

YEAR OF  
**VICTORY**

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EST. 1917



**2023-2024**

**Fort Riley, Kansas**

**COMMUNITY HEALTH  
IMPROVEMENT PLAN**

# Credits and Acknowledgements

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# Executive Summary

Fort Riley, Kansas is a remarkably transient community comprised of an exceedingly diverse population with residents originating from across the world. These facets pose unique public health challenges that require cohesive collaborations between the Department of Public Health (DPH) and organizations across the community both on and off the installation. The Fort Riley Community Health Improvement Plan (CHIP) is the result of following a process that used data compiled from various sources interpreted by DPH and its community partners to develop an overall plan to improve the health of our community. The community health improvement process is not one of a single department supporting the needs of a few, but one that synergizes the efforts of many, fostering a continuing transformation.

The CHIP is projected as a guideline for enhancement, one that oscillates based on the overall needs of our community; needs of which are acknowledged through the Community Health Assessment (CHA), conducted every three years. The CHA identifies health related issues that adversely impact the health of the Fort Riley community and recognizes demographic groups that are at higher risks. This plan provides a “snapshot” of the current health status of the community and assists us in developing solutions for enhancing the overall health and wellness of the population. These improvements will be spearheaded by the Community Health Promotion Council with assistance from the Fort Riley Department of Public Health and other community partners.

The development of the CHIP emulated the Mobilizing for Action through Planning and Partnerships (MAPP) strategic method, a community driven tactical planning process for improving community health. The resources utilized in the revisal of the CHIP included the 2024 Fort Riley CHA, Forces of Change Assessment, Comprehensive Integrated Primary Prevention Plan (CIPP), Health Challenges Pyramid Survey, 2024 Geary County Community Health Needs Assessment (CHNA), and the 2022 Riley County Community Needs Assessment (CNA). Although there were numerous similarities mentioned across all sectors regarding the top priorities in our community, DPH, in collaboration with community organizations and stakeholders, chose four areas of focus for the 2024 CHIP:

- Work-life Balance
- Financial Readiness
- Behavioral Health
- Alcohol Abuse

During the collaborative planning process, it was agreed upon that there may very well be significant correlation, perhaps even causation in some circumstances, between the four chosen priority areas, i.e., poor work-life balance can lead to behavioral health challenges which may result in abuse of alcohol or financial strain may instigate or exacerbate behavioral health issues, etc.; therefore, improvement in one priority area may have a positive influence in one or more of the remaining focal points.

Work-life balance was a significant factor cited in virtually every assessment conducted within the Fort Riley community and subsequently correlated with high-risk behaviors such as domestic violence and suicide; 65% of survey participants cited work-life balance as the top issue impacting several aspects of their lives from both professional and personal perspectives. In order to improve the work-life balance of our active-duty personnel, DOD civilian workforce, and other military units assigned to the installation, DPH will take

great efforts to encourage enforcement of BRO Time and victory wellness mornings, and increase the awareness and participation in the Civilian Fitness Wellness Program (CFWP). To accomplish these objectives, DPH will work with leadership to ensure policies are consistently implemented and engage with the Public Affairs Officer and Specialist for marketing purposes to certify the community's awareness of these policies and programs.

Financial instability is a challenge not unique to the military community, but an issue experienced nationwide. Financial stress impacts over 80% our military families despite the existence of first-class resources available to our community members. In an effort to improve the financial readiness of the Fort Riley community, DPH will assist in increasing public awareness of the programs readily accessible by revising the methods in which these programs are marketed through collaboration with organizations like the Public Affairs office, Army Community Services (ACS), Better Opportunities for Single Soldiers, and Women, Infants, and Children (WIC).

Strong behavioral health is vital to the readiness of the military and civilian workforce; adjustment disorders and depression affect nearly 30% of our military force. The primary goal is to combat readiness limiting behavioral health problems (RLBHP) by increasing awareness of the symptoms of behavioral health struggles as well as the signs of potential crisis to expedite early intervention and reduce negative impacts on force readiness. To achieve this goal, DPH will collaborate the National Council for Mental Wellbeing to bring the Mental Health First Aid training course to junior leaders who will gain the ability to identify subordinates and colleagues struggling with behavioral health challenges, potentially mitigate acute issues at the unit level, and/or connect them with behavioral health providers in an accelerated fashion.

Alcohol abuse has devastating impacts and continues to pose prolific challenges across the military community; concerns with alcohol abuse was notated in various assessments, highlighting its correlation with the negative effects on behavioral health, relationships, and unit morale. Approximately 50% of sexual assaults and domestic violence incidents involve the subject consuming alcohol prior to the events. Alcohol was a known factor in 44% of suicidal ideations and suicide attempts in 2022 and 37% of the cases in 2023.

The importance of gathering this information is to use it in developing long-term strategic health plans with goals and objectives directed at addressing the most significant health issues. This is particularly important due to the many needs and the limited and steadily decreasing amount of funding available to the United States Army and neighboring Kansas communities who also provide resources to the military population, their families, retirees, and civilian employees.

