



BUILDING HEALTHY MILITARY COMMUNITIES

Recommendations from the Thought Leader Round Table Sessions
(2020-2021)



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.



Table of Contents

Executive Summary	3
Background	6
Topic #1: <i>Collaboration and Coordination</i>	10
Topic #2: <i>Transportation and Geographic Dispersion</i>	14
Topic #3: <i>Mental Healthcare and Substance Misuse/Abuse</i>	18
Topic #4: <i>Family Supportive Resources</i>	24
Topic #5: <i>Adverse Health Behaviors</i>	32
Acknowledgments	36



EXECUTIVE SUMMARY

American military service members face challenges to their health and mental fitness. The U.S. Department of Defense (DoD) operates under the *Total Force Fitness* (TFF) framework to understand, assess, and improve Service member health, performance, and readiness to meet mission requirements. With experience Department of Defense has learned that their efforts are necessary but cannot be sufficient to produce health and mental fitness because multiple influences for healthy or unhealthy living arise within the local communities where the Department of Defense's military-connected people reside. A collaboration between the Department of Defense and state and local public health agencies became necessary to improve healthy living conditions in these communities.

The Department of Defense launched Building Healthy Military Communities (BHMC) as a Congressionally mandated, multi-year, seven-state pilot initiative to understand and mitigate the unique challenges faced by geographically dispersed Service members, recruits, and their families, some who live off installation. Building Health Military Communities has the potential to mobilize significant experience from national, state, and local public health entities in partnership with the military and other non-traditional partners to promote community change and improve opportunities for healthy living.

Since 2017, NACDD has collaborated with the CDC and the Defense Health Agency to increase strategic communication and partnerships between state and local public health, community development efforts, and the Department of Defense to create healthy communities supporting Service member recruitment, readiness, and retention. NACDD provides public health support to *Total Force Fitness* through subject matter guidance to Building Health Military Communities pilot projects. While also helping state Chronic Disease directors better understand, connect with, and serve military-connected people and their families within their jurisdictions.

During 2020-2021, through a series of four *Thought-Leader Round Table Sessions*, NACDD convened partners to develop recommendations for state Chronic Disease Directors to help orient their agency's contribution to the Building Health Military Communities effort and continue to evolve community-based solutions as progress is made toward military health and mental fitness.



This document details the Thought Leader Round Table recommendations by topic:

Topic #1: Collaboration and Coordination

1. Facilitate the incorporation of the Department of Defense entities as key stakeholders within existing local public health networks, and the incorporation of local public health representatives as key stakeholders on Department of Defense military readiness councils
2. Formalize partnerships between the Department of Defense and state/local public health stakeholders
3. Foster bi-directional coordination to diagnose and improve military/community linkages

Topic #2: Transportation and Geographic Dispersion

1. Increase awareness of local resources near military-connected people
2. Increase support for and access to telehealth services
3. Increase access to mobile health services
4. Increase access to active transportation opportunities in military-dense geographic areas

Topic #3: Mental Healthcare and Substance Misuse/Abuse

1. Increase awareness and use of the *Ask the Question* campaign among helping agencies that provide health care, mental health and social services, and education
2. Promote the local community resources currently available to military-connected people using mental health or substance misuse/abuse services
3. Reduce perceived stigma when accessing mental health or substance misuse/abuse services
4. Reduce substance misuse/abuse, including alcohol, opioids, and other substances
5. Improve access to and use of mental health and substance misuse/abuse resources
6. Increase community implementation of evidence-based practices to reduce suicide

Topic #4: Family Supportive Resources

1. Increase support among community health officials and policymakers for improving the social determinants of health
2. Work with partners to explore how effectively Military OneSource assesses family supportive needs and refers service members and their families to both military and local resources
3. Work with partners to learn how they make referrals to local and state family supportive resources
4. Promote safe, affordable, healthy housing that is equitably accessible to all military-connected people
5. Promote the implementation of early childhood education (ECE) interventions in military-operated childcare facilities and others enrolling military-connected children



6. Improve access to higher education and career advancement opportunities for military personnel and their families
7. Promote strategies for employee wellness at worksites that hire military-connected people

Topic #5: Adverse Health Behaviors

1. Use state and local data to monitor health outcomes and health-related behaviors in locations with a high density of military-connected people, and identify locations with significant inequities or social vulnerabilities as priorities for intervention
2. Collaboratively develop upstream interventions that will improve built environments, enhance policies or systems, and focus on inequitable conditions in high priority locations with a high density of military-connected residents
3. Promote a culture of health among military-connected people and families



BACKGROUND

In recent years it has become apparent to the U.S. Department of Defense (DoD) and U.S. public health entities, such as the Centers for Disease Control and Prevention (CDC) and the National Association of Chronic Disease Directors (NACDD), that American military service members face challenges to their fitness and health. Operating under the *Total Force Fitness* (TFF) framework, the Department of Defense mobilized resources to understand, assess, and improve Service member health, performance, and readiness to meet mission requirements. Subsequently, the Department of Defense realized that their TFF efforts are necessary but cannot be sufficient because multiple influences for healthy or unhealthy living arise within the local communities where approximately 70% of service members live¹ as well as the Department of Defense's civilian and contract workforce. These military-connected people are influenced by their community's opportunities for healthy living, the resources available to community residents, and the local and state governmental systems that create and sustain such opportunities and resources.

Over the past decade, U.S. public health research has clarified the important role of local community systems in improving the social determinants of health and health equity for all citizens. As these community systems have become the focus for structural improvements, the Department of Defense, CDC, and NACDD are partnering to ensure the challenges of the military-connected population can be addressed as part of broader community change.

