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OPNAVINST 6100.2A
N135
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OPNAV INSTRUCTION 6100.2A

From: Chief of Naval Operations

Subj: HEALTH AND WELLNESS PROMOTION PROGRAM

Ref: (a) DOD Directive 1010.10 of 22 Aug 03
(b) 32 CFR 85 Health Promotion
(c) DOD Directive 6200.4 of 9 Oct 04
(d) Marine Corps Order P1700.29 of 8 Nov 99
(e) DON Civilian Human Resources Manual, Subchapter 792.4 (NOTAL)
(f) Healthy People 2010, U.S. Department of Health and Human Services, Jan 00 (NOTAL)
(g) OPNAVINST 5350.4C
(h) SECNAVINST 5100.13D
(i) OPNAVINST 6110.1H
(j) OPNAVINST 5100.23G
(k) OPNAVINST 5102.1D
(l) OPNAVINST 5100.19D
(m) OPNAVINST 5100.25A
(n) SECNAVINST 5300.30D
(o) BUMED 6222.10B
(p) OPNAVINST 6000.1B
(q) OPNAVINST 1720.4
(r) OPNAVINST 3100.6H (NOTAL)
(s) OPNAVINST 1752.1B
(t) DOD Instruction 6495.02 of 23 Jun 06
(u) OPNAVINST 1752.2A
(v) OPNAVINST 1500.22F
(w) BUMEDINST 6110.13
(x) OPNAVINST 3120.32C
(y) BUMEDINST 6440.6
(z) NAVSUP Pub 486, Vol. 1

Encl: (1) Program Action and Responsibilities
(2) Glossary

1. Purpose. To update the comprehensive Navy Health and Wellness Promotion Program that improves and sustains military readiness by focusing on health, fitness, and quality of life

for Sailors, Department of Defense (DOD) personnel, and other beneficiaries as required by references (a) through (z). This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 6100.2.

3. Applicability and Scope

a. This instruction applies to all Navy personnel, both active and reserve, family members and federal civilian employees for total force implementation. Access to certain health and wellness promotion programs by reserve Navy personnel, family members and federal civilian employees may be limited by statute, DOD and/or service regulations.

b. References (a) through (d) establish an effective, integrated, and comprehensive health and wellness promotion program throughout DOD and Department of the Navy (DON). Reference (e) establishes health and wellness promotion requirements for civilian employees. Reference (f) establishes U.S. Department of Health and Human Services Healthy People 2010 Goals and Objectives for the Nation.

c. An optimum level of health and wellness among Sailors supports fleet readiness per reference (c). Health and wellness promotion is a command responsibility. Each commander, commanding officer (CO), officer in charge (OIC), and senior enlisted leader shall promote healthy lifestyle choices within their commands by actively supporting health and wellness promotion programs through personal example and active participation in health and wellness promotion activities.

4. Background

a. Unhealthy lifestyles are a major health and economic burden for taxpayers in the United States. Individuals who make unhealthy lifestyle choices reduce overall medical and dental readiness and substantially increase healthcare costs. Examples include misuse of drugs and alcohol, use of tobacco, poor nutrition, sedentary lifestyle, preventable injuries, sexual irresponsibility, mismanagement of stress and anger, suicide attempts, and interpersonal violence. It is estimated that lifestyle-related chronic diseases account for at least 70

percent of the nation's annual healthcare costs. Additionally, research identifies that the cost of lost productivity due to poor employee health may be as much as three times the cost of direct medical and disability expenses. Because the Navy, active duty, reserves, civilians, retirees, and their families represent a cross-section of American society, it is essential that the Navy support and promote health and wellness activities. Sailors have the responsibility to maintain an optimal state of fitness, health, and well-being which increases organizational and individual readiness.

b. Health and wellness promotion is an integral component of the DOD's Population Health and Force Health Protection programs. Health and wellness promotion is the science and art of guiding individuals and groups to engage in healthy lifestyle choices and avoid behaviors associated with health risk, leading toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and mental health. Positive lifestyle changes can be facilitated through a broad range of health and wellness promotion activities that enhance awareness, change behavior, and create environments that support healthy practices, helping to avoid preventable morbidity and mortality and the associated costs of curative care. These positive lifestyle changes will result in better health and wellness, increased combat readiness, improved quality of life (QOL), and reduced healthcare expenses throughout the Navy.

