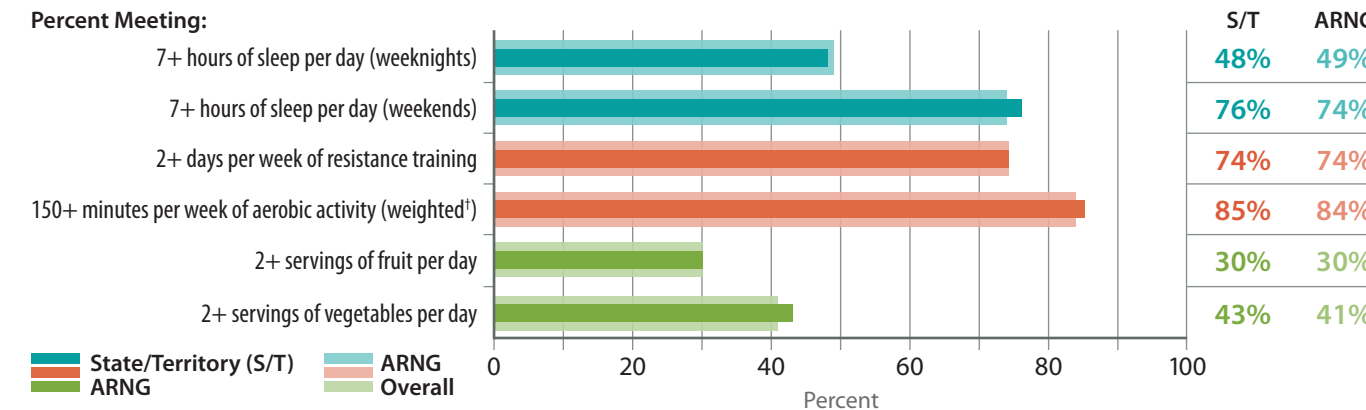
End-Strength: 11,000 (17% Female) AGR/Mil Tech: 13%
 State Population: 6,800,000 (1.6 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 49 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	82	83	74–91
Dental readiness classification (% ready)	89	91	84–96
Hearing (% with significant threshold shift)	3.8	6.2	2.3–12
PTSD (% with self-reported symptoms)	3.6	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.2	4.5	1.5–7.3
Tested positive for illegal drug use (%)	5.4	2.0	0.70–5.4
Smoking tobacco use (%)	16	14	3.5–19
Smokeless tobacco use (%)	21	17	0.73–28
Obesity (%)	24	22	15–29
Flagged for weight (%)	5.9	3.9	0.79–7.0
Hypertension (%)	7.1	6.5	2.8–12

ARNG Health Index Score*** <10th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

Iowa

Army National Guard



Profile (2020)*

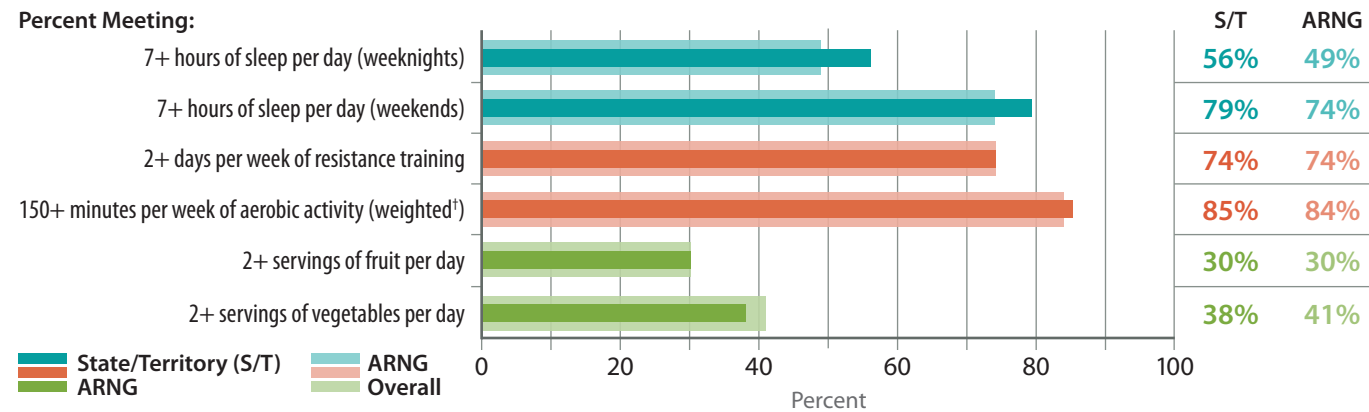
End-Strength: 6,700 (17% Female) AGR/Mil Tech: 17%
 State Population: 3,200,000 (2.1 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 18 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	82	83	74–91
Dental readiness classification (% ready)	88	91	84–96
Hearing (% with significant threshold shift)	4.6	6.2	2.3–12
PTSD (% with self-reported symptoms)	3.1	5.7	2.4–9.4
Depression (% with self-reported symptoms)	2.7	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.4	2.0	0.70–5.4
Smoking tobacco use (%)	14	14	3.5–19
Smokeless tobacco use (%)	22	17	0.73–28
Obesity (%)	22	22	15–29
Flagged for weight (%)	4.3	3.9	0.79–7.0
Hypertension (%)	3.6	6.5	2.8–12

ARNG Health Index Score*** 60–69th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Kansas

Army National Guard



Profile (2020)*

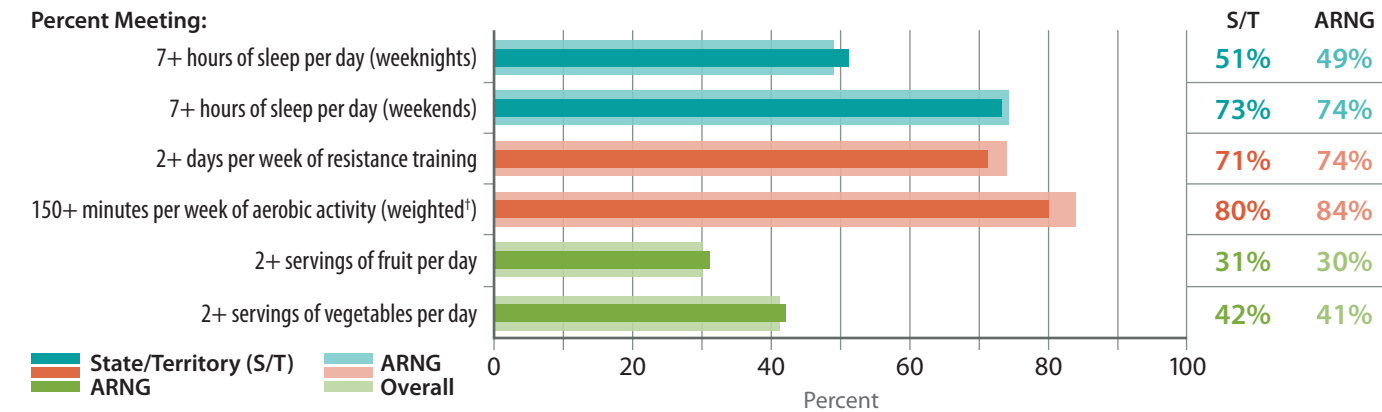
End-Strength: 4,300 (16% Female) AGR/Mil Tech: 20%
 State Population: 2,900,000 (1.5 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 45 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	82	83	74–91
Dental readiness classification (% ready)	89	91	84–96
Hearing (% with significant threshold shift)	6.2	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.6	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.6	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.1	2.0	0.70–5.4
Smoking tobacco use (%)	19	14	3.5–19
Smokeless tobacco use (%)	22	17	0.73–28
Obesity (%)	29	22	15–29
Flagged for weight (%)	6.3	3.9	0.79–7.0
Hypertension (%)	5.7	6.5	2.8–12

ARNG Health Index Score*** 10–19th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

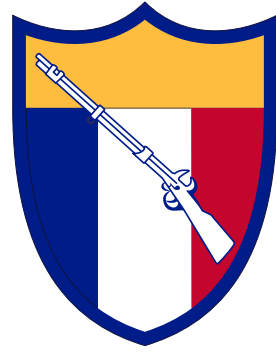
Profile Summaries

► Kentucky

Army National Guard

Profile (2020)*

End-Strength: 6,500 (14% Female) AGR/Mil Tech: 15%
 State Population: 4,500,000 (1.5 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 21 / 54

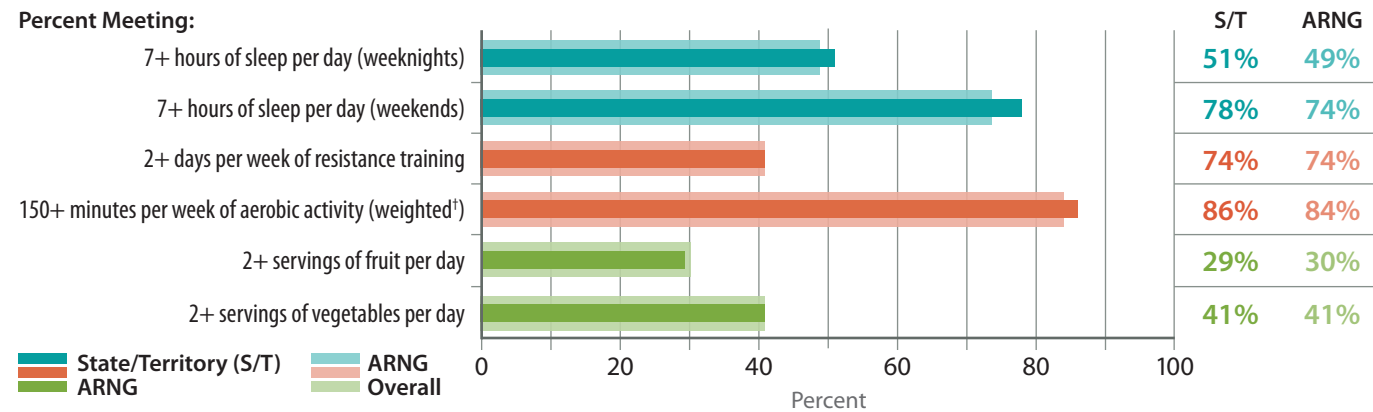


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	83	83	74–91
Dental readiness classification (% ready)	90	91	84–96
Hearing (% with significant threshold shift)	5.5	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.5	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.5	4.5	1.5–7.3
Tested positive for illegal drug use (%)	2.1	2.0	0.70–5.4
Smoking tobacco use (%)	15	14	3.5–19
Smokeless tobacco use (%)	25	17	0.73–28
Obesity (%)	20	22	15–29
Flagged for weight (%)	3.9	3.9	0.79–7.0
Hypertension (%)	5.8	6.5	2.8–12

ARNG Health Index Score*** 60–69th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Louisiana

Army National Guard

Profile (2020)*

End-Strength: 9,900 (23% Female) AGR/Mil Tech: 15%
 State Population: 4,600,000 (2.1 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 54 / 54

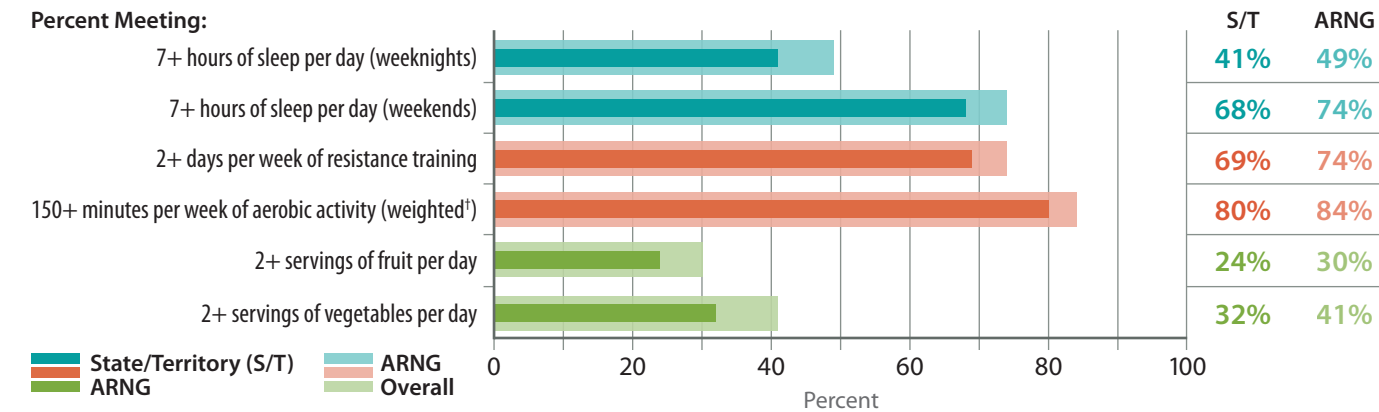


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	84	83	74–91
Dental readiness classification (% ready)	91	91	84–96
Hearing (% with significant threshold shift)	4.4	6.2	2.3–12
PTSD (% with self-reported symptoms)	8.4	5.7	2.4–9.4
Depression (% with self-reported symptoms)	7.3	4.5	1.5–7.3
Tested positive for illegal drug use (%)	3.9	2.0	0.70–5.4
Smoking tobacco use (%)	19	14	3.5–19
Smokeless tobacco use (%)	19	17	0.73–28
Obesity (%)	29	22	15–29
Flagged for weight (%)	4.5	3.9	0.79–7.0
Hypertension (%)	6.3	6.5	2.8–12

ARNG Health Index Score*** <10th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

► Maine

Army National Guard



Profile (2020)*

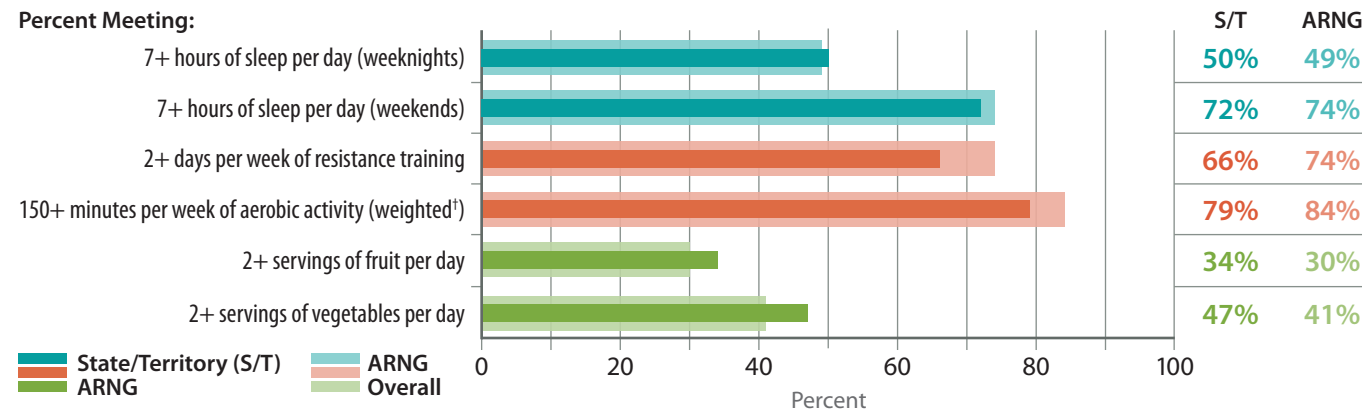
End-Strength: 1,900 (14% Female) AGR/Mil Tech: 22%
 State Population: 1,400,000 (1.4 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 44 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	85	83	74–91
Dental readiness classification (% ready)	91	91	84–96
Hearing (% with significant threshold shift)	2.7	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.6	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.5	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.5	2.0	0.70–5.4
Smoking tobacco use (%)	14	14	3.5–19
Smokeless tobacco use (%)	18	17	0.73–28
Obesity (%)	23	22	15–29
Flagged for weight (%)	4.7	3.9	0.79–7.0
Hypertension (%)	11	6.5	2.8–12

ARNG Health Index Score*** 10–19th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Maryland

