



# Health and Social Services

## KEY TAKEAWAYS

- Military and community health care providers are cooperating and engaging in strategic planning to meet the medical services needs of the increased EAFB population.
- The FNSB has adequate capacity to meet primary care, most specialty care, hospital and surgical needs of the increased population.
- Otolaryngology (Ear, Nose, Throat) is the only specialty with limited capacity and could be further reduced by providers being transferred from Basset Army Community Hospital and community providers retiring or leaving the community.
- Access to behavioral health services for service members and their families is not available at EAFB; limited services are available through the TRICARE network, currently managed by Health Net Federal Services, and through agencies in the surrounding community. Priority gaps include pediatric services for children with developmental disabilities or other behavioral health needs, and supportive services for families.





Credit: Foundation Health Partners



## INVENTORY OF DEMAND AND ANALYSIS OF EXISTING CONDITIONS

### Health Snapshot of FNSB Residents

The 2017 County Health Rankings and Roadmaps ranks all regions within states based on health outcomes such as length and quality of life. The FNSB is ranked 3rd out of 20 regions in Alaska for health outcomes and 5th for health factors. Specific data for the FNSB are outlined below.

This chapter provides an assessment of the availability, existing capacities and effectiveness of the local and regional health care and social services on EAFB, Ft. Wainwright, and within the FNSB health and social services community. This assessment identifies projected increased demand for services expected from F-35 personnel and their families and gaps in meeting increased demand. The chapter ends with recommended strategies for meeting increased demand while improving and increasing services for existing residents. This chapter reviews:

- Hospital and medical facilities
- Physicians, by specialty
- Special needs and disabilities
- Dental
- Mental health
- Public health facilities
- Social service agencies, organizations and networks.

For additional information about the services available on EAFB, visit the Eielson clinic website: <http://www.airforcemedicine.af.mil/MTF/Eielson/>

- 16 percent of adult FNSB residents smoke, lower than the statewide rate of 19 percent. This number has decreased from the 2012 rate of 21 percent.
- 28 percent of Fairbanks residents are obese, almost identical to the statewide rate of 29 percent. This number has remained unchanged since 2012.
- 23 percent of residents report excessive drinking, similar to the statewide average of 22 percent. This number has increased from the 2012 rate of 21 percent.
- 17 percent of residents do not have health insurance, slightly lower than the statewide rate of 19 percent. This number has decreased from the 2012 rate of 21 percent.

### Priority Health Concerns

The FNSB formed the Healthy Fairbanks project team in 2014 to assess, survey and report on the perceived health of the region. The project consisted of community forums and an online survey of FNSB residents. The Healthy Fairbanks 2020 final report was published in January 2015

and provided information on the health status and priorities for the region. The Healthy Fairbanks 2020 Project Team surveyed over 1,300 Fairbanks North Star Borough residents and hosted 13 community forums to gather input on the top health concerns over the next five years. Most surveys were completed online (82%) while the rest were completed during the community forums (18%).

Top community health concerns identified by Healthy Fairbanks 2020:

- Drug and alcohol abuse
- Mental health
- Domestic violence/sexual assault
- Overweight, lack of physical activity

Top personal health concerns identified by Healthy Fairbanks 2020:

- Overweight, Lack of Physical Activity
- Environmental Hazards
- None
- Diabetes (ranked 12th out of 17)

Borough survey responders reported that Alcohol Abuse was the top health behavior that needs to be addressed by the community. Drug Abuse, Access to Mental Health Care, Violent Behavior, and Being Overweight were also identified as the top behaviors that need to be addressed in the Fairbanks North Star Borough.



*Credit: Foundation Health Partners*

## Availability of Health and Social Services and Providers

In 2016, an average of 5,365 people were employed each month in the Health Care and Social Assistance Industry, up from 5,205 in 2015.<sup>1</sup> The Health Resources and Services Administration (HRSA) offers the following guidance for the target number of health providers per population served:<sup>2</sup>

- One primary care physician for every 1,200 to 1,500 people;
- One dentist and one dental hygienist for every 1,000 patients; and,
- One mental health provider for every 200 to 300 patients.

