



Developing Partnerships with the Military

A Guide for State
Public Health Chronic
Disease Professionals



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.



Contents

Introduction	04
STEP 1: Know Your Military Population	06
Structure of the Department of Defense	08
Structure of the Department of Veterans Affairs	09
Service Member and Family Demographics	10
The Military Lifecycle	10
Military Culture and Values	12
Where to Find Military Health Data	14
Active Duty and Reserve	14
Veterans	15
Military Families	16
Military Installation and Program Information	16
STEP 2: Learn About Department of Defense and Veterans Affairs Health	
Agencies and Initiatives	18
The Military Health System	18
Veterans Health Administration	22
Military Family Readiness System	22
Military and Family Support Centers	22
Reserve and National Guard Family Programs	23
STEP 3: Find Key Individuals	24
Making Contact	26
Military and Family Support Centers	26
Yellow Ribbon Reintegration Program	28
Military OneSource State Consultants	28

Associations	29
Recruiting Commands	30
State Adjutant Generals (TAG)	32
Defense-State Regional Liaisons	32
Community Veterans Engagement Boards	33
Veterans Service Organizations	33
Tips for Communicating	34
Military Etiquette	34
Communication Style	35
Communicating with Military Public Health Groups	35
Crafting the Ask	37
Step 4: Get Ideas for Partnership	38
Physical Activity	38
Partnership Ideas to Increase Physical Activity	38
Partnership Highlight: Florida’s Operation Strong and Ready	40
Nutrition	40
Partnership Ideas to Improve Nutrition	41
Partnership Highlights: Minnesota’s VetCSA & New Mexico’s GoodFoodNM Texting Program	42
Tobacco	42
Partnership Ideas to Reduce Commercial Tobacco Use	42
Partnership Highlights: Oklahoma’s Tobacco Helpline & Florida’s Tobacco-Free Recruiting Efforts	43
Other Resources to Support Collaborative Efforts	44

Introduction

Today, there are over 2.6 million total military personnel in the U.S. Armed Forces¹ and approximately 18.3 million veterans² who live and work in communities across our nation. There are an additional 2.5 million family members who serve alongside their Service member.

There are many opportunities for public health chronic disease and health promotion professionals to engage with and serve this population. This guide provides information and strategies to help public health professionals build capacity to better serve military-connected individuals. It leads readers through a series of steps:

1 Department of Defense Demographics Profile (2021). www.defenseculture.mil/Portals/90/Documents/Research/Publications/DEMORPT-2021_demographics_report-20230203.pdf

2 National Center for Veterans Analysis and Statistics, Branch of Service Population Table 2022 estimates. www.va.gov/vetdata/Veteran_Population.asp



STEP 1:

Know Your Military Population outlines the structure of the Departments of Defense (DoD) and Veterans Affairs (VA). It also provides an overview of military and family demographics and culture, and outlines data sources pertaining to military health and wellness.

STEP 2:

Learn About Department of Defense and Veterans Affairs Health Agencies and Initiatives introduces the Defense Health Agency (DHA), Veterans Health Administration, and the military family readiness system.

STEP 3:

Find Key Individuals provides information on military stakeholders who may be more receptive to partnering on health promotion efforts. It also provides guidance on communication style with military partners.

STEP 4:

Get Ideas for Partnership presents examples of previous partnership efforts and offers partnership ideas to influence key health behaviors including physical activity, nutrition, and commercial tobacco use.

This guide is designed for State and Territorial Health Departments (SHD). NACDD has also released a companion piece for DoD providers called the [Building Healthy Military Communities Toolkit](#). SHDs can share this toolkit with the DoD and VA service providers to help them gain a better understanding of public health and how the work of public health supports military recruitment, readiness, and retention.

This resource was created by the National Association of Chronic Disease Directors (NACDD) with funding from the Centers for Disease Control and Prevention. The content provided does not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

STEP 1:

Know Your Military Population

Structure of the Department of Defense

The DoD has three military departments – the U.S. Army, U.S. Navy, and U.S. Air Force. The Army is organized within its own department. The Marine Corps and the Navy are organized under the Department of the Navy, and the Air Force and recently established Space Force are organized within the Department of the Air Force. The U.S. Coast Guard operates under the Department of Homeland Security unless the President activates them for war or another purpose. When activated, the Coast Guard operates under the Department of the Navy.

The three components of the military include active duty, National Guard, and Reserve. This distinction is important, as not all Service members enter the military in the same way and each component has its own subculture within the greater culture of the military.

Each branch of service has its own identity and language. Service members and veterans may appreciate being asked which branch of the military they serve(d) and what they do/did during their service.





Army

The largest and oldest service in the U.S. military, the Army provides the ground forces that protect the United States. The Army is supported by two Reserve Forces – the Army Reserves and the Army National Guard – which can be tapped for trained personnel and equipment during times of need. The Reserves are “owned” and managed by the federal government, while each state “owns” its own National Guard. However, the President or the Secretary of Defense can “activate” state National Guard members into federal military service during times of need.

Army personnel are referred to as Soldiers.

Navy

The Navy’s primary mission is to maintain the freedom of the seas. The Navy makes it possible for the United States to use the seas where and when our national interests require it. In addition, in times of conflict, the Navy transports Marines to specific areas of conflict and helps to supplement Air Force air power. In times of need, the Navy is supported by the Naval Reserves. Unlike the Army and Air Force, there is no Naval National Guard (although a few states have established “Naval Militias”).

Navy personnel are commonly referred to as Sailors.

Marine Corps

The Marine Corps is often referred to as the “Infantry of the Navy” and they specialize in operations supported by naval ships. While amphibious operations are their primary specialty, in recent years, the Marine Corps has expanded to support other ground-combat operations. Like the Navy, there is no Marine Corps National Guard, but Marine Corps is supported in times of need by the Marine Corps Reserves.

Marine Corps personnel are referred to as Marines.

Coast Guard

The Coast Guard is a military and a law enforcement service. In peacetime, the Coast Guard reports to the Department of Homeland Security and is primarily concerned with law enforcement, boating safety, sea rescue, and illegal immigration control. In times of conflict, the President can transfer part or all of the Coast Guard to the Department of the Navy and as such, it reports to the Navy. The Coast Guard is also supported by the Coast Guard Reserves and a volunteer Coast Guard Auxiliary in times of need.

Coast Guard personnel are referred to as Coastguardsmen.

[Air Force](#)

The Air Force's mission is to ensure American control of air, space, and cyberspace; provide air support to ground forces; and to transport personnel, equipment, and supplies worldwide. Like the Army, the active-duty Air Force is supplemented by the Air Force Reserves and the Air National Guard.

Air Force personnel are referred to as Airmen.

[Space Force](#)

The Space Force is the youngest military service, established in 2020. Space Force was created to address the growing importance of space to both military operations and everyday life. They provide a centralized chain of command responsible for space-based systems such as GPS and intelligence satellites and conduct global space operations that enhance the way our joint and coalition forces fight.

Personnel in the Space Force are referred to as Guardians.

Reserve and National Guard

The reserve components of the U.S. Armed Forces are military organizations whose members generally perform a minimum of 39 days of military duty per year and who augment the active duty (i.e., full-time) military when necessary.

Reserves

The Army, Navy, Marines, Coast Guard, and Airforce all have reserve forces. The purpose of each reserve component is to provide trained units and qualified persons in times of war or national emergency and, at other times, when required to maintain national security.

Personnel in the Reserves are referred to the same as their active-duty counterparts:

[Army Reserve](#) – Soldiers

[Navy Reserve](#) – Sailors

[Marine Corps Reserve](#) – Marine

[Coast Guard Reserve](#) – Coast Guardsman

[Air Force Reserve](#) – Airmen

Both reserve and National Guard units train, known as drill, one weekend a month plus two weeks a year for annual training, and must serve a certain number of hours each year to qualify for benefits and retirement. Many units perform training well beyond this minimum. After 9/11, the operations tempo (frequency of being called into active-duty status) for reserve and national guard units greatly increased.

The leadership and support services for reserve and National Guard units are full-time, active-duty personnel; however, most hold a civilian job full-time in addition to serving in their military role.

National Guard

Comprised of the Army National Guard and the Air National Guard, the National Guard is a versatile force, supporting combat missions, domestic emergencies, humanitarian efforts, homeland security operations, and more. Each state (including the District of Columbia) and U.S. territory has a National Guard unit that reports to their respective governor. The District of Columbia reports directly to the President. National Guard units can be activated for federal duty by the President and when they are, they report to the President.

In each state, the Army and Air National Guard share leadership at the top levels, known as [Joint Force Headquarters](#) (JFHQ). JFHQs are often part of a state agency for military affairs.

Army and Air National Guard personnel are referred to as Guardsmen.