We welcome your feedback and encourage you to learn more about the DPH and its Community Partners at <http://iach.amedd.army.mil/sections/clinics/pubHealthMain.asp> or call 785-239-7323 to learn how you can be a part of implementing our CHIP on Fort Riley.

# Background

Fort Riley, Kansas is home of the First Infantry Division (1ID), the oldest, continuously serving active-duty division in the U.S. Army. Where and how we live, learn and work all affect the health of our community; these factors directly impact the efficacy of the 1ID force. The installation Department of Public Health (DPH) led a comprehensive community health improvement planning effort to measurably improve the health of the installation residents.

The community health improvement planning process included two major components:

1. A community health assessment (CHA) to identify the health-related needs and strengths of Fort Riley
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals and specific objectives and strategies that can be implemented in a coordinated way across Fort Riley

The 2023-2024 Fort Riley Community Health Improvement Plan was developed over the period January 2024–November 2024, using the key findings from the CHA, which included qualitative data from focus groups, key informant interviews, and community forums that were conducted locally; as well as quantitative data from local, state, national and Army sources to inform discussions and determine health priority areas. The CHA is accessible at: <https://irwin.tricare.mil/Health-Services/Preventive-Care/Public-Health>.

## ***MOVING FROM ASSESSMENT TO PLANNING***

Similar to the process for the CHA, the CHIP used a participatory, collaborative approach guided by the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP, a comprehensive, community-driven strategic planning process, is a framework that state and local public health departments across the United States have employed to help direct their strategic planning efforts.

On October 2, 2024, a summary of the CHA Report was presented to the Commander's Ready and Resilient Council (CR2C) members, including the Senior Mission Commander, garrison leadership and military treatment facility (MTF) leadership, on and off-post community partners, subject matter experts and CR2C Working Group members. The following table depicts the committees and workgroups that led the effort in determining the top priority areas for the CHIP:

Committee/Workgroup	Member Department/Program
Installation Prevention Team (IPT)	Garrison Commander Deputy Garrison Commander Operation Victory Wellness/Holistic Health and Fitness Family Life Chaplain Operation Victory Wellness Army Substance Abuse Program Risk Reduction Program Employee Assistance Program Family Advocacy Program Financial Readiness Program Installation Prevention Advisory Group (IPAG) Sexual Harassment and Assault Response Program Anti-Terrorism Office Irwin Army Community Hospital (IACH) Family Advocacy Program Directorate of Emergency Services Suicide Prevention Program Manager Armed Forces Wellness Center Fort Riley Department of Public Health
Commander's Ready and Resilient Council (CR2C)	Commanding General Garrison Commander Brigade (BDE) Commanders IACH Commander IPAG Human Resources Staff Judge Advocate Army Community Service (ACS) Army Substance Abuse Program Garrison Chaplain Office Suicide Prevention Program Manager Public Affairs Office Armed Forces Wellness Center Installation Prevention Team Representative Health and Holistic Fitness Program
Health Promotions Committee (HPC)	IACH Population Health IACH Patient Centered Medical Homes (PCMH) IACH Solider Centered Medical Homes (SCMH) Lean Daily Management Deputy to the IACH Commander for Quality and Safety IACH Chief of Medical Management IACH Chief of Ambulatory Nursing Clinical Dietician Physical and Occupational Therapy IACH Chief of Hospital Education and Training IACH Pharmacy IACH Nurse Case Management Sexual Assault Medical Forensic Examination Program Manager Fort Riley Department of Public Health



# Community Health Improvement Plan Overview

## *DEFINING A COMMUNITY HEALTH IMPROVEMENT PLAN*

According to the National Association of County & City Health Officials (NACCHO), a CHIP is a long-term, systematic effort to address public health problems based on the results of a community health assessment (CHA) and a community health improvement process (2024). CHIPs help to provide support for developing new policies and determining health promotion strategies. It should define a shared vision for community health through collaboration with diverse partners and address the broad range of strengths, weaknesses, challenges, and opportunities that exist within the installation community to improve health. Through collaboration and technical assistance from partners, the installation CHIP provides a blueprint for our local installation community so that it can address modern, population-level health issues for all beneficiaries enrolled to the installation MTF (e.g. Active-Duty personnel, their Families, retirees, when applicable), the Department of Defense (DoD) Civilian workforce, and military units assigned to the installation.

## *HOW TO USE THE CHIP*

A CHIP is designed to be a broad, strategic framework for community health and is modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple perspectives so that all community groups and sectors can unite to improve the health and quality of life for all people who live, learn, work, and play in our installation community. We encourage you to review the priorities and goals, reflect on the suggested strategies and consider how you can participate in this effort, in whole or in part.

## *ALIGNMENT BETWEEN THE CHIP AND OTHER GUIDING DOCUMENTS AND INITIATIVES*

The CHIP was designed to complement and build upon other guiding documents, plans, policies, initiatives, and coalitions already in place to improve the health, readiness, and resiliency at Fort Riley. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants of the CHIP development process identified potential partners and resources to collaborate with wherever possible. The installation expanded the list of potential collaborators and resources when finalizing and completing the CHIP in November 2024.