Because the health challenges faced by military-connected people require solutions in both the military and community settings, there are unique needs that must be addressed through these new partnerships, including:

- States and counties lack understanding of public health and well-being challenges through the lens of military readiness
- State and local public health and governance boards/councils frequently lack representation from military-connected persons
- State and local public health and governance entities lack comprehensive awareness of geographic localities with a higher density of military-connected people and their unique needs
- States and counties lack an understanding that Department of Defense benefits are dependent upon whether a service member is full or part-time (i.e., the Department of Defense does not wholly provide benefits and resources to all service members and families)
- Significant bi-directional communication challenges exist between public health entities, community partners, and Department of Defense personnel

¹ Office of the Secretary of Defense, Housing and Competitive Sourcing (2010). *Military Families and their Housing Choices, February, 2010*. Available at: <https://www.acq.osd.mil/eie/Downloads/Housing/FH%20Choices.pdf>



In response to these unique partnership needs, the Department of Defense launched Building Healthy Military Communities (BHMC). The Congressionally mandated, multi-year, seven-state pilot initiative was designed to understand and mitigate the unique challenges faced by geographically dispersed Service members, recruits, and their families, many of whom live off installation. Within the seven pilot states (FL, IN, OK, MD, MN, MS, NM), the Building Health Military Communities State Coordinators are developing program partnerships and leveraging community resources and initiatives to help mitigate the health challenges facing military-connected populations within their local communities. While addressing the needs of all types of Service members, the pilot gives a special focus to members of the National Guard and reserve forces (e.g., Army Reserve, Navy Reserve). Collectively called the reserve component, these Service members are often overlooked in planning and programming efforts.

Since 2017, NACDD has collaborated with the CDC and the Defense Health Agency (DHA) to increase strategic communication and partnerships between state and local public health, community development efforts, and the Department of Defense to create healthy communities that support Service member recruitment, readiness, and retention. NACDD's primary lines of effort include:

- i) Providing public health support to the Department of Defense's *Total Force Fitness* program through subject matter guidance to Building Health Military Communities pilot projects
- ii) Educating and providing technical assistance to state Chronic Disease Staff to better understand, connect with, and serve Service personal and families residing within their jurisdictions
- iii) Participating in DHA workgroups to address communication gaps and needs between the Department of Defense and state and local public health agencies.



In Fall 2020 through Spring 2021, NACDD convened a series of virtual meetings designed to facilitate identifying a set of recommendations for state Chronic Disease Directors (CDD) who are uniquely positioned to broker cross-partnership efforts. Meeting participants included representatives from state Chronic Disease Directors, CDC, the Department of Defense (including branches of the armed services, Defense Health Agency, Uniform Services University, and BHMC State Coordinators), U.S. Public Health Service, academic institutions, and other national organizations. Each 1.5-hour Zoom meeting was sponsored by NACDD and hosted by Leavitt Partners. The first two meetings set the stage, and the last two meetings focused on developing recommendations through small group discussions facilitated by NACDD consultants.

The series of meetings occurred on:

- **Wednesday - September 23, 2020 (3:00 p.m. – 4:30 p.m. ET)** – established the public health need and strategic focus with presentations by the United States Deputy Surgeon General and leadership in CDC's Nation Center for Chronic Disease Prevention and Health Promotion.
- **Wednesday - November 18, 2020 (3:00 p.m. – 4:30 p.m. ET)** – established the military-connected need and background with presentations by Defense Health Agency leadership, the Uniformed Services University's Consortium for Health and Military Performance and two BHMC State Coordinators.
- **Wednesday - February 3, 2021 (3:00 p.m. – 4:30 p.m.)** –began identifying recommendations.
- **Wednesday - April 7, 2021 (3:00 p.m. – 4:30 p.m.)** – finalized the recommendations.



DEVELOPING THE RECOMMENDATIONS

For the series of virtual meetings, NACDD applied a Thought Leader Round Table (TLRT) process, which convenes experts and stakeholders to identify a set of programmatic implementation recommendations. Such recommendations can provide a starting point for health agency work at multiple levels of the socio-ecological model (individual, interpersonal, community environments, societal institutions, and policies). The recommendations will help state Chronic Disease Directors understand how their public health practice aligns with Department of Defense readiness goals and provide actionable ideas for including military populations as priority populations in their current programming. Chronic Disease Directors can use the recommendations to help orient their agency's contribution to the Building Health Military Communities effort and continue to evolve community-based solutions as progress is made toward military health and mental fitness.

With the goal of the Thought Leader Round Table recommendations helping to build collective impact toward military health and mental fitness, NACDD developed Thought Leader Round Table discussions for each of the Building Health Military Communities pilot's priority topics:

1. Transportation and geographic dispersion
2. Mental healthcare and substance abuse
3. Family support
4. Communication and coordination
5. Jobs and employment
6. Adverse health behaviors

NACDD also ensured contextual details for each topic informed the Thought Leader Round Table discussions. To articulate that context, participants completed a Successes, Opportunities, Aspirations, and Results (SOAR) analysis after Session 2. The input was included in Session 3 of the Thought Leader Round Table process.

During the final Thought Leader Round Table output analysis, the Jobs and Employment topic was combined with employment recommendations within the Family Supportive Resources topic.

This report identifies recommendations for each priority topic and explores implementation ideas. The final list of topics includes:

1. Collaboration and coordination
2. Transportation and geographic dispersion
3. Mental healthcare and substance misuse/abuse
4. Family supportive resources
5. Adverse health behaviors



Topic #1

Collaboration and Coordination

Modern public health practice involves collaboration and coordination across many community sectors. What used to be the domain of government agencies and medical facilities has evolved into public health networks that include non-governmental organizations (NGOs), community-based organizations, professional associations, academic institutions, and even private corporations. For military-connected people to benefit from all the resources that local communities can provide, there needs to be strong partnerships and system linkages between military installations and the many public health entities and systems in the local community.

Key recommendations for improving the collaboration and coordination include:

- 1. Facilitate the incorporation of Department of Defense entities as key stakeholders within existing local public health networks, and the**



incorporation of local public health representatives as key stakeholders on Department of Defense military readiness councils

Because conditions influence the health of military-connected people at their military installation and conditions within the local community, their respective networks and councils must include representation from both the Department of Defense and the local public health community. State Chronic Disease Directors are uniquely situated to help broker such cross-representation and promote an understanding of the unique perspective each stakeholder represents.