Per the 2017 County Health Rankings, which is based on the National Provider Identification Database, there are 77 primary care physicians in the FNSB. This equates to a ratio of 1,290 residents per physician, which is slightly higher than the statewide average rate of 1,157 residents per physician, and within the HRSA recommended range. Notably, Anchorage’s rate is significantly lower at 965 residents per physician. The FNSB’s numbers have improved since 2012, when the

rate was one physician for every 1,468 residents. There are 512 mental health providers, which is a ratio of 195 residents per provider, also within the recommended range. There are also 124 dentists in the FNSB, which equates to 803 residents per dentist, exceeding HRSA’s recommended ratio. Full comparison details for providers is available in Figure 1.

Note: There may be some variation in the number of dentists within the FNSB. The Alaska 2015-2016 Primary Care Needs Assessment, which counted the number of licensed health care providers with current licenses and Alaska addresses based on Alaska Department of Commerce, Community and Economic Development (DCCED) professional licensing data at that time, there were fewer dentists in the FNSB than identified in the County Health Rankings data. Specifically, the assessment found 0.82 licensed dentists per 1,000 population for FNSB, and 0.78 dentists per 1,000 population in Alaska. These numbers are lower than HRSA’s recommendation of one dentist and one dental hygienist for every 1,000 patients. These lower figures are supported by an August 2018 search of the professional licensing database, finding there are 76 Alaska licensed dentists in FNSB, or approximately .77 dentists per 1,000 patients. Per the Country Health Rankings website: “The County Health Rankings measure of dentists could be used to track progress in communities. However, we encourage data triangulation by finding additional local measures of dental access in your community,

<sup>1</sup> Alaska Department of Labor and Workforce Development, Research and Analysis Section. Based on data from the Quarterly Census of Employment and Wages, Annual Review 2017.

<sup>2</sup> Health Resources and Services Administration, National Center for Health Workforce Analysis.

**FIGURE 1: NUMBER OF PHYSICIANS, DENTISTS AND MENTAL HEALTH CARE PROVIDERS IN FNSB**

	PRIMARY CARE PHYSICIANS	NUMBER OF RESIDENTS PER PROVIDER	DENTISTS	NUMBER OF RESIDENTS PER PROVIDER	MENTAL HEALTH PROVIDERS	NUMBER OF RESIDENTS PER PROVIDER
FNSB	77	1,290	124	803	512	195
Anchorage	312	965	344	868	906	330
Alaska	637	1,157	688	1,073	2,493	296

Source: 2017 County Health Rankings



such as the number of individuals with a dental visit in the past year, or the number of emergency department visits for dental care”. Although health and social service leaders from Eielson Air Force Base and Fort Wainwright did not identify dentistry as a service gap, assuming active duty personnel and family needs are met by on base/post providers, the potential shortage at the broader community-level is a topic to further clarify and explore with dental and other health providers in the FNSB.

## EXISTING CAPACITY AND ANTICIPATED GAPS

### Overview

The population of EAFB is expected to double as a result of the F-35 Beddown but the demographic characteristics of the population will not significantly change. Birth rates are expected to increase at the same rate as the overall population increases. Demand for specialty care will increase at a similar rate without creating demand for new specialties not currently available.<sup>3</sup> Most Air Force families stationed at Eielson are served by Bassett

<sup>3</sup> Interview with K. Lee Hardcastle, EAFB, December 2017.

<sup>4</sup> U.S. Air Force F-35 Operational Beddown Environmental Impact Statement (EIS), February 2016.

Army Community Hospital on Ft. Wainwright, which has the capacity to support about 13,000 individuals. EAFB households represent about one-third of Bassett’s total patient population, however, Bassett is operated by the U.S. Army so it will not necessarily increase its capacity to meet increased demand from EAFB personnel and their families. Estimates indicate the demand for obstetrics and pediatrics will increase by about 30 percent due to the F-35 beddown.

### Primary Care and Dental Services

The 354 Medical Group oversees outpatient primary care for all eligible Air Force beneficiaries on and around EAFB. The primary care clinic provides outpatient clinical services, physical therapy, pharmacy, laboratory, x-ray and immunization services.<sup>4</sup> The 354 Medical Group has a dental clinic on-base that provides general dental care for active duty military members.

In North Pole, health care services are limited, but the following are available: a family physician, prescription laboratory, pharmacy, chiropractic clinic, optometrist, physical therapy office, and four dentists. For other health services, residents must travel to Fairbanks.