## COMMUNITY ASSETS AND RESOURCES

The following is a snapshot of Fort Riley's health-related assets and resources identified by community members:



The information utilized in the revision of the CHIP included the 2024 Fort Riley CHA, Forces of Change Assessment, Comprehensive Integrated Primary Prevention Plan (CIPP), Health Challenges Pyramid Survey, 2024 Geary County Community Health Needs Assessment (CHNA), and the 2022 Riley County Community Needs Assessment (CNA).

## REVIEWING AND UPDATING THE CHIP

In January 2024, the Fort Riley Department of Public Health (DPH) led the annual review of the Fort Riley CHIP. These annual reviews and reports are scheduled to occur in January of each fiscal year (1 Oct-30 Sep). Based on the annual CHIP report, the DPH led a process to revisit the Fort Riley CHIP to update it to reflect changes in priorities, strategies to address identified priorities, and metrics. It is vital that the CHIP be a living document that guides the installation's health improvement efforts and reflects our achievements and shifting priorities and resources.

# Community Engagement

The following proponents led the planning process and oversaw the CHIP development and refinement of details for the identified priorities:

- Army Public Health Nursing
- Industrial Hygiene
- Environmental Health
- Occupational Health
- Integrated Prevention Advisory Group (IPAG)
- CR2C
- Operation Victory Wellness Work Group
- Health Promotions Committee

## ***DEVELOPMENT OF DATA-BASED, COMMUNITY-IDENTIFIED PRIORITIES, ISSUES AND THEMES IDENTIFIED IN THE COMMUNITY HEALTH ASSESSMENT***

After reviewing and discussing the data presented in the CHA Report, members of the CHA Team/Workgroup convened a 2-hour community meeting on 09/16/2024, joined the HPC meeting on 9/17/2024, attended the CR2C workgroup meeting on 10/02/2024, and participated in the community information exchange meeting on 10/16/2024 to share the results of the CHA and discuss and identify priorities for the CHIP. Over 30 community members and leaders attended these sessions, representing diverse perspectives and sectors from the community. The following tables are the key themes and findings that emerged from various community health assessments and informed selection of the CHIP priorities (topics in bold font were redundant across various vectors):

Fort Riley CHA	
<b>Readiness Limiting Behavioral Health Problems</b>	Child Abuse/Neglect
Article 15s	<b>Sex Offenses</b>
Traffic Offenses	Crimes Against Persons
Administrative Separation	Crimes Against Property
<b>Domestic Abuse</b>	Crimes Against Society
Drug Offenses	<b>Alcohol Offenses</b>
<b>Alcohol Involved Cases</b>	Positive Urine Analysis
Substance Abuse-Enrolled in Treatment	Substance Abuse- Failed Treatment
<b>Suicidal Ideations (Behavioral Health)</b>	Accidents
Fort Riley CIPP	
<b>Obesity</b>	Toxic Leadership
Poor Diet	<b>Suicide (Behavioral Health)</b>
Tobacco Use/Vaping	<b>Work-life Balance</b>

Injuries	Communication Problems
Lack of Fitness	<b>Financial Problems</b>
<b>Depression (Behavioral Health)</b>	Extramarital Affairs
<b>Alcohol Abuse</b>	Social Media
<b>Stress (Behavioral Health)</b>	Open Relationships
<b>Anxiety (Behavioral Health)</b>	Gaming
<b>Deployments</b>	Community Connectedness
<b>Fort Riley Health Challenges Pyramid</b>	
<b>Suicide (Behavioral Health)</b>	Domestic Violence
Sexual Assault/Harassment	<b>Multiple Deployments</b>
<b>Alcohol Abuse</b>	Death of a Close Friend/Team Member
Prohibited Substance Abuse	<b>Work-life Balance</b>
Army Legal Problems	<b>Financial Problems</b>
Poor Relationship with Supervisor/Peer	Adultery
<b>Anxiety (Behavioral Health)</b>	Fraternization
<b>Depression (Behavioral Health)</b>	STIs
Divorce	Spousal Unemployment/Underemployment
Lack of Childcare	Lack of Access to Fresh Produce
<b>Obesity</b>	Poor Sleep Hygiene
Lack of Friends/Support Groups	Family Members with Special Needs
<b>Fort Riley Forces of Change</b>	
<b>Increase in Deployments (OPTEMPO)</b>	Staffing Deficits
Unemployment Rates	Increase in Sexually Transmitted Infections (STI)
Increase in Mosquitos, Ticks, and Bats	Summer Permanent Change of Station (PCS)
<b>Geary County CHNA</b>	
<b>Obesity</b>	Chronic Conditions
Available Community Services	Youth Development/Character Building Programs
<b>Mental Health</b>	Food Assistance
Safe, Affordable, Accessible Housing	Disaster Response
<b>Financial Assistance (medical)</b>	<b>Financial Assistance (housing/utility)</b>
<b>Riley County CNA</b>	
General Quality of Life	Education
Physical Health	Aging
<b>Mental Health</b>	Housing
Social Issues	Transportation
Children and Youth	<b>Economics and Personal Finance</b>