c. The Navy's Health and Wellness Promotion Program directly supports the Chief of Naval Operations' (CNO's) "Pillars of Wellness" per reference (a). Health and wellness promotion activities are provided to individuals, families, and commands in a variety of settings that include, but are not limited to, military treatment facilities (MTFs), Navy Operational Support Centers (NOSCs), Morale, Welfare, and Recreation (MWR) facilities, wellness centers, worksites, and community locations. Access to these programs and facilities may be limited by statute, DOD and service regulations.

d. Health and wellness promotion activities are developed from periodic community assessments, designed to determine the needs and interests of the targeted audience. The data results from the Periodic Health Assessment (PHA) visits will assist in guiding program activities, goals, and development of measurable

objectives. All measurable process and outcome program objectives should be stated prior to program implementation and should be included in the program evaluation plan. All program objectives shall be assessed at least annually to determine progress toward the attainment of each.

e. The range of health and wellness promotion program activities covers three levels of programming: Awareness, Education/Motivation, and Intervention, to assist individuals and groups in the various stages of readiness to make a behavior change.

(1) Awareness activities are intended to increase knowledge and interest in a particular health behavior or topic and increase motivation to change attitude and behavior. Examples may include conducting public awareness campaigns, health fairs, or providing information through plan of the day (POD) or week (POW) notes, brochures, booklets, posters, or newsletter articles.

(2) Education/motivation-level activities are designed to further increase knowledge and interest in a particular health behavior or topic and usually include providing individualized feedback regarding health status. Examples may include the completion of a Health Assessment Review Tool (HART), health screening, challenges, videos, one-session seminars, motivational interviewing and counseling, or making environmental changes.

(3) Intervention-level activities are more intensive and provide long-term support of behavior change through the practice of skill building activities intended to promote the self-management of health. Examples may include individual counseling or weekly on-going group programs or courses of extended duration with long-term follow up.

5. Policy. The Navy is committed to providing programs and initiatives that screen, educate, and manage medical and dental health concerns for the purposes of improving and sustaining military readiness, encouraging healthy lifestyles and overall wellness, maximizing individual fitness and performance, improving QOL, and reducing healthcare expenses. Additional resources include www-nehc.med.navy.mil and www.militaryonesource.org. The Navy policy for each of the

required health and wellness elements included in the Health and Wellness Promotion Program is as follows:

a. Drug Abuse Prevention and Control. It is Navy policy to provide programs and initiatives that prevent drug abuse and addiction. It is also Navy policy that there is "zero tolerance" for drug abuse, to include using, possessing, promoting, manufacturing, or distributing drugs and/or drug abuse paraphernalia. Reference (g) applies.

b. Alcohol Abuse Prevention and Control. It is Navy policy that Navy components shall not participate with manufacturers or distributors of alcohol products in promotional programs, activities, or contests aimed primarily at Navy personnel. It is Navy policy to provide programs and initiatives that prevent alcohol abuse and addiction, address early intervention, and provide alcohol rehabilitation to break the cycle of addiction. It is also Navy policy to create an environment that tolerates only lawful and responsible consumption of alcohol, supports those who choose not to consume alcohol, and requires the availability of non-alcoholic alternatives at all functions when alcohol is available. Non-alcohol related recreational and/or social activities should also be provided as an option. Reference (g) applies. Funded by the DOD Office of Health Affairs, www.militarymentalhealth.org is an additional resource.