Recommended actions for state Chronic Disease Directors:

- a. Identify state and local public health networks that could benefit from Department of Defense membership and which could effectively mobilize community change to improve the health of military-connected people (*NOTE: some of these networks might be sector-specific such as school health coalitions, obesity prevention coalitions, health equity councils, and faith-based coalitions*). Ensure that existing public health networks understand the unique needs of military-connected people, and that community improvements can help military-connected people attain military readiness and mental fitness.
- b. Identify the Department of Defense councils (e.g., a military installation's [Commander's Readiness Resiliency Council – CR2C](#)) that could benefit most from local public health membership to help identify system and linkage enhancements. State Health Departments often partner with the National Guard on emergency response and natural disasters, as seen recently in response to the COVID-19 pandemic. Chronic Disease Directors can use these relationships as an initial connection with potential military collaborators.
- c. Facilitate what is needed for public health networks and the Department of Defense councils to learn about existing linkages between the military installations and their respective local communities and the need for new linkages that can meet unfulfilled needs, especially in areas with a high density of military-connected residents. Advice on how best to facilitate such awareness of military/community linkages should be sought from Building Healthy Military Communities pilot State Coordinators who participated on [State Health Improvement Planning](#) (SHIP) committees.
- d. Facilitate an understanding among public health networks and Department of Defense councils that a [Health in All Policies](#) approach provides a methodology for making decisions that can yield significant health benefits to local community residents and the military-connected people living there.



2. Formalize partnerships between the Department of Defense and state/local public health stakeholders

Stakeholder cross-representation is the first step in collaboration toward increasing military readiness and mental fitness. The relationships will become more powerful if they are formalized so that collaboration can evolve into coordination and genuine partnership.

Recommended actions for state Chronic Disease Directors:

- a. Provide guidance and suggestions to local public health stakeholders on joint-membership networks and councils to help them assess the readiness of those groups to formalize their coordination and partnership.
- b. Facilitate the development of Memorandums of Understanding (MOU) between state health organizations and Department of Defense entities that clarify the value of their collaboration and outline communication channels (specific points of contact listed as staff titles) and roles/responsibilities. If helpful, the MOUs could be elevated to state Gubernatorial level for recognition and recording.
- c. Facilitate the development of jointly formulated goals, objectives, and activities that can align effectively with each stakeholder's mission and strategic plan.
- d. Advise on the development of working groups/committees that can address specific health concerns of military-connected people (e.g., substance misuse/abuse, early childhood education, injury prevention, community walkability).
- e. Identify opportunities for new partnerships to jointly apply for funding (e.g., health equity funding might be available and could focus on equity concerns among the military-connected residents in the community).

3. Foster bi-directional coordination to diagnose and improve military/community linkages

Military and public health stakeholders have much to learn from each other and contribute toward their joint potential for improving community social determinants of health. Attaining that potential will require bi-directional coordination.

Recommended action for state Chronic Disease Directors:

- a. Advise on opportunities for bi-directional learning such as technical assistance, guidance, and sharing best practices strategies/solutions.



- b. Identify data sources that can be shared between public health networks and Department of Defense entities. Help the parties navigate any data-sharing negotiations or confidentiality concerns.
- c. Suggest that local public health networks and Department of Defense entities collaborate on needs assessments that are jointly planned and implemented. The assessment locations could prioritize geographic locations where a high density of military-connected people reside.
- d. Advise that local public health networks with a specific focus (school health, obesity, etc.) spend dedicated meeting time exploring the needs of military-connected people and considering how their specific focus can address those unique needs.
- e. Provide guidance to local public health officials about state and local resources that can benefit military-connected communities.
- f. Offer technical assistance when needs assessments and diagnoses identify policies or system components that need improvement. Help the stakeholders understand the basic steps for changing policies, systems, and built environments. Provide guidance on how to influence decision-makers appropriately.



Topic #2

Transportation and Geographic Dispersion

Many military installations are located far from major metropolitan areas. As a result, military-connected people living in more rural areas generally perceive limited options nearby for meeting their health and daily living needs. When options are geographically dispersed, Service members and their families must travel long distances, which can be costly in terms of both money and time. The transportation challenges can also discourage military-connected people from seeking the help they need.

Transportation is not just an individual's form of mobility in a community; it is also the larger infrastructure system that provides people with access to multiple transportation modes, including active transportation, which can provide opportunities for physical activity during daily commutes, when running errands for daily life such as shopping, and during leisure time recreation. Such active transportation opportunities are improved when residentially dense areas



include sidewalks, bicycle lanes or greenway paths, and public transit that links residential neighborhoods to popular destinations in the community.

The Defense Health Agency provides an interactive map, the [Community Readiness - Open Data Dashboard](#) (CR-ODD), to help non-military government agencies and community organizations identify geographic areas that are densely populated with Service members. The CR-ODD also allows users to overlay the locations of different military populations (Active Duty, Reserve Component, and Veterans) with common health, demographic, and environmental indicators.

Key recommendations for improving the transportation challenge include:

- 1. Increase awareness of local resources near military-connected people**



Unless there is a military installation nearby, most local health offices remain unaware of military-connected people living in their community. For example, Service members from the National Guard and Reserves live in most communities.

Recommended actions for state Chronic Disease Directors:

- a. Share the [CR-ODD](#) resource with local health departments to help them learn about the military populations living in their jurisdictions. (*NOTE: to use CR-ODD, enter the username “crodd” and password “mh-dashboard.”*)
- b. Foster statewide coordination of local efforts by providing templates for collecting information on local services and developing a web-based information portal. Such a portal could identify providers with specific relevance to military-connected residents (for example, specialties such as mental health; providers who accept [Tricare](#) or other military benefits plans; and providers accepting new patients).

2. Increase support for and access to telehealth services

Telehealth became more acceptable during the COVID-19 pandemic as insurers accepted the new reality of virtual service provision. Lessons from that experience can help state health partners and Department of Defense installations jointly inform state government officials of locations where broadband access is needed but in limited supply. With a coordinated approach to helping state officials understand the potential demand for telehealth (including mental health), state officials will have the necessary information to leverage partnerships and funding opportunities and address allocation decisions based on metrics of need for telehealth.

Recommended actions for state Chronic Disease Directors:

- a. Participate in coalition(s) seeking to expand broadband infrastructure to underserved areas of the state. Help influence state-level planning to ensure that the need for telehealth is adequately represented when state and local governments allocate funding and initiate contracts for broadband network expansion.
- b. Create GIS maps that overlay health outcome data with geographic broadband access maps. These maps are available on the [Federal Communications Commission’s Fixed Broadband Deployment website](#). Modify the GIS maps by adding a map layer to show military population density. The overlapping layers can reveal priority locations (the intersection of high health burden, higher densities of Service members, and low broadband access). Share the list of priority locations and the supporting GIS data with state agencies responsible for broadband management and deployment.