Army National Guard



Profile (2020)*

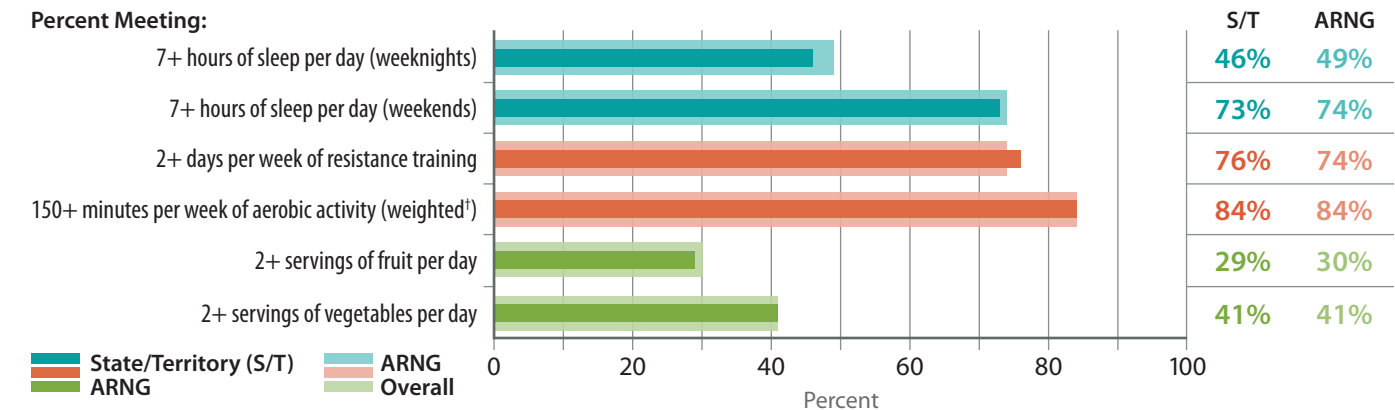
End-Strength: 4,600 (17% Female) AGR/Mil Tech: 16%
 State Population: 6,100,000 (0.76 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 26 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	85	83	74–91
Dental readiness classification (% ready)	91	91	84–96
Hearing (% with significant threshold shift)	6.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	6.0	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.4	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.2	2.0	0.70–5.4
Smoking tobacco use (%)	14	14	3.5–19
Smokeless tobacco use (%)	11	17	0.73–28
Obesity (%)	24	22	15–29
Flagged for weight (%)	4.5	3.9	0.79–7.0
Hypertension (%)	6.5	6.5	2.8–12

ARNG Health Index Score*** 50–59th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Massachusetts

Army National Guard

Profile (2020)*

End-Strength: 5,800 (17% Female) AGR/Mil Tech: 14%

State Population: 6,900,000 (0.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 33 / 54

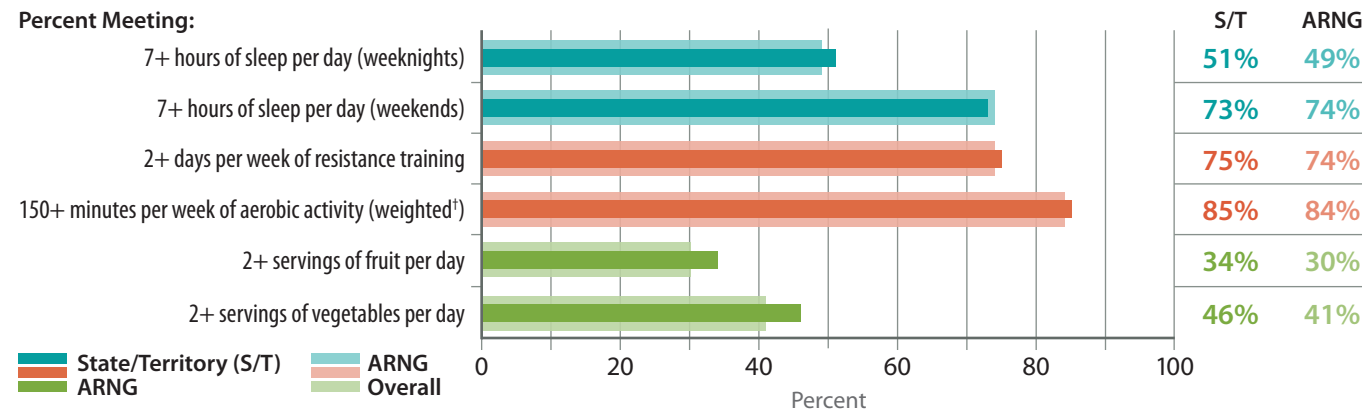


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	82	83	74–91
Dental readiness classification (% ready)	91	91	84–96
Hearing (% with significant threshold shift)	5.1	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.1	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.8	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.9	2.0	0.70–5.4
Smoking tobacco use (%)	11	14	3.5–19
Smokeless tobacco use (%)	11	17	0.73–28
Obesity (%)	25	22	15–29
Flagged for weight (%)	4.2	3.9	0.79–7.0
Hypertension (%)	6.1	6.5	2.8–12

ARNG Health Index Score*** 30–39th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Michigan

Army National Guard

Profile (2020)*

End-Strength: 8,200 (18% Female) AGR/Mil Tech: 15%

State Population: 10,000,000 (0.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 48 / 54

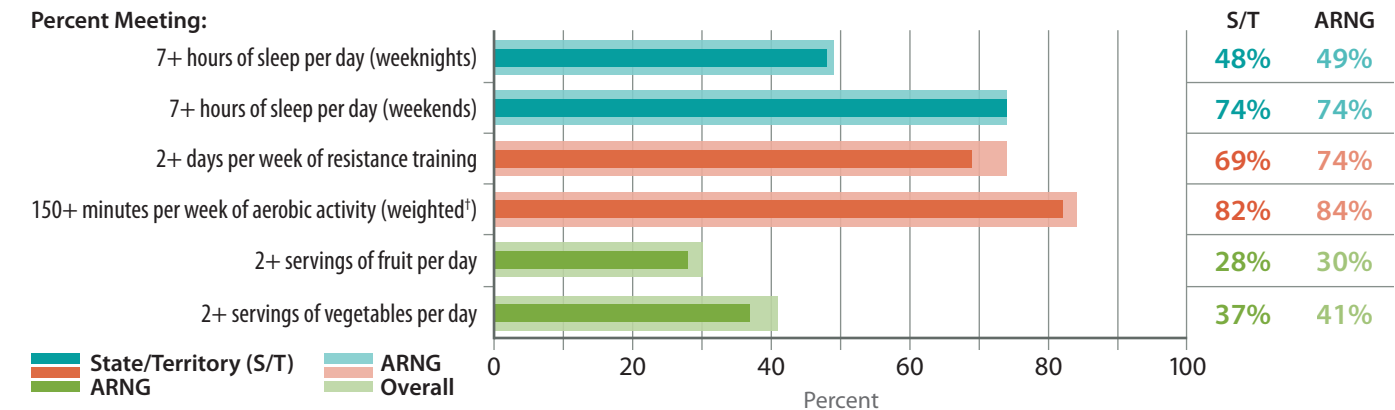


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	81	83	74–91
Dental readiness classification (% ready)	91	91	84–96
Hearing (% with significant threshold shift)	6.4	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.3	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.2	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.8	2.0	0.70–5.4
Smoking tobacco use (%)	16	14	3.5–19
Smokeless tobacco use (%)	17	17	0.73–28
Obesity (%)	23	22	15–29
Flagged for weight (%)	6.1	3.9	0.79–7.0
Hypertension (%)	9.6	6.5	2.8–12

ARNG Health Index Score*** 10–19th percentile

PERFORMANCE TRIAD MEASURES

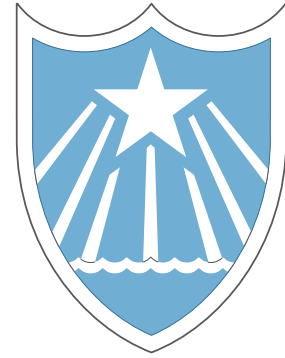


* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

► Minnesota

Army National Guard



Profile (2020)*

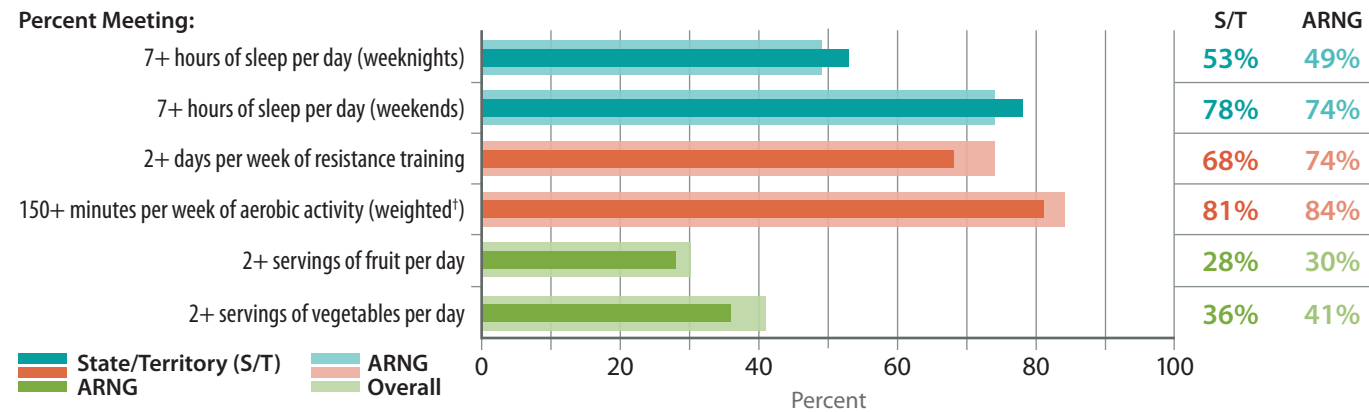
End-Strength: 11,000 (19% Female) AGR/Mil Tech: 14%
 State Population: 5,700,000 (2.0 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 30 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	84	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	6.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.4	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.3	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.6	2.0	0.70–5.4
Smoking tobacco use (%)	16	14	3.5–19
Smokeless tobacco use (%)	22	17	0.73–28
Obesity (%)	18	22	15–29
Flagged for weight (%)	4.7	3.9	0.79–7.0
Hypertension (%)	4.8	6.5	2.8–12

ARNG Health Index Score*** 40–49th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Mississippi

Army National Guard



Profile (2020)*

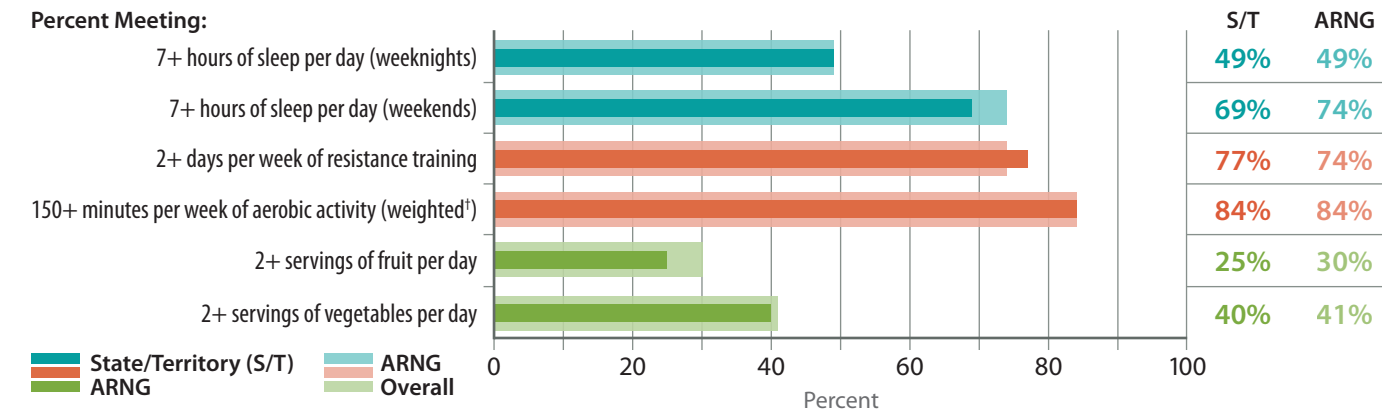
End-Strength: 9,400 (18% Female) AGR/Mil Tech: 19%
 State Population: 3,000,000 (3.2 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 51 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	85	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	9.2	6.2	2.3–12
PTSD (% with self-reported symptoms)	8.0	5.7	2.4–9.4
Depression (% with self-reported symptoms)	6.1	4.5	1.5–7.3
Tested positive for illegal drug use (%)	4.1	2.0	0.70–5.4
Smoking tobacco use (%)	18	14	3.5–19
Smokeless tobacco use (%)	22	17	0.73–28
Obesity (%)	29	22	15–29
Flagged for weight (%)	2.7	3.9	0.79–7.0
Hypertension (%)	6.9	6.5	2.8–12

ARNG Health Index Score*** <10th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Missouri

Army National Guard



Profile (2020)*

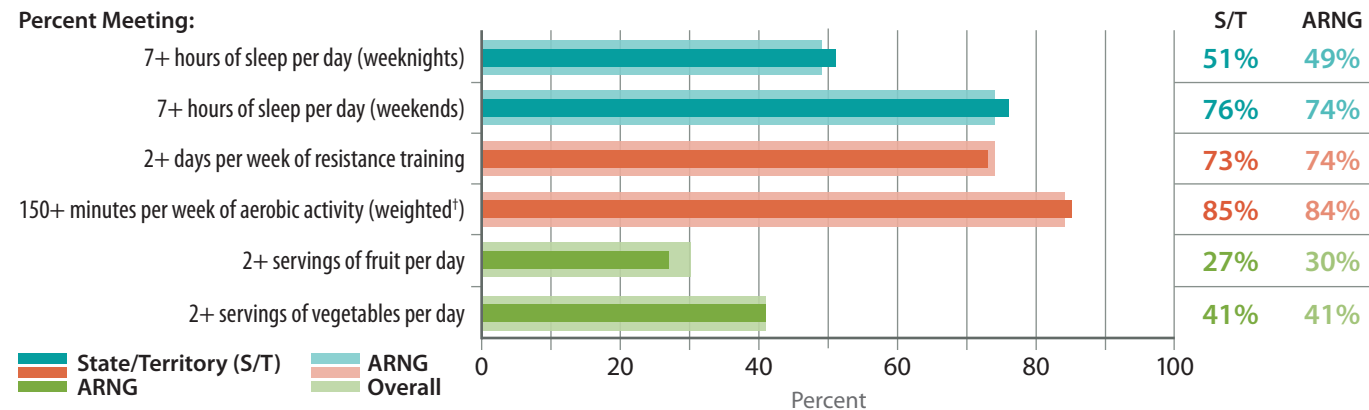
End-Strength: 9,400 (17% Female) AGR/Mil Tech: 15%
 State Population: 6,200,000 (1.5 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 36 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	86	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	7.8	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.9	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.3	4.5	1.5–7.3
Tested positive for illegal drug use (%)	2.2	2.0	0.70–5.4
Smoking tobacco use (%)	14	14	3.5–19
Smokeless tobacco use (%)	22	17	0.73–28
Obesity (%)	18	22	15–29
Flagged for weight (%)	3.8	3.9	0.79–7.0
Hypertension (%)	3.9	6.5	2.8–12

ARNG Health Index Score*** 30–39th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Montana

Army National Guard



Profile (2020)*

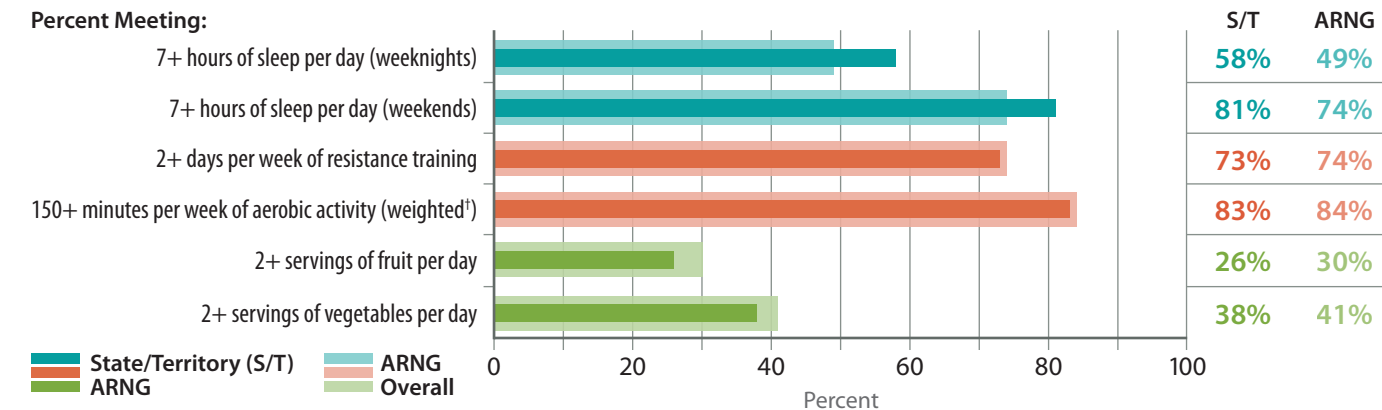
End-Strength: 2,500 (19% Female) AGR/Mil Tech: 22%
 State Population: 1,100,000 (2.3 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 25 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	85	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	4.1	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.4	5.7	2.4–9.4
Depression (% with self-reported symptoms)	5.0	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.7	2.0	0.70–5.4
Smoking tobacco use (%)	14	14	3.5–19
Smokeless tobacco use (%)	23	17	0.73–28
Obesity (%)	15	22	15–29
Flagged for weight (%)	3.5	3.9	0.79–7.0
Hypertension (%)	6.0	6.5	2.8–12