During a telephone-based survey of 507 North Pole residents in spring 2017, Eielson and Salcha area, respondents graded their access to medical services on a scale of A to F (see Figure 2). The middle option, grade C, received the most responses with 27 percent; in addition, more respondents gave access to medical services a negative grade (42 percent selected D or F) than a positive grade (27 percent selected A or B). In addition, 74 percent of survey respondents said they would like to see more medical providers in the North Pole area.

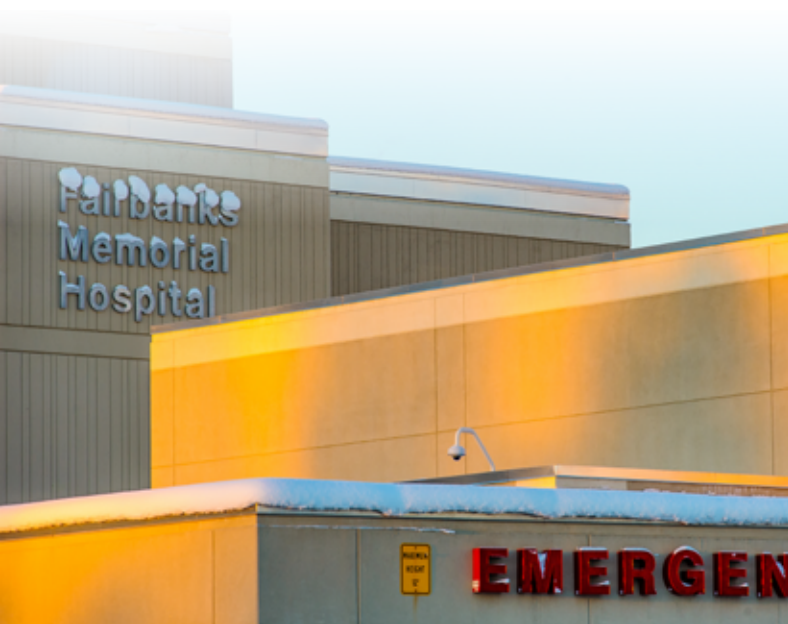
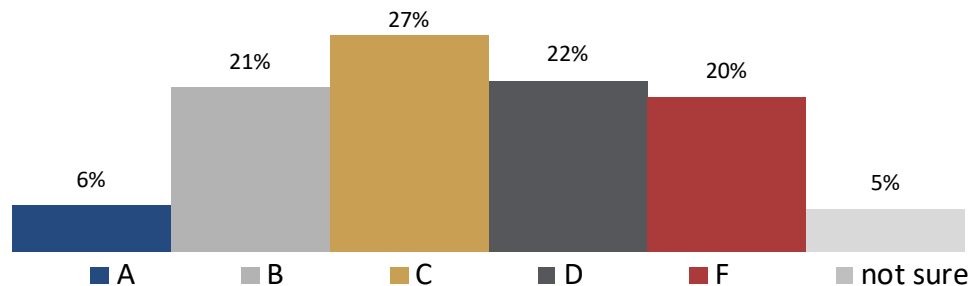


FIGURE 2: CITY OF NORTH POLE RETAIL NEEDS SURVEY: RESPONSE TO THE QUESTION, “WHAT GRADE WOULD YOU GIVE THE NORTH POLE AREA FOR ACCESS TO MEDICAL SERVICES?”



During the development of the City of North Pole Comprehensive Strategic Plan in 2015, North Pole residents also shared feedback on availability and access to health care services in the area. Residents expressed that a local clinic and more providers are needed to adequately meet the needs of area residents and to provide services to EAFB families. If personnel are married, both receive a BAH to use for the cost of housing. Similar to singles, if a married couple receives more BAH than their rent, they keep any of the extra BAH to use at their discretion.

