

HEALTH PROMOTION AND WELLNESS (Command Needs Assessment / nvt-nepmu2)

Name of Command _____ Homeport _____ UIC _____

References:

- DOD Directive 1010.10 (Leading Health Indicators – Healthy People 2010)
- DOD Directive 6200.04 (Force Health Protection)
- OPNAVINST 6100.2A (Current Navy Health Promotion Instruction)
- OPNAVINST 6120.3 (Current Preventive Health Assessment - PHA)
- BUMEDINST 6110.13A (Current BUMED Health Promotion Instruction)
- COMNAVSURFLANTINST 6100.1 (22 July 2011) Green H Unit Award**

Baseline Program Assessment for Fleet Command Assist Visit/Follow Up Customer Service.

1. Does your command have a designated Health Promotion Coordinator?

Yes

No

If yes, who?

2. Does your command have a designated Health Promotion Committee?

Yes

No

3. If yes, does each one have a written designation as committee member?

Yes

No

4. Who are the members of your Health Promotion Committee?

5. Does your command have a written health promotion Instruction signed by current CO?

Yes

No

6. Does your command collect HRA (Health Risk Appraisal) data to drive program decision making?

Yes

No

7. Does your command have a written health promotion operating plan (goals, objectives, plan of action and milestones)?

Yes

No

8. Which of the following lifestyle management activities does the command provide as part of a comprehensive, integrated Health Promotion Program?

Tobacco Use Prevention & Cessation

Physical Activity

Healthy Eating

Injury Prevention

Responsible Sexual Behavior

Weight Management

Stress Management and Mental Health

Substance Abuse Prevention

9. *How does the command encourage promotion of a healthy lifestyle for all crew members?*

Training Needs Assessment:

10. Does your command need the following Health Promotion Training Courses?

- | | | |
|---|--------|--------|
| a. Health Promotion Basics Level One (NKO) | Yes | No |
| b. Health Promotion Basics Level II (Classroom) | Yes | No |
| c. Does your command prefer one day or 2 day course | 1-day | 2-day |
| d. Tobacco Use Cessation Facilitator's Course | Yes | No |
| e. Does your command prefer a 4 hour or 8 hour course | 4 hour | 8 hour |
| f. ShipShape Facilitator's Course | Yes | No |
| g. Workshop on Green H Award Made Simple | Yes | No |
| h. Workshop on Blue H Award Made Simple | Yes | No |
| i. Workshop on Health Promotion GMT topics | Yes | No |

11. Does your command need assistance with developing health promotion program resources?

Yes No

Completed by: _____

Rank/Title: _____

Date Assessment Completed: _____

Email Address _____

Phone Number: _____

**Thank you! Please return your completed form to NEPMU2, Norfolk, VA.
POC: Fleet Support Directorate, Health Promotion Program Support: 757.953.6585/6600
DSN 377; FAX Number 757.953.7212 or nancy.vontersch@med.navy.mil**