3. Increase access to mobile health services

Mobile health services frequently are provided by local health departments. The services can include screenings (mammograms, dental, pediatric, diabetic, hypertension), vaccination (COVID-19, influenza, pediatric), health education (nutrition, physical activity, tobacco cessation), health security (school lunches, food pantries, farmer's markets), and general healthcare. Frequently these services are delivered in underserved areas of communities and operate with limited budgets and supplies. State-level coordination of such services could ensure that areas with a high density of military-connected people are provided the services when needed and appropriate.

Recommended actions for state Chronic Disease Directors:

- a. Provide local health departments with population and health data about National Guard, Reserve, and Veteran populations in their jurisdiction. Because local health departments are often unaware of the presence of Service members, especially when no military installation exists within their jurisdiction, this information can help local agencies recognize the needs of their geographically dispersed households connected to the military.
- b. Suggest that multiple state health programs modify their grant requirements (FOA, RFP) to ensure that military-connected members of local communities are recognized as populations needing health assessment and support, with an emphasis on providing mobile health services when transportation barriers diminish access to usual services.
- c. Facilitate a coordinated approach to mobile health service to identify services most needed near Department of Defense military installations and among military-connected people. Coordination could also help assess mobile service catchment areas to ensure that military-connected members of the community are included within catchment protocols. Such coordination could assess the need for services, help secure and allocate additional funding, and tailor the service delivery to align with the needs and standards of military-connected patients.
- d. Prioritize technical assistance to local health departments that serve areas with a high density of military-connected residents. The technical assistance could develop skills to apply for funding for mobile service delivery and provide annual guidance about specific Federal and private funding opportunities, as well as how to suggest military-connected mobile health as a funding topic to local and state philanthropic individuals and organizations.
- e. Encourage Department of Defense installations to alert their local mobile health service partners about military training schedules and locations so that the mobile services could be provided in the adjacent vicinity at those times. It might also be possible for Department of Defense installations to



incorporate time during training weekends to allow recruits/troops to participate in health promotion or educational services.

4. Increase access to active transportation opportunities in military-dense geographic areas

Transportation planning occurs at both the local and state government level. For roads owned by the state Department of Transportation, the state planning system needs to be understood. For roads owned by a town or city, the municipal transportation system needs to be understood. Whether the planning occurs at the state or local level, it usually takes several years for such plans to begin physical construction in the local community.

[CDC's Active People, Healthy Nation](#) website includes technical guidance for influencing state and local government's use of active transportation strategies. Health agencies can help ensure that U.S. DOT Complete Streets policies, healthy zoning policies, comprehensive and master planning, and safe routes to destinations are adopted and implemented where they can provide more active transportation opportunities for military-connected populations.

Recommended actions for state Chronic Disease Directors:

- a. Partner with state transportation department staff to learn about the state's long-range transportation planning process and seek ways to ensure military-dense community locations become priorities within those plans for roadway redevelopment (when it can be more feasible to install new sidewalks or bike lanes on an existing road).
- b. Partner with representatives from local [Metropolitan Planning Organizations](#) (MPO) and Rural Planning Organizations (RPO) (if your state has created them) to articulate the transportation needs from military-connected communities into the planning process, and ensure that such geographic locations are adequately competitive in the annual prioritization of state transportation projects.
- c. Help local health department staff learn how to become partners with their local transportation departments and articulate the need for more active transportation opportunities in military-dense geographic areas. State Chronic Disease Directors could facilitate capacity-building efforts through workshops, where local planners could be scheduled to speak about the transportation planning process and how military-dense residential areas can become priority locations for improvements.
- d. Promote to transportation partners the use of active transportation planning strategies as described by various Federal, state, and non-profit sources (e.g., CDC [website with Active People Healthy Nation strategies](#)).



Topic #3

Mental Healthcare and Substance Misuse/Abuse

Mental health and resilience are increasingly seen as corollaries to physical health and fitness in the military and the U.S. population. Depression, stress, psychological harassment, adverse childhood experiences, and substance misuse/abuse are some of the mental health challenges faced by modern American people, and the military-connected are no exception. The COVID-19 pandemic has helped promote awareness of the need for mental and psychological resilience while also drawing attention to reducing the stigma surrounding mental health diagnoses and service delivery.

Building Health Military Communities has an opportunity to capitalize on this social shift by actively promoting mental and psychological resilience, ensuring mental health screenings for the military-connected and their families, and actively partnering with organizations that can treat substance use disorders.



Key recommendations for improving the mental health challenges include:

1. Increase awareness and use of the *Ask the Question* campaign among helping agencies that provide health care, mental health and social services, and education

Military-connected people who use services for healthcare, mental fitness, or substance misuse/abuse, can benefit from additional resources available to them – but only if the providers become aware that they are connected to the military (e.g., in military service or the loved one of a service member). The [Ask the Question](#) campaign offers information and assistance to providers regarding what to do when the answer is “Yes.”

Recommended actions for state Chronic Disease Directors:

- a. Promote the *Ask the Question* campaign among providers of healthcare, mental and behavioral health, and substance misuse/abuse.
- b. Align with national or state promotion of the *Ask the Question* campaign by adding the question, “Have you or a family member ever served in the military?” to intake forms for chronic disease programming (e.g., breast and cervical screening and lifestyle management programs).
- c. Share data on the number of military-connected people using chronic disease programming to build the case for partnership efforts with local military entities and to evaluate any outreach efforts toward these populations.
- d. Contact state licensure boards for providers of medicine, nursing, and pharmacy, to explore opportunities for *Ask the Question* to be included in continuing education curricula requirements.

2. Promote the local community resources currently available to military-connected people using mental health or substance misuse/abuse services

Local communities might have providers and other services available to military-connected people, but those services might not be adequately promoted. If clients do not know that services exist, they cannot obtain the support and assistance they need. [United Way supports 211](#), a free and confidential service for North American residents searching for local resources. Many United Way state chapters have assembled 211 lists that include such providers and services. These lists could be even more accessible if they were available via smartphone 211 apps and potentially using QRC technology.