## Hospital and Medical Facilities

The hospital and medical facilities serving EAFB and the region include:

- Bassett Army Community Hospital, a small, 24-bed general medical and surgical hospital on Ft. Wainwright.<sup>5</sup> This hospital provides specialty and inpatient care for EAFB members. The following services are available: substance abuse programs, behavioral health, Exceptional Family Member Program for families with special needs, emergency medicine, maternal newborn unit (MNU), nutrition care, optometry, preventive medicine, pathology, primary care, radiology, social work services, surgery, women’s health clinic. Bassett

is also home to the Fairbanks VA Community Based Outpatient Clinic as part of a Veteran’s Affairs /Department of Defense inter-agency sharing agreement. The outpatient clinic has 18 staff and offers a health care program to veterans including health promotion, primary care, mental health care, women’s health care, orthopedics, audiology, and case management. It is important to note, neither the EAFB clinic or Bassett Army Community Hospital behavioral health providers see military dependents.

- Fairbanks Memorial Hospital, the primary health care facility in the Fairbanks North Star Borough, has 152 beds.
- Denali Center, a short-and-long term facility next to the Fairbanks Memorial Hospital, has a 90-bed capacity.
- Tanana Valley Clinic, a multi-specialty practice, has 15 specialties represented with over 60 providers. The 1st Care Clinic offers after-hours and urgent care services seven days a week.

<sup>5</sup> U.S. News: Best Hospitals. Accessed August 8, 2017 from <http://health.usnews.com/best-hospitals/area/ak/bassett-army-community-hospital-6940066>.

- Chief Andrew Isaac Health Center, which provides comprehensive outpatient services to Indian Health Service beneficiaries in Interior Alaska, is operated by the Tanana Chiefs Conference, the Alaska Native Regional Health Corporation serving Interior Alaska.
- Interior Community Health Center, located in Fairbanks, provides primary health care including medical, dental, integrated behavioral health, preventive and educational services for people in Alaska's Interior. The health center is a certified Patient-Centered Medical Home and provides services to all public and private insured and offers a sliding fee scale.

FNSB residents benefit from a locally owned and operated integrated health system. In January 2017, Foundation Health Partners, a wholly owned subsidiary of the Fairbanks Hospital Foundation, took over administration of the Fairbanks Memorial Hospital, the Tanana Valley Clinic and the Denali Center, which are all owned by the Fairbanks Hospital Foundation. Foundation Health Partners is governed by a 15-person Board of Directors composed of local providers and residents.

Bassett Army Community Hospital and Fairbanks Memorial Hospital have maintained an agreement to provide mutual assistance and to allow for cross-credentialing of providers. This agreement allows providers stationed at Bassett to follow patients when they are admitted to Fairbanks Memorial. Foundation Health Partners administrators and military planners have worked together to develop a strategic plan for identifying priorities to meet medical service needs.

As identified above, primary care and dental care services are available at EAFB and in the nearby community of North Pole. Planning is underway to increase services to meet the needs of the increased population in the EAFB clinic. However, access

to urgent care and emergency medical services remains lacking. Bassett Community Hospital is located 27 miles from EAFB and referrals for care to Bassett are infrequent and limited to emergencies. Stakeholder interviewees shared that EAFB medical staff refer Airmen and dependents to Anchorage or out-of-state military medical facilities for all elective procedures, and that referrals to facilities in Anchorage and Lower 48 medical facilities are more common than to services in Fairbanks, resulting in a high travel budget for medical transfers. Local providers are interested in exploring the feasibility of an urgent care or other clinic in North Pole, given the increasing civilian population in the 99705 area and the projected increase in population at EAFB.

Bassett Community Hospital does not provide trauma services. These patients are transferred to Fairbanks Memorial Hospital. Foundation Health recently made significant investments to modernize the surgical suite at Fairbanks Memorial Hospital. The hospital is part of the TRICARE network and accepts Veterans Affairs (VA) benefits.



Credit: Foundation Health Partners



## Medical Specialty Care

Military and civilian health planners are working together to assess potential gaps in specialty care that may be exacerbated by the increased population at EAFB. Because specialty providers are not available at EAFB, referrals are made to Bassett Community Hospital, the local TRICARE network, or to providers outside of the community, as described above. Bassett has the following specialties available:

- Audiology / Speech Pathology
- Chiropractics
- Clinical Psychology
- Dermatology
- Dietetics
- Emergency Services
- Family Advocacy
- Family Health
- Family Medicine
- Health Promotion
- Immunizations
- Internal Medicine
- Mental Health
- OB/GYN
- Obstetrics and Newborn Services
- Occupational Health
- Occupational Therapy
- Optometry
- Orthopedics
- Otolaryngology (ENT)
- Pediatrics
- Physical Therapy
- Population Health (wellness)
- Psychiatry
- Psychology
- Social Work
- Substance Abuse
- Surgery