c. Tobacco Use Prevention and Cessation. It is Navy policy that Navy components shall not participate with manufacturers or distributors of tobacco products in promotional programs, activities, or contests aimed primarily at Navy personnel. It is Navy policy to create an environment that reduces exposure to environmental tobacco smoke (ETS)/secondhand smoke and residue, prevents tobacco product use initiation, and increases tobacco product cessation. Navy policy is to provide tobacco users with encouragement and professional assistance to quit. Use of tobacco products is prohibited in all DON facilities and Navy controlled spaces except as noted in reference (h). Where conflicts arise between the rights of non-tobacco users and the rights of tobacco users, the rights of non-tobacco users to a tobacco-free space shall prevail. Designated tobacco use areas are not to encourage tobacco use but rather to provide a location where others are not exposed to ETS/secondhand smoke and residue. Staff, instructors, and visitors shall not use tobacco while in the presence of recruits, midshipmen, officer

candidates, students, or trainees at any Navy training points. Medical and dental professionals shall not use tobacco while in the presence of patients at any medical facilities. Commanders and leaders should ensure tobacco use is not part of Navy culture and should encourage a tobacco-free lifestyle. Reference (h) applies.

d. Overweight and Obesity Elimination and Nutrition Education. It is Navy policy to provide programs and initiatives that provide healthy nutrition guidance to achieve and maintain an optimal level of nutritional health and body composition standards, as well as improve general health and wellness. Nutrition educational programs shall include healthy weight/fat reduction and maintenance strategies to assist overweight and obese personnel. ShipShape is the Navy's approved weight management program. Reference (i) applies.

e. Sedentary Lifestyle Elimination and Physical Fitness Promotion. It is Navy policy to provide programs and initiatives that establish healthy and active lifestyles to achieve and maintain an optimal level of physical fitness and body composition standards, as well as improve general health and wellness. Reference (i) applies.

f. Injury and Illness Prevention. It is Navy policy to implement a safety program that leads to risk management, mishap reduction, performance improvement, and increased wellness. Both combatant and noncombatant injuries decrease readiness. They include, but are not limited to, back injuries, carpel tunnel syndrome, joint injuries, musculoskeletal injuries, sports injuries, and other injuries from a variety of on and off duty mishaps. References (j) through (m) apply.

g. Sexual Health and Sexual Responsibility. It is Navy policy to provide education that increases responsible sexual behavior by reducing the incidence of sexually transmitted diseases, including Human Immunodeficiency Syndrome (HIV) infection, and unplanned pregnancies, while increasing responsible sexual behavior and proactive family planning. Materials and resources are available from the Sexual Health and Responsibility Program (SHARP) website at http://www-nehc.med.navy.mil/hp/sharp/index.htm. References (n), (o), and (p) apply.

h. Suicide Prevention and Stress/Anger Management. It is Navy policy to assist its personnel in developing adaptive and coping skills to improve their mental health by better dealing with both stress and anger. Suicide prevention training is conducted once a year and commands are required to report all suicidal behaviors. References (q) and (r) apply. Additional resources include www.militarymentalhealth.org (funded by DOD Office of Health Affairs), www.militaryonesource.org, www.usmc-mccs.org/leadersguide, and www.npc.navy.mil/commandsupport/suicideprevention.

i. Interpersonal Violence Reduction. It is Navy policy to improve mental health and reduce the number of interpersonal violence incidents occurring in military families, in the workplace, and on military installations. The Sexual Assault Victim Intervention (SAVI) Program and Sexual Assault Prevention and Assault Response Program (SAPR) assist sexual assault and rape victims, the Family Advocacy Program (FAP) assists victims of violence in the family or home, and the Victim Witness Assistance Program (VWAP) assists victims and witnesses of any interpersonal violence. SAVI and FAP training can be arranged through Fleet and Family Support Centers (FFSCs). VWAP training can be arranged through legal services. References (s) through (v) apply.

6. Action. Commanders, COs, OICs, activity heads, and senior enlisted leaders shall establish and maintain a comprehensive and effective Navy Health and Wellness Promotion Program per enclosure (1). A glossary of terms is provided in enclosure (2).

7. Reports. The reporting requirements contained in paragraph 5h and enclosure (1) paragraph 10h are exempt from reports control per SECNAV M-5210.1.

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PROGRAM ACTION AND RESPONSIBILITIES

1. Deputy Chief of Naval Operations (Manpower, Personnel, Training and Education) (DCNO) (MPT&E) (N1), the program sponsor, shall provide Navy Health and Wellness Promotion Program policy and provide interface with DOD and other cognizant agencies.