Recommended actions for state Chronic Disease Directors:

- a. Assess your state's current United Way 211 listing service for relevance to the military-connected communities in your state. Assess the scope of providers and other services available in each community listing. Partner with local health departments to assemble current listings that can be incorporated into the 211 service.
- b. Reach out to partners to discover ways QRC technology has been used efficiently for promoting awareness of resources to citizens.
- c. If necessary, convene a planning meeting to explore ways to annually update the information in the 211 list for the military-connected communities.
- d. Consider hosting a systems-level planning meeting to explore how local community first responders and provider networks can effectively use the 211 lists as a referral database.



3. Reduce perceived stigma when accessing mental health or substance misuse/abuse services

Mental health services can become stigmatized when they are administratively distinct from routine healthcare screenings and treatment. A systems approach to healthcare could incorporate mental health into all routine screening opportunities. By reframing mental health as mental fitness, the Department of Defense and partners can help normalize the screening, diagnosis, and treatment procedures, thereby helping to reduce perceived stigma.



Recommended actions for state Chronic Disease Directors:

- a. Learn from statewide mental health collaboratives how they reduced stigma toward mental health.
- b. Partner with the Department of Defense and local health departments on a statewide educational and communication campaign that promotes mental fitness and focuses on resilience and readiness to face life's challenges. Such a campaign could foster a shift in awareness of the conditions that influence mental and psychological resilience (such as stress or loneliness) and the need for proactively addressing the need to increase fitness in those conditions. Such a campaign could also align itself with national or regional campaigns to encourage similar messaging.
- c. Partner with the Department of Defense and local health departments to standardize screenings and clinical appointment processes for military personnel and their families. To enhance services further, they should consider incorporating multiple opportunities during the process to assess any challenges to mental fitness and psychological resilience sensitively.
- d. Partner with the Department of Defense and local health departments to ensure that military-connected people and families have multiple channels of access to services for mental fitness (i.e., both within the military installation and within the local community).

4. Reduce substance misuse/abuse, including alcohol, opioids, and other substances

In response to the opioid epidemic in our country, public health entities have identified and promoted evidence-based practices to reduce substance misuse/abuse. Because substance use disorders have systemic risk factors, the intervention strategies address multiple aspects of those system factors: prescribing practices, opioid diversion, overdose response, and treatment and recovery. National and state attention to the epidemic has improved funding, technical support, and strategic knowledge for all these factors. Military-connected people and their local communities can benefit from this awareness and expertise.

Recommended actions for state Chronic Disease Directors:

- a. Partner with the Department of Defense and local health departments to build broad awareness of the CDC's [*Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States*](#) (2018). Consider hosting virtual or in-person workshops or networking events specifically tailored for organizations serving the military-connected population.
- b. Improve opioid prescribing practices among healthcare providers in the community by promoting CDC's [*Guidelines for Prescribing Opioids for*](#)



[Chronic Pain](#) and by engaging partners such as state medical societies and licensing boards to effectively disseminate the information.

- c. Partner with the Department of Defense and the state's Prescription Drug Monitoring Program (PDMP) or Prescription Monitoring Program (PMP) to identify potential risk factors for opioid misuse/abuse or diversion, such as:
 - i. Providers where military individuals are obtaining opioid prescriptions.
 - ii. Pharmacies where military individuals are getting prescriptions filled.

For these providers and pharmacies, ensure the PDMP/PMP is adequately flagging any prescription activity that is disallowed or seems out of the ordinary and that appropriate state legal intervention is obtained as necessary.

- d. Partner with the Department of Defense and local community first responder agencies to ensure adequate distribution and security of Safe Disposal (Drug Takeback) locations throughout the community and on the military installation.

5. Improve access to and use of mental health and substance misuse/abuse resources

Healthcare and mental health systems can be challenging for people to use even when the individuals are not experiencing psychological distress. For people experiencing mental health issues or substance addiction, their psychological resilience and resourcefulness might be significantly compromised, and those systems of care can become confusing and intimidating. To ensure that people seeking help can sufficiently locate and access the care they need, those systems need to be supplemented with guidance roadmaps or other navigational support.

Recommended actions for state Chronic Disease Directors:

- a. Form a health/military/veteran Coalition to address this issue from a comprehensive stakeholder perspective.
- b. Facilitate the Coalition meeting with mental health and addiction treatment partners to learn about the healthcare and mental health systems. Assess the navigation challenges to the existing systems of care. Consider convening focus groups of military-connected people who have abandoned their systems of care, and identify the access points, transitions, and influences that caused them to give up on seeking assistance. Summarize the system assessment results.
- c. Meet with mental health and addiction treatment partners to interpret the system assessment results and identify potential system navigation solutions such as a Resource List of available services in the community, smartphone apps that help link mental health needs to specific types of resources, and supportive personnel (e.g., Community Health Workers; Veteran and Peer guides). Ensure that third party payers (e.g., [Tricare](#)) and alternative delivery



- mechanisms (e.g., Telehealth) are addressed within the navigation solutions so that people using the navigation system are aware of the costs related to their choices.
- d. Facilitate meetings between Coalition representatives and healthcare and mental health providers in the community to request they incorporate sliding-scale fee structures for the military-connected people and families.
 - e. Facilitate the Coalition development of a military cultural competency orientation and promote it to healthcare and mental health providers and their administrative and support staff. Consider seeking inclusion of the orientation within healthcare licensure certification programs.

6. Increase community implementation of evidence-based practices to reduce suicide

The rate of suicide in a local community or military installation is a sign of those populations' mental and psychological resilience. Suicide prevention methods are not the first step in a plan to improve population mental fitness, but they are a necessary safety net meant to preserve people's lives when they perceive themselves facing a psychological ultimatum. Military-connected people at risk for suicide can benefit from broader suicide prevention techniques throughout their local community.

Recommended actions for state Chronic Disease Directors:

- a. Work with community partners to promote SAMHSA's [*Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families*](#). Promotion should include major dissemination vehicles such as the state Governor's office and Mayors' offices in municipalities (especially those with nearby military installations).
- b. Convene a state (Governor's challenge) or local (Mayor's challenge) interagency team of leaders to develop an implementation plan to prevent suicide among service members, veterans, and their families. The Veteran's Administration National Strategy for Preventing Veteran Suicide (2018) and the CDC's Preventing Suicide: A Technical Package of Policy, Programs, and Practices (2017) can provide strategies.
- c. Facilitate statewide and key community partners planning a statewide training event based on the SAMHSA challenge.