## ***PROCESS TO SET HEALTH PRIORITIES***

The prioritization process began with a review of the key data and findings. Community leaders and members reviewed the list of health indicators detailed in the CIPP and the Riley and Geary County CHNAs. Subsequent to the completion of the CHA in September 2024, DPH personnel participated in monthly, IPAG meetings, monthly Health Promotion Council (HPC) meetings, quarterly Community Information Exchange meetings, and monthly CR2C meetings to discuss the findings in the CHA and collaborate in prioritizing the health concerns within our community to determine principal topics of focus. A prioritization matrix was implemented to help community members more easily identify the indicators for which improvement was vital and a realistic level of accomplishment could be achieved. Each of the potential health concerns were classified based on evaluation of the following:

### Magnitude:

1. less than 20% of population
2. 20-40% of population
3. 41-60% of population
4. 61-80% of population
5. >80% of population

### Seriousness:

1. No health implications
2. Minor health impact
3. Significant reduction in quality of life
4. Decrease in years of life expectancy
5. Death

### Concern:

1. Public not concerned
2. Public not aware of the issue
3. Concern at local level without policy
4. Socially unacceptable or government regulations to reduce
5. Outrage by public and governmental agencies

The priority areas were selected by an overwhelming majority and align glowingly with many state and national priorities.

## ***DEVELOPMENT OF THE CHIP GOALS AND STRATEGIES***

The DPH convened weekly, one-hour sessions between January and October 2024 to discuss specific goals and strategies to straightforwardly address our priority areas. The aforementioned community members and stakeholders were invited to participate in these sessions based on interest and expertise in each of the four identified priority areas. Goals and strategies were also discussed at HPC, CR2C, and Community Information Exchange meetings resulting in draft goals, objectives, strategies, and performance indicators. DPH continued to collaborate thoroughly with IPAG for monthly one-hour meetings to discuss objectives and plan accordingly.

# Priority Area 1 (Work-life Balance)

## *BACKGROUND AND RATIONALE*

Healthy work-life balance meaningfully influences professional engagement, productivity, and retention. Work-life balance is a synergistic immersion of one's professional and personal responsibilities. Studies reveal that protracted work hours can result in a variety of serious health conditions like depression, alcohol abuse, sleep disturbances, impaired memory, diabetes, and heart disease further exacerbating existing work-life issues (Harvard Business Review, 2023).

Work-life imbalance was reported in multiple assessments as the top concern across military units assigned to Fort Riley. This challenge profoundly impacts service members and military families as well as the DOD Civilian workforce. The CSTA revealed that work-life balance was a substantial factor, dominating the following areas:

- Top Precursor for Relationship Problems- 65%
- Top Social/Environmental Health-Related Concern- 61%
- Top Family Health Related Concern- 38%

Work-life imbalance was also described to be a contributing factor in domestic violence and suicide. Work-life imbalance may be a contributing factor in other selected priority areas which is why it was chosen at highest precedence.

In October of 2020 1<sup>st</sup> Infantry Division Commanding General, General Sims, implemented a new initiative, Operation Victory Wellness (OVW), in an effort to increase resilience across five dimensions of strength-emotional, family, physical, spiritual, and social to advance and support holistically fit, disciplined, and well-trained teams. Included in this initiative is Victory Wellness Mornings (VWM) to be conducted every 1st and 3rd Tuesday for 1BDE and 1CAB and every 2nd and 4th Tuesday for 1SB, 2BDE, and DIVARTY. VWM is time returned to the service members for family or individual resilience activities from 0630 to 0800. Another aspect of OVW is Big Red One (BRO) Time, in which Service members are not to work past 1500 on Fridays during a normal 5-day work week.

The Armed Forces Wellness Center (AFWC) offers stress management services as well as general wellness education either of which can assist the overall resilience of community members. The Better Opportunities for Single Soldiers (BOSS) is a dynamic program that focuses on enhancing quality of life through community service, access to recreation, and leisure activities. The Soldier and Family Readiness Groups (SFRGs) are a commander's program that enhance communication, information, and resource networks during all phases of military life. SFRGs provide stability to unit members during field exercises, deployment and other mission related separations and offer vital information to those newly assigned to the unit. According to the CSTA, 43% of the population was aware or very aware of the installation's programs and services while 36% were somewhat aware and 8.5% were not at all aware.

<b>WORK-LIFE BALANCE IMPLEMENTATION PLAN</b>
<b>GOAL: IMPROVE WORK-LIFE BALANCE TO INCREASE OVERALL WELLNESS</b>
<b>TARGET POPULATION: SERVICE MEMBERS OF ALL RANKS AND DOD CIVILIANS</b>

<b>PERFORMANCE MEASURES</b>		
<b>Short-term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<p><i>By 31 March 2025, 100 Service Members will have completed training to address finances, healthy relationships, and stress management skills as measured by an attendance roster.</i></p> <p><i>By 31 March 2025, there will be a 3% increase in Civilian Fitness and Health Promotion Program (CFHPP) applications.</i></p>	<p><i>Installation data and trends</i></p>	<p><i>Every 6 months</i></p>
<b>Long-term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<p><i>By 31 July 2025, 50% of Soldiers that participated in the training will report an average increase in emotional and social skills as measured by a questionnaire.</i></p> <p><i>By 30 June 2025, there will be a 1% increase in CFHPP participation.</i></p>	<p><i>IPAG</i></p> <p><i>Installation data and trends</i></p>	<p><i>Annually</i></p>