State Defense Forces

Twenty-two states have additional state defense forces (SDF) that operate under the sole authority of the state. SDFs exist primarily to support and augment National Guard forces during domestic crises and to take its place should it be federalized and sent away to war. SDFs are called various names (Georgia State Defense Force, California State Guard, Indiana Guard Reserve, etc.). [Locate your State Defense Force webpage.](#)

SDF personnel are referred to as Soldiers.

Structure of the Department of Veterans Affairs

The Department of Veterans Affairs (VA) is an agency of the federal government that provides benefits, healthcare, and cemetery services to military veterans. The Secretary of Veterans Affairs, a cabinet-level official, is appointed

by the President. The VA is the federal government’s second largest department after the DoD; it operates independently from DoD, but the two organizations collaborate across several areas.

States, the District of Columbia, and U.S. Territories also operate state and territorial veteran’s affairs departments. While independent from VA, these departments are key partners in the mission to take care of veterans and their survivors.

State veteran’s agencies primarily assist veterans with accessing and applying for federal VA care and benefits. In addition to connecting veterans to federal resources, each state government offers additional services to their veterans such as tax exemptions and education benefits. Contact information for state and territorial veteran’s agencies is available on National Association of State Directors of Veteran’s Affairs [search page.](#)

Service Member and Family Demographics

Every fiscal year, DoD publishes a [demographics report](#) that provides a detailed overview of the military community – from active-duty and reserve members to their spouses and children. The report includes gender, race, age, education, family members, pay grades, installation populations, and other important facts.

Quick Stats as of 2022:

- There are approximately 2.6 million Service members including active-duty and reserve military personnel³
- 31% of active-duty members identify with racial minority groups, and 17.7% are Hispanic or Latino³
- 82.7% identify as male and 17.3% identify as female (gender identity is not tracked by DoD)³
- 60% were age 30 or younger³
- Approximately 50% of Service members are married and 35% had children³
- Single parents make up about 6% of the force³
- About 2% of personnel are in dual-military marriages, meaning both members of the couple are U.S. Service members³
- Approximately two-thirds of military personnel live off base⁴

The Military Lifecycle

The initial commitment for military personnel is eight years, but how this is broken up depends on the service branch military occupational specialty (i.e., job). The following summary by [Swords to Plowshares](#) outlines the military lifecycle and describes stressors and challenges associated with each phase of the lifecycle.

Recruitment and Commitment

Service members usually spend four years on active duty and another four years in the reserves. Military personnel cede many of what we think of as fundamental rights of a U.S. citizen including freedom of speech or expression, freedom of assembly, and due process under the law.

For example, although military personnel still have the right to vote and practice their religion, it is up to their military command as to when they may exercise those rights. In addition to the laws of the land, they are also governed by the Uniform Code of Military Justice and violators may be subject to non-judicial punishment, reduction in rank, reduced pay, and restricted nutrition intake for a specific amount time, as determined by command. In other words, the commitment is all encompassing and is generally made when the recruit is in their late teens.

Basic Training

Basic training is the acculturation phase of military life. Cadets leave behind their civilian identities and form new ones. Marines describe this as “losing the self” and “becoming part of the collective.” For some, they leave behind an unstable childhood and family dynamic; for many, they are leaving their family and civilian community for the first time. They learn their branch’s customs, social norms, policies, procedures (including how to wear the uniform, how to walk, talk, shower, eat), and rites and rituals. The physical demands are intense. The duration of Basic Training ranges from nine to thirteen weeks, depending on the branch, after which the next step is advanced training.

³ Department of Defense Demographics Profile (2021). www.defenseculture.mil/Portals/90/Documents/Research/Publications/DEMORPT-2021_demographics_report-20230203.pdf

⁴ Else, D.H. (2001). Military Housing Privatization Initiative: Background and Issues. Report to Congress. Order code RL31039, July. Washington, DC: Congressional Research Service <https://digital.library.unt.edu/ark:/67531/metacrs9280/>

Advanced Training

During advanced training, basic training is augmented with the specific training and education associated with their specific job, which a member of the armed forces will most likely perform throughout their military career. This is known as their Military Occupational Specialty (MOS).

Assignment to Unit

A Service member is assigned to a specific unit—in the U.S. or overseas—for the duration of their time in the military. The assignment can take as long as nine to ten months, starting from when they initially sign their enlistment paperwork with the recruiter.

Deployment

Most units are active deployable units, meaning that they will be sent somewhere away from their home base. However, this does not necessarily mean they will be sent to engage in combat or even to a war zone. Deployments can be unpredictable and can be as long as fifteen months away from their base, home, and family. For those who are in the reserves or National Guard, this may also mean time away from their civilian work. For married or cohabitating personnel, this means that their spouse or partner will assume all responsibilities and duties that they normally share as a couple. Those who are single parents are required to assign custodial responsibility to another adult.

End of Active Obligated Service

When they come to the end of their active service obligation (end of active obligated service, or EAOS), Service members must decide if they want to re-enlist or leave the military. Upon exiting the military, Service members receive discharge paperwork known as the DD-214, which they will use as proof of military service and includes their MOS, highest rank achieved, awards and medals, type



of discharge (honorable, general, other than honorable, bad conduct or dishonorable), and reason for discharge.

The DD-214 will be used to determine the VA benefits for which they are eligible and is even used when veterans secure government jobs. Because the narrative reason for their discharge is included in the document, this can stigmatize and put a permanent stamp on their experience in the military, especially for those who have been discharged for reasons related to Don't Ask, Don't Tell; sexual assault; or for punitive reasons that may or may not be connected to military-connected trauma. The process of exiting is variable depending on the branch of service as well as location.

For some, there may be a Transition Assistance Program (TAP), which can be merely a checklist of information about returning to civilian life. The experience varies widely, with some military facilities, states, or localities offering more to prepare veterans to reintegrate into their communities, return or enroll in school, or resume employment.

Military Separation

If a Service member decides to leave the military, it is called a “separation”. In the civilian world, one resigns, quits, retires, or moves on from a job; in the military, one separates from both a job and a culture. Exiting is rapid and there is often a 24-hour turnaround time from EOAS to separation.

This can be shocking and stressful for the Service member. In a short time, they have lost the support system cultivated over the years as well as their sense of purpose.

Moreover, those who are stationed far from family or what used to be home may lack any connections or social resources; those exiting the military receive limited training on how to transition from the military to community life. As a result, veterans may be less prepared to secure housing and employment and re-aculturating to community norms.

Military Culture and Values

The United States military prides itself on values. Each of the services has their own set of values but all value of discipline, teamwork, self-sacrifice, loyalty, and fighting spirit.

Key elements of military culture include:

- Strict chain of command, routine, and structure

- Emphasis on respect for authority and self
- Image of strength and self-reliance
- Commitment to honor and trustworthiness
- Value of aggression and acting faster and harder

People choose to join the military for many reasons including family tradition, patriotism, training, leadership opportunities, education and housing benefits, and adventure.⁵

Serving in the armed forces impacts individuals in numerous ways. The PsychArmor Institute [surveyed](#) hundreds of veterans about what they wanted civilians, employers, educators, health care providers, and therapists to know about them. Below are key messages obtained by the survey.

- **Remember that not all Service members are “soldiers.”** Each branch of the U.S. Military has their own mission, subculture, and terminology. Use terms such as “military personnel”

or “veterans” as reference, and do not generalize all as “soldiers.”

- **The Reserves are part of the military.** Reservists and National Guard members have unique challenges due to abrupt transitions between civilian life and military duty, which can be disruptive to work and family life. They often do not have similar resources and support as active-duty military personnel when they return from missions. Both reserves and active duty balance and complement each other.

Exiting is rapid and there is often a 24-hour turnaround time from end of active obligated service to separation. This can be shocking and stressful for the Service member.

⁵ Life as a Private: A Study of the Motivations and Experiences of Junior Enlisted Personnel in the U.S. Army. RAND Corporation (2018). www.rand.org/pubs/research_reports/RR2252.html



- **Not everyone in the military is infantry.** Jobs range from infantry to technicians, mechanics, cooks, administrators, lawyers, doctors, and musicians.
 - **The military is always on duty.** Readiness is a full-time, around the clock job and this takes a toll on military personnel and their families.
 - **Not all Service members have killed someone.** Those who have do not want to talk about it. Do not question military personnel or veterans about this topic.
 - **Not all military personnel have post-traumatic stress disorder.** Post-traumatic stress disorder (PTSD) can be caused by many different types of trauma, including combat. Most people who experience a trauma do not go on to develop PTSD; the majority have naturally recovered and are doing fine.
 - **It is hard for Service members to ask for help.** The military has a long-standing history of promoting emotional and physical perfection. Understanding that it is hard for Service members to ask for help can help you serve them better.
 - **Veterans differ in how much they identify with the military after they leave active duty.** For example, some veterans who were not deployed in combat may not consider themselves veterans, although they are.
 - **Military families serve alongside their Service member.** The military family's experience is unique and challenging with frequent separation from loved ones. Some military families move every two or three years, making it difficult to establish school and employment. Military families are resilient, adaptive, and flexible.
- For a deeper understanding of military life and stressors, read the National Academies of Sciences, Engineering, and Medicine's report, [Strengthening the Military Family Readiness System for a Changing American Society](#).