Otolaryngology (Ear, Nose, Throat) is one specialty with limited capacity that may be further reduced by providers being transferred from BACH and community providers retiring or leaving the community. The current ENT group in Fairbanks accepts TRICARE and VA benefits and is very welcoming to service members. With potential staffing changes to this group, however, there is some uncertainty about the availability of this specialty for both the local community and for service members. The TRICARE West

Region is now operated by Health Net Federal Services, which will be identifying ENT resources to participate in the network. Neither community nor military efforts have succeeded in recruiting a new ENT provider to the area. A 2014 national survey conducted by the Association of American Medical Colleges found that there is one active Otolaryngology specialist physician for every 33,919 people in the United States<sup>6</sup>, making it one of the more difficult specialties to recruit to a remote area. Orthopedics is another specialty where the number of specialists in the region may not be adequate to meet the needs of the expanded EAFB population. One orthopedic surgeon is currently located at Ft. Wainwright and seven are located in Fairbanks, however, not all are included in the TRICARE network. Adequate access to physical therapy is available in the region through the TRICARE network; and this service is available at the EAFB clinic for many diagnoses.

<sup>6</sup> Association of American Medical Colleges 2014 Physician Specialty Data Book. <https://www.aamc.org/download/473260/data/2014physicianspecialtydatabook.pdf> Accessed February 2018.

“ Specialty care is a challenge. My wife has to go to Wasilla every 6 months to see an endocrinologist.”

“The largest expense is when people have to go to Anchorage or Seattle because a specialist is not available in the FNSB. Patient travel is more than an expense issue – it’s also a quality of life issue.”

-Eielson focus group participants

Credit: Foundation Health Partners



## Special Needs and Disabilities

The Department of Defense provides the Exceptional Family Member Program (EFMP) to identify service members and their families with special needs that might require specialty medical care or other specialty services. Special needs may include potentially life-threatening conditions or chronic medical or physical conditions that may require follow-up with primary care more than once per year, or specialty care; current or chronic mental health conditions; asthma or other respiratory chronic conditions; some diagnoses of attention deficit disorder or attention deficit hyperactivity disorder; and other chronic health conditions.<sup>7</sup>

Some gaps in the availability of specialty services for EAFB households could pose a challenge for incoming EAFB households in the EFMP program, including developmental pediatrics and pediatric speech therapy. In general, pediatric sub-specialties are not available through military facilities or community providers in adequate supply to meet the projected demand. When service needs of potential service members and their families cannot be met, it may mean that service member cannot be assigned to the location.

<sup>7</sup> DoD Instruction 1315.19, The Exceptional Family Member Program (EFMP). <http://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/131519p.pdf> Accessed January 2018.

## Mental and Behavioral Health Services

Behavioral health services are limited throughout the region with a shortage of both providers and facilities at all levels of behavioral health care. As is the case for much of Alaska, inpatient mental health services operate at capacity and are often not adequate to meet the needs of the existing population. Similarly, outpatient services are not available at EAFB but are available through the TRICARE network in Fairbanks. Eielson households who participated in a series of focus groups, as well as providers affiliated with Foundation Health Partners, agreed that mental and behavioral health services are not adequately available in the community.

The priority gap is for behavioral health services for children, including outpatient psychiatric care, to assess and manage prescription medications to address behavioral health issues. Some of these services are provided through telehealth, but not in adequate supply. Outpatient mental health services are provided by clinical psychologists but these providers cannot prescribe nor manage medications.

In January 2015, the FNSB published a report from its Healthy Fairbanks 2020 Community Health Needs Assessment. One of the key findings was an “overwhelming consensus” that the FNSB’s greatest health challenges were drug and alcohol abuse, mental health, and domestic violence/sexual assault.<sup>8</sup> Some of the barriers to addressing these health issues were identified as the lack of funding for services, insufficient number of providers and lack of available services.<sup>9</sup>

A recent State of Alaska inventory of substance use disorder residential treatment facilities, updated weekly, shows that Fairbanks Native Association offers 10 beds for residential substance use

disorder treatment at the Ralph Perdue Center in Fairbanks. Currently, there is a 40-day wait for the next available bed with 11 people on the waitlist. A separate 12-bed facility for women and children is also operated by Fairbanks Native Association, currently with one bed available and two people on the waitlist.<sup>10</sup>

Fairbanks Memorial Hospital operates a 20-bed inpatient mental health unit for evaluation and treatment of acute psychiatric disorders with four intensive care beds and 16 acute beds.