<b>OBJECTIVE #1: INCREASE SOCIOEMOTIONAL SKILLS AMONG SERVICEMEMBERS</b>		
<b>ACTION PLAN</b>		
<b>Activity</b>	<b>Target Date</b>	<b>Lead Person/Organization</b>
<p>Conduct training within reception companies to target social and emotional skills. The emphasis will be on finance, healthy relationships, and stress management to target risk factors associated with suicide, domestic violence, sexual assault, and substance misuse.</p>	<p>31 March 2025</p>	<p>IPAG, FAP, FRP, H2F</p>

<b>OBJECTIVE #2: INCREASE AWARENESS OF THE CFHPP</b>		
<b>ACTION PLAN</b>		
<b>Activity</b>	<b>Target Date</b>	<b>Lead Person/Organization</b>
<p>Participation levels are low due to lack of awareness: Discuss CFHPP during the bi-weekly newcomer's brief.</p> <p>Provide informational hand out on CFHPP in the newcomer's packets.</p>	<p>20 November 2024</p>	<p>Fort Riley Department of Public Health</p>

# Priority Area 2 (Financial Readiness)

## *BACKGROUND AND RATIONALE*

In 2021, 75.8% of military and veteran families reported being in debt and 80.7% indicated that finances were a factor in increased stress, (MFAN, 2021). “The DOD identifies financial readiness as one of the major components of military family readiness, and ultimately, operational readiness” (Congressional Research Service, 2022). DOD surveys have found that junior enlisted Service members experience lower levels of financial readiness than other active-duty populations; this aligns with the Fort Riley community as well. Over 50% of our Active-Duty population are ranked at E-4 and below with a basic pay between \$22,381 – \$38,364 annually. The CSTA uncovered that financial challenges were substantial factors in the following areas:

- Top Precursor for Relationship Problems- 49%
- Top Social/Environmental Health Related Concerns- 48%
- Top Family Health Related Concerns- 39%

The CSTA also revealed that there is the perception of negative career impact for utilizing community resources; there is a need to normalize help seeking behaviors and create a supportive environment for individuals to access resources. According to Lt. Col. Melissa Boyd, clinical psychologist, several health ailments have been linked to financial stress including high blood pressure, depression, anxiety, sleep disturbances, and migraines (Holl, 2022).

Fort Riley's Army Community Service provides first class resources and support to Service members, Family Members of Active-Duty Soldiers, DA Civilians, Retirees, and their Family Members that enhances readiness, improves quality of life, and increases well-being. The Financial Readiness Program (FRP) is a resource for information on money matters, providing counseling and training; the FRP ensures emergency assistance is available when needed and educates the military community on debt management, consumer awareness, credit reports and more. Additional resources that assist our community financially include programs like the Child Care Subsidy Program, Child Care Aware, Women, Infants, and Children (WIC), and local food pantries. According to the CSTA, 43% of the population was aware or very aware of the installation's programs and services while 36% were somewhat aware and 8.5% were not at all aware.



## FINANCIAL READINESS IMPLEMENTATION PLAN

**GOAL: IMPROVE THE FINANCIAL READINESS OF THE FORT RILEY COMMUNITY**

**TARGET POPULATION: JUNIOR ENLISTED SERVICE MEMBERS AND FAMILY MEMBERS**

### PERFORMANCE MEASURES

Short-term Indicators	Source	Frequency
<i>By 31 March 2025, there will be a 3% increase in participation in existing financial readiness programs.</i>	<i>Installation data and trends</i>	<i>Every 6 months</i>
Long-term Indicators	Source	Frequency
<i>By 30 June 2026, the percentage of financial issues as a precursor to several health-related concerns will decrease by 6%.</i>	CSTA	Every 2 years
<i>By 30 June 2026 there will be a 10% increase in the awareness of installation programs and services.</i>		

### OBJECTIVE #1: INCREASE AWARENESS OF THE EXISTING PROGRAMS SUPPORTING FINANCIAL READINESS

#### ACTION PLAN

Activity	Target Date	Lead Person/Organization
Create and disperse informational hand-outs in facilities across the installation Encourage units to utilize the FRP through Victory Welcome briefs.	20 November 2024	Fort Riley Department of Public Health, FRP

### OBJECTIVE #2: DESTIGMATIZE HELP SEEKING BEHAVIORS

#### ACTION PLAN

Activity	Target Date	Lead Person/Organization
Provide education effort during wellness checks designed to promote a protective environment on the installation to reduce stigma for help-seeking behaviors.	31 March 2025	OVW, IPAG, FAP, FRP, H2F

# Priority Area 3 (Behavioral Health)

## *BACKGROUND AND RATIONALE*

Behavioral health is a crucial aspect of medical readiness for the military force; impaired mental statuses can be detrimental to a Service member's ability to complete the mission. A systematic review and meta-analysis study revealed the prevalence of depression in active military forces was 23% (Moradi et al., 2021). According to the CHA, readiness limiting behavioral health problems (RLBHP) was the top risk behavior on Fort Riley from 2021 to 2023; adjustment disorders and depression were the foremost conditions affecting 28% and 18% of our Active-Duty force. Suicides accounted for 25% of Active-Duty deaths from 2006-2021, the second leading cause of death for Service members.