Where to Find Military Health Data

There are several open access data repositories that can offer insight on the health outcomes and behaviors of Service members and veterans.

ACTIVE DUTY AND RESERVE

Department of Defense Health-Related Behaviors Survey

The Department of Defense [Health-Related Behaviors Survey](#) (HRBS) is a Defense Health Agency survey that is collected approximately every two years. Its purpose is to assess health behaviors that have the potential to impact readiness and to assess the overall wellbeing of the Armed Forces. DoD uses data from the HRBS to improve education, training, treatment, and counseling to support the services and optimize individual and overall health status and fitness.

Benefits

- Large, representative survey of the active-duty force
- Covers many topics of interest to public health (physical activity, chronic conditions, etc.) and stratifies data by rank, race/ethnicity, and other demographic variables

Limitations

- Reports have significant lag time from data collection to publishing
- Does not provide state- or local-level data

The Health of the Force

The [Health of the Force](#) is an annual reporting of key indicators that impact readiness well-being for the Army and Army National Guard. Its goal is to improve awareness and understanding of the health status of the Army.

Benefits

- Only publicly available health behavior data for Service members

- Collected and reported annually

Limitations

- Does not include health information from other services

Department of Defense Personnel Reports

The [Defense Manpower Data Center](#) posts downloadable quarterly personnel reports listing the numbers of active duty, reserve, and DoD civilian workforce by state.

Benefits

- Updated quarterly

Limitations

- Does not include personnel on temporary duty or deployed in support of contingency operations

Department of Defense Annual Demographics Report

The [DoD Annual Demographics Report](#) presents a synthesis of demographic information describing active duty (Army, Navy, Marine Corps, Air Force, and Space Force) and Reserve component (Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Department of Homeland Security's Coast Guard Reserve) members and their families.

Benefits

- Provides two ways to view the data: via data visualization or via PDF report
- Provides a full accounting for all service components
- Includes installation populations

Limitations

- Does not provide state- or local-level data



- Does not include data on long-term nonmarital partners, parents, ex-spouses and ex-partners, and others who play a significant role in the care of military children and Service members

NAT21BHMC and then complete the rest of the form with your personal information.

Benefits

- Provides data on upstream influencers of health (housing, legal, financial)
- Identifies resources in the community (Tricare behavioral health providers, Homeless Veterans Reintegration Program, etc.)

Limitations

- Most indicators are based on community data

VETERANS

Measuring Communities

[Measuring Communities](#) is an online social indicators project designed by Purdue University to strengthen community efforts to support military and veteran families.

To access data for the first time, enter User ID:

MILITARY FAMILIES

Blue Star Families Annual Military Family Lifestyle Survey

Blue Star Families' annual [Military Family Lifestyle Survey](#) (aMFLS) provides insight into the experiences and challenges encountered by military families.

Benefits

- Largest and most comprehensive survey of active duty, guard, and reserve Service members, veterans, and their families
- Covers upstream issues such as financial security and neighborhood/built environment
- More than half of the respondents are spouses or partners of Service members or veterans

Limitations

- Some service branches are represented more than others

In addition to the publicly available sources outlined above, DoD routinely collects Service member health data through [periodic health](#)

[assessments](#) (PHA). PHAs include:

Self-reported health status

- Measurement and documentation of vitals (height, weight, BP)
- Vision screening
- Medical conditions review with healthcare provider
- Focused exam of identified conditions (as required)
- Cardiovascular Screening Program Services (as required)
- Recommendations for improvement of identified health conditions
- Behavioral health screen
- Laboratory Services (as required)
- Immunizations (as required)

The service branches also collect their own health behavior data. One notable example is the Army's [Unit Risk Inventory](#) (URI), which provides Soldiers the opportunity to give an honest, anonymous assessment of their well-being.

While PHA and URI data are not available to the public, it is important to understand that military leaders have access to robust sources of health data for their populations.

Military Installation and Program Information

MilitaryINSTALLATIONS

DoD maintains a website directory called [MilitaryINSTALLATIONS](#), which provides locations of installations around the world and descriptions of programs or services, with related contact information, for DoD installations, military bases, and state and federal resources. (The search fields do not recognize acronyms. Enter the full spellings of states and installations. For example, NAS Jacksonville should be entered as Naval Air Station Jacksonville.)

Military OneSource

[Military OneSource](#) is both a call center and a website. It provides comprehensive information, referral, and assistance on every aspect of military life 24 hours a day, seven days a week to all component members of the Armed Forces, their family members, and survivors.



STEP 2:

Learn About Department of Defense and Veterans Affairs Health Agencies and Initiatives

The Military Health System

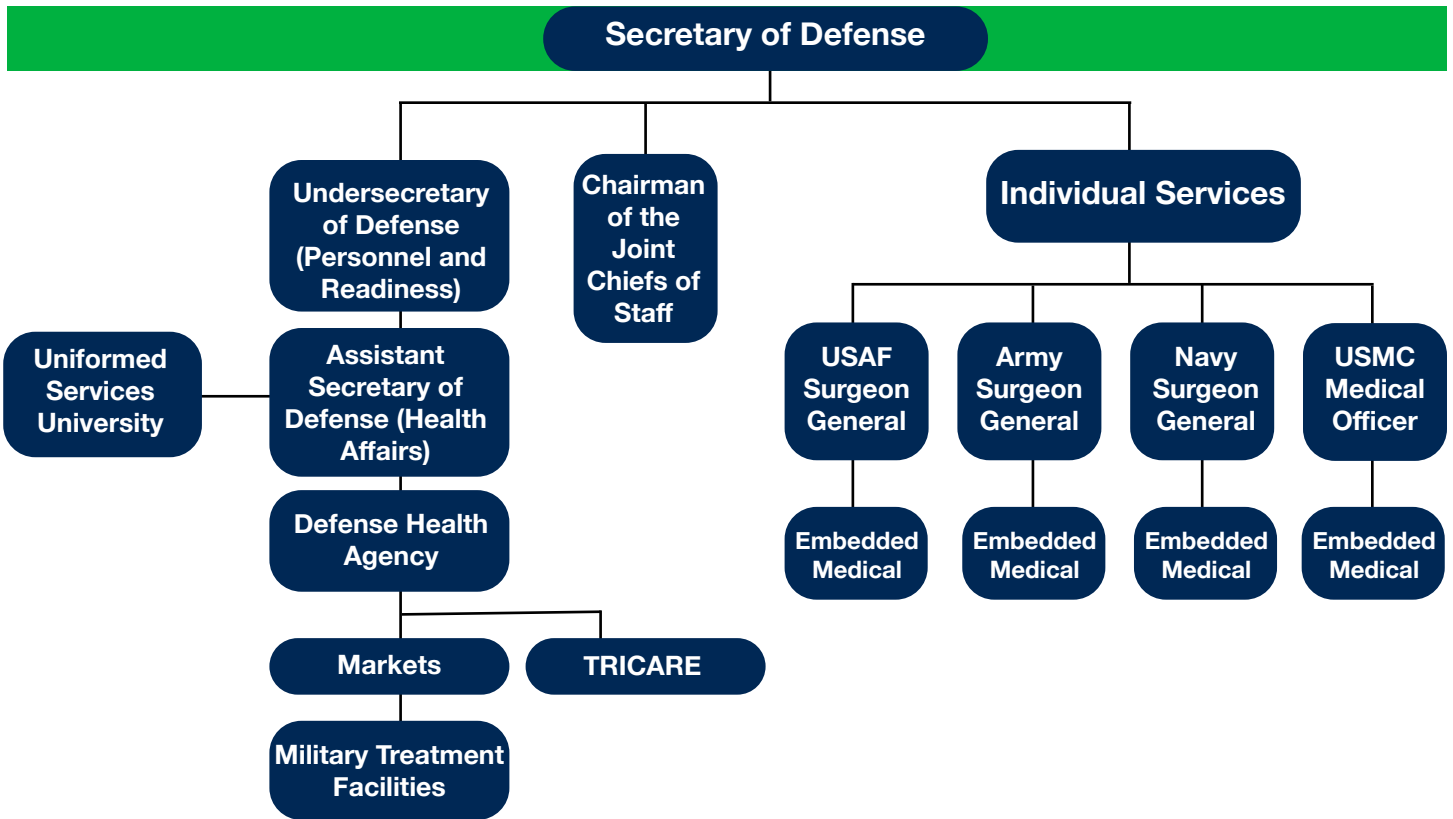
The Military Health System (MHS) is one of America's largest and most complex health care institutions. It is responsible for combat medical support and for providing health services to military personnel and dependents through both direct care and private sector care. Direct care refers to military-owned hospitals and clinics, also known as [military treatment facilities](#) (MTF). For families who do not live near an MTF, MHS contracts with the private sector to provide care. These civilian providers are grouped into [Health Care Markets](#).

