DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6110.13A
BUMED-M3
14 Jan 2008

BUMED INSTRUCTION 6110.13A

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICAL DEPARTMENT HEALTH PROMOTION AND WELLNESS PROGRAM

Ref: (a) Title 32, Code of Federal Regulations, Part 85, Health Promotion (available at: http://frwebgate1.access.gpo.gov/cgi-bin/waisgate.cgi?WAISdocID=354893413691+9+0+0&WAISaction=retrieve)
(b) DOD Directive 1010.10 of 22 Aug 2003
(c) DOD Directive 6200.4 of 9 Oct 2004
(d) OPNAVINST 6100.2A
(e) Marine Corps Order P1700.29 of 8 Nov 1999
(f) DON Civilian Human Resources Manual, Subchapter 792.4, Apr 2005 (available at: https://www.donhr.navy.mil/donchrm/default.asp)
(g) Healthy People 2010, U.S. Department of Health and Human Services, Jan 2000 (available at: http://www.healthypeople.gov/Publications/)
(h) Guide to Community Preventive Services, CDC Task Force on Community Preventive Services (available at: http://www.thecommunityguide.org/)
(i) 2007 Guide to Clinical Preventive Services, U.S. Preventive Services Task Force (available at: http://www.ahrq.gov/clinic/pocketgd07/pocketgd07.pdf)
(j) 2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel (available at: http://www.ha.osd.mil/special_reports/2005_Health_Behaviors_Survey_1-07.pdf)

1. Purpose. To provide policy and guidance for Navy Medicine's roles and responsibilities in the United States (U.S.) Navy's Health Promotion and Wellness Program.

2. Cancellation. BUMED Instruction 6110.13.

3. Applicability and Scope

a. This instruction applies to all Navy Medical Department activities.

b. References (a) through (e) establish an effective, integrated, and comprehensive health promotion and wellness program throughout the Department of Defense (DOD) and Department of Navy (DON). Navy Medicine health promotion resources will support the health promotion needs of active duty and their family members, reserve component members, civilian beneficiaries, and retirees. Reference (f) establishes health promotion requirements for civilian employees. References (g) through (i) provide national community health and clinical preventive guidelines and establishes U.S. Department of Health and Human Services Healthy People 2010 Goals and Objectives for the Nation and outlines the ten leading health indicators. Reference (j) provides an assessment of military members in meeting selected *Healthy People 2010* objectives.

c. Reference (d) states the Bureau of Medicine and Surgery (BUMED), through the Surgeon General, is the Chief of Naval Operation's (CNO) principal advisor on health service programs within the DON, and is the subject matter expert on the DON's Health Promotion Program. Navy Medical Departments will serve as a community-based resource in support of health promotion programs.

4. Background

a. Unhealthy lifestyles are the major underlying cause for many of the health problems in the U.S. population, pose a huge social and economic burden, and decrease mission readiness by decreasing deployability and performance levels. Examples of unhealthy lifestyles include misuse of drugs and alcohol, tobacco use, poor nutrition, sedentary lifestyle, preventable injuries, sexual irresponsibility, mismanagement of stress and anger, suicide attempts, and interpersonal violence. It is estimated that individual behaviors and environmental factors account for at least 70 percent of all premature deaths in the United States. 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. Beneficiaries who make unhealthy lifestyle choices reduce overall mission efficiency and contribute to the spiraling DOD health care costs. Navy personnel have the responsibility to maintain an optimal state of fitness, health, and well-being, which increases organizational and individual readiness. A healthy lifestyle is a key enabler of a healthy, fit, and mission-ready force.

b. Health promotion programs reduce the health care burden by preventing or significantly delaying the onset of disease and injury. Health promotion programs maintain the health of beneficiaries by reinforcing healthy behaviors and reducing risk behaviors that contribute to preventable illness and injury, as opposed to medical care, which focuses on the identification and treatment of existing medical conditions or the provision of vaccines, chemoprophylaxis, and other medical measures to provide personal protection.

c. Health promotion is an integral component of the DOD's Population Health and Force Health Protection Programs. The Navy's Health Promotion and Wellness Program directly support the CNO's "Pillars of Wellness" per reference (b). Health promotion activities are provided by multiple agencies to individuals, families, and commands in a variety of settings that include, but are not limited to, medical treatment facilities (MTF), Navy operational support centers (NOSC), morale, welfare, and recreation (MWR) facilities, wellness centers, worksites, and community locations.

d. Optimal health can be defined as a balance of physical, emotional, social, spiritual, and mental wellness. Health promotion is the science and practice of guiding individuals and groups to engage in healthy lifestyle choices and avoid health risk behavior, leading toward a state of improved wellness with a reduced risk for injury and disease. Positive lifestyle changes can be facilitated through a broad range of health promotion and wellness activities that enhance awareness, motivate behavioral change, build personal skills, and create environments that support healthy behaviors.