Outpatient behavioral health services are provided by a range of public and private providers, both tribal and non-tribal, in the Fairbanks area.

In the Greater North Pole area, the area projected to be most impacted by the F-35 Beddown, there is at least one forensic psychology and psychotherapy practice with a clinical psychologist and licensed professional counselor on staff.

<sup>8</sup> <https://fairbankshospitalfoundation.com/wp-content/uploads/Healthy-Fairbanks-2020-Final-Report-FINAL.pdf>

<sup>9</sup> Ibid

<sup>10</sup> <http://bedcount.dhss.alaska.gov/BedCount/statewide.aspx?ProgramType=SRT>



Credit: Foundation Health Partners





*Credit: Foundation Health Partners*

## Public Health Facilities

The Fairbanks Public Health Center serves the FNSB and surrounding main Fairbanks communities as well as itinerant nursing in other communities, including Eielson. Services include Family Planning/Pregnancy Testing, Immunizations (Immunization schedule), School Screenings, Sexually Transmitted Infection (STI)/ Human Immunodeficiency Virus (HIV) screening, Tuberculosis (TB) screening and treatment, Well Child Exams, Infectious Disease Investigation, Health Education, Community Assessments, and Emergency Preparedness. The public health clinic at Eielson also provides immunizations.

<sup>11</sup> <https://www.eielsonforcesupport.com/index.php/family/afrc> accessed April 2018

## Social Service Agencies, Organizations and Networks

EAFB families can access family support services through the Airman & Family Readiness Center. This center is chartered as a primary prevention agency and functions to ensure required resources are available to support active duty and their families. The center designs, develops, and conducts family programs according to base and community requirements and capabilities. Services are available for active duty members and their families, DoD civilians and retirees. The center provides the following services:

- Air Force Aid Loan Assistance
- Job Search Skills
- Childcare Assistance
- Volunteer Opportunities
- Resume Reviews
- Personalized Debt Reduction Plans
- Transition Assistance
- Relocation Information
- Military Family Life Counselors<sup>11</sup>

The EAFB Force Support Squadron provides an online directory of family supports, educational opportunities, recreation and dining options, and special events for military personnel and their families at <https://www.eielsonforcesupport.com/>.

The FNSB has a range of not-for-profit and Tribal community-serving organizations providing social services to meet the community's needs. Some of the region's most significant providers and collaborative efforts to address the health and social needs of the region are:

- Fairbanks Native Association was founded in 1967 as a civil rights organization to address discrimination against Alaska Native people.

Today, its mission is to “promote spirituality, cultural identity, self-reliance, physical and mental health, by improving the quality of life of our community through professional quality services.”<sup>12</sup> Fairbanks Native Association provides the following services to both Alaska Native/ American Indian and non-Native individuals and families: behavioral health detoxification and treatment; Head Start and other educational enrichment; community services including food, clothing and supports for other basic needs, elder services, and a cancer support program.

- The Resource Center Parents and Children (RCPC) was formed in 1973 by a small group of concerned Fairbanks citizens who met as the Fairbanks Child Protection Task Force (FCPTF) to discuss the problems of child abuse and neglect in the Fairbanks community. Their mission is to prevent child abuse and neglect by strengthening the family structure, helping parents with parenting skills, and providing a safe place for parents to share and deal with parenting issues. The Resource Center for Parents and Children offers an array of family support services for all families, including those involved with Alaska’s Office of Children’s Services; Women, Infants and Children (WIC) nutrition support program; and, a child advocacy center for victims of sexual abuse.
- Tanana Chiefs Conference (TCC) region covers an area of 235,000 square miles in Interior Alaska, equal to about 37% of the entire state. There are six sub regions within TCC: Lower Yukon, Upper Kuskokwim, Upper Tanana, Yukon Flats, Yukon Koyukuk, and Yukon Tanana. Within these sub regions

are 39 villages and the FNSB. TCC provides services across the region. In addition to the medical, dental, and pharmacy services provided at Chief Andrew Isaac Health Center, TCC offers an array of behavioral health, community prevention, environmental health, home care for elders, child care, infant learning, educational supports, energy assistance, family supports, and community development assistance.