The [Defense Health Agency](#) is responsible for managing the MTFs and Health Care Markets, delivering the military's health plan, [TRICARE](#),

maintaining [MHS GENESIS](#), DoD's electronic health record, augmenting medical capabilities of the services, and offering education and training to MHS providers.

The DHA is situated organizationally under the Office of the [Under Secretary of Defense for Personnel and Readiness](#) [USD (P&R)] and the Office of the [Assistant Secretary of Defense for Health Affairs](#) [ASD (HA)]. It is also supported by the Uniformed Services University of the Health Sciences (USU). USU is the nation's federal health professions academy — akin to the undergraduate programs of the U.S. military academies at West Point, Annapolis, and Colorado Springs. Like the academies, students are not charged tuition; they repay the nation for their education through service.





USU is home to many different [centers, institutes, and programs](#), which help advance their research, education, and public service missions. One center, the [Consortium for Health and Military Performance](#) (CHAMP), is dedicated

to the health and performance of Service members, their families, retirees, and all DoD personnel. They promote [Total Force Fitness](#) (TFF) as an overarching framework for Service member readiness.

The Total Force Fitness framework includes eight domains:

1. Physical Fitness:

Strength and agility, aerobic capacity, muscular endurance, and functional mobility

2. Social Fitness:

Family and community engagement, cultural inclusiveness, peer-to-peer networks, leadership skills, and unit cohesion

3. Psychological Fitness:

Proactive recovery for thriving, cognitive function, mental acuity, and self-actualization

4. Environmental Fitness:

Heat, cold, altitude, noise, air quality, and whole-body vibration

5. Nutritional Fitness:

Access to high-quality foods, mission-driven macro- and micro-nutrient requirements, dietary supplement use, and healthy dietary choices

6. Financial Fitness:

Debt-management skills, responsible money management, insurance and emergency planning, and investment-wealth strategies

7. Spiritual Fitness:

Sense of identity and belonging, awareness of meaning and purpose, embracing Service core values, and ability to cope

8. Medical and Dental Preventive Fitness:

Health assessments, screening, immunizations, and pre-habilitation, which are physical and lifestyle preparations to improve recovery time

TOTAL FORCE FITNESS



Veterans Health Administration

The Veterans Health Administration is America's largest integrated health care system, providing care across 1,298 health care facilities, including 171 medical centers and 1,113 VHA outpatient clinics, serving nine million enrolled veterans each year.

To be eligible for care, a person must have:

1) served in the active-duty military, naval, or air service for 24 continuous months or the full period for which they were called to active duty; and 2) be discharged or released under conditions other than dishonorable. Depending on the time served, Reserve and National Guard members may also be eligible for benefits.

In addition to providing healthcare through VA facilities, the VA also provides several health programs for veterans, including:

- [Caregivers/Caregiving](#): Support and services for those who care for veterans
- [Community Living Centers](#): Short- and long-stay nursing home care for veterans who are medically and mentally stable
- [Dental Care Benefits](#): Facts regarding dental eligibility criteria and information to assist veterans in understanding their eligibility for VA dental care
- [Disease Prevention](#): Health promotion, disease prevention, and health education
- [Geriatrics and Extended Care](#): Geriatric and extended care services for veterans including non-institutional and institutional options
- [Homeless Services](#): Resources, programs, and benefits to assist veterans who are homeless
- [Mental Health](#): Support and resources in health care, social services, education, and research
- [Rural Health](#): Improving access to and quality of care for veterans living in rural areas
- [Smoking Cessation](#): Resources and tools to

help veterans quit tobacco use

- [Substance Abuse Programs](#): Treatments addressing all types of problems related to substance use, from unhealthy use of alcohol to life-threatening addictions
- [Weight Management](#): The MOVE! Program helps veterans lose weight, keep it off, and improve their health
- [Women Veterans Health Care](#): Provision of care for all women veterans

Like DoD's [Total Force Fitness](#), the VA promotes a model for health called [Whole Health](#). The model has four key elements – Me, Self-Care, Professional Care, and Community.

Military Family Readiness System

Family well-being is important to DoD for multiple reasons. Family members provide support to Service members and family problems can interfere with the ability of Service members to deploy or remain in combat. In other words, family members are key influences on whether members continue to serve.

The Military Family Readiness System (MFRS) is a network of programs and services operated by DoD and other federal, state, and community-based agencies and organizations to promote military family well-being. MFRS offers programs and services that enhance family readiness, resilience, and quality of life.

Military and Family Support Centers

Installation-based Military and Family Support Centers (M&FSC) supply family readiness information and services. Centers are open to all Service members and their families, regardless of the Service member's branch. Services provided by M&FSCs include:

- Mobility and deployment assistance
- Relocation assistance



- Financial education
- Spouse education and career services
- Personal and family life education
- Emergency family assistance
- Domestic abuse prevention and response services
- Child abuse prevention and response services
- New Parent Support Program
- Exceptional Family Member Program support
- Non-medical individual and family counseling
- Transition assistance to prepare separating Service members to re-enter civilian life.
- Information and referral
- Morale, Welfare, and Recreation (MWR)

Most services have additional family support programs that are open only to members of their service:

- [Army Community Services](#)
- [Marine Corps Community Services](#)
- [Navy Fleet and Family Support](#)

- [Airman and Family Readiness](#) (Includes Space Force)
- [Coast Guard Work-Life Program](#)

Reserve and National Guard Family Programs

Reserve Component family programs deliver family readiness services through facility-based locations, online, and by telephone. These access points deliver a limited number of direct services to members and their families, but they can refer to other Military Family Readiness System resources.

- [Army Reserve Family Program](#)
- [Marine Corps Reserve Family Resources](#)
- [Navy Reserve Family Readiness](#)
- [Air Force Reserve Family Program](#)
- [National Guard Family Program](#)

The links above outline the general functions of each service's family readiness program.

STEP 3:

Find Key Individuals

As you begin building relationships with your local military, it is advantageous to understand what is important to them. This will help you frame public health issues and programming in language that is familiar and appealing to them. Military priorities that align with public health practice can be easily remembered as the three R's: Readiness, Retention, and Recruitment.

Readiness

Broadly defined, readiness refers to the forces' ability to fight and meet the demands of their assigned missions. This includes maintaining equipment, frequent training for individuals and teams, and ensuring that military personnel and their families are ready for deployment.

A Service member's health status is an important component of readiness. As such, [Individual Medical Readiness](#) (IMR) is routinely assessed. While each service evaluates IMR differently, all include:

- [A periodic health assessment](#)
- A review of deployment-limiting conditions

- A dental readiness assessment
- An immunization readiness assessment

In the [Total Force Fitness](#) framework, IMR is one of eight components that influence readiness. The others include Physical Fitness, Social Fitness, Psychological Fitness, Environmental Fitness, Nutritional Fitness, Financial Fitness, and Spiritual Fitness.

Families are key to readiness. A happy, healthy, and ready family enables the Service member to do their job. With less distractions and stress on the home front, military personnel are better able to perform their assigned missions efficiently, effectively, and safely.



Retention

Retention refers to the rate at which military personnel voluntarily choose to stay in the military after their obligated term of service has ended. Retaining qualified personnel is essential to preserving the overall readiness of the force and avoids costs associated with training replacement personnel in essential skills.

In 2021, the Army launched the annual [Department of Army Career Engagement Survey](#), which offers insight on why soldiers may choose to stay or leave service. While this survey only includes the Army, members from other services may have similar reasons.

Public Health professionals can support readiness and retention in several ways:

- Promote policy changes that make the communities around military installations healthier
- Expand eligibility of programs and services to military personnel and their families and perform targeted outreach to increase awareness of these programs among the military connected
- Provide model policies or guidance on health promotion and disease prevention to military leadership

Recruitment

The United States boasts an all-volunteer military force. Changing demographics, a competitive labor market, and poorer health status of youth have negatively impacted recruiting efforts. Military leaders stated that 2022 was “the most difficult [recruiting period] since the end of the draft in 1973.”⁶ According to the Army, 71% of youth do not qualify for military service because of obesity,

6 Military faces generational challenges as it struggles to meet recruiting targets. 2022, Stars and Stripes. <https://www.stripes.com/theaters/us/2022-08-23/military-recruiting-struggles-7077916.html>

7 U.S. Army Recruiting Command. 2022. https://recruiting.army.mil/pao/facts_figures

Top Reasons to Stay in the Army

1. Opportunity to serve country
2. How well retirement benefits meet future needs
3. Opportunities to train or lead other soldiers
4. Sense of purpose
5. How well pay or benefits meet present needs

Top Reasons to Leave the Army

1. Effects of deployments on family or personal relationships
2. Impact of Army life on significant other’s career plans and goals
3. Impact of Army life on family plans for children
4. The degree of stability or predictability of Army life
5. Impact of military service on the family’s well-being

drugs, physical and mental health problems, misconduct, and aptitude.⁷ A 2023 [study](#) found that only 34% of the military-aged civilian population (aged 17-42) met the BMI and physical activity standards to qualify for service.