In 2023, the Army expanded behavioral health support by executing the Brandon Act, allowing Service members to confidentially seek help through their leaders, in the rank of Staff Sergeant (SSG) or above, enabling leaders to swiftly connect their Service members with available resources (U.S. Army Public Affairs, 2023). In support of the Brandon Act, provide Mental Health First Aid to NCO leadership at the rank of SGT and above to mitigate acute behavioral health challenges at the unit level. In slight deviation of the Brandon Act, the rank of SGT was chosen as it has been noted in various assessments that inexperienced junior leadership is contributory to poor work-life balance.

To ease behavioral health challenges, Fort Riley has Behavioral Health Officers (BHOs) incorporated within the Brigades to provide an overview of presenting problem trends. Fort Riley employs Military Family Life Counselors (MFLC) who are imbedded within the Brigades to provide counseling sessions, implement referrals, and advise leadership of potential challenges.

## BEHAVIORAL HEALTH IMPLEMENTATION PLAN

**GOAL: CONDUCT TRAINING ON BEHAVIORAL HEALTH CONDITIONS AND SIGNS OF POTENTIAL CRISIS TO INCREASE EARLY INTERVENTION AND DECREASE NEGATIVE IMPACTS ON FORCE READINESS.**

**TARGET POPULATION: JUNIOR LEADERS (E5, E6, O1)**

### PERFORMANCE MEASURES

Short-term Indicators	Source	Frequency
<i>By 30 June 2025, the junior leaders in 5 units will have received mental health first aid training.</i>	<i>Training Rosters</i>	<i>Every 6 months</i>
Long-term Indicators	Source	Frequency
<i>By 30 June 2027, there will be a 10% decrease in behavioral health admissions.</i>	<i>Suicide Prevention Program</i>	<i>Every 6 months</i>

### OBJECTIVE #1: ESTABLISH MENTAL HEALTH FIRST AID TRAINING PROGRAM

#### ACTION PLAN

Activity	Target Date	Lead Person/Organization
Correlate with Pawnee Mental Health to train Fort Riley personnel who can then brief junior leaders on Mental Health First Aid.	15 December 2024	Fort Riley Department of Public Health

# Priority Area 4 (Alcohol Abuse)

## *BACKGROUND AND RATIONALE*

According to clinical psychologist Dr. Kimberly Buckingham, active-duty service members may see drinking as part of their culture (APHC, 2023). Untreated alcohol problems are a causative factor posing devastating impacts on morale; up to 50% of suicides, sexual assaults, and intimate personal violence incidents are alcohol related. In 2021, 18% of service members who died by suicide had been diagnosed with an alcohol use disorder (Jowers, 2023). Data collected by the Fort Riley Risk Reduction Program revealed that alcohol offenses fluctuated between 9-10 per 1,000 from 2021-2023 with alcohol involved cases jumping from 4.44 in 2021 to 9.24 in 2023. Junior enlisted Service members are impacted by alcohol related incidents significantly more than any other population within our community. The CSTA uncovered that alcohol abuse substantially impacted the following areas:

- Most Concerning Behavioral/Emotional Factor- 38%
- Top Precursor for Relationship Problems- 37%

In June 2014, Fort Riley developed a focus group and implemented a policy limiting the sale of alcohol to the hours of 0700-2300 to measure impact on DUIs, alcohol offenses, and SIRs against an alcohol component in an attempt to mitigate risk behavior and align more closely with Kansas state law. The results of the focus group showed decreased rates of DUI/DWIs on post and a significant decrease in inpatient admissions for behavioral health diagnoses.

As of January 1, 2023, Army and Air Force Exchange Service outlets (AAFES) ceased the sale of alcohol between the hours of 22:00 and 06:00 at locations on military installations in an effort designed to prevent suicides (Jowers, 2023). At Fort Riley, alcohol was a known factor in 44% of suicidal ideations and suicide attempts in 2022 and in 37% of the cases in 2023.

<b>ALCOHOL ABUSE IMPLEMENTATION PLAN</b>
<b>GOAL: DECREASE HAZARDOUS AND HARMFUL ALCOHOL CONSUMPTION</b>
<b>TARGET POPULATION: SERVICE MEMBERS, FAMILY MEMBERS, DoD CIVILIANS, RETIREES</b>

<b>PERFORMANCE MEASURES</b>		
<b>Short-term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<i>By 31 July 2025, the alcohol use risk factor will show a 1% decrease.</i>	DEOCS	Annually
<b>Long-term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<i>By 31 July 2027, the alcohol use risk factor will show a 3% decrease.</i>	DEOCS	Annually