Topic #4 Family Supportive Resources

Military-connected families live in communities that provide them with life-supportive opportunities such as spousal employment, off-base housing, childcare, and multiple levels of education. These social determinants of health influence the health and readiness of military-connected people. To optimize health and wellbeing, families need these supportive resources to be safe, accessible, and affordable. The recent Blue Star Family's *2020 Military Family Lifestyle Survey* (MFLS, n=6,767) provides additional information about challenges faced by military-connected people and their families. Some challenges include military spouse under- and unemployment; childcare expenses that exceed Department of Defense monthly projections; food insecurity due in part to competing financial priorities; and racial and gender discrimination that can be strong enough to motivate departure from military service.

Key recommendations for enhancing family supportive resources include:

1. Increase support among community health officials and policymakers for improving the social determinants of health

Health outcomes are significantly influenced by societal forces that determine a community's education, employment, housing, and food. Local community



governments enact ordinances, regulations, and rules which establish, incentivize, and maintain the systems that cultivate these determinants of health. When local officials understand how their policy decisions impact health, they can better make decisions that promote and support the determinants of health for their community. Officials in communities where military-connected families live can better support military readiness by considering the health impact of every policy decision and ultimately assuring health-affirming community environments.

- a. Provide information to local health departments about the root causes of health outcomes that impact military readiness and the families of military-connected people in their local communities. State and local data could be organized by categories of the social determinants of health.
- b. Educate partners about the [Health in All Policies \(HiAP\)](#) approach to governance and policy-making decisions (see ChangeLab Solutions 2020 publication [A Roadmap for Health in All Policies](#)). Health in All Policies can become a mindset of government officials that ensures they see the big picture of their community's health when enacting policies.
- c. Convene partners and local military entities to explore how local systems could conduct needs assessments for new military-connected families regarding the social determinants of health. Help partners also consider how periodic follow-up could be provided to assess change in those conditions (for example, the U.S. Army National Guard conducts monthly outreach calls to assess the readiness and needs of military personnel and their families).
- d. Assess whether state department of health programs use eligibility criteria that become counter-productive for military-connected families. For example, SNAP (nutrition assistance) is a means-tested benefits program that uses a gross income test that combines Basic Allowance for Housing (BAH) with base pay for military personnel. This method results in some military families being denied SNAP assistance because they earn too much money. Food insecurity could be reduced if SNAP used a net income test (which would exclude Basic Allowance for Housing for military personnel).

2. Work with partners to explore how effectively Military OneSource assesses family supportive needs and refers service members and their families to both military and local resources

[Military OneSource](#) is a 24/7 website and smartphone app providing information and resource to military personnel and their families. It was established and is maintained by the U.S. Department of Defense. It covers topics as diverse as health and wellness, education and employment, deployment planning, moving/housing, tax preparation assistance, confidential counseling, spousal employment, and recreation/leisure pursuits. Military OneSource might be useful for informing about



the social determinants of health (SDOH) in local communities where the military-connected live.

Recommended actions for state Chronic Disease Directors:

- a. Work with Department of Defense partners to explore what Military OneSource currently provides as resources and referrals related to social determinants of health topics (e.g., housing).
- b. Assess the potential to use Military OneSource as a platform to prompt military-connected people to assess the health and mental fitness impact of their current housing conditions, educational opportunities/barriers, employment opportunities, and healthy food outlets.
- c. Assess the potential for enhancing the Military OneSource local referral process so that it helps clients assess their determinants of health and consider making improvements.



3. Work with partners to learn how they make referrals to local and state family supportive resources

Many state and local non-governmental organizations (NGOs) have learned to influence and leverage family supportive resources for their clients, especially those living in inequitable conditions. The lessons learned by these organizations could inform improvements to referral procedures used by partners for military-connected people and families.



Recommended actions for state Chronic Disease Directors:

- a. Conduct informational interviews with prominent state and local NGOs to learn as much as possible about how the various governmental and resource systems work that could be of benefit to the military-connected families. Help disseminate what you learn to state and local partners who are assisting in enhancing such resource referral systems.
- b. Learn how NGOs reduce perceived stigma when making referrals and how they incentivize referral use and conduct referral follow-up.
- c. Learn how NGOs can help prioritize military-connected people and families among their clientele for family supportive resources. Assess any barriers to that prioritization.



4. Promote safe, affordable, healthy housing that is equitably accessible to all military-connected people

Recent research and publications have drawn attention in the U.S. to how current housing patterns in local communities are rooted in long-standing governmental and business practices. The result is a pattern of residential segregation that has fostered distinct housing markets – one that is not affordable for most military-connected people and another that offers sub-standard, unhealthy, or downright unsafe housing options. Military-connected people who must perennially rent for economic reasons fail to develop investment assets (one important example is



owning a home). Partly in response to COVID-19 and racial inequities, social forces for policy and systems change are identifying opportunities for creating more healthy and equitable housing opportunities in America.

Recommended actions for state Chronic Disease Directors:

- a. Convene state and local partners to share information about social determinants of health and the centrality of housing among those determinants. Use the opportunity to also provide an orientation to historically inequitable real estate and mortgaging practices in the nation/state and how such historic red-lining practices produced long-standing segregated neighborhoods and have influenced the current use of more subtle forms of real estate and mortgaging practices which continue to perpetuate racially disparate housing outcomes. To develop such an orientation, consider borrowing from large businesses and professional associations that have advanced equity education among their membership.
- b. Work with state and local partners to develop shared goals for housing in local communities where military-connected people live. Promote the shared goals to state and local agencies and organizations that can influence housing opportunities. During goal development, promote the idea of walkability of homes and entire neighborhoods. For example, military-connected families living in neighborhoods with walkable roads, or a park within a 30-minute walk of each home, and nearby public transit that connects to key destinations.
- c. Work with state housing agency staff to identify or develop a healthy housing checklist that could be used by housing authorities, homeowners, landlords, and tenants to identify housing inadequacies that need to be addressed. For example, the U.S. Department of Housing and Urban Development [provides an example checklist](#) and an overview of an additional [system to rate housing hazards](#). Explore the ability of the state housing agency to promote the checklist for use by local housing authorities to enhance their housing code enforcement.
- d. Incentivize and assist local health departments in identifying partnering strategies that can help them advocate for healthy housing for the military-connected people in their service area.
- e. Convene state and local partners to explore inequitable financing opportunities for homeownership by military-connected people. For example, some predatory lending practices target military personnel who return from deployments and racial minorities and trap consumers in endless debt. Another example is that homeownership financial assistance is usually means-tested but might use income levels that disqualify many military-connected applicants.