Public health professionals can support the armed forces’ recruiting efforts through policy and programmatic work aimed at improving the health of youth. Examples include improving nutrition and physical activity in daycare settings, promoting breastfeeding, and supporting tobacco-free policies.

Making Contact

Building connections can be one of the most challenging aspects of partnering with the military. It is not a straightforward process and can require significant research and persistence. This page provides recommendations for potential partners both off and on military installations and strategies to connect with them.

Military and Family Support Centers

Most major active-duty installations have a Military and Family Support Center (M&FSC) that is open to all Service members and their families, regardless of the Service member's branch. The M&FSCs serve as one-stop-shop information and referral centers. One of their major functions is making connections—ensuring military personnel and their families get linked to the appropriate services, both on and off base.

Public health can support military families, DoD civilians, and retirees working on military installations by partnering with M&FCs on:

- Policy changes on installations (e.g., tobacco-free buildings and grounds, tobacco pricing in marketplaces/exchanges, improved nutrition, and physical activity in DoD schools, decreased screentime in DoD day care settings, breastfeeding supports for lactating military personnel)
- Environmental changes in the surrounding communities (e.g., improved street design, pedestrian infrastructure, public transit infrastructure around military installations, nutrition environment improvements)
- Promoting evidence-based chronic disease prevention programs (e.g., Tobacco Quitlines, National Diabetes Prevention Program, Chronic Disease Self-Management Program)
- Providing health education and sharing

- resources at M&FC-sponsored events
- Including M&FC staff on public health workgroups and advisory boards

To find and connect with a M&FC:

1. Visit MilitaryINSTALLATIONS's [Military and Family Support Centers](#) search page.
2. Filter by your location, military installation, or zip code. (The search field does not recognize acronyms. Enter the full spellings of states and installations. For example, NAS Jacksonville should be entered as Naval Air Station Jacksonville.)
3. Go to the website of the installation you want to connect with.
4. On the installation's website, look for the terms like the following to help you navigate to the correct program: readiness, support services, family readiness, newcomers, resources, information, referral. Most often, you will be able to find a phone number or an email address.

In addition to the M&FSCs, there are service-specific family readiness programs that might be open to partnership. These programs may or may not be embedded in an M&FC.

Army and Army National Guard

Family Readiness Support Assistant (FRSA): FRSAs assist commanders in their responsibilities to support soldier and family readiness. They also provide mentorship and training to the Soldier Family Readiness Group (SFRG) Leaders assigned to each brigade/battalion. FRSAs coordinate resources and training to ensure commands, SFRGs, and ultimately soldiers and families are as ready as possible for the military life.

To find a FRSA for Army National Guard, perform a web search with the name of your state and Soldier and Family Readiness Group. For example, "Ohio Soldier and Family Readiness Group."



To find a FRSA for active duty, complete a similar search but include the brigade, battalion, or installation name plus Soldier and Family Readiness Group. For example, “188th Infantry Brigade Soldier Family Readiness Group.”

Army Reserve

Family Programs Director/Coordinator: The Family Programs Director/Coordinator serves as the primary coordinating resource and provides unit and community-based services that foster the growth, development, and readiness of the Reserve soldiers and families assigned to the command. The Army Reserve provides a [national directory](#) for their Family Programs Directors and Coordinators. Select your state on the map to be directed to the contact information for your Family Programs Director/Coordinator.

Marine Corps and Marine Corps Reserve

Deployment Readiness Coordinator (DRC): Formerly called Family Readiness Officers (FRO), DRCs are assigned to each unit. They manage and coordinate all matters that relate to unit and family readiness. The nonprofit, [MarineParents.com](#), provides a [search tool](#) to find DRC contact information. The tool allows you to search by unit name, Marine division, or primary base location. Once you’ve selected the desired unit, the DRC contact information can be found toward the bottom of the unit’s page.

Navy and Navy Reserve

Navy Family Ombudsman: Ombudsmen are Navy spouse volunteers, appointed by the commanding officer. They are information and referral specialists for families in the command and serve as the communication link between

the commanding officer and families. The Navy provides a [search tool](#) to help locate Ombudsmen. This is not a secure site, and you may be required to acknowledge a security warning from your browser to proceed to the site. Once you have passed the security warning, select your state on the map. This will open a message portal for you to send a message to the appropriate Ombudsman through the site's messaging system.

Air Force, Air National Guard, Air Force Reserve, and Space Force

Key Spouse (KS): The KS is a volunteer appointed by the commander to act as an official unit readiness representative. The KS serves as a trusted agent between unit leadership and families and supports airmen, guardians, and families with community information and referrals.

Note: Not all squadrons have a Key Spouse Program. Perform a web search with the installation name and "key spouse" to see if your local installation participates in the program.

Coast Guard and Coast Guard Reserve

Ombudsman: Coast Guard Ombudsmen are the communication link between families and the command. They provide information and referral resources and serve as advocates for family members. The Coast Guard provides a [messaging system](#) to find and connect with the Ombudsmen assigned to different geographic areas.

Yellow Ribbon Reintegration Program

The Yellow Ribbon Reintegration Program (YRRP) is a DoD-wide effort to promote the well-being of Reserve and National Guard members, their families, and communities by connecting them with resources throughout the deployment cycle. Through Yellow Ribbon events, Service members and loved ones connect with local

resources before, during, and after deployments. Reintegration during post-deployment is a critical time for members of the Reserve and National Guard, as they often live far from military installations and other members of their units.

Public health can support these programs by ensuring that information about health and prevention programs and services are included as resources at these events.

To find the local event coordinators, visit the YRRP event [search page](#). You can narrow your search to one component (e.g., Navy Reserve or Air National Guard) or you can search for all events in each state, regardless of component. The results page will list all upcoming events for that component or state. Click on one or more events to find the Event Contact. Email the Event Contact to inquire about including information about public health programs and services.

Military OneSource State Consultants

[Military OneSource](#) provides comprehensive information, referral, and assistance on every aspect of military life 24 hours a day, seven days a week to all component members of the Armed Forces, their family members, and survivors. Military OneSource State Consultants work with Service members, families, military leadership, and military and civilian service providers to make sure the needs of the military community are met. Specifically, they provide need-based information and referral services to improve the quality of life and readiness of Service members, their families, and survivors and network with local service providers to raise understanding of the military community's needs.

Public health can partner with State Consultants to increase awareness of public health programs and services (e.g., tobacco cessation resources, National Diabetes Prevention Programs,



Family Healthy Weight Programs, etc.). State Consultants also develop and execute state support plans to ensure broad awareness of Military OneSource and its resources. Public health can explore how to align their planning efforts to support their state’s Military OneSource state support plan.

To connect with your State Consultant, call the national line at 800-342-9647.

Associations

Most of the services have a companion national professional association with state and local

chapters. These associations primarily focus on professional development, education, and legislative advocacy, but there may be an opportunity to collaborate on quality of life or other readiness topics.

National Guard Association of the United States

The National Guard Association of the United States partners with their state associations and congressional delegations to advocate for readiness, modernization, and quality of life for National Guard Members. Find contact information for your state, territorial, or district association on the [State Association Directory](#).

[Association of The United States Army](#)

The Association of the United States Army (AUSA) is a nonprofit educational and professional development association serving America's Army and supporters of a strong national defense. AUSA provides a voice for the Army, supports the soldier, and honors those who have served. Find chapters by country or state on their [Find A Chapter page](#).

[Surface Navy Association](#)

The Surface Navy Association is a nonprofit that promotes greater coordination and communication among those who share a common interest in surface warfare (e.g., military, business, and academic communities). They provide members with programs and activities that enable professional growth, personal satisfaction, and camaraderie. Find Chapters by region on their [Find Your Chapter page](#).

[Air and Space Forces Association](#)

The Air and Space Forces Association advocates to lawmakers on issues affecting the Air and Space Forces, promotes aerospace and science, technology, engineering, & mathematics (STEM) education, supports professional development, and aids with wounded airmen. Find contact information for your local chapter on their Chapters & Field Leaders [search page](#).

[Marine Corps Association](#)

The Marine Corps Association is a member-based organization dedicated to professional development, recognition of excellence, and building recognition for the traditions and history of the Marine Corps. Their non-profit arm supports Marines through programs to promote professional military education. They do not have state or local chapters.

Recruiting Commands

Military recruiters provide information about military service, career opportunities, and

training to people who are interested in joining the military. Recruiters perform an array of duties including interviewing, screening, testing, and counseling possible candidates. They also can host events or create programs to help candidates get ready for boot camp. As such, recruiters are ideal outlets to increase awareness about public health programs and projects that can affect a potential recruit's readiness for service (e.g., physical activity and nutrition programs, tobacco cessation).

Recruiters are stationed in virtually every community. While it may make sense to work with individual recruiters for some activities, it may save time to initiate partnerships at a higher organizational level. The recommended organizational levels and tips for reaching out are outlined below.