(1) Awareness activities are intended to reach large numbers of people (e.g., military members, civil servants, retirees, youth) to raise their level of understanding about the impact of lifestyle on health and increase interest in learning about health related behaviors. The information at this level is very basic. Examples may include conducting public awareness campaigns, providing information through plan of the day (POD) or week (POW) notes, brochures, pamphlets or booklets, posters, or newsletter articles.

(2) Education/motivation activities are designed to provide more intense information to individuals or smaller groups and seek to motivate these individuals to adopt healthy behaviors. These levels of activities may provide individualized feedback regarding health status. Examples include the completion of a health risk assessment tool about personal health behaviors, health screenings, videos, one-time seminars or lectures, motivational interviewing and counseling, commissary tours, telephone health support (e.g., Military OneSource), targeted Internet and Intranet health resources, health challenges such as the *Great American Smokeout* or *Crews Into Shape*, and peer support groups (e.g., walking groups, weight loss/maintenance, new parents/ deployed spouses support group). Programming must address environmental changes that increase awareness and interest in making healthier choices. Examples of environmental changes include presenting information on healthy food items in galleys, vending machines, and commissaries; prohibiting tobacco use or restricting tobacco use to designated areas; designing physical activity areas, both indoors and outdoors, to be physically active; and ensuring that safe transportation resources are available when members choose to consume alcohol.

(3) Intervention activities are intensive and provide long-term support of behavior change through the practice of skill building activities intended to promote the self-management of health. These activities are reserved for a small number of highly motivated individuals, many of who are at higher risk for health problems. These activities may require support by a variety of qualified professionals. Intervention activities are designed to achieve substantial health behavior changes. These activities provide for individualized monitoring, feedback, support, and seek to empower participants to maintain long-term success. Examples of intervention activities include tobacco cessation programs, weight management programs, physical fitness courses, and individual counseling regarding health behaviors.

5. Policy. BUMED serves as an advocate and primary consultant for all health promotion and wellness programs in the U.S. Navy and Marine Corps in support of references (a) through (f). All Navy Medical Department activities and members serve as role models for effective health promotion and wellness programs and must exemplify the Navy's culture of fitness.

6. Responsibilities

a. Chief, BUMED shall:

(1) Serve as the principal advisor to the CNO for health service programs within the Navy, and as the subject matter expert on the Navy's Health Promotion and Wellness Program as per reference (d).

(2) Provide Regional Commands with policy guidance regarding appropriate health promotion activities and processes for effective program planning, implementation, and assessment.

(3) Provide measures of effectiveness that will be in accordance with provider enterprise/ strategic plan/whole goals and will use continuous process improvement tools (e.g., Lean Six Sigma).

(4) Serve as Navy Medicine's resource sponsor in support of the Navy's Health Promotion and Wellness Program to ensure that staffing, program support materials, and training are sufficient to accomplish the health promotion mission. Review Regional Commander's request for Health Promotion and Wellness Program budget adjustments as submitted.

(5) Sponsor the annual Health Promotion and Wellness Award, which recognizes and promotes primary prevention policies, practices, and outcomes within Navy Medicine.

b. Commanders, Navy Medicine Regional Commands/Navy Reserve Commands shall:

(1) Ensure distribution and execution of this instruction to the medical activities under their command.

(2) Ensure that medical activities under their command annually review and revise their community health assessments, and prepare a plan for implementation and evaluation of health promotion programs and activities for the fiscal year that reflect local health promotion needs. Each plan will include a budget to support the program. Such plans will indicate in detail how health promotion resources will be prioritized according to beneficiary category and level of programming. If adjustments to the annual HP budget allocation are desired; Regional Commanders should submit a funding adjustment request to the BUMED Health Promotion Program Manager.

(3) Ensure that each MTF collects and monitors their health promotion data, reports designated corporate metrics, and complete an annual program assessment to improve program efficacy.

c. Commanding Officer, Navy and Marine Corps Public Health Center (NMCPHC) shall:

(1) Serve as the designated BUMED representative to provide centralized health promotion support services to medical regional commands and medical activities afloat and ashore.

(2) Provide professional expertise to policy and decision-makers at ashore/afloat commands, including the Secretary of the Navy; Manpower, Personnel, Training and Education Command; Navy Installations Command; Naval Safety Center; Commander, U.S. Fleet Forces Command; and Naval Reserve Forces.