5. Promote the implementation of early childhood education (ECE) interventions in military-operated childcare facilities and others enrolling military-connected children

The first few years of a child's life are key to establishing a healthy foundation for the rest of life. Communities have the ability to ensure that children have the nutrition, physical activity opportunities, and educational preparation they need during their enrolled time in childcare facilities. With that healthy start in life, their bodies and minds can contribute toward healthier generations in the U.S. and toward the military readiness of potential recruits.

Recommended actions for state Chronic Disease Directors:

- a. Facilitate early childhood education partners identifying the facilities where military-connected children are enrolled and focus early childhood education interventions in those locations.
- b. Promote awareness among early childhood education facilities serving the military-connected that their practices have significant impact on the future of America's health and the nation's ability to recruit military-eligible youth. Develop messages that communicate military readiness as a family issue. Provide intervention strategies that will reduce obesity, reduce food insecurity among families with limited resources, enhance educational preparation, and establish healthy habits at a young age.
- c. Facilitate early childhood education partners considering the co-location of facilities at mental health and military treatment facilities (*Source: MFLS, 2020*).
- d. Promote the [NAPSACC strategies](#) for healthy eating and physical activity in early childhood education facilities.
- e. Promote to early childhood education facilities they need lactation-supportive policies and environments to enable parents and staff to take care of enrolled infants' nutritional needs.
- f. Identify ways that early childhood education facilities can assess food insecurity among enrolled military-connected children and communicate that information to local or state health departments. Identify ways the state health department can use those data for prioritizing nutrition interventions (including SNAP and WIC promotion, food pantries, and the promotion of community systems to respond to geographic locations with food insecurity or food deserts).
- g. Identify ways the state department of health can track disparate outcomes and inequitable conditions at early childhood education facilities in the state, especially near high-density areas of military-connected families. Indicators of



inequity can be based on race, ethnicity, military status, and geographic location.

- h. Develop and promote methods for early childhood education facility staff to identify health or mental health risk factors in the children of military deployed parents and intervene to promote security and resilience during those parental absences.

6. Improve access to higher education and career advancement opportunities for military personnel and their families

Education is an important social determinant of health because it influences so many aspects of human life. Education is a ticket to healthier living because it influences employment status, career advancement, income, child-rearing practices, retirement options, and the ability to make healthy lifestyle and behavior choices.

Recommended actions for state Chronic Disease Directors:

- a. Work with Department of Defense partners to assess how effectively military-connected people use educational benefits. Identify how military installations promote educational benefits and the impact when the benefits are used. Identify how Yellow Ribbon Program (YRP) funds help incentivize military personnel and veterans to pursue higher education, and how effectively military-connected people utilized that program.
- b. Facilitate discussions with state and local colleges and universities to identify how virtual educational platforms could increase higher education opportunities among military-connected people and veterans.
- c. Facilitate meetings with Department of Defense partners to learn how the U.S. Army National Guard uses a Recruit Sustainment Program to create an expectation and pathway toward continuing education for new recruits (before they matriculate into Basic Training). Suggest that other military partners consider similar programming for all recruits and troops in basic training programs.
- d. Convene state and local partners to explore how military educational benefits align with educational opportunities across the state at multiple jurisdictional levels (state universities/colleges, community colleges, vocational programs, other training opportunities).



7. Promote strategies for employee wellness at worksites that hire military-connected people

Military-connected people frequently seek employment in local communities near military installations. Whether in the public or private sector, such worksites can benefit from strategies that help them ensure a healthy worksite for their employees.

Recommended actions for state Chronic Disease Directors:

- a. Partner with the state workforce development agency to orient them to the challenges faced by military-connected people. Explore options for state response including promoting healthy worksite programs in the local communities where military-connected people work and live.
- b. Identify employee wellness programs that include topics of interest to military-connected people: stress management (including mindfulness meditation), physical activity on the job, good nutrition on the job, tobacco cessation, employee development, career coaching/advancement, and financial literacy). Develop a recommended shortlist of available programs that includes price (if any), time commitment, and complexity of activities/materials. CDC provides resources for workplace health strategies by condition.
- c. Promote the use of CDC's Work@Health program among large worksites in the state that are near military installations. Work@Health is an employer-based training program to improve the organizational health of participating employers with an emphasis on strategies to reduce chronic disease and injury risk to employees and an eye to improving overall worker productivity. Orient local public health departments to CDC's program and advise them on promoting it to worksites in their local community.
- d. Develop and promote a list of additional worker health resources that are available on the internet. Allow local public health departments to incorporate the list within their local programs and circulate it to local worksites for promotion to employees.
- e. Partner with both military and public health entities to sponsor and convene a worker health summit or conference that covers topics of interest to military-connected employees (e.g., stress management, physical activity on the job, good nutrition on the job, tobacco cessation, employee development, career coaching/advancement, and financial literacy, using the Yellow Ribbon Program).



Topic #5 Adverse Health Behaviors

Military readiness and mental fitness are supported by healthy behaviors, such as eating nutritious food in a balanced diet; being physically active to attain cardiovascular health, muscular strength, joint flexibility and balance; not using tobacco or nicotine products, reducing the use of alcohol; not using unprescribed opioids or illegal substances; and reducing chronic stress. The built environment in local communities can provide opportunities that support such healthy behaviors, but local community environments often fail to reach their health-supporting potential. Local communities can improve the situation by using public health data to inform priorities for behavior interventions and built environment improvements to help military-connected people and families.

Key recommendations for improving adverse health behaviors include:

- 1. Use state and local data to monitor health outcomes and health-related behaviors in locations with a high density of military-connected people,**



and identify locations with significant inequities or social vulnerabilities as priorities for intervention

To understand how to fix a health behavior problem, information and data must be analyzed and interpreted to point toward solutions and the geographic locations where they should be applied. The most feasible place to find available data is from statewide surveillance systems that routinely collect publicly accessible data. Based on that information, additional data can then be collected about conditions in specific locations where military-connected people live.