ARNG Health Index Score*** 50–59th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Nebraska

Army National Guard



Profile (2020)*

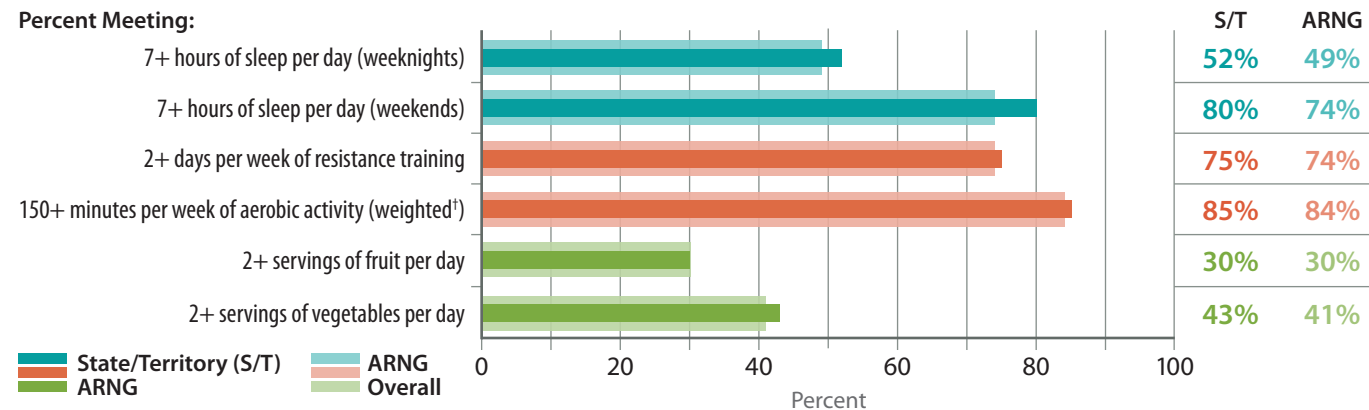
End-Strength: 3,200 (15% Female) **AGR/Mil Tech:** 20%
State Population: 1,900,000 (1.7 ARNG Soldiers per 1,000 population)
ARNG Health Index Ranking: 6 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	84	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	5.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.5	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.5	4.5	1.5–7.3
Tested positive for illegal drug use (%)	0.8	2.0	0.70–5.4
Smoking tobacco use (%)	13	14	3.5–19
Smokeless tobacco use (%)	24	17	0.73–28
Obesity (%)	19	22	15–29
Flagged for weight (%)	3.2	3.9	0.79–7.0
Hypertension (%)	5.8	6.5	2.8–12

ARNG Health Index Score*** 80–89th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Nevada

Army National Guard



Profile (2020)*

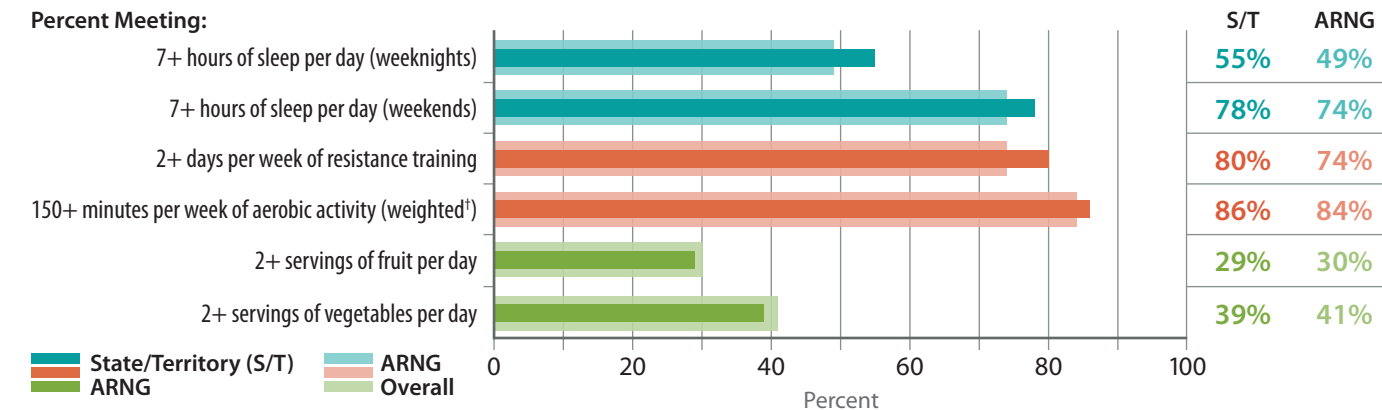
End-Strength: 3,200 (23% Female) **AGR/Mil Tech:** 15%
State Population: 3,100,000 (1.0 ARNG Soldiers per 1,000 population)
ARNG Health Index Ranking: 14 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	85	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	2.4	6.2	2.3–12
PTSD (% with self-reported symptoms)	3.7	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.7	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.1	2.0	0.70–5.4
Smoking tobacco use (%)	9.3	14	3.5–19
Smokeless tobacco use (%)	13	17	0.73–28
Obesity (%)	20	22	15–29
Flagged for weight (%)	3.7	3.9	0.79–7.0
Hypertension (%)	4.9	6.5	2.8–12

ARNG Health Index Score*** 70–79th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► New Hampshire

Army National Guard



Profile (2020)*

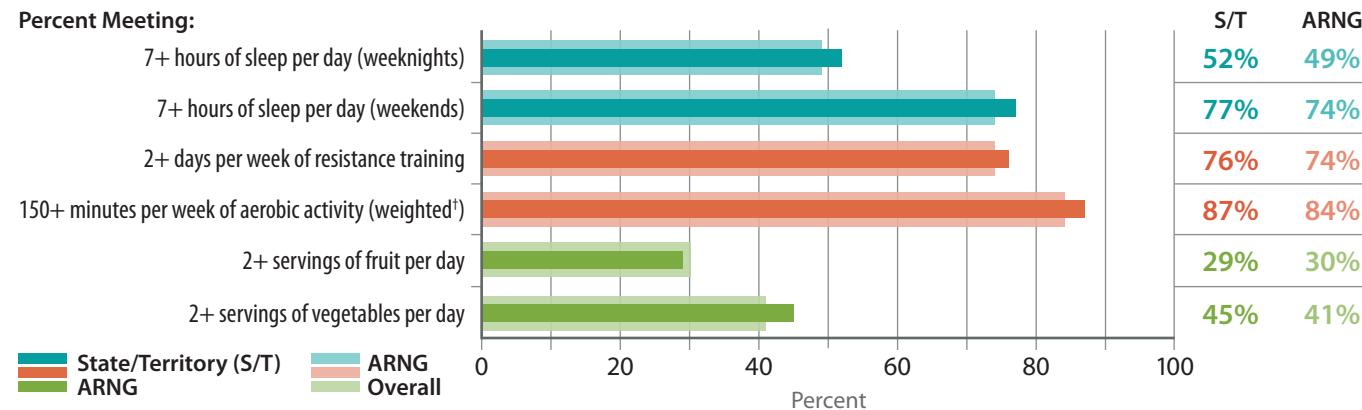
End-Strength: 1,600 (15% Female) AGR/Mil Tech: 20%
 State Population: 1,400,000 (1.2 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 37 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	85	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	7.4	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.3	5.7	2.4–9.4
Depression (% with self-reported symptoms)	2.7	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.2	2.0	0.70–5.4
Smoking tobacco use (%)	13	14	3.5–19
Smokeless tobacco use (%)	20	17	0.73–28
Obesity (%)	21	22	15–29
Flagged for weight (%)	3.7	3.9	0.79–7.0
Hypertension (%)	5.7	6.5	2.8–12

ARNG Health Index Score*** 30–39th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► New Jersey

Army National Guard



Profile (2020)*

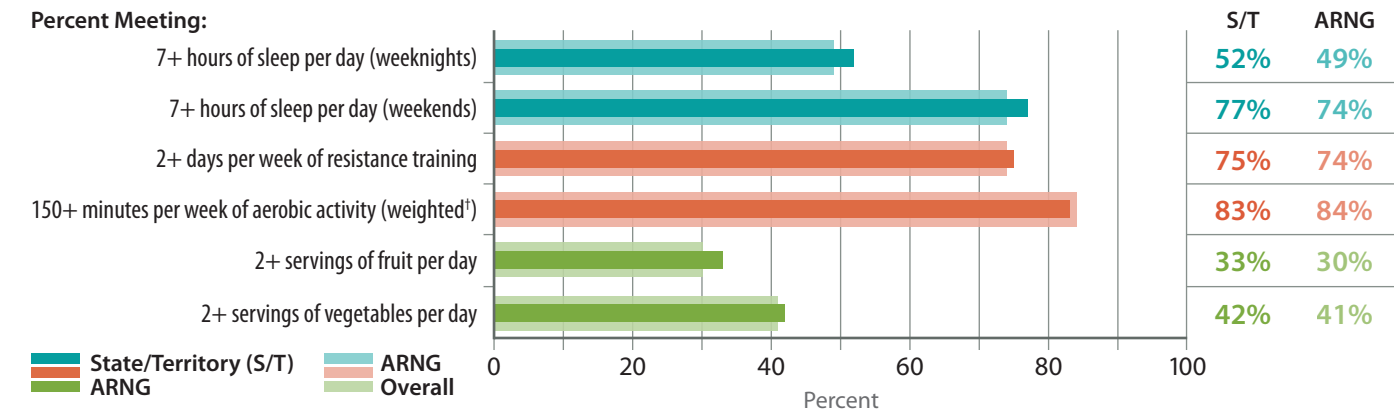
End-Strength: 6,100 (19% Female) AGR/Mil Tech: 13%
 State Population: 8,900,000 (0.7 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 15 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	86	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	6.2	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.8	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.9	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.6	2.0	0.70–5.4
Smoking tobacco use (%)	13	14	3.5–19
Smokeless tobacco use (%)	10	17	0.73–28
Obesity (%)	25	22	15–29
Flagged for weight (%)	2.4	3.9	0.79–7.0
Hypertension (%)	4.7	6.5	2.8–12

ARNG Health Index Score*** 70–79th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► New Mexico

Army National Guard

Profile (2020)*

End-Strength: 2,900 (21% Female) AGR/Mil Tech: 14%

State Population: 2,100,000 (1.4 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 27 / 54

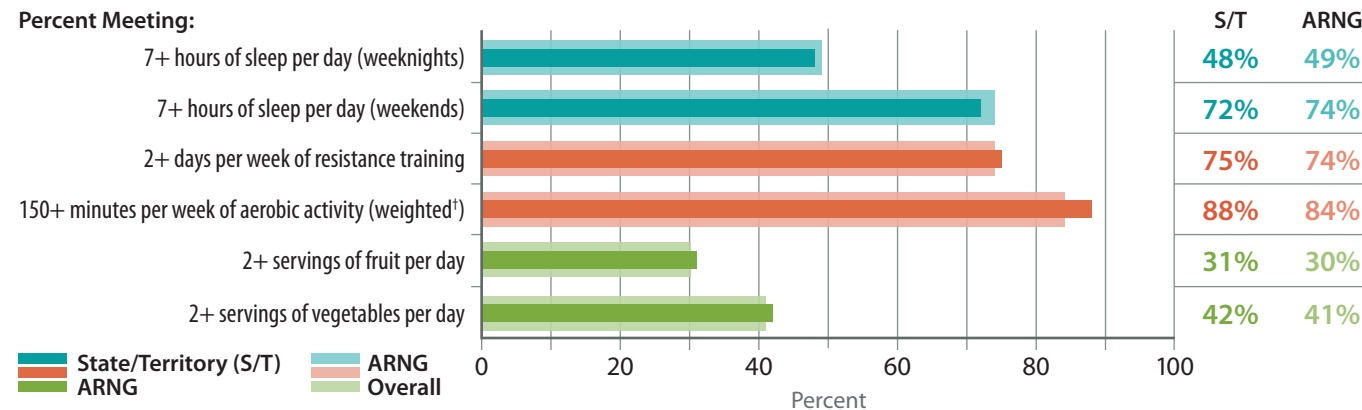


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	86	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	6.4	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.3	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.0	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.4	2.0	0.70–5.4
Smoking tobacco use (%)	11	14	3.5–19
Smokeless tobacco use (%)	16	17	0.73–28
Obesity (%)	19	22	15–29
Flagged for weight (%)	5.7	3.9	0.79–7.0
Hypertension (%)	4.3	6.5	2.8–12

ARNG Health Index Score*** 50–59th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► New York

Army National Guard

Profile (2020)*

End-Strength: 10,000 (18% Female) AGR/Mil Tech: 13%

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

ARNG Health Index Ranking: 19 / 54

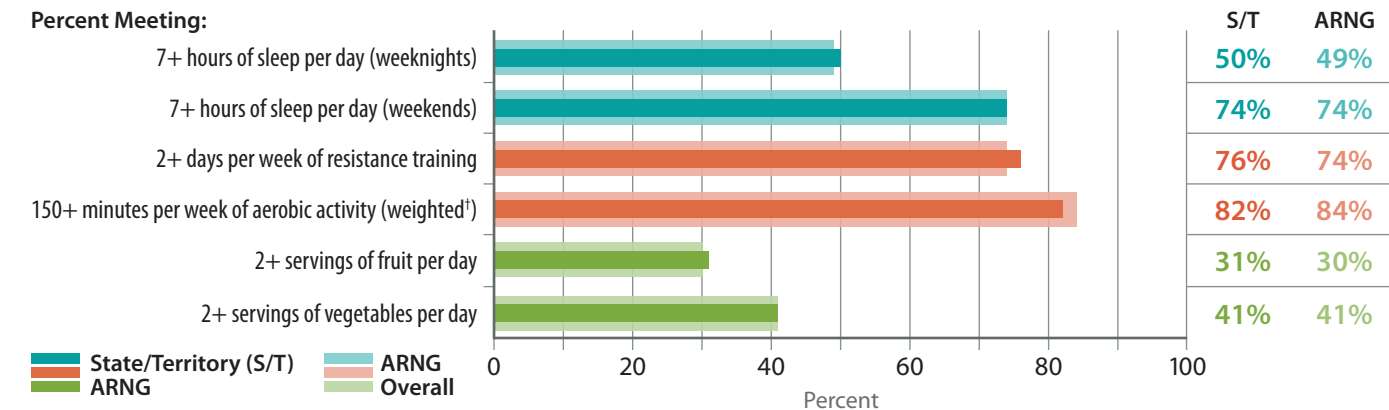


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	84	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	5.0	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.1	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.1	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.4	2.0	0.70–5.4
Smoking tobacco use (%)	13	14	3.5–19
Smokeless tobacco use (%)	13	17	0.73–28
Obesity (%)	25	22	15–29
Flagged for weight (%)	5.2	3.9	0.79–7.0
Hypertension (%)	6.8	6.5	2.8–12

ARNG Health Index Score*** 60–69th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► North Carolina

Army National Guard

Profile (2020)*

End-Strength: 9,700 (19% Female) AGR/Mil Tech: 16%

State Population: 11,000,000 (0.92 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 24 / 54

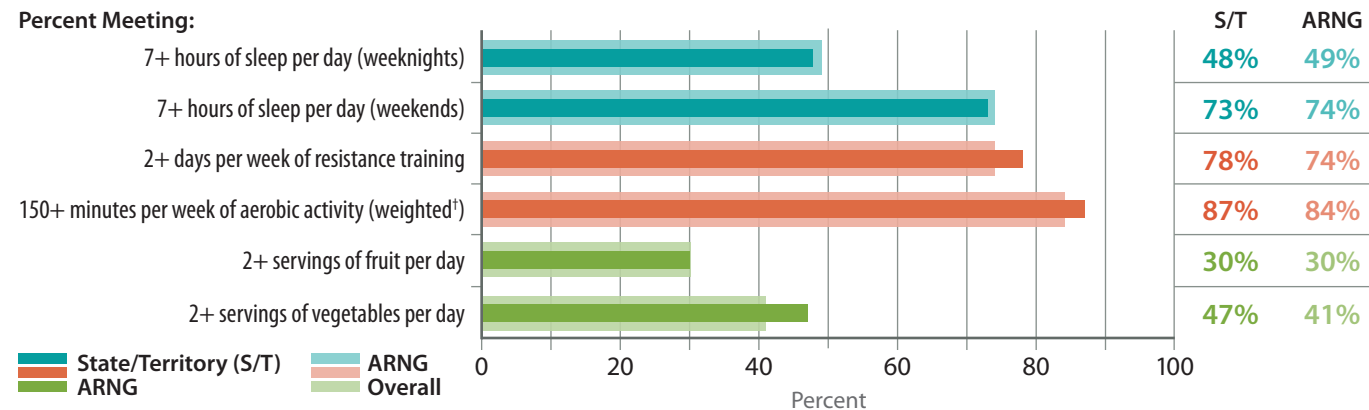


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	83	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	8.0	6.2	2.3–12
PTSD (% with self-reported symptoms)	6.4	5.7	2.4–9.4
Depression (% with self-reported symptoms)	5.1	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.7	2.0	0.70–5.4
Smoking tobacco use (%)	15	14	3.5–19
Smokeless tobacco use (%)	17	17	0.73–28
Obesity (%)	22	22	15–29
Flagged for weight (%)	3.6	3.9	0.79–7.0
Hypertension (%)	5.9	6.5	2.8–12