2. Chief of Naval Operations (CNO), Head, Personal Readiness and Community Support Branch (N135) shall:

a. Develop program policy in each of the program elements.

b. Implement and coordinate the Navy Health and Wellness Promotion Program as set forth in this policy.

c. Integrate the activities of medical, dental, military personnel, family members, civilian personnel, training, supply, safety, public affairs, MWR, research, and Command Fitness Leaders (CFL) in support of the Health and Wellness Promotion Program.

d. Provide guidance to all activities regarding implementation of Health and Wellness Promotion Program policy and plans.

e. Coordinate publicity and strategic communications and plans.

f. Develop and implement program evaluation and effectiveness plans, including evaluating associated training materials and programs.

g. Provide guidance to all activities regarding the Navy's policies and procedures on drugs, alcohol, and tobacco.

h. Provide guidance and coordinate publicity to all activities regarding the Navy's policies and procedures on the Health Assessment Review Tool (HART), a standardized self-assessment tool for health and wellness promotion programs.

i. Ensure a Navy Health and Wellness Promotion Program curriculum is developed that includes each of the health and

wellness elements to be used in annual General Military Training (GMT), as well as all Command Indoctrination and Navy Leadership Development Programs.

j. Outline policy requirements for education and training programs on drugs, alcohol, tobacco, health and wellness promotion, and physical readiness.

3. Director, Office of Civilian Human Resources (OCHR) shall:

a. Ensure that Federal civilian employee needs are met with respect to maintaining and improving readiness, health, and QOL and that Federal civilian employees are provided the opportunity to fully participate in all educational portions of the Navy Health and Wellness Promotion Programs.

b. Respond to Federal civilian employee inquiries and provide advice and guidance with respect to Federal civilian personnel policy and issues in relationship to the Navy Health and Wellness Promotion Program.

4. CNO, Chief of Chaplains of the Navy/Director of Religious Ministries (N097) shall:

a. Provide advice and assistance regarding Chaplain and Command Religious Program involvement in support of stress/anger management and suicide prevention programs.

b. In coordination with CNO (N135), develop, implement, and maintain training programs for Command Religious Program personnel to enhance their knowledge of stress/anger management, suicide prevention, crisis debriefing, and counseling of personnel and their families with regard to stress/anger management and suicide prevention.

c. Ensure that Command Religious Program personnel, in cooperation with the local MTF and FFSC, are a primary resource to assist local commands in developing command stress/anger management, and suicide prevention programs.

5. Naval Education and Training Command (NETC) shall:

a. Prohibit the use of tobacco products by staff, instructors, and visitors while in the presence of recruits, midshipmen, officer candidates, students, or trainees at all Navy training points.

b. Provide Health and Wellness Promotion Program training to all Navy personnel (at their accession points) in relation to personal health and wellness and their leadership responsibilities.

c. Ensure that suicide prevention training is a part of stress/anger management training for all Navy personnel at their accession points.

d. Develop a Navy Health and Wellness Promotion Program curriculum that includes each of the health and wellness elements to be used in annual GMT, as well as all Command Indoctrination and Navy Leadership Development Programs.

e. Using policy requirements, develop and manage education and training programs for drugs, alcohol, tobacco, health and wellness promotion, nutrition, weight management, and physical readiness.

f. Provide training on each of the Navy's Health and Wellness Promotion Program elements to all military members in relation to personal health and wellness and their leadership responsibilities as part of GMT annually. Reference (w) applies.

6. Superintendent, U.S. Naval Academy (USNA) shall:

a. Prohibit the use of tobacco products by staff, instructors, and visitors while in the presence of recruits, midshipmen, officer candidates, or students at all Naval Academy functions.

b. Provide Health and Wellness Promotion Program training to all Naval Academy Midshipmen in relation to personal health and wellness and their leadership responsibilities.

c. Ensure that suicide prevention training is a part of stress/anger management training for all USNA Midshipmen.

7. Chief of Information (CHINFO) shall ensure health and wellness promotion information is frequently included in Navy internal media.