- United Way of Tanana Valley is a local funding agency and support organization for area non-profit organizations in the FNSB.
- The Interior Alaska Center for Non-Violent Living addresses domestic violence and sexual assault in the Fairbanks area and Interior Alaska with an array of prevention, community education, advocacy and support services; shelter and supportive housing for victims of domestic violence; family support services including supervised visitation and custody exchange; a community batterers intervention program; and, a 24-hour Careline for suicide prevention.
- The Fairbanks Wellness Coalition is a group of individuals and organizations whose purpose is to improve the health and wellbeing of FNSB residents. The coalition has two current priorities to address wellness in the Fairbanks



<sup>12</sup> <https://www.fairbanksnative.org/about-fna/profile/> accessed February 2018

region: suicide prevention and opioid misuse prevention. The members of the coalition include the Alaska Careline, Boys & Girls Club of Fairbanks, CAP: Community Action Planning, The Door – Fairbanks Youth Advocates, Fairbanks Housing & Homeless Coalition, Fairbanks Native Association, Fairbanks Prevention Alliance, FNSBSD, Fairbanks Opioid Workgroup, Ft. Wainwright, Fairbanks Re-entry Coalition, Interior Alaska Center for Non-Violent Living, Public Relations Society of America, Tanana Chiefs Conference, United Way of the Tanana Valley, and the University of Alaska Fairbanks.

A comprehensive listing of health and social services organizations operating in the FNSB organized by sector with web addresses for further information, is included in the Health and Social Services Appendix.

While there is not a comprehensive needs assessment available for the FNSB to identify gaps in services relevant to military personnel and their families, one area of potential need is support for families to prevent issues that can result from the unique stresses inherent in military life. Specific family stressors include isolation from extended families and involuntary relocations, long work hours and lengthy absences from home for temporary assignments, peacekeeping missions, and combat deployments.<sup>13</sup> Military families also benefit from unique resources, values, and strengths that promote and increase resilience and that protect them from lasting effects of stress. Most military families are accustomed to handling change and uncertainty with strength and dignity. Other protective factors associated with the military include steady jobs and income, stable housing, education and advanced training, and a high proportion of two-parent families.

The military itself provides resources including counseling, support for home-based parents, and peer mentoring, all of which can help prevent child maltreatment and support family recovery and resilience.<sup>14</sup>

National studies indicate that while historically the rate of child maltreatment in military families has been about half the rate reported in the civilian population, since 2003, the rates of child maltreatment and family violence in military families have outpaced the rates reported for non-military families. This increase coincides with the post-9/11 rise in overseas military operations and deployments and the return of service members with physical and behavioral health issues. Both child maltreatment and domestic violence are more common among service members who have returned from deployments involving combat. Service members who experience combat are at increased risk of traumatic brain injury (TBI), mental health disorders, and substance abuse disorders. Approximately 20 percent of troops who have returned from Iraq or Afghanistan met the diagnostic criteria for PTSD or depression, and 20 percent have met criteria for probable TBI during deployment.<sup>15</sup>

<sup>13</sup> Research Brief: Child Maltreatment Within Military Families. Deborah A. Gibbs, MSPH, Sandra L. Martin, PhD, Monique Clinton-Sherrod, PhD, Jennifer L. Hardison Walters, MSW, and Ruby E. Johnson, MS. May 2011. <https://www.rti.org/sites/default/files/resources/rb-0002-1105-gibbs.pdf> Accessed April 2018.

<sup>14</sup> Child Maltreatment in Military Families: A Fact Sheet for Providers, The National Child Traumatic Stress Network, 2015. Accessed at <https://www.nctsn.org/resources/child-maltreatment-military-families-fact-sheet-providers>.