ARNG Health Index Score*** 50–59th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► North Dakota

Army National Guard

Profile (2020)*

End-Strength: 3,000 (20% Female) AGR/Mil Tech: 21%

State Population: 770,000 (3.9 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 41 / 54

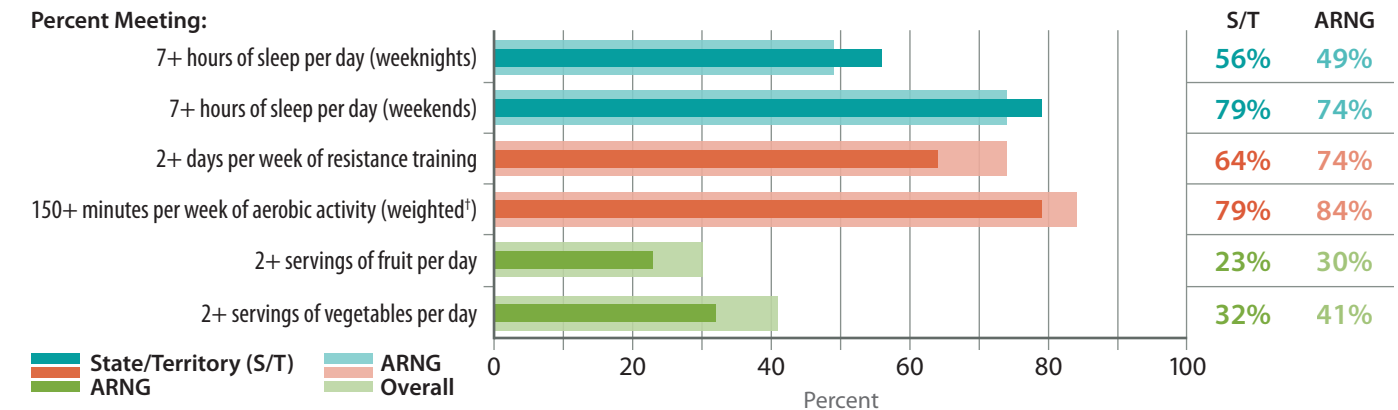


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	88	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	2.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.8	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.0	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.0	2.0	0.70–5.4
Smoking tobacco use (%)	15	14	3.5–19
Smokeless tobacco use (%)	22	17	0.73–28
Obesity (%)	25	22	15–29
Flagged for weight (%)	5.7	3.9	0.79–7.0
Hypertension (%)	4.8	6.5	2.8–12

ARNG Health Index Score*** 20–29th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

► Ohio

Army National Guard



Profile (2020)*

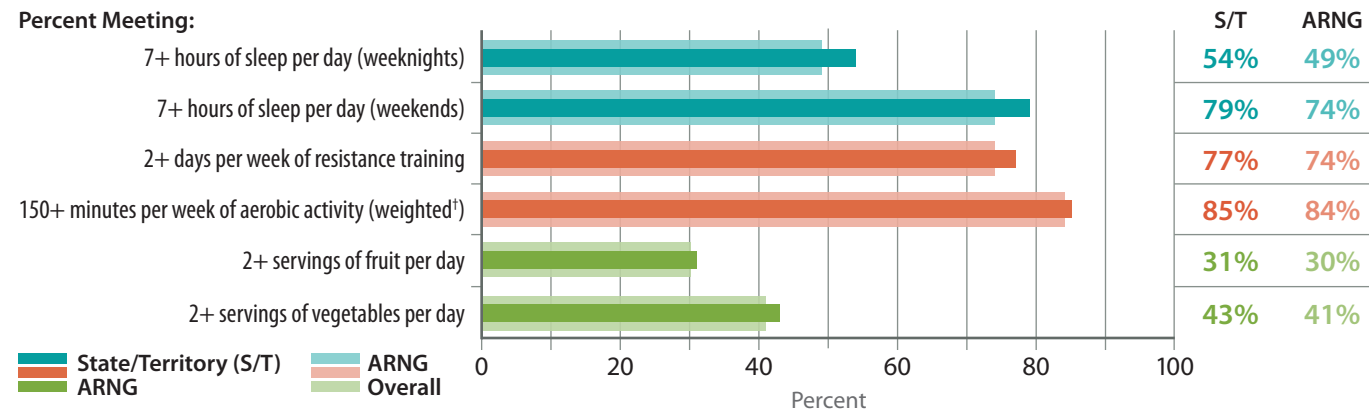
End-Strength: 12,000 (20% Female) AGR/Mil Tech: 13%
 State Population: 12,000,000 (1.0 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 7 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	83	83	74–91
Dental readiness classification (% ready)	92	91	84–96
Hearing (% with significant threshold shift)	3.7	6.2	2.3–12
PTSD (% with self-reported symptoms)	3.2	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.5	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.8	2.0	0.70–5.4
Smoking tobacco use (%)	12	14	3.5–19
Smokeless tobacco use (%)	19	17	0.73–28
Obesity (%)	23	22	15–29
Flagged for weight (%)	4.4	3.9	0.79–7.0
Hypertension (%)	7.0	6.5	2.8–12

ARNG Health Index Score*** 80–89th percentile

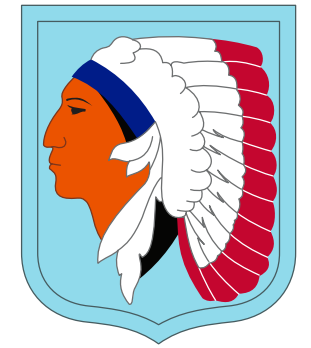
PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Oklahoma

Army National Guard



Profile (2020)*

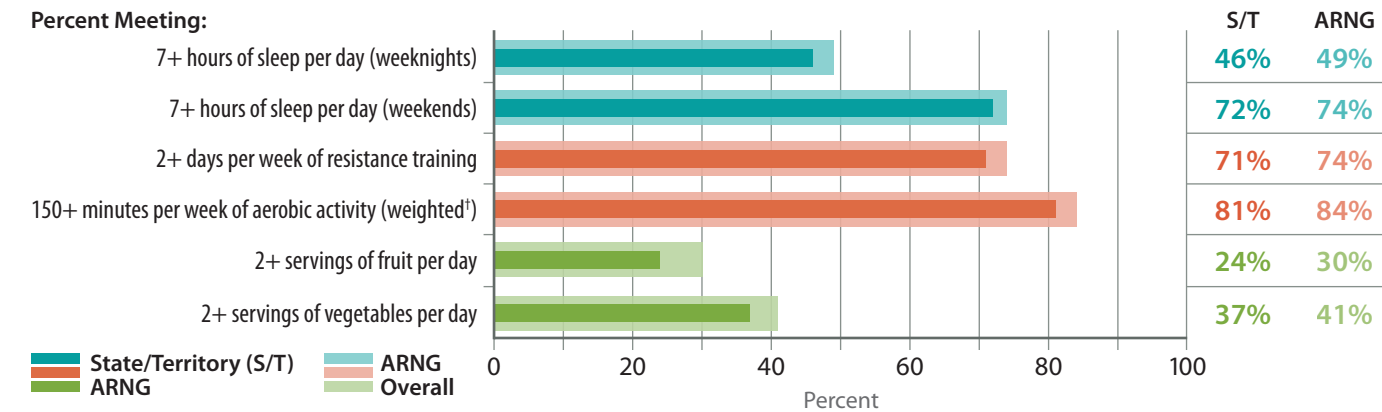
End-Strength: 6,500 (18% Female) AGR/Mil Tech: 16%
 State Population: 4,000,000 (1.6 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 52 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	87	83	74–91
Dental readiness classification (% ready)	93	91	84–96
Hearing (% with significant threshold shift)	4.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	8.3	5.7	2.4–9.4
Depression (% with self-reported symptoms)	7.0	4.5	1.5–7.3
Tested positive for illegal drug use (%)	3.9	2.0	0.70–5.4
Smoking tobacco use (%)	16	14	3.5–19
Smokeless tobacco use (%)	25	17	0.73–28
Obesity (%)	25	22	15–29
Flagged for weight (%)	7.0	3.9	0.79–7.0
Hypertension (%)	10	6.5	2.8–12

ARNG Health Index Score*** <10th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

► Oregon

Army National Guard



Profile (2020)*

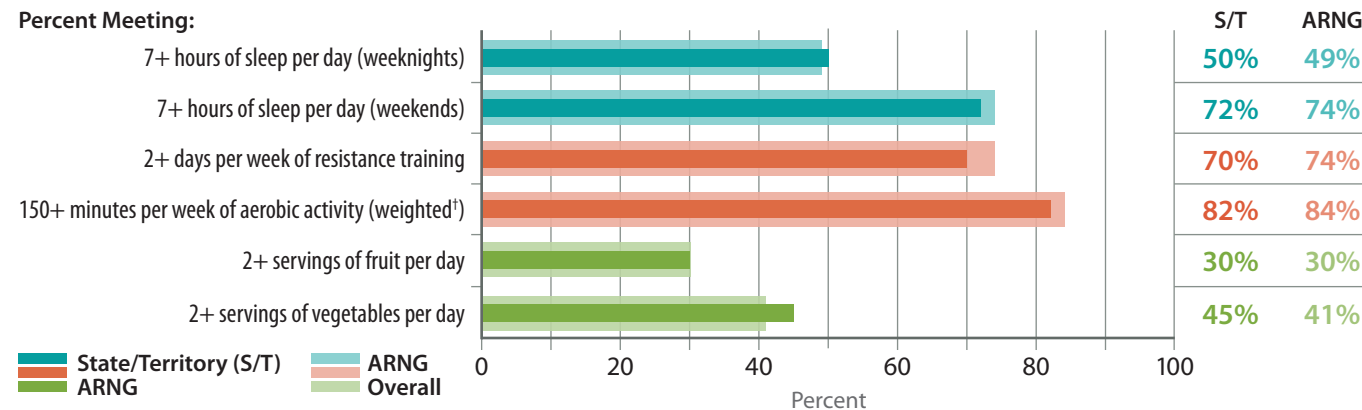
End-Strength: 5,500 (16% Female) AGR/Mil Tech: 18%
 State Population: 4,200,000 (1.3 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 34 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	85	83	74–91
Dental readiness classification (% ready)	93	91	84–96
Hearing (% with significant threshold shift)	3.7	6.2	2.3–12
PTSD (% with self-reported symptoms)	6.7	5.7	2.4–9.4
Depression (% with self-reported symptoms)	5.6	4.5	1.5–7.3
Tested positive for illegal drug use (%)	0.9	2.0	0.70–5.4
Smoking tobacco use (%)	13	14	3.5–19
Smokeless tobacco use (%)	19	17	0.73–28
Obesity (%)	22	22	15–29
Flagged for weight (%)	3.7	3.9	0.79–7.0
Hypertension (%)	4.9	6.5	2.8–12

ARNG Health Index Score*** 30–39th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Pennsylvania

Army National Guard



Profile (2020)*

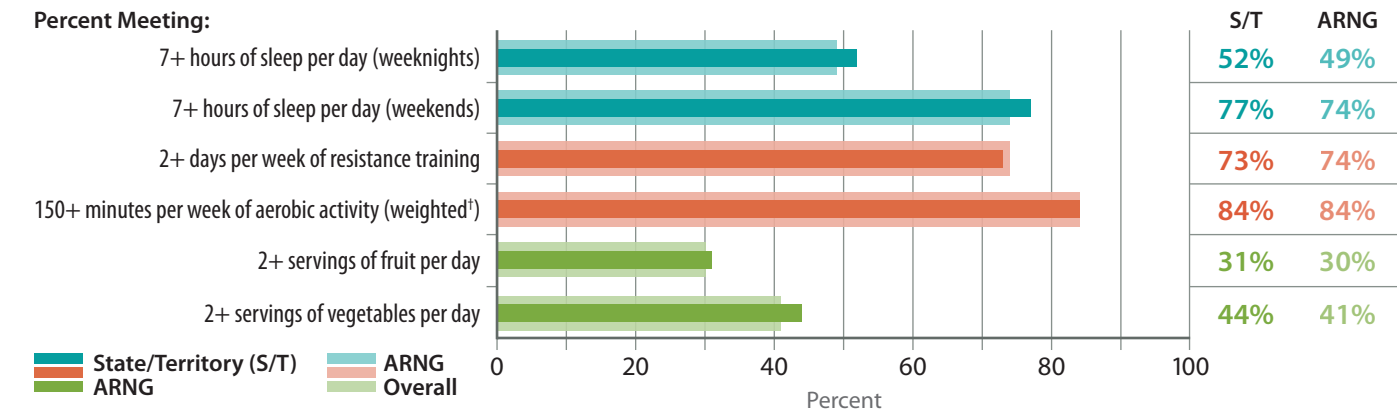
End-Strength: 14,000 (19% Female) AGR/Mil Tech: 15%
 State Population: 13,000,000 (1.1 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 12 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	86	83	74–91
Dental readiness classification (% ready)	93	91	84–96
Hearing (% with significant threshold shift)	6.7	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.0	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.2	4.5	1.5–7.3
Tested positive for illegal drug use (%)	2.5	2.0	0.70–5.4
Smoking tobacco use (%)	15	14	3.5–19
Smokeless tobacco use (%)	17	17	0.73–28
Obesity (%)	23	22	15–29
Flagged for weight (%)	4.5	3.9	0.79–7.0
Hypertension (%)	4.5	6.5	2.8–12

ARNG Health Index Score*** 70–79th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

► Puerto Rico

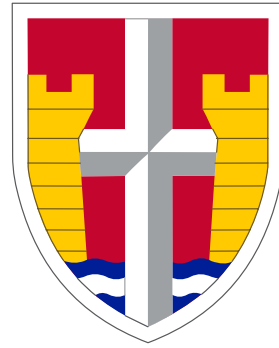
Army National Guard

Profile (2020)*

End-Strength: 5,800 (13% Female) AGR/Mil Tech: 16%

Territory Population: 2,900,000 (2.0 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 4 / 54

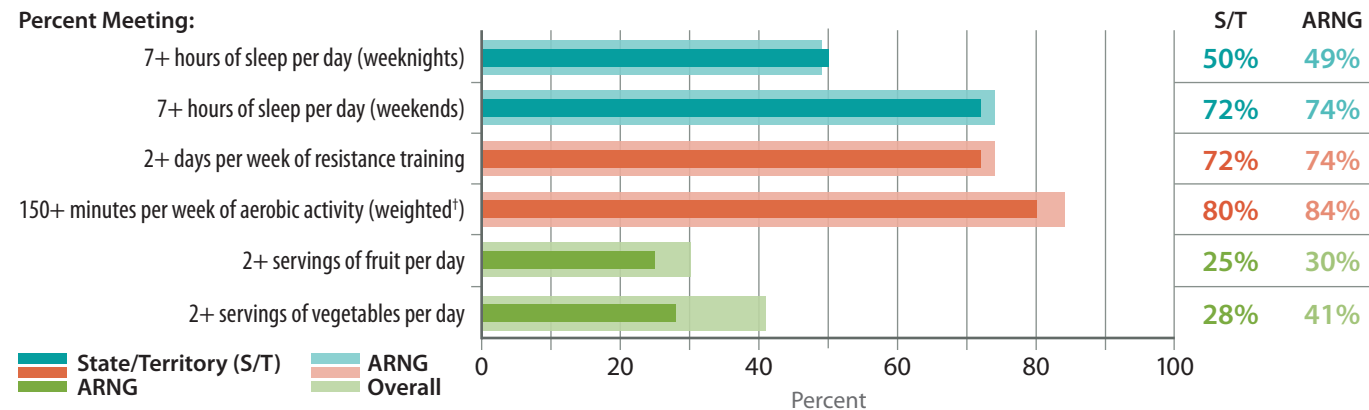


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	87	83	74–91
Dental readiness classification (% ready)	93	91	84–96
Hearing (% with significant threshold shift)	7.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.4	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.5	4.5	1.5–7.3
Tested positive for illegal drug use (%)	0.8	2.0	0.70–5.4
Smoking tobacco use (%)	9.0	14	3.5–19
Smokeless tobacco use (%)	3.0	17	0.73–28
Obesity (%)	22	22	15–29
Flagged for weight (%)	0.8	3.9	0.79–7.0
Hypertension (%)	6.8	6.5	2.8–12