<b>OBJECTIVE #1: EXPOSE SINGLE SOLDIERS TO MESSAGES THAT COUNTER-MARKET ALCOHOL USE</b>		
<b>ACTION PLAN</b>		
<b>Activity</b>	<b>Target Date</b>	<b>Lead Person/Organization</b>
Collaborate with BOSS and DFMWR to display and distribute material related to the risks of alcohol misuse.	20 November 2024	Fort Riley Department of Public Health

<b>OBJECTIVE #2: REDUCE BINGE DRINKING IN JUNIOR ENLISTED SERVICE MEMBERS</b>		
<b>ACTION PLAN</b>		
<b>Activity</b>	<b>Target Date</b>	<b>Lead Person/Organization</b>
Develop a responsible alcohol use module that will be integrated into the Big Red One Ambassador course Reinvigorate Operations Order (OP Order) 14-306 – Fort Riley Alcohol Restriction	31 March 2025	ASAP, IPAG

<b>ALIGNMENT WITH STATE/NATIONAL PRIORITIES</b>				
<b>Fort Riley Priorities</b>	<b>Army Medicine Campaign</b>	<b>Healthy Kansas 2030</b>	<b>Healthy People 2030</b>	<b>National Prevention Strategy</b>
<b>Work-life Balance</b>	✓	✓	✓	✓
<b>Financial Readiness</b>	✓	✓	✓	✓
<b>Behavioral Health</b>	✓	✓	✓	✓
<b>Alcohol Abuse</b>			✓	✓

## ***POLICY REVIEWS AND RECOMMENDATIONS***

We recognize that if we are to achieve our vision for community health improvement on the installation and successfully implement the strategies highlighted in this document, we need to develop, improve, and promote policies that reinforce this effort. Through incorporating policy development and advocacy into our CHIP, we acknowledge that the systems and environments in which we work also affect our success. Therefore, the policy recommendations included below are designed to address our collective public health concerns, guide the implementation of the strategies proposed in this CHIP and promote a “health in all things” legislative approach.

Junior enlisted Service members are impacted by alcohol related incidents significantly more than any other population within our community. In June of 2014, Operation (OP) Order 14-306, Fort Riley Alcohol Restriction limited the sale of alcohol to the hours of 0700-2300 to measure Driving Under the Influence (DUI) incidents, alcohol offenses, and Serious Incident Reports (SIR) against an alcohol component. This OP Order was conducted under a six-month trial in which the installation documented a significant decrease in alcohol related offenses as well as behavioral health admissions. This policy aligns Fort Riley more closely with Kansas state law. On October 2, 2024, the Department of Public Health (DPH) met with stakeholders and strategic partners from the Integrated Prevention Advisory Group (IPAG) and Operation Victory Wellness (OVW) working group and reviewed the 2014 policy to ensure it still is constructed on evidence-based practice and to gather input on policy revision. According to the Prevention Technology Transfer Center Network (PTTC) and the Community Guide to Preventive Services, limiting the days and hours that alcohol sales occur is an evidence-based practice that reduces excessive alcohol consumption and related harms. DPH, IPAG, and OVW assessed the impacts of this policy on the junior enlisted Service member population and concurred that reinstating this policy may be an optimal method of decreasing binge drinking among the junior enlisted Service members who are often disproportionately affected by binge drinking and risky alcohol use.

Financial readiness has been identified by the Department of Defense (DOD) as a foremost component of military family readiness and, ultimately, operational readiness. DOD surveys have also found that junior enlisted Service members experience lower levels of financial readiness than other active-duty populations; this greatly aligns with the Fort Riley community. According to the Congressional Research Service, evidence-based practices disclose that financial education and counseling programs can help our community members develop strategies to execute keen financial decisions and achieve financial goals (2022). The installation’s Financial Readiness Program (FRP) provides counseling and training for Soldiers, Family Members of active-duty Soldiers, DA Civilians, Retirees, and their Family Members. During the Command Ready and Resilient Council (CR2C) meeting on October 2, 2024, community stakeholders and strategic partners reviewed the FRP policy and input was collected; the group conferred that the policy should be revised to include that FRP offer quarterly after-hours briefs to educate the community on making healthy financial choices by being aware of topics like high interest rates and the risks of utilizing pay day loan companies. The council assessed the impacts of the policy on the junior enlisted Service member population and concurred that this recommended revision will ensure that duty hours will not hinder junior enlisted Service members from receiving information vital to their financial readiness due to workforce constraints.

CHIP Priority Area	Policy Recommendation(s)
Work-life Balance	<ul style="list-style-type: none"> <li>Revise policy to restructure OVW's five dimensions of strength and implement a Community Messaging work group to improve marketing efforts</li> <li>Include the CFHPP in the corresponding dimension of strength</li> </ul>
Financial Readiness	<ul style="list-style-type: none"> <li>Revise policy to include quarterly after-hours briefs on healthy financial choices (i.e., interest rates, payday loans)</li> </ul>
Behavioral Health	<ul style="list-style-type: none"> <li>Update Suicide Prevention Policy to reflect the new Army Regulation 600-92</li> </ul>
Alcohol Abuse	<ul style="list-style-type: none"> <li>Reinvigorate OP Order 14-306 policy to ensure alcohol sale hours on the installation match those of Kansas state law</li> </ul>