Army Recruiting Brigades

As the largest force, the Army has a significant recruiting presence throughout the states and territories. It organizes its recruiting efforts by brigades that span multiple states. Within those brigades are battalions. Battalions align somewhat with state lines and may be the ideal level for first contact.

To identify your recruiting battalion, find your geographic area on this [map](#). Once you've identified your brigade, click on the corresponding top-level bolded brigade name below the map (e.g., 6th BDE, 3rd BDE). Contacts for the region are listed in the righthand navigation bar. Ideal first contacts include Civil/Public Affairs (S5), Communications (S6), Recruiting/Master Trainers, or Executive Officers. If contacts for those are not available, look for Operations or S3.

Navy Talent Acquisition Groups

The Navy organizes its recruiting activities into regional Navy Talent Acquisition Groups (NTAG). Locate the NTAG for your region on the Navy's

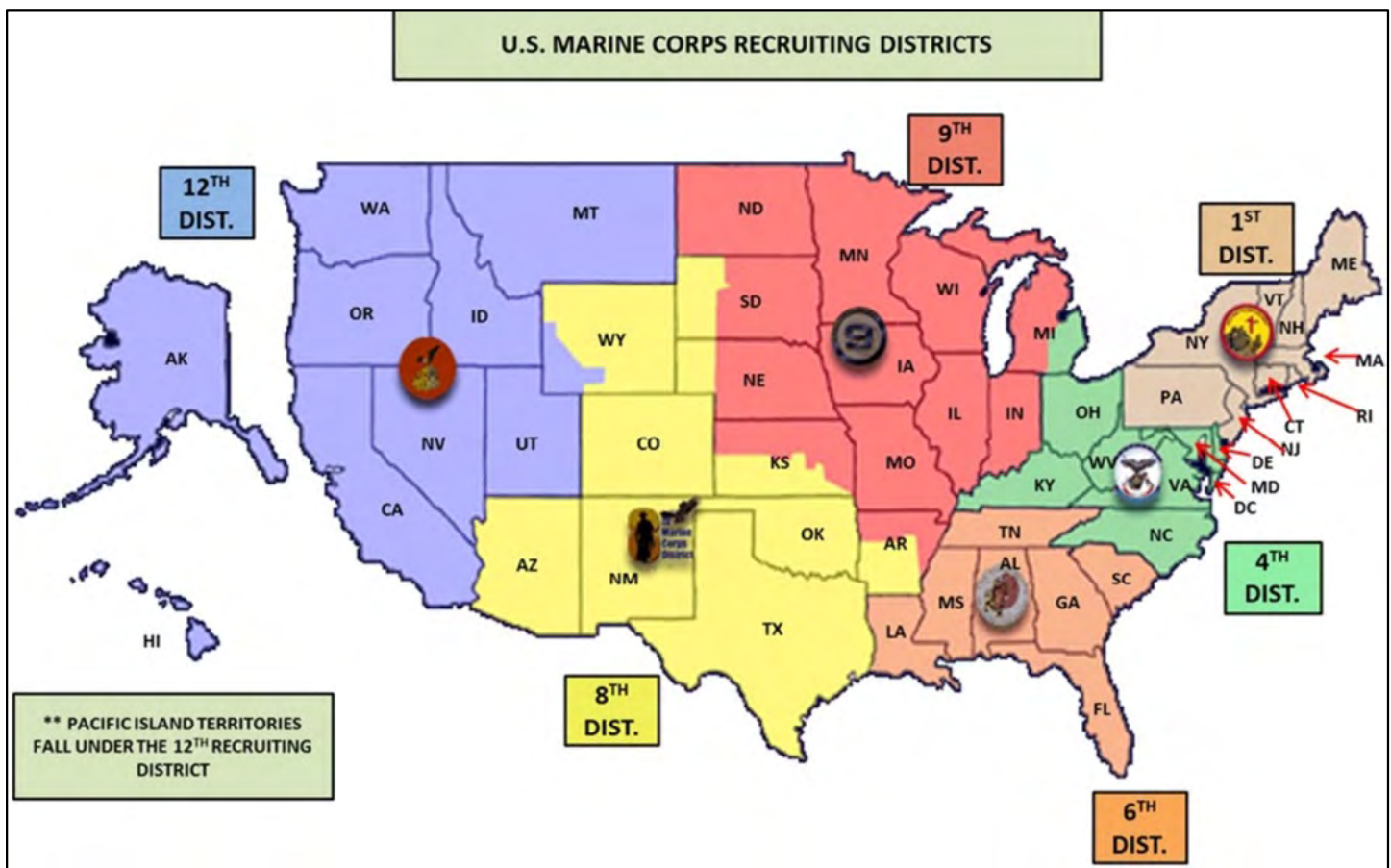


Image 1: US Marine Corps Recruiting Districts

[Locate a Coordinator page](#). From there, navigate to your geographic region. The list of contacts for your region is at the bottom of the page. Ideal first contacts include the Public Affairs Department, Chief Recruiter, or the Leads/Marketing Department.

Marine Corps Recruiting Districts

Identify your recruiting district on the map in Image 1: US Marine Corps Recruiting Districts (shown above), and then navigate to your district from the [Marine Corps Recruiting Command Units webpage](#). Some units have contact information readily available on their website; however, most units do not. It may take more research to find contacts. Look for contact information for Marketing & Public Affairs.

Air Force Recruiting Service

The Air Force organizes its recruiting activities

in Recruiting Groups and Recruiting Squadrons. Find the Recruiting Groups/Squadron for your geographic region on the [Air Force Recruiting Service webpage](#). Navigate to your Group or Squadron and look for contacts in Marketing.

Coast Guard and Space Force Recruiters

There are fewer recruiting personnel for the Coast Guard and Space Force. As a result, they cover more territory. For these services, it may be more practical to approach individual offices to develop partnerships. For the Coast Guard, search by state or zip code to find your recruiting office on their [Find A Recruiter page](#). When you contact the office, ask for the Recruiter in Charge (RIC).

For Space Force, scroll to the bottom of their [recruiting webpage](#). In the bottom right corner, search for a recruiter by zip code.



State Adjutant Generals (TAG)

Each state, the District of Columbia, and territory has a senior military official for the National Guard called the state adjutant general. This officer is known as TAG (The Adjutant General). TAGs are subordinate to state governors unless they have been federalized by the President to support foreign wars. As senior officials, TAGs may be difficult to establish partnerships with. We recommend that a senior health department official take responsibility for the initial contact. To locate a state TAG, perform a web search for your territory or state and “The Adjutant General.”

Defense-State Regional Liaisons

The [Defense-State Liaison Office](#) (DSLO) works

with state leaders across the country who are concerned with the welfare of Service members and military families living in their state. DSLO works with state leaders on key quality of life issues. The office employs eight regional liaisons who are knowledgeable about military issues and the policymaking process.

The DSLO has helped state policymakers enact more than 800 bills in the past 10 years covering licensure and employment protection, consumer protection, family law, childcare and child protection, voting, education, health care, state judicial systems, and other issues that matter to military families.

You can contact DSLO through their [State Policymakers Inquiry Form](#).

Community Veterans Engagement Boards

Community Veterans Engagement Board (CVEB) is a general term given by the U.S. Veteran's Administration (VA) to local, grassroots veterans coalitions. The goal of CVEBs is to maximize the collective impact of local services, stakeholders, and federal/state/municipal agencies working to improve veteran outcomes. The VA provides subject matter expertise to CVEBs, as needed or requested.

CVEBs are locally controlled and have different capacities and projects. However, most do the following:

- Communicate with outreach programs and understand their goals
- Participate in local events
- Be a known partner within the community
- Host events, training, town-halls, and seminars
- Meet with leaders and influencers in the local community
- Promote/support VA services/events/programs
- Identify/develop mechanisms to reach veterans (different demographics may prefer different mechanisms such as social media and hardcopy newsletters)

CVEBs are not in every community yet and many are just in the making. Visit the VA's CVEB [search page](#) to find CVEBs in your area.

Veterans Service Organizations

Veterans Service Organizations (VSO) offer a range of services for veterans, servicemembers, dependents, and survivors. VSOs differ in their offerings. Some provide programming and services while others fundraise. Most VSOs also help veterans navigate their VA benefits. There are over 100 VA-recognized, national VSOs.

VA works most closely with the following VSOs:

[The American Legion](#) is committed to supporting veterans through local community programs. They operate over 10,000 posts and, as the largest VSO, support over 2.3 million members. They are organized by Departments (states) and local districts (posts). Search the [list](#) of their locations for local leadership.

[Veterans of Foreign Wars'](#) mission is to foster camaraderie among United States veterans of overseas conflicts and to advocate on behalf of all veterans. Use their [search page](#) to find one of their 4,000 posts throughout the country.