ARNG Health Index Score*** ≥90th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Rhode Island

Army National Guard

Profile (2020)*

End-Strength: 2,100 (16% Female) AGR/Mil Tech: 18%

State Population: 1,100,000 (1.9 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 9 / 54

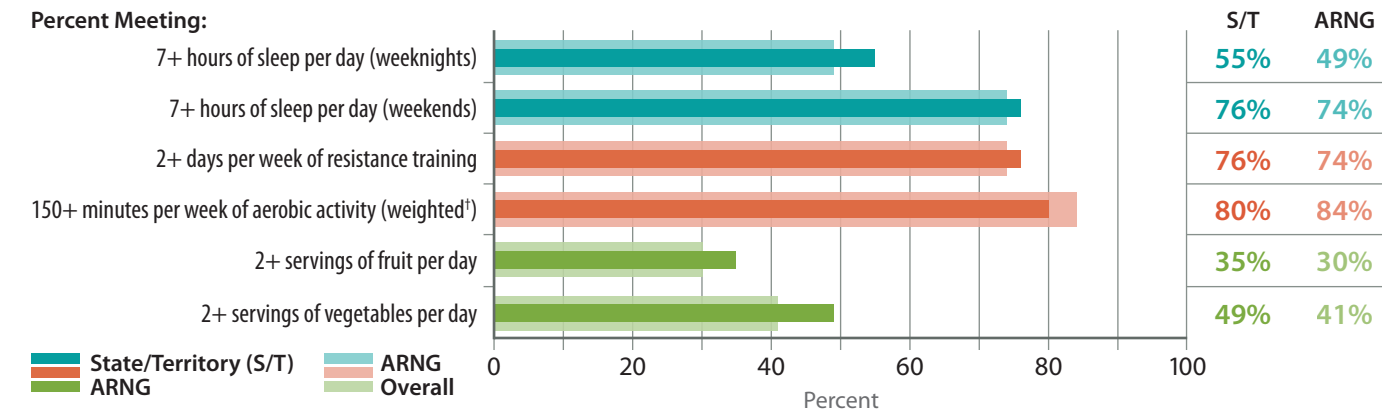


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	85	83	74–91
Dental readiness classification (% ready)	94	91	84–96
Hearing (% with significant threshold shift)	3.9	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.3	5.7	2.4–9.4
Depression (% with self-reported symptoms)	2.9	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.5	2.0	0.70–5.4
Smoking tobacco use (%)	14	14	3.5–19
Smokeless tobacco use (%)	13	17	0.73–28
Obesity (%)	21	22	15–29
Flagged for weight (%)	3.8	3.9	0.79–7.0
Hypertension (%)	8.0	6.5	2.8–12

ARNG Health Index Score*** 80–89th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► South Carolina

Army National Guard

Profile (2020)*

End-Strength: 9,400 (21% Female) AGR/Mil Tech: 17%

State Population: 5,200,000 (1.8 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 46 / 54

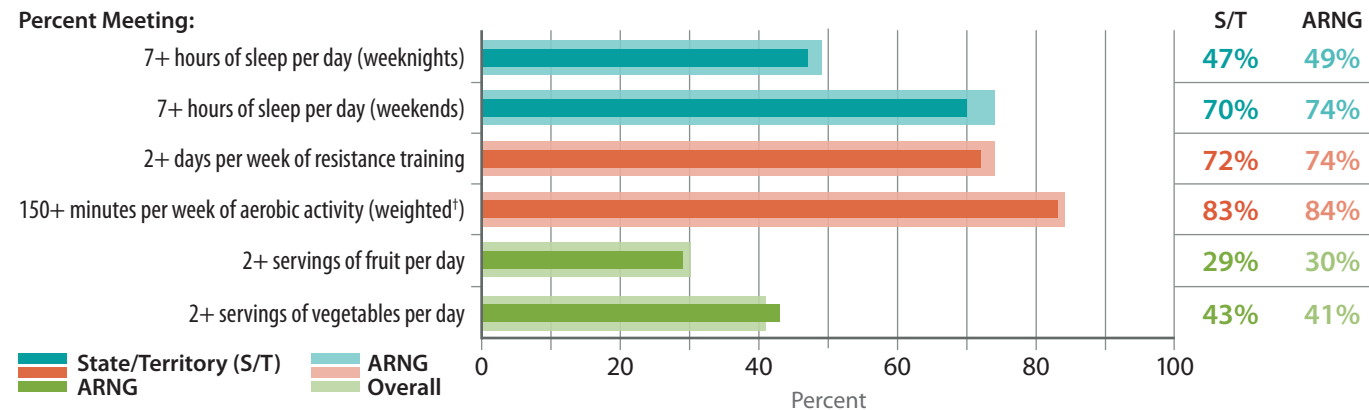


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	89	83	74–91
Dental readiness classification (% ready)	94	91	84–96
Hearing (% with significant threshold shift)	3.2	6.2	2.3–12
PTSD (% with self-reported symptoms)	7.7	5.7	2.4–9.4
Depression (% with self-reported symptoms)	5.3	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.8	2.0	0.70–5.4
Smoking tobacco use (%)	14	14	3.5–19
Smokeless tobacco use (%)	15	17	0.73–28
Obesity (%)	27	22	15–29
Flagged for weight (%)	4.2	3.9	0.79–7.0
Hypertension (%)	7.8	6.5	2.8–12

ARNG Health Index Score*** 10–19th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► South Dakota

Army National Guard

Profile (2020)*

End-Strength: 3,100 (17% Female) AGR/Mil Tech: 16%

State Population: 890,000 (3.5 ARNG Soldiers per 1,000 population)

ARNG Health Index Ranking: 23 / 54

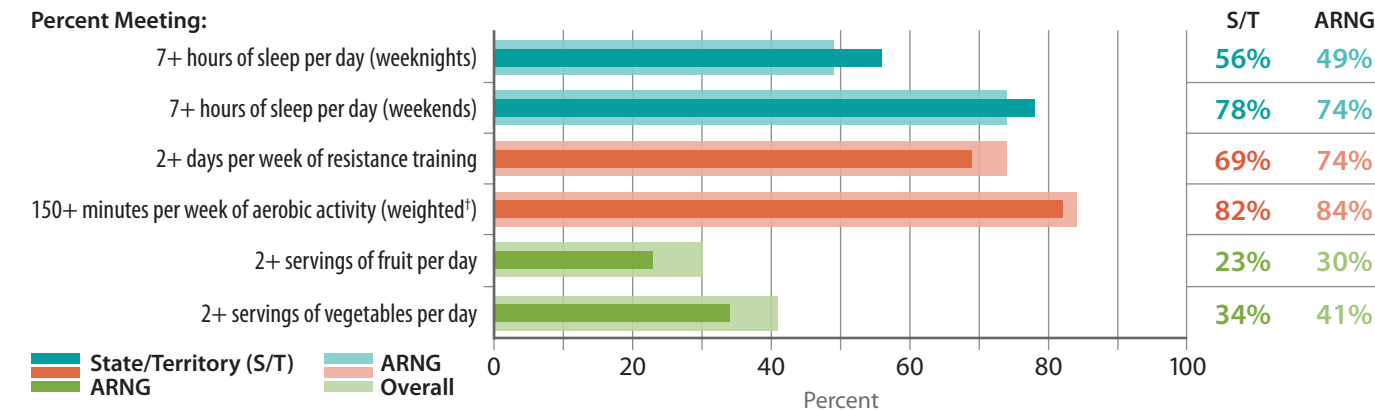


ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	89	83	74–91
Dental readiness classification (% ready)	94	91	84–96
Hearing (% with significant threshold shift)	6.6	6.2	2.3–12
PTSD (% with self-reported symptoms)	3.3	5.7	2.4–9.4
Depression (% with self-reported symptoms)	2.6	4.5	1.5–7.3
Tested positive for illegal drug use (%)	0.7	2.0	0.70–5.4
Smoking tobacco use (%)	14	14	3.5–19
Smokeless tobacco use (%)	22	17	0.73–28
Obesity (%)	20	22	15–29
Flagged for weight (%)	2.2	3.9	0.79–7.0
Hypertension (%)	5.0	6.5	2.8–12

ARNG Health Index Score*** 50–59th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Tennessee

Army National Guard



Profile (2020)*

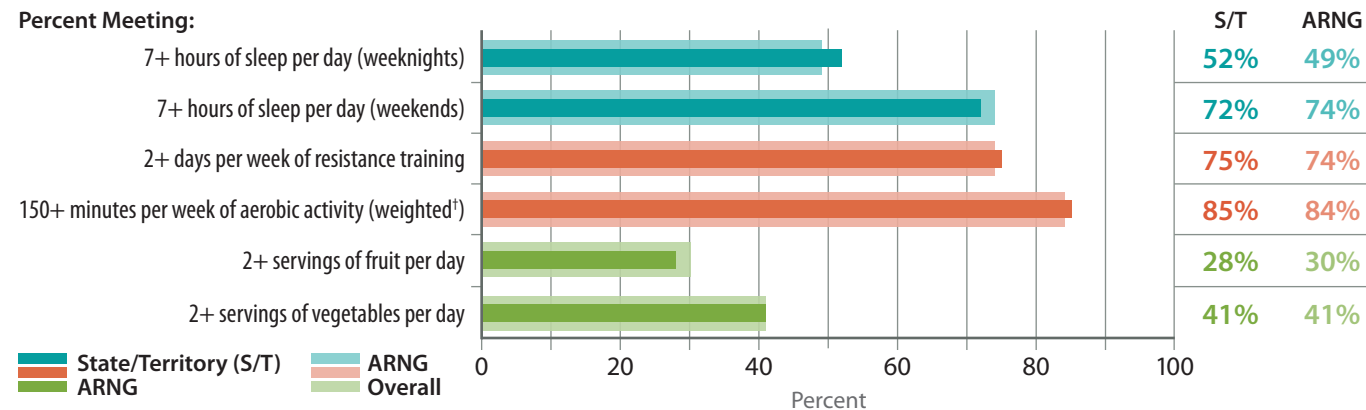
End-Strength: 9,400 (16% Female) AGR/Mil Tech: 15%
 State Population: 6,900,000 (1.4 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 43 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	89	83	74–91
Dental readiness classification (% ready)	95	91	84–96
Hearing (% with significant threshold shift)	8.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	6.1	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.5	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.9	2.0	0.70–5.4
Smoking tobacco use (%)	18	14	3.5–19
Smokeless tobacco use (%)	22	17	0.73–28
Obesity (%)	26	22	15–29
Flagged for weight (%)	4.4	3.9	0.79–7.0
Hypertension (%)	9.7	6.5	2.8–12

ARNG Health Index Score*** 20–29th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Texas

Army National Guard



Profile (2020)*

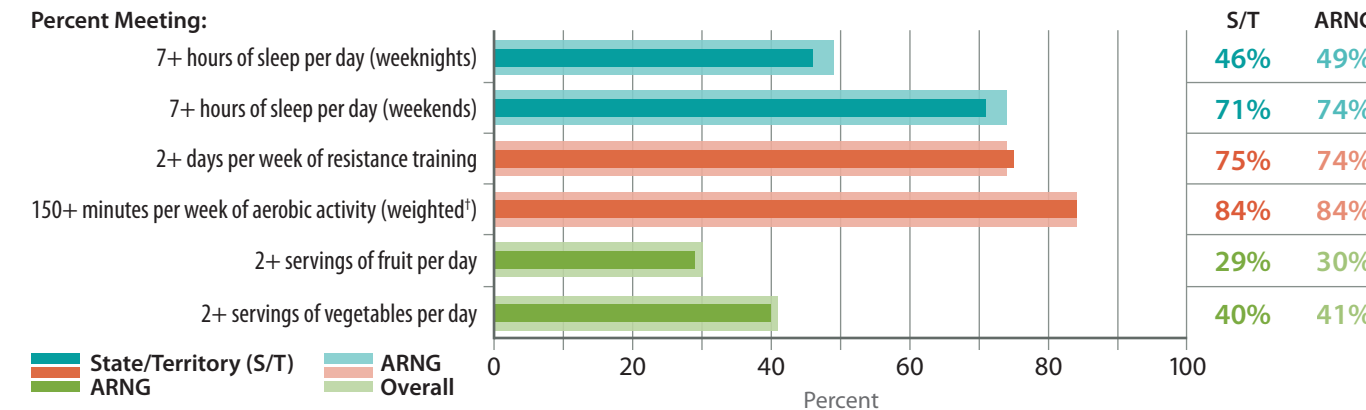
End-Strength: 18,000 (19% Female) AGR/Mil Tech: 13%
 State Population: 29,000,000 (0.6 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 40 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	89	83	74–91
Dental readiness classification (% ready)	95	91	84–96
Hearing (% with significant threshold shift)	7.7	6.2	2.3–12
PTSD (% with self-reported symptoms)	7.8	5.7	2.4–9.4
Depression (% with self-reported symptoms)	6.0	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.8	2.0	0.70–5.4
Smoking tobacco use (%)	14	14	3.5–19
Smokeless tobacco use (%)	15	17	0.73–28
Obesity (%)	28	22	15–29
Flagged for weight (%)	3.8	3.9	0.79–7.0
Hypertension (%)	6.2	6.5	2.8–12

ARNG Health Index Score*** 20–29th percentile

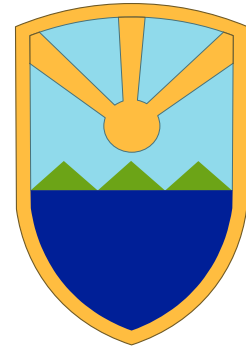
PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► U.S. Virgin Islands

Army National Guard



Profile (2020)*

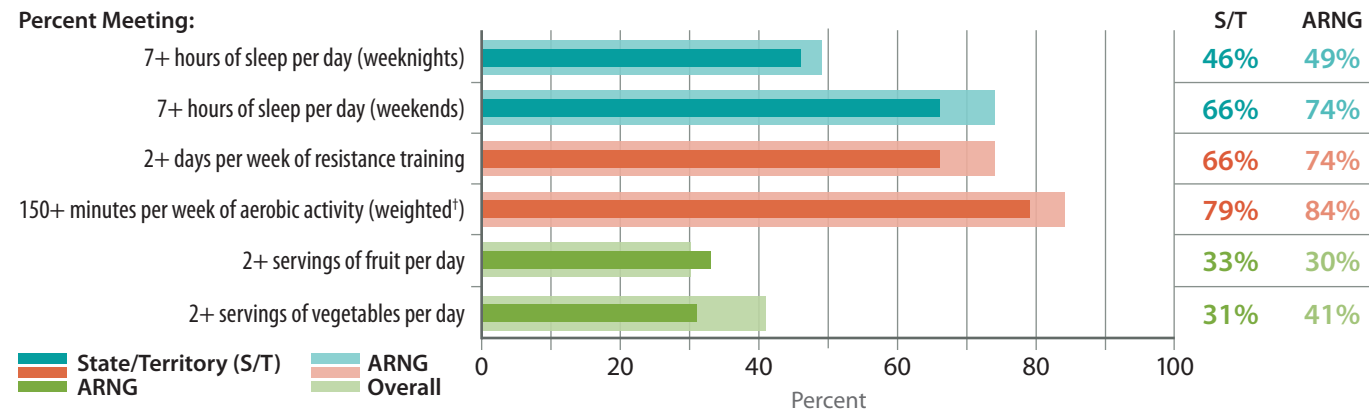
End-Strength: 610 (37% Female) AGR/Mil Tech: 33%
 Territory Population: 100,000 (5.9 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 3 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	90	83	74–91
Dental readiness classification (% ready)	95	91	84–96
Hearing (% with significant threshold shift)	5.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	2.4	5.7	2.4–9.4
Depression (% with self-reported symptoms)	1.5	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.2	2.0	0.70–5.4
Smoking tobacco use (%)	3.0	14	3.5–19
Smokeless tobacco use (%)	1.0	17	0.73–28
Obesity (%)	28	22	15–29
Flagged for weight (%)	3.0	3.9	0.79–7.0
Hypertension (%)	11	6.5	2.8–12

ARNG Health Index Score*** ≥90th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Utah