To address these specific challenges and to build upon the strength and resilience of military families, the following services may experience increased demand as the population at EAFB increases:

- The Family Advocacy Program (FAP), a congressionally mandated DoD program designed to prevent and respond to reports of child abuse/neglect and domestic abuse in military families<sup>16</sup>
- Behavioral health programs that provide treatment for mental health and substance use disorder
- Family support groups, parenting classes, and family-friendly recreational opportunities
- Childcare, both center-based and in-home care

Coordination will be required to access these services between clinical and support service providers at EAFB.

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<sup>15</sup> Ibid.

<sup>16</sup> Department of Defense Family Advocacy Program (FAP) Overview. [http://responsesystemspanel.whs.mil/Public/docs/meetings/Sub\\_Committee/20140226\\_VS/Materials\\_Presenter/01\\_FamilyAdvocacyProgram\\_Overview\\_20140226.pdf](http://responsesystemspanel.whs.mil/Public/docs/meetings/Sub_Committee/20140226_VS/Materials_Presenter/01_FamilyAdvocacyProgram_Overview_20140226.pdf). Accessed April 2018.



Credit: Foundation Health Partners

## HEALTH AND SOCIAL SERVICES STRATEGIES – WHAT ARE OUR RECOMMENDED SOLUTIONS FOR MEETING ANTICIPATED GAPS?

Discussions with military medical providers and planners, local health care providers, and a review of published data on service availability in the region identified the following strategies to consider as part of the Eielson AFB Regional Growth Plan. The provision of on-post medical services is likely to have the most immediate impacts from the increase in service population associated with the F-35 Beddown. However, other issues may be slower to materialize as the increase in population is absorbed into the health and social services delivery system serving the region. Some of the issues identified in this chapter, such as the limited availability of behavioral health and pediatric sub-specialty care, are pre-existing systemic issues within the regional and statewide system and will require a more holistic and long-term approach to address.

**HSS1: Maintain joint planning and cooperation among military and civilian health planners and health and social service providers serving the region. Consider conducting a joint assessment of health needs and resources on a regular basis.**

Addressing increased regional demand for health and social services created by population growth at EAFB will require close and continuous cooperation between military and civilian planners and healthcare providers. Current joint planning efforts are developing a strategic plan to guide development of services. However, this is an internal document and not yet a formal process that will be updated regularly and publicly available. This joint planning should be maintained and formalized to assess capacity, identify gaps, and implement solutions on an ongoing basis, to meet the health and social services needs of the region's population.

To support this joint planning, accurate data is needed to gauge capacity and identify gaps in care. While various entities conduct this type of assessment in a variety of ways, bringing resources together to conduct joint assessments of capacity and gap identification may be more efficient and provide more comprehensive results. Conducting this assessment on a regular basis would also provide an ongoing measure of the extent to which health and social services needs are being met.

## HSS2: Address known gaps in medical specialty care and behavioral health services.

The increased regional demand for health and social services created by population growth at EAFB will result in more referrals for health and social services to civilian health and social service providers who offer services not available at EAFB or Bassett Community Hospital. The supply of some of these services is already projected to not meet the increased demand; specifically, in the Otolaryngology (Ear, Nose, Throat) medical specialty, and potentially in orthopedics, if the increased demand cannot be met by increased utilization of physical therapy services. Behavioral health services were also identified as an area where increased capacity is and will be needed. Specifically, in the areas of behavioral health services for children, including outpatient psychiatric care, to assess and manage prescription medications for behavioral health issues. As described above, these services are not adequately available in most Alaska communities. Future evaluation of the regional health and social services system should focus on the adequacy of practitioners related to these specialties.

## HSS3: Ensure adequate availability of family support services to build on the strengths of military families and mitigate risks.

As described above, military families possess unique strengths and face unique risks due to their roles as soldiers and family members of military personnel. The increased population at EAFB will increase the population of young families in the region and may increase demand for services to strengthen and support families with young children. To ensure adequate availability of services necessary to both prevent and address family issues such as domestic abuse and child maltreatment, a comprehensive needs assessment should be conducted and evaluated on a regular basis. This should include an assessment of the strengths and risks of families at EAFB, and the services provided directly by the military, and those available to serve military families in the community.

As indicated by the needs assessment, develop referral pathways between military and civilian providers and ensure resource directories and the EAFB Airman & Family Readiness Center has up-to-date information available about community



*Credit: Foundation Health Partners*