Recommended actions for state Chronic Disease Directors:

- a. Facilitate partners developing a plan for monitoring statewide surveillance data systems that correspond to health outcomes, behaviors, and community conditions.
- b. Identify relevant statewide surveillance data systems (for example, the state's Behavioral Risk Factor Surveillance System; the U.S. Census American Community Survey; and CDC's Population Level Analysis and Community Estimates - PLACES). Most surveillance data systems have web-based mapping tools to monitor and compare health outcomes and behaviors across geographic locations.
- c. Explore the potential to partner with U.S. Public Health Service officers to conduct simultaneous analyses of authorized datasets and then integrate de-identified findings.
- d. Use equity-focused data systems such as CDC's [*Social Vulnerability Index*](#) to identify geographic locations with significant inequities where residents are vulnerable to adverse health behaviors and negative health outcomes.
- e. When possible, use web-based GIS systems to layer the data sources and identify locations of high priority for intervention.
- f. Collect primary data about the high priority locations (e.g., rapid needs assessment or key informant interviews) to understand the drivers of the unhealthy behavioral patterns and inequitable conditions. Share results with state/local public health and Department of Defense partners.
- g. Develop a routine schedule (e.g., annual) to monitor changes in health outcomes, health behavior, and inequitable conditions. Inform partners of changes and adjust interventions as needed.

2. Collaboratively develop upstream interventions that will improve built environments, enhance policies or systems, and focus on inequitable



conditions in high priority locations with a high density of military-connected residents

Health behavior interventions are no longer just about changing an individual's actions – they are increasingly about looking upstream for determinants that create the conditions for either healthy or unhealthy behaviors. Those determinants become the target for change, and they include state and local policies, built environments, organizational policies, and system processes. By improving those determinants, the community's culture shifts increasingly toward healthy living.

Recommended actions for state Chronic Disease Directors:

- a. Promote the use of evidence-based resources ([Community Guide](#); [CDC Active People, Healthy Nation \(2018\)](#); [Metrics for Healthy Communities](#)) to identify interventions that can improve social determinants of health and other upstream drivers of behavior. For example:
 - i. Community and military properties enacting tobacco-free policies (including e-cigarettes and smokeless tobacco)
 - ii. Community and military businesses discontinuing the sale of tobacco products and using point-of-sale strategies to phase out those products
 - iii. Military recruitment offices and military installations adopting policies that incentivize/encourage new recruits to quit tobacco and remain tobacco-free during their service tenure
 - iv. State's amending Tobacco 21 laws that have previously excluded military installations
 - v. Local transportation agencies adopting the U.S. DOT Complete Streets policy and implementation guidelines when developing transportation improvement projects
 - vi. Local planning agencies using an equity lens to identify areas of food insecurity or lack of access to parks and physical activity opportunities, and then prioritizing capital investment allocations and amenity improvements to those areas
 - vii. Local town/city councils adjusting their zoning or licensing codes to permit stationary or mobile Farmer's Markets
- b. Consult with staff from national partner agencies to learn how to merge best practices from each (e.g., CDC Office on Smoking and Health - OSH, and Department of Defense Addictive Substance Misuse Advisory Committee – ASMAC).
- c. Consider adapting or tailoring public health best practices to align with Department of Defense standards (for example, the Uniformed Services University Consortium for Health and Military Performance [Go for Green](#) recommendations and standards for nutrition or food service).



- d. Facilitate partners developing a coordinated, multi-stakeholder intervention plan so that all partners play a key role and have specific responsibilities for prioritized geographic locations or community sectors. Be sure to account for some partners' hierarchical approval procedures that might necessitate early planning. Learn about military leadership transitions and try to attain key improvements or changes within their tenure.
- e. Use the [State Health Improvement Planning](#) (SHIP) timeline as a catalyst to initiate multi-stakeholder planning. Use the opportunity to incorporate new stakeholders, including Department of Defense partners, key NGOs, and private businesses in the local community (e.g., pharmacies, building supply retailers, grocery stores, restaurants).
- f. Suggest to partners the strategy of starting with a pilot project to adjust implementation and adapt as necessary. Then promote the pilot results to decision-makers to gain support for larger-scale interventions.
- g. Collaborate with partners to develop the story of the problem and the intervention. Use evidence selectively and graphics/visuals to prepare the story for dissemination in traditional and social media. Incorporate as messengers some key champions from the local community, local military installation, local public health or medical community, and non-traditional partners such as local first responders.

3. Promote a culture of health among military-connected people and families

While improving the social determinants of health and making communities healthier places to live, it is also important to help the military-connected people understand and desire healthier options, conditions, behaviors, and outcomes. Military readiness and mental fitness can become synonymous with a culture of health.

Recommended actions for state Chronic Disease Directors:

- a. Work with state partners to develop communications campaigns on key health issues for use in all settings where the military-connected live, learn, work, play and pray. Consider using a life stages and social marketing approach to develop targeted messages about lifelong healthy behaviors that resonate with people throughout the military lifecycle: children of military, ROTC enrollees on college campuses, new recruits, Basic Training cohorts, service members, and veterans.
- b. Use or adapt the Department of Defense [Total Force Fitness framework](#) to inform communications campaigns with a holistic approach to health, readiness, and mental fitness.



ACKNOWLEDGMENTS

NACDD wishes to thank the following individuals who contributed to the Thought Leader Round Table as session presenters or contributors to this report:

- James Emery, MPH and Carolyn Crump, PhD from *UNC Healthy Solutions* at the UNC Gillings School of Global Public Health for helping advise the process and writing this report.
- Catherine McCann, PhD, Jennie Hefelfinger, MS, Zunera Mirza, MPH, Stacey Evans, and Jeanne Alongi, DrPH from the National Association of Chronic Disease Directors
- Erica Schwartz, MD, JD, United States Department of Health and Human Services
- Ruth Petersen, MD and Leticia Presley-Cantrell, PhD, Centers for Disease Control and Prevention
- Kimberly Elenberg, DNP, United States Department of Defense
- Patricia Deuster, PhD, Uniformed Services University
- Tiffany Kovalski and Lynn Shultz, BHMC – Goldbelt Glacier Health Services