Army National Guard



Profile (2020)*

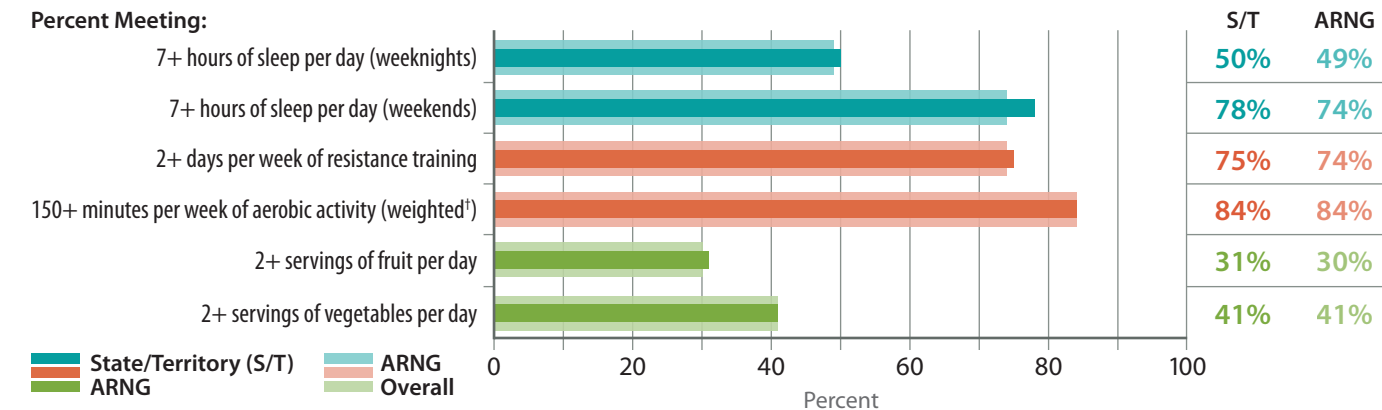
End-Strength: 5,700 (9.9% Female) AGR/Mil Tech: 19%
 State Population: 3,200,000 (1.7 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 1 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	86	83	74–91
Dental readiness classification (% ready)	95	91	84–96
Hearing (% with significant threshold shift)	4.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.5	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.8	4.5	1.5–7.3
Tested positive for illegal drug use (%)	0.8	2.0	0.70–5.4
Smoking tobacco use (%)	6.0	14	3.5–19
Smokeless tobacco use (%)	12	17	0.73–28
Obesity (%)	19	22	15–29
Flagged for weight (%)	2.4	3.9	0.79–7.0
Hypertension (%)	11	6.5	2.8–12

ARNG Health Index Score*** ≥90th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

► Vermont

Army National Guard



Profile (2020)*

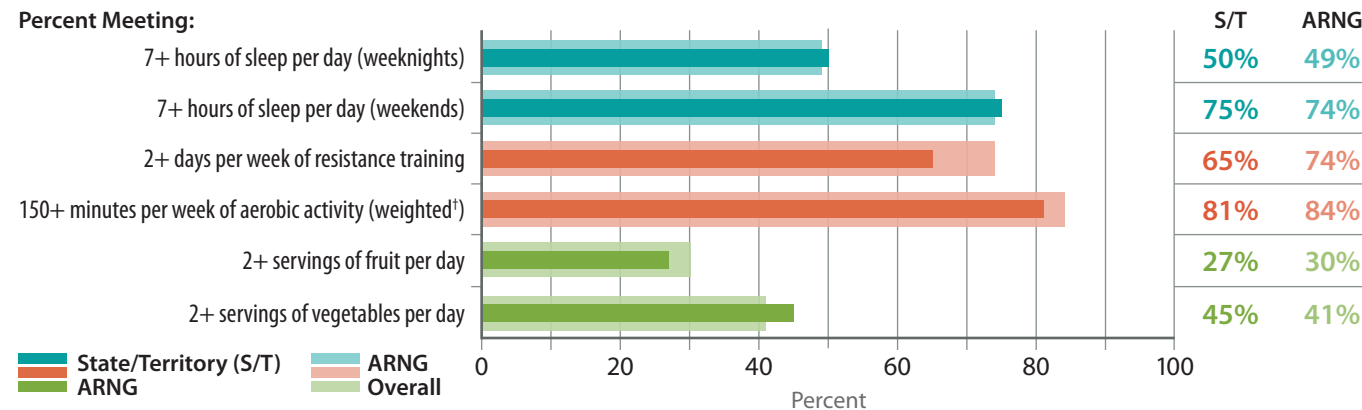
End-Strength: 2,300 (14% Female) AGR/Mil Tech: 21%
 State Population: 620,000 (3.7 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 39 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	89	83	74–91
Dental readiness classification (% ready)	96	91	84–96
Hearing (% with significant threshold shift)	6.4	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.5	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.8	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.4	2.0	0.70–5.4
Smoking tobacco use (%)	15	14	3.5–19
Smokeless tobacco use (%)	17	17	0.73–28
Obesity (%)	27	22	15–29
Flagged for weight (%)	5.1	3.9	0.79–7.0
Hypertension (%)	6.8	6.5	2.8–12

ARNG Health Index Score*** 20–29th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

► Virginia

Army National Guard



Profile (2020)*

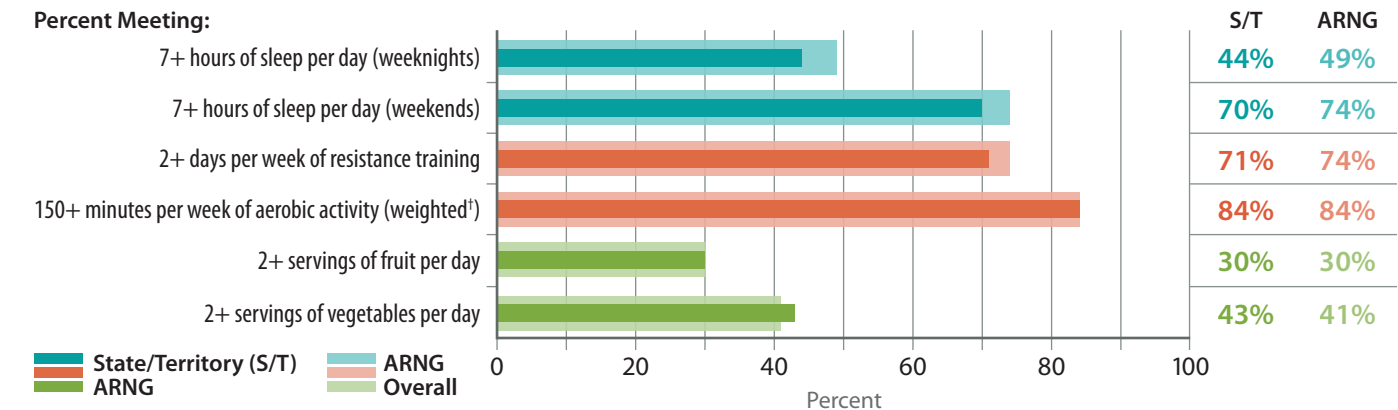
End-Strength: 7,200 (18% Female) AGR/Mil Tech: 16%
 State Population: 8,600,000 (0.84 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 13 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	91	83	74–91
Dental readiness classification (% ready)	95	91	84–96
Hearing (% with significant threshold shift)	6.1	6.2	2.3–12
PTSD (% with self-reported symptoms)	6.7	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.8	4.5	1.5–7.3
Tested positive for illegal drug use (%)	3.7	2.0	0.70–5.4
Smoking tobacco use (%)	11	14	3.5–19
Smokeless tobacco use (%)	12	17	0.73–28
Obesity (%)	24	22	15–29
Flagged for weight (%)	2.6	3.9	0.79–7.0
Hypertension (%)	8.2	6.5	2.8–12

ARNG Health Index Score*** 70–79th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Profile Summaries

Washington

Army National Guard



Profile (2020)*

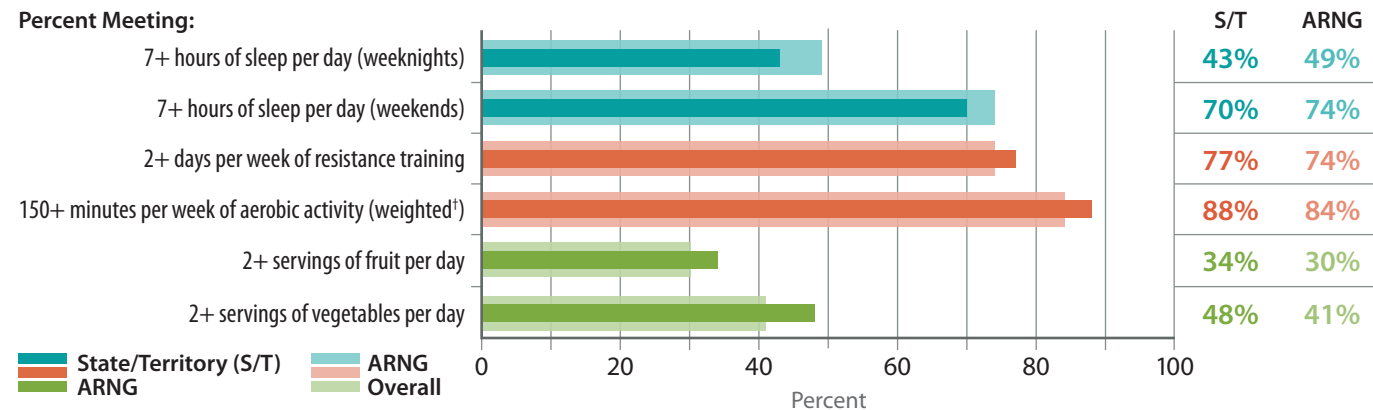
End-Strength: 5,500 (17% Female) AGR/Mil Tech: 18%
 State Population: 7,700,000 (0.7 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 16 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	89	83	74–91
Dental readiness classification (% ready)	96	91	84–96
Hearing (% with significant threshold shift)	8.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	6.0	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.9	4.5	1.5–7.3
Tested positive for illegal drug use (%)	0.9	2.0	0.70–5.4
Smoking tobacco use (%)	13	14	3.5–19
Smokeless tobacco use (%)	17	17	0.73–28
Obesity (%)	22	22	15–29
Flagged for weight (%)	4.7	3.9	0.79–7.0
Hypertension (%)	6.8	6.5	2.8–12

ARNG Health Index Score*** 70–79th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

West Virginia

Army National Guard



Profile (2020)*

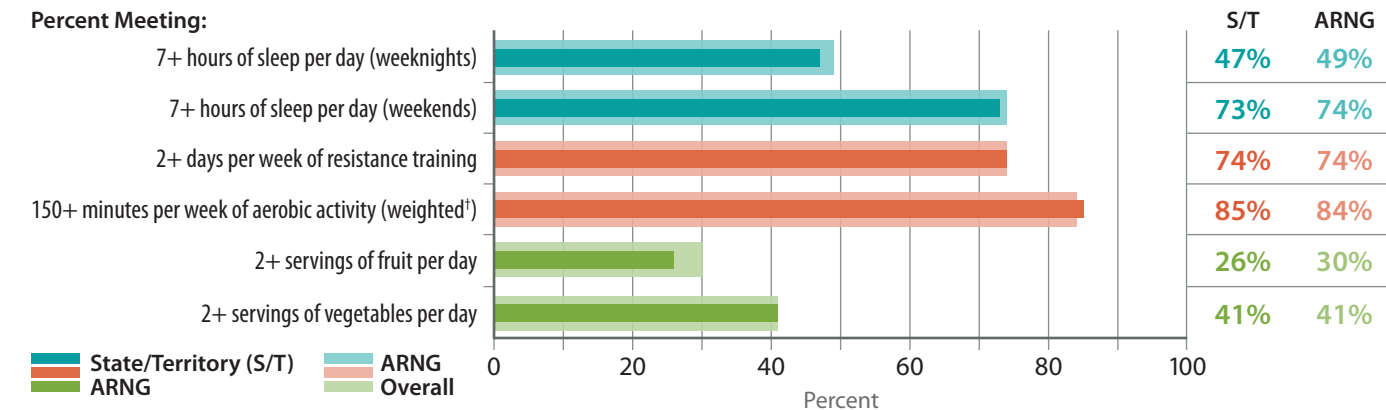
End-Strength: 4,200 (14% Female) AGR/Mil Tech: 17%
 State Population: 1,800,000 (2.3 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 47 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	90	83	74–91
Dental readiness classification (% ready)	96	91	84–96
Hearing (% with significant threshold shift)	4.4	6.2	2.3–12
PTSD (% with self-reported symptoms)	5.8	5.7	2.4–9.4
Depression (% with self-reported symptoms)	4.5	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.2	2.0	0.70–5.4
Smoking tobacco use (%)	16	14	3.5–19
Smokeless tobacco use (%)	27	17	0.73–28
Obesity (%)	22	22	15–29
Flagged for weight (%)	4.5	3.9	0.79–7.0
Hypertension (%)	9.2	6.5	2.8–12

ARNG Health Index Score*** 10–19th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Wisconsin

Army National Guard



Profile (2020)*

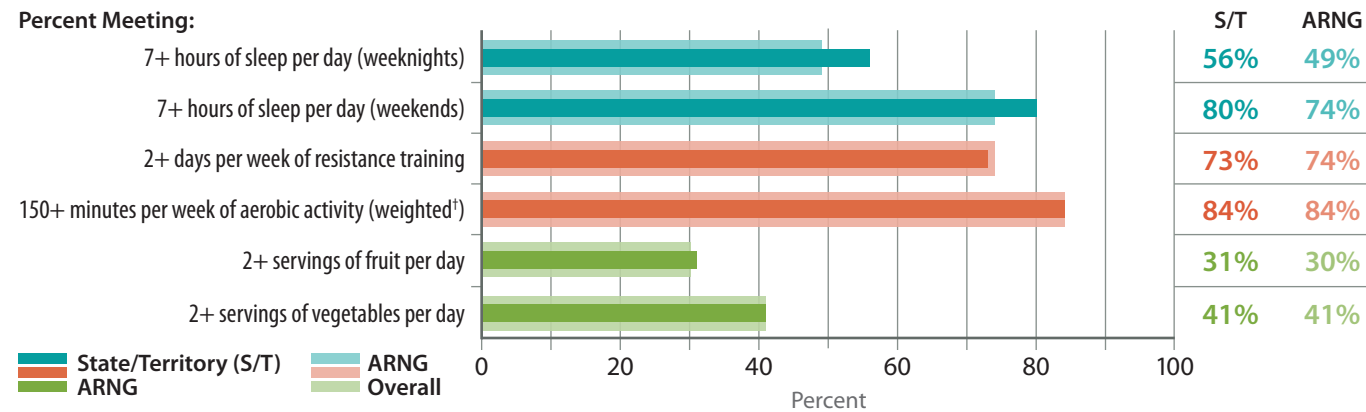
End-Strength: 7,200 (21% Female) AGR/Mil Tech: 14%
 State Population: 5,800,000 (1.2 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 10 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	89	83	74–91
Dental readiness classification (% ready)	96	91	84–96
Hearing (% with significant threshold shift)	8.3	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.2	5.7	2.4–9.4
Depression (% with self-reported symptoms)	3.4	4.5	1.5–7.3
Tested positive for illegal drug use (%)	1.5	2.0	0.70–5.4
Smoking tobacco use (%)	12	14	3.5–19
Smokeless tobacco use (%)	17	17	0.73–28
Obesity (%)	15	22	15–29
Flagged for weight (%)	3.6	3.9	0.79–7.0
Hypertension (%)	3.8	6.5	2.8–12

ARNG Health Index Score*** 80–89th percentile

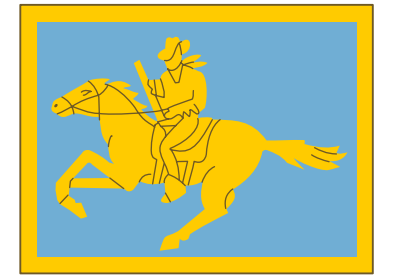
PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

Wyoming

Army National Guard



Profile (2020)*

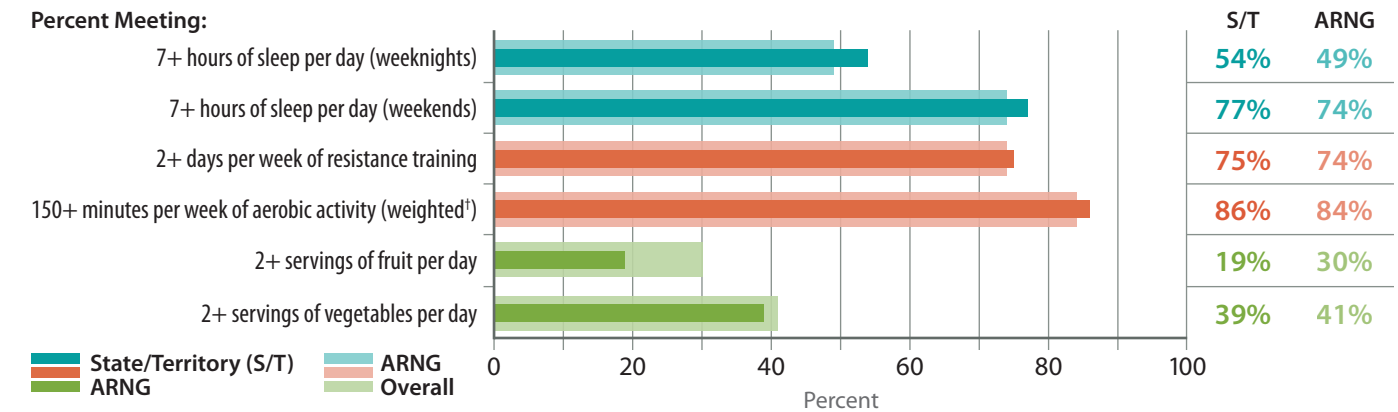
End-Strength: 1,500 (16% Female) AGR/Mil Tech: 24%
 State Population: 580,000 (2.6 ARNG Soldiers per 1,000 population)
 ARNG Health Index Ranking: 31 / 54

ARNG HEALTH INDEX MEASURES**

MEASURE	VALUE	AVERAGE ARNG VALUE	ARNG VALUE RANGE
Medical readiness classification (% ready)	89	83	74–91
Dental readiness classification (% ready)	96	91	84–96
Hearing (% with significant threshold shift)	5.1	6.2	2.3–12
PTSD (% with self-reported symptoms)	4.9	5.7	2.4–9.4
Depression (% with self-reported symptoms)	5.1	4.5	1.5–7.3
Tested positive for illegal drug use (%)	0.9	2.0	0.70–5.4
Smoking tobacco use (%)	15	14	3.5–19
Smokeless tobacco use (%)	26	17	0.73–28
Obesity (%)	21	22	15–29
Flagged for weight (%)	3.3	3.9	0.79–7.0
Hypertension (%)	4.8	6.5	2.8–12

ARNG Health Index Score*** 40–49th percentile

PERFORMANCE TRIAD MEASURES



* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.
 ** See Appendix I for details regarding measure computations.
 ***The Health Index Score is a composite of all listed measures in relation to the ARNG averages; percentile ranges represent where a State/Territory ranks (higher percentiles reflect better ranking installations).
 † Please see page 40 for a description of the aerobic activity target.