8. Chief, Bureau of Medicine and Surgery (BUMED) shall:

a. Serve as the principal advisor to the CNO, through the Surgeon General, for health service programs within the Navy, and as the subject matter expert on the Navy's Health and Wellness Promotion Program. Reference (b) applies.

b. Serve as a resource sponsor in support of the Navy's health and wellness promotion programs to all Budget Support Office (BSO) 18 commands.

c. Serve as an advocate and primary consultant for all health and wellness promotion programs in the Navy in support of references (a) through (e).

d. Coordinate Health and Wellness Promotion Program development with Navy Readiness, Safety and Occupational Health programs. Priority elements for the Navy Health and Wellness Promotion Program shall target unhealthy lifestyle choices such as misuse of drugs and alcohol, tobacco use, obesity, overweight, poor nutrition, sedentary lifestyle, preventable injuries, sexual irresponsibility, mismanagement of stress and anger, suicide attempts, and interpersonal violence. These unhealthy lifestyle choices reduce overall medical and dental readiness and substantially increase healthcare costs.

e. Support the achievement of the Department of Health and Human Services' Healthy People 2010 Goals and Objectives (reference (a)) placing special emphasis on the Leading Health Indicators (reference (f)). Health and wellness promotion programs will also emphasize mission readiness through a fit and healthy force per reference (c).

f. Provide health and wellness promotion activities and interventions that align commands within their area of responsibility (AOR) by coordinating and integrating a community approach to health and wellness promotion and provide worksite health and wellness promotion per references (a), (b), (d), and (e).

g. Provide technical assistance to CNO (N135) in support of the medical aspects of the Health and Wellness Promotion Program.

h. Ensure that a Health and Wellness Promotion Program Officer is appointed at each MTF and at each Operational Health Support Units (OHSU) for the Reserve Component to assist the Line Commands within the MTF's and OHSU AOR. The Health and Wellness Promotion Program Officer shall coordinate a systemic approach to health and wellness promotion with assistance from a medical department advisory group composed of personnel with expertise in each of the health and wellness promotion program elements. This group will assist with local commands in developing, implementing, and promoting Health and Wellness Promotion Programs. The objective is to provide an integrated program which addresses health and wellness promotion as a single program rather than separate elements.

i. As resources permit, provide technical assistance and professional expertise to ashore/afloat, non-medical commands regarding GMT requirements of the Health and Wellness Promotions Program. Reference (x) applies.

j. Serve as a major source of support for the Health and Wellness Promotion Program at all echelon levels, providing specific support for each of the program elements listed below:

(1) Drug Abuse Prevention and Control. Responsibilities are detailed in reference (g).

(2) Alcohol Abuse Prevention and Control. Responsibilities are detailed in reference (g).

(3) Tobacco Use Prevention and Cessation

(a) Inquire about each patient's tobacco use during routine physical and dental examinations and advise tobacco users of the health risks associated with tobacco use, the benefits of stopping, and where to obtain assistance.

(b) Advise all pregnant tobacco users of the health risks associated with tobacco use and Environmental Tobacco Smoke (ETS) to the fetus, the benefits of stopping, and where to obtain assistance.

(c) Conduct tobacco use cessation programs on an ongoing basis at all MTFs. Coordinate these programs with other local programs and resources to maximize availability for cessation.

(d) Make individuals aware of and provide them with contact information for tobacco cessation treatment resources outside the military MTF, when access to the professional assistance and guidance required is not available at a local MTF. Treatment for tobacco cessation shall be as easily accessible as purchase of the actual tobacco products.

(4) Overweight and Obesity Elimination and Nutrition Education

(a) Provide both reduction and maintenance resources for personnel with overweight body composition and/or overfat body composition.

(b) Make individuals aware of and provide them with contact information for weight loss and/or fat loss treatment resources outside the military MTF, when access to the professional assistance and guidance required is not offered at a local MTF.

(c) Track the incidence of high cholesterol and the problems associated with high cholesterol levels among Navy and Marine Corps military personnel.

(d) Assist ashore/afloat non-medical commands with technical assistance and guidance for those members not in compliance with body fat standards per references (i) and (w).