[Disabled American Veterans](#) supports disabled veterans of all generations and their families by empowering them to lead high-quality lives with respect and dignity. In addition to disability claims support and their chapters, they provide more than 700,000 rides for veterans attending medical appointments. Find a local chapter on their [search page](#).

[Paralyzed Veterans of America's](#) mission is to change lives and build brighter futures for seriously injured veterans. They are dedicated to serving veterans, medical research, and civil rights for people with disabilities. Find information for their 72 national service offices and 32 chapters on their [search page](#).

[American Veterans](#) (AMVETS)'s mission is to enhance and safeguard the entitlements for all American veterans who have served honorably and to improve the quality of life for them, their families, and the communities where they live through leadership, advocacy, and services. Search their [chapter listing](#) to find one of their 1,400 locations throughout the country.

For other VSOs in your state or territory, download a list from the VA's [accreditation database](#) or perform a web search for "VSO" and your state/territory. Make sure the organizations you choose to work with are accredited by the VA.



Tips for Communicating

Military Etiquette

Customs, traditions, and manners are very important in the military. Each service has a set of values that govern how each Service member approaches their work and personal life. These values are thoroughly indoctrinated during basic training and reinforced throughout their career. Military manners can be foreign, and may at times seem anachronistic (e.g., addressing individuals as sir or ma'am, deference to the chain of command). As a civilian working with the military, you should be aware of and respect these traditions.

Below are some tips to support respectful collaboration with members of the military:

Salutations: When addressing officers, address them politely, using sir or ma'am. Unless told otherwise, and always in public, military personnel should be addressed by their rank and last name (e.g., Sergeant Brown, Colonel Sanchez). If you do not know their rank or last

name, revert to using sir or ma'am.

Reveilles and Retreats: When on an installation, you may hear a bugle call or the national anthem played. The two most important calls are for "reveille" and "retreat," when the American flag is raised and lowered daily. When a Service member hears either of these calls,

they will stop whatever they're doing to stand or salute. As a civilian, you are also expected to pause and stand quietly until the bugle call is done. If you're driving with a Service member, see if you can safely stop or pull over so they can pay their respects to the flag.⁸

Salutes: A unique aspect of military courtesy is the salute. It is a gesture of respect and sign of comradeship among military service personnel. As a civilian, you are not expected to salute. However, if you are walking with a Service member, as a courtesy, you can stand or walk on their left side to make it easier for them to salute an officer that walks by.⁹

Communication Style

The military favors succinct and authoritative communication – a necessity in war times. Do not be offended by short emails or brief communications:

- **BLUF:** Learn how to craft written communications using the military's "BLUF" methodology (Bottom Line Up Front). The Harvard Business Review published an [article](#) about how to adopt this style of communication.
- **Acronyms and Terms:** Because of the brief communication style, the military has numerous acronyms and terms. The University of Nebraska's Reserve Officers' Training Corps (ROTC) provides a [list](#) of common military acronyms and terms. This list is by no means comprehensive. Each service has additional terminology. If the acronym is not on this list, perform a web search that includes the acronym and the service (e.g., "AFTB" and "Army"). If you do not know the service, use the acronym and the word military (e.g., "AFTB" and "military").

Communicating with Military Public Health Groups

The Departments of the Army, Navy, and Airforce have public health corps embedded with their medical groups. These programs focus primarily on communicable diseases, hygiene, environmental health, and [periodic health assessments](#). Although the term "prevention" is often used, in many cases it is in reference to violence prevention (e.g., sexual assault prevention, domestic violence prevention) or communicable disease prevention. Health promotion activities are typically directed at individual behavior change (e.g., improving sleep, physical activity, and nutrition, managing stress and pain, supporting healthy pregnancies).

As you communicate across the services, you may encounter position titles and program names that sound similar to the position titles and program names used in public health departments. Do not assume that they have the same functions. As an example, Hill Air Force Base employs a staff person called the Community Support Coordinator. This individual manages a Community Action Team that engages "helping agencies" to create a "community action plan" to address health trends in the "local community." In this case, the community refers only to the local air force community and helping agencies are the other military-owned assets such as medical clinics and fitness facilities.

When communicating with military health and public health programs, ask a lot of questions about positions and programs to make sure you have a clear understanding of their activities. This will help you more accurately identify ways to support their efforts.

⁸ www.military.com/spouse/military-life/military-traditions-understanding-common-traditions-and-customs.html

⁹ www.usmcu.edu/Research/Marine-Corps-History-Division/Brief-Histories/Military-Salutes



Crafting the Ask

The military prides itself on self-sufficiency and teamwork. As such they do not often look “outside of the gates” or externally for solutions to problems. As you approach military partners for the first time, ask them what their primary needs are related to Service member health and wellness. Share health data from the community and ask your military partners if they are observing similar health outcomes among the military connected. Share with them the work you are doing to address the needs in the community (i.e., outside of the installation) and ask them about their programs and services for Service members and families.

Ask how you can support their efforts to improve health both off and on the installation, and invite them to participate in health improvement planning efforts or other workgroups to ensure that the military voice is represented.

- For active duty, use the frame of readiness, retention, and resiliency to describe your health promotion work.
- For recruiters, connect the work you do with children and youth to increases in recruitable populations.
- For veteran groups, highlight how you and your partners’ services and programs contribute to veteran health and wellness.

Sample Introductory Email

Subject: MEETING REQUEST – State Department of Health
Support for Readiness Efforts

Sir/Ma’am,

BLUF: The State Department of Health would like to meet with your team to learn more about how we can support military and family readiness.

BACKGROUND: Understanding that most military families live off-installation, our health department would like to adapt/expand our programming to ensure that the work we are doing in communities is tailored to the unique needs of Service members and their families. To do this, we would like to hear more from you about your goals related to readiness and how we can be a force multiplier for your efforts in the broader community.

At your convenience, I would like to convene our teams to discuss.

Very Respectfully,

STEP 4:

Get Ideas for Partnership

This section offers specific ideas for how State Health Departments and partners can adapt programming to be more inclusive of Service members, veterans, and families. While the examples below highlight physical activity, nutrition, and tobacco control activities, there is significant opportunity for collaboration on other health topics such as chronic disease prevention and management (e.g., National Diabetes Prevention Program, The Arthritis Foundation’s Walk with Ease program, dental health, violence and sexual assault prevention, substance misuse, and mental health. Referencing the [Total Force Fitness](#) model for active duty can help place these and other topics into the military context.

Physical Activity

Service members must be physically fit to maintain deployability, improve mental health and acuity, and reduce the impact of illness and injuries. Depending on the Service member’s military occupational specialty (MOS), higher levels of physical fitness may be necessary. Despite requirements to maintain physical fitness, there remain challenges to doing so, especially for Service members with the reserve components who often do not live close to military installations with fitness facilities.

The CDC’s infographic, [Unfit to Serve](#), outlines how physical inactivity impacts national security:

- Only 2 in 5 young adults are both weight-eligible and adequately active to enlist
- Active-duty soldiers with obesity were 33% more likely to get musculoskeletal injuries
- Physical inactivity is associated with costly basic training discharge across the services

In addition, a [2019 study](#) found that less than half of military spouses met the Healthy People 2020 healthy weight and the strength training goals.

Partnership Ideas to Increase Physical Activity

- Provide subject matter expertise and/or

partners’ expertise to military installations to support the physical activity-related sections in DoD’s [United Facilities Criteria—Installation Master Planning](#) guidance (e.g., “Healthy Community Planning,” “Connected Transportation Networks,” and “Horizontal and Vertical Mixed Use”).¹⁰

- Work with K-12 schools both on installations and near military installations to promote [comprehensive physical education](#). Use the DoD Education Activity (DoDEA) [search page](#) to identify military-operated schools on installations and reference their physical activity [guidelines](#).
- Partner with Military Childcare System (MCS) providers to help them meet national Caring for Our Children High Impact Obesity Prevention [Standards](#) related to nutrition and physical activity in early care and education (ECE) program using [CDC’s Spectrum of Opportunities](#). To find providers on military installations, use MCS’s [search tool](#).
- Implement or support activities listed on CDC’s [Physical Activity and Military Readiness webpage](#).
- [Promote Active People, Healthy NationSM](#) by prioritizing [approaches](#) that support an active and healthy community. These approaches will support the goal of getting 27 million Americans more physically active.

¹⁰ This is a recommendation from the Physical Activity Alliance’s National Physical Activity Plan: Military Sector. The plan presents strategies that the DoD and VA can implement to promote physical activity. <https://paamovewithus.org/for-transfer/military-settings-strategy/>



Partnership Highlight:

Florida's Operation Strong and Ready

In April 2022, the Army replaced the Army Physical Fitness Test (APFT) with the Army Combat Fitness Test (ACFT). The ACFT is a significant change from the APFT and training is ideally completed at a gym with specific equipment. In Florida, soldiers in Army Reserve and Army National Guard and their recruits have less access to resources, such as gyms, than their active-duty counterparts. Low ACFT scores can impact career advancement and occupational placement.