At a glance...

Profiles (2020)*

	End-Strength	Female Population (%)	AGR/Mil Tech (%)	State Population	ARNG Soldiers per 1,000 population	Health Index Ranking
Alabama	9,600	19	17	4,900,000	2.0	32 / 54
Alaska	1,600	18	36	730,000	2.2	22 / 54
Arizona	5,200	16	18	7,400,000	0.70	42 / 54
Arkansas	6,500	17	14	3,000,000	2.2	50 / 54
California	13,000	17	16	39,000,000	0.33	35 / 54
Colorado	3,800	17	20	5,800,000	0.65	2 / 54
Connecticut	3,600	18	21	3,600,000	1.0	11 / 54
Delaware	1,600	22	23	990,000	1.6	29 / 54
District of Columbia	1,300	29	23	710,000	1.8	8 / 54
Florida	9,400	18	15	22,000,000	0.43	5 / 54
Georgia	11,000	24	11	11,000,000	1.1	53 / 54
Guam	1,200	19	17	170,000	6.9	28 / 54
Hawaii	3,000	19	16	1,400,000	2.1	20 / 54
Idaho	3,100	15	25	1,800,000	1.7	38 / 54
Illinois	10,000	21	12	13,000,000	0.8	17 / 54
Indiana	11,000	17	13	6,800,000	1.6	49 / 54
Iowa	6,700	17	17	3,200,000	2.1	18 / 54
Kansas	4,300	16	20	2,900,000	1.5	45 / 54
Kentucky	6,500	14	15	4,500,000	1.5	21 / 54
Louisiana	9,900	23	15	4,600,000	2.1	54 / 54
Maine	1,900	14	22	1,400,000	1.4	44 / 54
Maryland	4,600	17	16	6,100,000	0.76	26 / 54
Massachusetts	5,800	17	14	6,900,000	0.8	33 / 54
Michigan	8,200	18	15	10,000,000	08	48 / 54
Minnesota	11,000	19	14	5,700,000	2.0	30 / 54
Mississippi	9,400	18	19	3,000,000	3.2	51 / 54
Missouri	9,400	17	15	6,200,000	1.5	36 / 54

* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.

Profiles (2020)*

	End-Strength	Female Population (%)	AGR/Mil Tech (%)	State Population	ARNG Soldiers per 1,000 population	Health Index Ranking
Montana	2,500	19	22	1,100,000	2.3	25 / 54
Nebraska	3,200	15	20	1,900,000	1.7	6 / 54
Nevada	3,200	23	15	3,100,000	1.0	14 / 54
New Hampshire	1,600	15	19	1,400,000	1.2	37 / 54
New Jersey	6,100	19	13	8,900,000	0.7	15 / 54
New Mexico	2,900	21	14	2,100,000	1.4	27 / 54
New York	10,000	18	13	19,000,000	0.5	19 / 54
North Carolina	9,700	19	16	11,000,000	0.92	24 / 54
North Dakota	3,000	20	21	770,000	3.9	41 / 54
Ohio	12,000	20	13	12,000,000	1.0	7 / 54
Oklahoma	6,500	18	16	4,000,000	1.6	52 / 54
Oregon	5,500	16	18	4,200,000	1.3	34 / 54
Pennsylvania	14,000	19	15	13,000,000	1.1	12 / 54
Puerto Rico	5,800	13	16	2,900,000	2.0	4 / 54
Rhode Island	2,100	16	18	1,100,000	1.9	9 / 54
South Carolina	9,400	21	17	5,200,000	1.8	46 / 54
South Dakota	3,100	17	16	890,000	3.5	23 / 54
Tennessee	9,400	16	15	6,900,000	1.4	43 / 54
Texas	18,000	19	13	29,000,000	0.6	40 / 54
U.S. Virgin Islands	610	37	33	100,000	5.9	3 / 54
Utah	5,700	9.9	19	3,200,000	1.7	1 / 54
Vermont	2,300	14	21	620,000	3.7	39 / 54
Virginia	7,200	18	16	8,600,000	0.84	13 / 54
Washington	5,500	17	18	7,700,000	0.71	16 / 54
West Virginia	4,200	14	17	1,800,000	2.3	47 / 54
Wisconsin	7,200	21	14	5,800,000	1.2	10 / 54
Wyoming	1,500	16	24	580,000	2.6	31 / 54

* Population statistics provide approximations of ARNG Soldiers based on time assigned; refer to Appendix I for details.

ARNG Health Index Measures







State/Territory	Medical readiness classification (% ready)	Dental readiness classification (% ready)	Hearing significant threshold shift (%)	PTSD (% with self-reported symptoms)	Depression (% with self-reported symptoms)	Tested positive for illegal drug use (%)	Smoking tobacco use (%)	Smokeless tobacco use (%)	Obesity (%)	Flagged for weight (%)	Hypertension (%)	Health Index Score
AL	75	85	9.2	7.1	5.2	1.5	14	19	24	3.9	8.3	40-49 th
AK	75	84	2.7	7.3	4.1	0.81	15	20	21	3.0	7.6	50-59 th
AZ	78	86	7.3	5.5	3.8	2.7	10	15	20	3.2	6.3	20-29 th
AR	77	85	7.3	7.4	5.3	1.4	15	20	25	4.3	5.4	<10 th
CA	79	86	8.6	5.4	3.6	2.1	10	10	24	4.3	3.7	30-39 th
CO	79	86	8.8	5.8	4.3	1.6	11	17	18	1.8	3.5	≥90 th
CT	76	86	3.2	4.3	3.3	1.9	10	11	21	4.7	6.1	70-79 th
DE	76	87	3.7	5.6	5.2	2.3	12	11	27	4.3	12	40-49 th
DC	74	87	5.5	7.7	2.9	2.4	8.0	6.9	16	3.1	6.5	80-89 th
FL	78	87	12	5.4	3.9	1.1	9.7	13	22	2.5	5.9	≥90 th
GA	80	87	8.5	9.4	7.0	3.5	14	15	23	3.2	8.7	<10 th
GU	78	87	6.3	5.8	3.0	2.4	19	28	26	2.9	7.7	40-49 th
HI	80	88	3.4	6.1	4.2	0.70	13	15	26	2.0	6.9	60-69 th
ID	80	89	4.1	4.7	4.7	1.4	12	20	19	2.3	9.8	30-39 th
IL	80	89	6.2	3.7	2.2	2.5	13	14	17	3.0	2.8	60-69 th
IN	82	89	3.8	3.6	3.2	5.4	16	21	24	5.9	7.1	<10 th
IA	82	88	4.6	3.1	2.7	1.4	14	22	22	4.3	3.6	60-69 th
KS	82	89	6.2	4.6	3.6	1.1	19	22	29	6.3	5.7	10-19 th
KY	83	90	5.5	5.5	4.5	2.1	15	25	20	3.9	5.8	60-69 th
LA	84	91	4.4	8.4	7.3	3.9	19	19	29	4.5	6.3	<10 th
ME	85	91	2.7	5.6	3.4	1.5	14	18	23	4.7	11	10-19 th
MD	85	91	6.3	6.0	4.4	1.3	14	11	24	4.5	6.5	50-59 th
MA	82	91	5.1	5.1	3.8	1.9	11	11	25	4.2	6.1	30-39 th
MI	81	91	6.4	5.3	4.2	1.8	16	17	23	6.1	9.6	10-19 th
MN	84	92	6.3	4.4	4.3	1.6	16	22	18	4.7	4.8	40-49 th
MS	85	92	9.2	8.0	6.1	4.1	18	22	29	2.7	6.9	<10 th
MO	86	92	7.8	4.9	3.3	2.2	14	22	18	3.8	3.9	30-39 th

ARNG Health Index Measures

State/Territory	Medical readiness classification (% ready)	Dental readiness classification (% ready)	Hearing significant threshold shift (%)	PTSD (% with self-reported symptoms)	Depression (% with self-reported symptoms)	Tested positive for illegal drug use (%)	Smoking tobacco use (%)	Smokeless tobacco use (%)	Obesity (%)	Flagged for weight (%)	Hypertension (%)	Health Index Score
MT	85	92	4.1	5.4	5.0	1.7	14	23	15	3.5	6.0	50-59 th
NE	84	92	5.3	4.5	3.5	0.81	13	24	19	3.2	5.8	80-89 th
NV	85	92	2.4	3.7	3.7	1.1	9.3	13	20	3.7	4.9	70-79 th
NH	85	92	7.4	4.3	2.7	1.2	13	20	21	3.7	5.7	30-39 th
NJ	86	92	6.2	4.8	3.9	1.6	13	10	25	2.5	4.7	70-79 th
NM	86	92	6.4	5.3	4.0	1.4	11	16	19	5.7	4.3	50-59 th
NY	84	92	5.0	4.1	3.1	1.4	13	13	25	5.2	6.8	60-69 th
NC	83	92	8.0	6.4	5.1	1.7	15	17	22	3.6	5.9	50-59 th
ND	88	92	2.3	4.8	4.0	1.0	15	22	25	5.7	4.8	20-29 th
OH	83	92	3.7	3.2	3.5	1.8	12	19	23	4.4	7.0	80-89 th
OK	87	93	4.3	8.3	7.0	3.9	16	25	25	7.0	11	<10 th
OR	85	93	3.7	6.7	5.6	0.92	13	19	22	3.7	4.9	30-39 th
PA	86	93	6.7	4.0	3.2	2.5	15	17	23	4.5	4.5	70-79 th
PR	87	93	7.3	4.4	3.5	0.79	9.2	2.8	22	0.80	6.8	≥90 th
RI	85	94	3.9	4.3	2.9	1.5	14	13	21	3.8	8.0	80-89 th
SC	89	94	3.2	7.7	5.3	1.8	14	15	27	4.2	7.8	10-19 th
SD	89	94	6.6	3.3	2.6	0.73	14	22	20	2.2	5.0	50-59 th
TN	89	95	8.3	6.1	4.5	1.9	18	22	26	4.4	9.7	20-29 th
TX	89	95	7.7	7.8	6.0	1.8	14	15	28	3.8	6.3	20-29 th
VI	90	95	5.3	2.4	1.5	1.2	3.5	0.73	28	3.0	11	≥90 th
UT	86	95	4.3	5.5	4.8	0.82	5.5	12	19	2.4	11	≥90 th
VT	89	96	6.4	4.5	3.8	1.4	15	17	27	5.1	6.9	20-29 th
VA	91	95	6.1	6.7	3.8	3.7	11	12	24	2.7	8.2	70-79 th
WA	89	96	8.3	6.0	4.9	0.93	13	17	22	4.7	6.8	70-79 th
WV	90	96	4.4	5.8	4.5	1.2	16	27	22	4.5	9.2	10-19 th
WI	89	96	8.3	4.2	3.4	1.5	12	17	15	3.6	3.8	80-89 th
WY	89	96	5.1	4.9	5.1	0.90	15	26	21	3.3	4.8	40-49 th

State Profile Summaries







Performance Triad Measures

State/ Territory	 7+ hours of sleep [weeknights] (%)	 7+ hours of sleep [weekends] (%)	 2+ days per week of resistance training (%)	 150+ minutes per week of aerobic activity* (%)	 2+ servings of fruits per day (%)	 2+ servings of vegetables per day (%)
	AL	45	70	71	82	26
AK	51	76	65	77	21	41
AZ	48	76	76	85	28	38
AR	47	72	73	85	23	35
CA	46	72	76	82	32	42
CO	56	78	76	84	31	47
CT	52	76	76	85	31	41
DE	49	72	71	82	33	41
DC	45	68	72	77	33	51
FL	49	72	78	86	31	44
GA	45	70	76	84	31	41
GU	28	57	79	86	26	39
HI	41	69	76	85	24	34
ID	49	74	70	84	21	37
IL	55	77	76	85	33	40
IN	48	76	74	85	30	43
IA	56	79	74	85	30	38
KS	51	73	71	80	31	42
KY	51	78	74	86	29	41
LA	41	68	69	80	24	32
ME	50	72	66	79	34	47
MD	46	73	76	84	29	41
MA	51	73	75	85	34	46
MI	48	74	69	82	28	37
MN	53	78	68	81	28	36
MS	49	69	77	84	25	40
MO	51	76	73	85	27	41

ARNG 49 74 74 84 30 41

* Please see page 40 for a description of the aerobic activity target.

Performance Triad Measures

State/ Territory	 7+ hours of sleep [weeknights] (%)	 7+ hours of sleep [weekends] (%)	 2+ days per week of resistance training (%)	 150+ minutes per week of aerobic activity* (%)	 2+ servings of fruits per day (%)	 2+ servings of vegetables per day (%)
	MT	58	81	73	83	26
NE	52	80	75	85	30	43
NV	55	78	80	86	29	39
NH	52	77	76	87	29	45
NJ	52	77	75	83	33	42
NM	48	72	75	88	31	42
NY	50	74	76	82	31	41
NC	48	73	78	87	30	47
ND	56	79	64	79	23	32
OH	54	79	77	85	31	43
OK	46	72	71	81	24	37
OR	50	72	70	82	30	45
PA	52	77	73	84	31	44
PR	50	72	72	80	25	28
RI	55	76	76	80	35	49
SC	47	70	72	83	29	43
SD	56	78	69	82	23	34
TN	52	72	75	85	28	41
TX	46	71	75	84	29	40
VI	46	66	66	79	33	31
UT	50	78	75	84	31	41
VT	50	75	65	81	27	45
VA	44	70	71	84	30	43
WA	43	70	77	88	34	48
WV	47	73	74	85	26	41
WI	56	80	73	84	31	41
WY	54	77	75	86	19	39

ARNG 49 74 74 84 30 41

* Please see page 40 for a description of the aerobic activity target.

APPENDICES

- *Methods*
- *Acknowledgments*
- *References*

METHODS

Active Guard Reserve (AGR) Soldiers are U.S. Army Reserve (USAR) or Army National Guard (ARNG) Soldiers who serve full-time according to Army Regulation (AR) 135–18, *The Active Guard Reserve Program* (DA 2019a). Thus, AGR Soldiers serve in the same manner as Active Component (AC) Soldiers (Title 10 U.S.C.). There are two types of AGR Soldiers in the ARNG:

- a. Title 10 AGR Soldiers serve in the ARNG of the United States, are managed by the National Guard Bureau, and are deployed worldwide.
- b. 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, 3 Territories, and the District of Columbia and are covered under Title 32 U.S.C., section 502(f). As members of Modification Table of Organization and Equipment units or Table of Distribution and Allowances elements, they also drill 2 days per month and attend annual training (AT) with the unit or organization they support.