## MARKETING STRATEGY

Even the most efficacious of improvement plans will be unproductive if the community is oblivious to the goals and objectives developed by installation. It is vital that the community fully comprehends the purpose of this plan as well as the implications it can have on the population in its entirety. The communication strategies to ensure our community has access to the CHIP despite residency or other socio-economic factors includes:

- Briefing updates on action plans at the quarterly CR2C meetings
- Communicating the CHA and CHIP process and status updates with both IACH and Garrison PAOs
- Publishing the CHA and CHIP on the Garrison's community website at <https://home.army.mil/riley> and the Fort Riley Department of Public Health website at <https://irwin.tricare.mil/Health-Services/Preventive-Care/Public-Health>
- Sharing the CHA and CHIP with the Geary and Riley County Health Departments

Marketing strategies to update the community on actions being taken to improve health include:

- Using the installation's social media pages to distribute materials on key health priorities and available resources in the community
- Develop and distribute marketing materials germane to priority areas
  - Warrior Zone
  - Dining Facilities
- Increase community engagement/outreach events

Community-based marketing can help Fort Riley build relationships, further improve awareness, and produce constructive word-of-mouth publicity. Under the recommendation of the new commanding General, IPAG has a plan to restructure the CR2C which includes a new Community Messaging work group dedicated to improving awareness through marketing both on and off of the installation.



## Monitoring and Evaluation

To monitor and evaluate the effectiveness of the CHIP action plans, DPH will collaborate with IPAG to ensure the Defense Organizational Climate Survey (DEOCS) includes inquiries that align to support the short-term indicators of plan efficacy. The DEOCS is conducted annually with an average unit participation rate of 51%. DPH will also collaborate with IPAG to further assess progress juxtaposed with the CIPP and monitor CHIP effectiveness. To evaluate the overall progress of the CHIP, DPH will collect relevant data from the CSTA and utilize that information to either bolster current action plans or reconvene with community stakeholders to refocus objectives and strategic efforts. The CSTA is conducted every two years and contains information relative to the community's awareness of the programs available to them. The results of the CHIP action plans will also be evaluated through serious incident reports (SIR), URI, and other installation data and trends. Information for installation data and trends is collected from various organizations and programs such as the Installation Prevention Team (IPT), FAP, ASAP, and MFLCs.

DPH will monitor marketing strategies by tracking the distribution of informational flyers, brochures, and social media postings focused on increasing awareness of the programs that are available on Fort Riley as well as in the local community and at the state level. DPH will plan and participate in community outreach events to gather information on effectiveness of the CHIP action plans and disperse information pertinent to priority areas and progress made towards improving community health. The CSTA results will also provide information on if the communities awareness of available resources increases, decreases, or remains the same. DPH has coordinated monthly meetings with IPAG to closely monitor and discuss the progress of the aforementioned action plans.

# References

- Army Public Health Centers. (2023). Military psychologist talks facts, prevention of substance, alcohol misuse among service members. <https://www.army.mil/article/265016/>
- Army Medicine Campaign Plan 2022-2023. <https://api.army.mil/e2/c/downloads/2023/10/07/46e6bfd0/2-2022-2023-army-medicine-campaign-plan-16-aug-2021.pdf>
- Congressional Research Service. (2022). Military families and financial readiness. <https://crsreports.congress.gov/product/pdf/R/R46983>
- Harvard Business Review. (2023). The research is clear: Long hours backfire for people and companies. <https://hbr.org/2015/08/the-research-is-clear-long-hours-backfire-for-people-and-for-companies>
- Holl, D. (2022, November 15). Army public health, finance experts offer strategies to cope with No. 1 stressor of military families. Army Reserve. <https://www.usar.army.mil/News/News-Display/Article/3218699>
- Jowers, K. (2023). Military Times. No more late-night alcohol sales at AAFES stores, starting Jan. 1. <https://www.militarytimes.com/news/your-military/2023/12/13/no-more-late-night-alcohol-sales-at-aafes-stores-starting-jan-1/>
- Kansas Department of Health and Environment. (2023). Healthy Kansans 2030 State Health Assessment Report. <https://www.kdhe.ks.gov/DocumentCenter/View/25499/Healthy-Kansans-2030-State-Health-Assessment-Report-PDF>
- Military Family Advisory Network. (2021). Financial health statistics. <https://www.mfan.org/topic/finances/financial-health-statistics/>
- Moradi, Y., Dowran, B. & Sepandi, M. (2021). The global prevalence of depression, suicide ideation, and attempts in the military forces: a systematic review and meta-analysis of cross-sectional studies. BMC Psychiatry 21, 510. <https://doi.org/10.1186/s12888-021-03526-2>
- National Association of County and City Health Officials. (2024). Community health assessment and improvement planning. <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>
- PTTC. (2024). Evidence-Based Strategies to Decrease Alcohol Consumption. <https://pttcnetwork.org/news/evidence-based-strategies-to-decrease-alcohol-consumption/>
- U.S. Army Public Affairs. (2023). Army expands mental health support by implementing the Brandon Act. <https://www.army.mil/article/269618>