(5) Sedentary Lifestyle Elimination and Physical Fitness Promotion

(a) Provide technical assistance with the implementation and evaluation of the Physical Readiness Program.

(b) Conduct research in appropriate physical readiness areas.

(c) Conduct required medical assessments for individual readiness in support of the Physical Readiness Program, per reference (i).

(6) Injury and Illness Prevention

(a) Assist commands ashore and afloat with education, training, occupational site assessments, and recreational site assessments. References (j) through (m) apply.

(b) Ensure compliance with anticipation, recognition, evaluation and control of occupational and recreational health hazards, as well as the medical surveillance, examination, treatment, monitoring, and reporting requirements of references (j), (k), (m), and (y) regarding all injuries and illness.

(7) Sexual Health and Sexual Responsibility. Provide education that increases responsible sexual behavior by reducing the incidence of sexually transmitted diseases, including Human Immunodeficiency Syndrome (HIV) infection, and unplanned pregnancies, while increasing responsible sexual behavior and proactive family planning. References (n), (o) and (p) apply.

(8) Suicide Prevention and Stress/Anger Management. In coordination with CNO (N135), ensure that military MTFs, in cooperation with FFSC and chaplains, are a primary resource to assist local commands in developing command stress/anger management and suicide prevention programs, and providing suicide awareness training and crisis debriefing. References (q) and (z) apply.

(9) Interpersonal Violence Reduction. Refer military and family members to the SAVI Program, SAPR, FAP and VWAP as necessary for assistance. References (s) through (v) apply.

9. Commander, Naval Safety Center (COMNAVSAFCEN) shall:

a. Interface and exchange mishap data, to include injuries and deaths, with CNO (N135) for the purpose of program evaluation and assessment.

b. Collect and periodically analyze physical readiness test and physical readiness training data for injuries and deaths, providing pertinent recommendations to CNO (N135).

10. Echelon 2 Commanders, Commanders, COs, OICs, Activity Heads, and senior enlisted leaders shall:

a. Aggressively support the Health and Wellness Promotion Program through personal example and active participation in command-directed activities that promote healthy lifestyle choices for each of the health and wellness elements. Command-directed activities include both working and social activities.

b. Write a Health and Wellness Promotion Program Instruction (or written policy statement) dealing with specific issues peculiar to the command's needs and interests. Use the results of periodic community or local assessments to determine the needs and interests of the targeted audience. Use the results of these assessments to guide program activities, goals, and development of measurable objectives to support these needs and interests. All measurable program objectives should be stated prior to program implementation and should be included in the program evaluation plan. All program objectives should be minimally assessed annually to determine progress toward the attainment of each.

c. Sponsor and/or participate in local community activities that enhance and encourage physical fitness. Encourage members of the command to participate as well.

d. Assign health and wellness promotion responsibilities to a Health and Wellness Promotion Committee and provide training to assist them in their duties. Health and Wellness Promotion Committees shall have a minimum of three members designated in writing by the CO. Membership shall include a medical or dental representative, the Command Fitness Leader (CFL) or an Assistant (CFL), and a safety representative, at a minimum. Membership shall include an additional member for each

50 persons in the command. Commands with less than 20 persons may join together with other commands in the local area for committee membership and participation. The committee shall meet quarterly (at a minimum) and provide written minutes to the CO. (Base Health and Wellness Promotion Committees shall include a CFL or ACFL, a chaplain, and representatives from safety, medical, dental, FFSC, MWR, the galley, and each tenant command. The chairman of the base committees shall be a line officer.)

e. Ensure command indoctrination programs include information on Health and Wellness Promotion Programs and where to obtain Health and Wellness Promotion Program assistance and resources for each of the health and wellness elements of this instruction.

f. Prohibit use of tobacco products in all DON-controlled spaces except as noted in reference (h).

(1) Issue a written tobacco products policy that includes a list of designated tobacco products usage areas and restricts tobacco products usage to those designated areas only. Reference (h) applies.