The First Coast YMCA (Y) and the University of Florida Cooperative Extension (Extension) partnered with

the Army to design a program, Operation Strong and Ready, to help recruits and current soldiers pass the ACFT. The Army trained a select number of Y fitness instructors to administer practice ACFTs and to lead exercises to improve performance. Soldiers and recruits needing assistance with the ACFT were granted free, time-limited memberships to the Y and trained with Y instructors on ACFT exercises. Extension designed online performance nutrition education classes to accompany the fitness training.

Nutrition

Like physical activity, nutritional fitness is key to sustaining and optimizing physical and cognitive performance, as well as health, well-being, and

readiness. Like civilians, Service members, veterans, and their families are affected by nutrition environments in communities. On installations, the quality and availability of healthy foods can vary. At the federal level, CDC is working with DoD on the Joint DoD Food and Nutrition and Dietary Supplement Subcommittees to determine how to make it easier for Service members to access and choose healthier foods. State Health Departments can mirror these collaborative efforts.

Food and nutrition security is a [growing concern](#) among the military-connected. A 2019 Military Family Advisory Network [survey](#) found that 1 in 8 military families reported some level of food insecurity, and in 2015, the Government Accountability Office [reported](#)

that \$21 million in SNAP benefits were used in active-duty commissaries. Finally, one-third of children at DoD-run schools are eligible for free or reduced lunches.

Breastfeeding for post-partum active-duty women can be a challenge. Compared to civilian mothers, active-duty mothers stopped breastfeeding their infants earlier (at four months), with enlisted mothers being the least likely group to breastfeed compared to officers. The Global Military Lactation Community (Global MilCom) provides lactation advocacy, information, and support for parents serving on Active Duty, in the National Guard, and in the Reserves. Their [website](#) outlines military resources and regulations for breastfeeding.

A 2019 Military Family Advisory Network survey found that 1 in 8 military families reported some level of food insecurity, and in 2015, the Government Accountability Office reported that \$21 million in SNAP benefits were used in active-duty commissaries.

11 NBC News "Why are So Many of America's Military Families Going Hungry?" July 12, 2019, available at www.nbcnews.com/news/military/why-are-many-america-s-military-families-going-hungry-n1028886

12 Delle, D.A., et. al. (2019). Extended Maternity Leave and Breastfeeding in Active-Duty Mothers. *Pediatrics*. 144(2):e20183795. doi:10.1542/peds.2018-3795.

Partnership Ideas to Improve Nutrition

- Provide subject matter expertise to military installations to help them design breastfeeding friendly spaces on bases and posts.
- Offer to support use of the [Military Nutrition Environment Assessment Tool](#) (m-NEAT) in local installations and advise on best practices to improve the nutrition environment.
- Cobrand state nutrition recognition programs with DoD's [Go 4 Green](#) food guidelines; Go 4 Green is a joint-service performance nutrition initiative that improves where military Service members live and work.
- Include military representatives on nutrition workgroups or food policy councils.
- Support local installations in the implementation of the directives given to the DoD and VA in the [White House National Strategy on Hunger, Nutrition, and Health](#).



The White House National Strategy on Hunger, Nutrition, and Health directs the DoD and VA to:

Provide clear and consistent labeling of WIC products in commissaries according to state agency program guidance and provide beneficiaries with online shopping and electronic payment as SNAP and WIC programs are brought online.

Increase utilization of TRICARE's Nutritional Therapy program to include preventive therapies and/or counseling beyond just those addressing certain diseases and conditions.

Screen all active-duty military for food insecurity and conduct referrals, as needed.

Work with CDC to enhance nutrition and physical activity standards in all DoD child development programs.

Increase healthy options served in its dining facilities and vending machines including expanding its Go 4 Green program.

Limit marketing in military dining facilities to those that meet its Go 4 Green program nutrition standards.

Expand their procurement of local foods for military and veterans' care facilities.

Conduct analysis of the root causes and impacts of food insecurity and analyze the standardized USDA measure of food security data obtained in the Status of Forces Survey of Active Duty and Members, Survey of Active-Duty Spouses, Status of Forces Survey of Reserve Component Members, and Survey of Reserve Component Spouses.

Partnership Highlights:

Minnesota's VetCSA & New Mexico's GoodFoodNM Texting Program

In Minnesota, five organizations partnered to increase access to nutritious food for veterans in the rural counties of Cass, Crow Wing, Morrison, Todd, and Wadena. The Minnesota Department of Veterans Affairs awarded the Region 5 Development Commission a grant to launch the VetCSA program, which sources healthy foods from low-income farmers and delivers them semimonthly to 50 local veterans and their families. The food shares include chef cooking demonstrations, nutrition education, and referral services. Read the [full story](#).

To support increased fruit and vegetable intake among Guard members, the New Mexico Department of Health partnered with the New Mexico Farmers' Market Association to promote their GoodFoodNM texting program to Guard members in the state. Participants in the free program receive one to two texts per week with cooking tips, simple and healthy recipes, links to local farmers markets, information about food pantries and food access programs such as Double Up Food Bucks™, and other tailored messages based on their need. Read the [full story](#).

Tobacco

Commercial tobacco use impacts military



readiness. It reduces Service members' physical fitness and strength. It also makes them more likely to become sick, get injured, and have delayed healing if wounded.¹³

The percentage of Service members who smoke cigarettes has historically been higher than that of the general adult population but has been dropping in recent years, along with declines in smoking in the general population. In 2018, more than 18% of active-duty personnel reported that they [currently smoke](#).

The percentage of Service members who use smokeless tobacco (chewing tobacco, snuff, dip, or snus) is also higher than in the general population. In addition, e-cigarette use is increasing among Service members. Data from 2018 show [e-cigarette use remains high](#), with several service branches reporting e-cigarettes as the most used product.

Partnership Ideas to Reduce Commercial Tobacco Use

- Work with active-duty and reserve component [youth programs](#) to engage military youth in tobacco prevention [youth engagement activities](#).
- Work with [military installation housing offices](#) to require contracted property managers of off-post housing to adopt smoke-free housing policies similar to the U.S. Department of Housing and Urban Development [rule](#).
- Refer active-duty Service members, veterans and their family members who want help quitting smoking to the cessation tools created specifically for them through [TRICARE, Service Specific Programs and the Department of Veterans Affairs](#). Referrals can also be made to [state quitlines or service specific programs](#).

13 Chronic Diseases and Military Readiness Factsheet. (2022). Centers for Disease Control and Prevention. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/military-readiness.htm>

Partnership Highlights:

Oklahoma's Tobacco Helpline & Florida's Tobacco-Free Recruiting Efforts

The Oklahoma Department of Health partnered with DoD's Building Healthy Military Communities (BHMC) pilot to increase awareness of tobacco cessation services. They also added a question to the intake process for the Oklahoma Tobacco Helpline asking about military service. [Read the full story.](#)

The Florida Department of Health also partnered with BHMC to engage military recruiters in helping new recruits quit using tobacco before

they enter service and to stay quit once they enter. They organized a virtual, state-wide learning opportunity for Tobacco Free Florida service providers, recruiters, and military leadership to increase awareness of the problem and to lay the foundation for partnership efforts. The webinar reviewed the prevalence of tobacco use in the military, its impact on Service members' readiness to deploy, and the cost to the DoD to treat tobacco-related medical care, including lost workdays. It also presented Tobacco Free Florida "Quit Your Way" services. [Read the full story.](#)



Other Resources to Support Collaborative Efforts

[Guide to Local Government and Military Partnerships in Public Health](#)

The Center for State and Local Government Excellence offers a guide to help navigate partnerships with local military leaders. It reviews areas where communication, training, planning, and response can better serve the public health needs of community residents, active-duty military, dependents, and civilian employees, while building enduring relationships of trust and collaboration between the base leadership and city/county management.

[Building Healthy Military Communities Thought](#)

[Leader Round Table](#)

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

[Working With Local Governments: A Practical Guide for Installations](#)

This National Association of Counties' guide is designed to help installation officials better understand how they can work with local governments on urban, regional, and transportation planning. It addresses some of the common concerns that local military leaders may have in working with civilian governments on planning issues.

[Healthy Base Initiative](#)

The Healthy Base Initiative was a 2014 DoD pilot that implemented a variety of public health evidence-based programs at 14 installations. The goals of the pilot were to reduce overweight and obesity, decrease tobacco use, increase healthy eating and active living, and foster a healthy environment on the installation.

Recommendations from the BHMC Thought Leader Round Table focus on five priority areas:

1. Collaboration and Coordination
2. Transportations and Geographic Dispersion
3. Mental Healthcare and Substance Misuse/Abuse
4. Family Supportive Resources
5. Adverse Health Behaviors





**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**

Promoting Health. Preventing Disease.

101 W. Ponce de Leon Ave. Suite 400, Decatur, GA 30030

chronicdisease.org

facebook.com/ChronicDiseaseDirectors

linkedin.com/company/nacdd