National Guard Dual-Status Technicians (Military Technician, or Mil Tech, Soldiers) are civilians who work full-time for the National Guard (hired as State/Territory employees) and must also 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 for more than 39 days throughout the year for professional school attendance, mandatory/elective training, Military Occupational Specialty (MOS) sustainment training, or mobilization (i.e., called up for State (Title 32) or Federal (Title 10) missions).

States/Territories 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 (SSNs) were then merged with Periodic Health Assessment (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 similar in terms of health risks. Distributions and means were reported.

Medical Readiness and Dental Readiness was reported as an annual average from monthly counts for each of the States and Territories. Readiness data were furnished by the ARNG, which reported readiness by State, Territory, and Area for Medical Readiness Classification (MRC) 3 or 4 and Dental Readiness Classification (DRC) 3 or 4. The calculation for “percent not medically ready within 72 hours” was the sum of the annual averages of MRC3 and MRC4. No data were reported for permanent profiles.

Methodological Update

The 2021 *Health of the ARNG Force* report deviates from previous iterations in the removal of the Army Physical Fitness Test (APFT) Failure and Hazardous Alcohol Use metrics. Both of these metrics were removed due to lack of stable data collection in FY20. The ARNG remains focused on medical readiness of all Soldiers, to include physical fitness and substance use; these metrics will be reincorporated as soon as stable data are available in subsequent reporting years.

Health Metrics

State/Territory level reported metrics are derived from the PHA self-reported questionnaire. One survey response per individual (the most recent) was retained for analysis. Soldier body mass index (BMI) was calculated from PULHES height and weight data in the PHA using weight in kilograms/height in meters. Overweight was defined as a BMI ≥ 25 and < 30 ; obesity was defined as a BMI ≥ 30 . However, Army studies have demonstrated that up to 20% of Soldiers with BMIs between 25 and 28 are not “overweight” due to excess body fat but rather have increased muscle mass. *The Army Body Composition Program* (ABCP), AR 600-9 (DA 2019d), takes this into account and also adjusts height/weight standards for age and sex (e.g., a 40-year old male Soldier can have a BMI of 27.5 and be in compliance). Soldiers lacking a height and/or weight measurement were not included in the analysis. Calculated BMIs of < 12 or > 45 were deemed 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.

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 (%)
Males		
<21	25.9	20
21–27	26.5	22
28–39	27.2	24
$\geq 40^{**}$	27.5	26
Females		
<21	25.0	30
21–27	25.3	32
28–39	25.6	34
$\geq 40^{**}$	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 2002) are 25–27.5 kg • m⁻² for both sexes. Permissible body fat standards are 26–36% for female Soldiers and 18–26% for male Soldiers. Other military services use different age categories and limits within the permissible ranges.

Source: U.S. Army Public Health Center, Injury Prevention Division. Compiled based on AR 600–9 and DODI 1308.3.

Tobacco use (smoking: yes or no; smokeless: yes or no) was determined from PHA responses. The count of Soldiers flagged for the ABCP was provided from the ARNG G1 LifeCycle database for each State by month and averaged over FY20.

Behavioral health metrics were reported through two subsets of the PHA: the Personal Health Questionnaire Depression Scale (PHQ-8) and posttraumatic stress disorder (PTSD) Checklist–Civilian Version (PCL-C). Soldiers were assigned into the following depression categories based on the PHQ-8:

no depression (< 5), sub-threshold symptoms (5–9), mild depression (10–14), moderate depression (15–18), or severe depression (19–24). Soldiers were assigned into the following PTSD categories based on the PTSD Checklist (PCL-C): no PTSD (< 30), mild PTSD (30–39), moderate PTSD (40–49), or severe PTSD (≥ 50).

Musculoskeletal duty-related injuries (MDRI) data from Medical Electronic Data for Care History And Readiness Tracking (MEDCHART) for FY20 were aggregated and collapsed into broad categories (sprains and strains, fractures, etc.) and reported by sex.

The hypertension metric was reported through the “Current Health” section of the PHA. It is at the discretion of the healthcare provider administering the annual PHA physical exam to flag a Soldier for hypertension as defined by American College of Cardiology guidelines: Normal blood pressure (BP) is defined as $< 120 / < 80$ mm Hg; Elevated BP 120–129/ < 80 mm Hg; Hypertension Stage 1 is 130–139 or 80–89 mm Hg, and Hypertension Stage 2 is ≥ 140 or ≥ 90 mm Hg (Whelton et al. 2018).

Performance Triad (P3)/ Sleep, Activity, and Nutrition (SAN)

P3 measures (sleep, activity, and nutrition) were obtained in aggregate from the Sexual Harassment/Assault Response and Prevention Program (SHARP) Ready & Resilient in coordination with the Army Analytics Group. Estimates were derived from relevant survey items collected within the Physical Domain of the Azimuth Check, formerly the Global Assessment Tool (GAT). Soldiers are required to complete the Azimuth Check annually per AR 350–53 (DA 2014). All Azimuth Check data were de-identified prior to analysis; these procedures follow policies to maintain the confidentiality and privacy of all individual-level responses on the assessment. Data were reported only when at least 40 responses were available as an aggregated summary statistic at the designated level of breakdown (e.g., installation, sex, and age group). In CY20, 94,280 ARNG Soldiers completed the Azimuth Check, representing an approximate response rate of ~28%.

The SAN data presented in this report represent the percentage of Soldiers achieving recommended health behavior targets. These targets are based on vetted national recommendations.

Sleep targets were based on guidelines from the Centers for Disease Control and Prevention (CDC) (CDC 2018a) and the National Sleep Foundation (NSF 2018). Targets include the percentage of Soldiers reporting an average of 7 or more hours of sleep per night for 1) weeknights and 2) weekends. Thus, the sleep metrics were based on GAT survey questions assessing self-reported average hours of sleep per 24-hour period during weeknights/duty nights and the self-reported average hours of sleep per 24-hour period during weekends/days off.

Activity targets were similarly based on CDC recommendations (CDC 2018b). The first activity target included in this report is the percentage of Soldiers meeting resistance training of 2 or more days per week. Data for this metric are derived from an Azimuth Check survey question asking Soldiers to report the average number of days per week on which they participated in resistance training over the last 30 days. The second activity target relates to aerobic exercise; the target is met by engaging in 75 minutes of vigorous aerobic activity per week, or 150 minutes of moderate activity per week, or an equivalent combination of moderate and vigorous activity per week. The data for this metric are derived from a series of Azimuth Check questions asking about the average number of days per week in which the Soldier engaged in 1)

vigorous activity and 2) moderate activity in the last 30 days, and the average number of minutes per day during which they engaged in these activities.

Nutrition targets were based on the United States Department of Agriculture (USDA) MyPlate recommendations (USDA 2018). Targets for fruit and vegetable consumption were included in this report as the percentage of Soldiers eating two or more servings of fruits and vegetables per day. The data for these metrics are based on Azimuth Check survey questions asking Soldiers to report the average servings of fruits and vegetables they consume per day, respectively, on average over the last 30 days.

ARNG Health Index (AHI)

Health indices are widely used to gauge the overall health of populations. They offer an evidence-based tool for comparing a broad range of metrics across communities and can help inform community health needs assessments. Indices are also useful for ranking, which has proven effective in stimulating community interest and driving health improvement.

The core measures included in this report were prioritized as leading health indicators for the ARNG Soldier population based on the prevalence of the condition or factor, the potential health or readiness impact, the preventability of the condition or factor, the validity of the data, the supporting evidence, and the importance to Army leadership.

In generating an AHI, the 9 selected indicators were standardized to the ARNG average using Z-scores. When possible, indicators were adjusted by age and sex prior to the standardization to allow more valid comparisons. The indicators were weighted and then collated into an overall AHI. The weights were as follows: Medical Readiness (11.1%), Dental Readiness (11.1%), Hearing Readiness (11.1%) Obesity (11.1%), Hypertension (7.6%), Illicit Substance Positive (11.1%), Tobacco product use (15.0%), and signs of PTSD (11.1%) and depression (11.1%). The AHI represents pooled standard deviations from the ARNG reference value. **Due to the removal of the APFT Failure and Hazardous Alcohol Use metrics, the AHI was re-weighted to compensate for these missing data elements; making the 2021 AHI incompatible for comparison to previous year's rankings.**

While health indices provide a comprehensive measure of health which may help identify populations that could potentially benefit from enhanced public health prevention measures, aggregate indices may hide some of the driving factors. Healthcare decision-makers must further review individual measures that comprise the index in order to identify and effectively target key outcomes or behaviors that are the most significant health and readiness detractors for each State/Territory.

ACKNOWLEDGMENTS

The *Health of the ARNG Force* report is produced by U.S. Army Public Health Center (APHC) staff. It is a collaborative effort undertaken by the teams members acknowledged.

Health of the ARNG Force Working Group

Amy Millikan Bell, MD, MPH

Health of the Force *Chair*
APHC Medical Advisor

Matthew Beymer, PhD, MPH

Health of the Force *Editor in Chief*
Epidemiologist
Behavioral and Social Health Outcomes Program

Jason Embrey

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

Andrew Fiore

ORISE Research Fellow
Population Health Reporting Program

Erin Anderson Goodell, PhD, ScM

Health of the Force *Deputy Editor in Chief*
Senior Epidemiologist
Behavioral Health and Social Outcomes Practices

Christopher Hill, MPH, CPH

Health of the ARNG Force *Project Manager*
Epidemiologist
Behavioral and Social Health Outcomes Program

Okan Olgac, MSPH

Health Statistician
Veterinary Metrics Division

Lisa Ruth, PhD

Health of the Force *Program Manager*
Population Health Reporting Program

Ivan Walters

Health of the Force *Technical Editor*
Publication Management Division

Shaina Zobel

Health of the Force *Product Manager*
Population Health Reporting Program

Health of the ARNG Force Contributors

Abimbola Daferiogh, MPH

Epidemiologist
Public Health Assessment Division

MAJ Ronald Francis

ARNG G-1 Data Team Lead
Manpower & Resources Division

LTC Bradley Johnson

Chief, Medical Readiness
ARNG Office of the Chief Surgeon

Deborah Lake, AuD

Hearing Conservation Consultant
Army Hearing Program

Ivy Mushamiri, PhD, MPH

Public Health Scientist
Public Health Assessment Division

Michelle Phillips

Visual Information Specialist
Visual Information Division

Lisa Polyak, MSE, MHS

Environmental Engineer
Directorate of Environmental Health Sciences and Engineering

Graham Snodgrass

Visual Information Specialist
Visual Information Division

LTC Agata Zana, MSW

Branch Chief, Resilience, Risk Reduction and Suicide Prevention
NGB-J1 Warrior Resilience & Fitness Division

Health of the ARNG Force Advisors

COL Susan Fondy, MD, MPH

ARNG Chief Surgeon
ARNG Office of the Chief Surgeon

COL Christopher Littell, DO, MPH

Chief, Preventive Medicine
ARNG Office of the Chief Surgeon

John McGowen

Health Promotion Officer
ARNG Office of the Chief Surgeon

REFERENCES

- Anderson, M.K., T. Grier, E.O. Dada, M. Canham-Chervak, and B.H. Jones. 2017. The Role of Gender and Physical Performance on Injuries: An Army Study. *Am J Prev Med*, 52(5):e131–e138.
- Centers for Disease Control and Prevention (CDC). 2019. *Smokeless Tobacco Use in the United States*, https://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/use_us/index.htm (accessed 5 December 2019).
- CDC. 2020a. *Sleep and Sleep Disorders*, <https://www.cdc.gov/sleep/index.html> (accessed 5 October 2021).
- CDC. 2020b. *How much physical activity do adults need?* <https://www.cdc.gov/physicalactivity/basics/adults/index.htm> (accessed 5 October 2021).
- Cowan, D.N., B.H. Jones, and J.R. Robinson. 1993. Foot morphologic characteristics and risk of exercise-related injury. *Arch Fam Med*, 2(7):773–777. doi: 10.1001/archfami.2.7.773
- Department of the Army. Assistant Secretary of the Army (Installations, Energy, & Environment). 2020. Memorandum, *Updated Army Climate Assessment Tool Launch*, 28 July 2020, https://www.asaie.army.mil/Public/ES/doc/Army_Climate_Assessment_Tool_Memo_ASAIEE.pdf (accessed 18 December 2020).
- Department of the Army (DA). 2020. Regulation 600–85, *The Army Substance Abuse Program*, <https://armypubs.army.mil/>
- DA. 2019a. Regulation 135–18, *The Active Guard Reserve Program*, <https://armypubs.army.mil/>
- DA. 2019b. Regulation 600–8–4, *Line of Duty Policy, Procedures, and Investigations*, <https://armypubs.army.mil/>
- DA. 2019c. Unit Risk Inventory Survey helps gauge readiness, resilience, https://www.army.mil/article/227528/unit_risk_inventory_survey_helps_gauge_readiness_resilience (accessed 05 October 2021).
- DA. 2019d. Regulation 600–9, *The Army Body Composition Program*, <https://armypubs.army.mil/>
- DA. 2016a. Regulation 40–35, *Preventive Dentistry and Dental Readiness*, <https://armypubs.army.mil/>
- DA. 2016b. Health.mil website. *Performance Triad*, <https://armymedicine.health.mil/Performance-Triad> (accessed 5 December 2019).
- DA. 2015. Regulation 600–63, *Army Health Promotion*, <https://armypubs.army.mil/>
- DA. 2014. Regulation 350–53, *Comprehensive Soldier and Family Fitness*, <https://armypubs.army.mil/>
- Department of Defense (DOD). 2016. Form 3024, *Annual Periodic Health Assessment*, <https://www.esd.whs.mil/>
- DOD. 2002. Instruction 1308.3, *DoD Physical Fitness and Body Fat Programs Procedures*, <https://www.esd.whs.mil/>
- Department of Health and Human Services (DHHS). 2014. *The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General*. https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf (accessed 15 July 2020).
- Gardner, L.I., J.E. Dziados, B.H. Jones, J.F. Brundage, J.M. Harris, R. Sullivan, and P. Gill. 1988. Prevention of lower extremity stress fractures: a controlled trial of a shock absorbent insole. *Am J Public Health*, 78(12):1563–1567.
- Jones, B.H., M.W. Bovee, J.M. Harris 3rd, and D.N. Cowan. 1993a. Intrinsic risk factors for exercise-related injuries among male and female army trainees. *Am J Sports Med*, 21(5):705–710.
- Jones, B.H., D.N. Cowan, J.P. Tomlinson, J.R. Robinson, D.W. Polly, and P.N. Frykman. 1993b. Epidemiology of injuries associated with physical training among young men in the army. *Med Sci Sports Exerc*, 25(2):197–203.
- Jones, B.H., M.W. Bovee, and J.J. Knapik. 1992. Associations among body composition, physical fitness, and injury in men and women army trainees. In: Marriott, B.M. and J. Grumstrup-Scott, eds. *Body Composition and Physical Performance*. Washington, DC: The National Academies Press.
- Jones, B.H., J.M. Harris, T.N. Vinh, and C. Rubin. 1989. Exercise-induced stress fractures and stress reactions of bone: epidemiology, etiology, and classification. *Exerc Sport Sci Rev*, 17(1):379–422.
- National Oceanic and Atmospheric Administration (NOAA), National Centers for Environmental Information. 2021a. *State of the Climate: National Climate Report – Annual 2020*, <https://www.ncdc.noaa.gov/sotc/national/202013> (accessed 20 May 2021).
- NOAA, National Centers for Environmental Information. 2021b. *Billion-Dollar Weather and Climate Disasters: Overview*, <https://www.ncdc.noaa.gov/billions/> (accessed 20 May 2021).
- National Sleep Foundation (NSF). NSF website. 2018. <https://sleepfoundation.org/> (accessed 5 December 2019).
- Public Law 116–283—JAN. 01, 2021, *William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021*. <https://www.congress.gov/bill/116th-congress/house-bill/6395> (accessed 20 May 2021).
- U.S. Army Corps of Engineers (USACE). 2020. *Army Climate Resilience Handbook*. Prepared by A.O. Pinson, K.D. White, S.A. Moore, et al. Washington, D.C.
- U.S. Department of Agriculture (USDA). 2018. Choose MyPlate website, <https://www.choosemyplate.gov/> (accessed 5 December 2019).
- U.S. Department of Health and Human Services (DHHS). Healthy People 2030, “Increase the proportion of people whose water systems have the recommended amount of fluoride — OH-11.” <https://health.gov/healthypeople> (accessed 22 April 2021).
- Whelton, P.K., R.M. Carey, W.S. Aronow, et al. 2018. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *J Am Coll Cardiol*, 71(19):e127–e248. doi: 10.1016/j.jacc.2017.11.006

2021

HEALTH OF THE ARNG FORCE REPORT