(2) Make tobacco use cessation programs available on an ongoing basis through MTFs, and counseling and assistance centers. They provide encouragement, educational material, and assistance for referral information to personnel desiring to stop using tobacco products.

g. Ensure that food service personnel plan general mess menus that promote healthy food choices. Reference (z) applies.

h. Ensure that all lost workday cases associated with injuries or accidents are reported following the guidance provided in references (j), (k), and (y).

i. Provide safe and healthful workplaces, recreational and physical fitness facilities, and equipment, and appropriate safety training, per references (j), (l), and (m).

j. Collect and analyze mishap data relating to these activities per references (j) through (m).

k. Encourage participation in local health and wellness promotion activities. Assistance is available from local MWR, wellness centers, and community locations.

l. Use Command Religious Program, FFSC, and local MTF as the primary resources for development of command stress/anger management and suicide prevention programs.

m. Address stress/anger management by ensuring the availability of programs designed to support personnel and their families as they deal with day-to-day stressors. Resources include Chaplains Religious Enrichment Development Office (CREDO); FFSC Family Education Programs; Family Advocacy Programs; Navy Alcohol and Drug Awareness Programs (NADAP); individual, couples, or group counseling; Sponsor and Ombudsman Programs; career counseling; technical training; Personal Finance Management classes; Spouse Employment assistance; Child Care assistance; Suicide Awareness and Prevention Programs; shift work accommodation; and crisis response debriefings following situations which could cause traumatic stress, such as natural disasters, accident or fire with death/severe injury, shipmate suicide, body handling, hostile attack, etc.). Additional resources include www.militarymentalhealth.org, (funded by DOD Office of Health Affairs), and www.militaryonesource.org.

n. Promote leadership training and programs that reduce job-related stress (e.g., Navy Rights and Responsibilities, Quality of Life, Command Equal Opportunity, Sexual Harassment Prevention, Interpersonal Violence, MWR, Risky Behavior/Safety and Occupational Health, Operational Risk Management, Pride and Professionalism, Center for Professional and Personal Development, hazing, fraternization, counseling services).

o. Provide access for victims of interpersonal violence to high-quality standardized victims assistance programs (e.g., SAVI and SAPR for sexual assault and rape, FAP for violence in the family or home, and VWAP for victims and witnesses of any interpersonal violence). References (s) through (v) apply.

p. Ensure suicide awareness and prevention education and local military and civilian crisis assistance resources are adequately highlighted during command orientation sessions.

q. Provide HIV prevention training as per reference (n).

11. All personnel are ultimately responsible for their own lifestyle choices and physical readiness. All personnel shall become familiar with the Health and Wellness Promotion Program policies, objectives, and assistance resources. All personnel shall incorporate lifestyle changes into their daily habits that improve their health and wellness and increase their physical readiness.

GLOSSARY

DON FACILITY - Any interior space owned, rented, or leased by DON. This includes any Navy or Marine Corps owned/controlled/leased/rented space, building, facility, floating unit, aircraft, or vehicle.

ENVIRONMENTAL TOBACCO SMOKE (ETS) - Also referred to as "secondhand" or "passive smoke." Exhaled/side streamed smoke emitted from smokers and the burning cigarettes, cigars, pipe tobacco, and other tobacco products. A major source of harmful indoor air pollution designated a "Class A" carcinogen by the Environmental Protection Agency (EPA), and known to cause respiratory illness and heart disease.

MILITARY TREATMENT FACILITIES (MTF) - All medical and dental spaces ashore and afloat.

RESIDUE - By-products of tobacco use (e.g., butts, ashes, matches, product wrappings, spit, spit cups).

RESPONSIBLE CONSUMPTION OF ALCOHOL - Legal and self-imposed limitations of time, place, and quantity when consuming alcoholic beverages. These legal and self-imposed limitations shall prevent any violations of laws regarding drinking and any negative impact on oneself or others.

STRESS - A body's cumulative, common response to any demand placed on it, whether it is positive or negative demand, when such a demand causes physical and/or psychological change in normal bodily functions.

SUICIDE - Intentional, self-inflicted death.

TOBACCO PRODUCTS - Includes the use of smoking (e.g., cigarettes, cigars, pipes, and others) and smokeless tobacco (e.g., spit, plug, leaf, snuff, dip, and chew).