(3) Provide technical and programming assistance to medical and nonmedical commands, clarification on health promotion policy issues, and support Navy health promotion programs with training and online health resources.

(4) Define best health and wellness practices for individuals, worksites, and communities that are evidence-based and an appropriate use of local resources. Provide technical and content oversight in developing, implementing, and evaluating award criteria for the BUMED sponsored Health Promotion and Wellness Award.

(5) Identify and disseminate appropriate health promotion metrics (e.g., tobacco cessation and weight management intervention metrics). Serve as a resource to monitor and evaluate health data sources that may include health surveys, health risk assessments, Physical Readiness Information Management System (PRIMS), AHLTA and others to improve health promotion programs and methodologies.

(6) Develop health promotion programs and products for implementation by Navy Medicine and for distribution throughout the DON. Such programming includes, but is not limited to, health promotion calendar of events, linkage to national health resources, supporting tools and resources for field implementation, and supporting health promotion excellence through award recognition.

d. All Commanders, Commanding Officers (COs), and Officers in Charge (OICs) shall:

(1) Provide health promotion program support for their communities. Promote wellness and healthy lifestyles within their own commands by setting a personal example for healthy living and providing/supporting health promotion activities for their health care staff.

(2) Encourage MTF providers to address unhealthy lifestyles and behaviors of their beneficiaries at all patient encounters and make appropriate preventive and clinical referrals.

(3) Monitor and evaluate health promotion program effectiveness. Collect and report program metrics to NMCPHC, as designated by BUMED, via respective Regional Commanders.

(4) Plan, budget, and staff to adequately and effectively execute health promotion programs that focus on the reduction of health risk behaviors within their beneficiary population.

(5) Establish and support health promotion and wellness programs which target unhealthy behaviors and address the needs of the Navy community. These include:

(a) Drug Abuse Prevention and Control.

(b) Alcohol Abuse Prevention and Control.

(c) Tobacco Use Prevention and Cessation.

(d) Overweight Prevention, Obesity Elimination, and Nutrition Education.

(e) Sedentary Lifestyle Elimination and Physical Fitness Promotion.

(f) Injury and Illness Prevention.

(g) Sexual Health and Responsibility.

(h) Suicide Prevention and Stress/Anger Management.

(6) Appoint a Health Promotion and Wellness Program Director at each MTF and at each Reserve Component Operational Health Support Unit (OHSU). Ensure that program director or designated coordinator has attended within 6 months of appointment, the semi-annual Navy Health Promotion and Wellness Course training.

e. Health Promotion and Wellness Program Director shall:

(1) Represent the MTF Commander on the installation/base health promotion and wellness council. Assist in coordinating a systematic approach to health promotion and wellness within a community or Naval installation in liaison with this advisory group composed of personnel with expertise in each of the health promotion and wellness program elements. This group should meet on a quarterly basis and assist local commands in developing, implementing, and promoting appropriate health promotion and wellness programs. The objective is to provide an integrated program which addresses health promotion and wellness programs in a consistent manner at all Navy and Marine Corps installations.

(2) Ensure that each health promotion and wellness program element is measurable (e.g., in terms of the number of individuals exposed to health messages, resources expended to achieve a process or environmental improvement, number of individuals participating in healthy activities, or elimination of health risks, etc.).

(3) Assist the command in implementing effective programs and activities that specifically meet the need of the beneficiary population. Annual community assessments, local health care data (e.g., ALHTA, health risk assessment, Population Health Navigator), and national community and clinical preventive guidelines provide the basis for implementation and assessment of health promotion programming.

(4) Conduct health promotion activities at each programming level (see paragraph 6d above) on appropriate topics, based on local needs and available resources. In some cases other installation agencies will have primary responsibility for conducting activities, (e.g., MWR, Fleet and Family Support Centers) but medical health promotion resources can be used to assist. For

example, a health educator may support the Safety Office by providing awareness level information on sleep deprivation prior to a holiday weekend, during which time traffic accidents pose a significant preventable risk.

(5) Coordinate health promotion activities that occur within the MTF and that target the health promotion needs of the health care staff. Assist health promotion staff in developing process and outcome objectives and metric collection.

(6) Liaison with other military services, agencies, commands, and departments to provide support that enhances and optimizes the health promotion and wellness program.

f. Making realistic and achievable health decisions that enhances health and reduces the current and projected health care burden attributable to preventable causes is the individual's responsibility. Individual beneficiaries shall retain the responsibility for managing their personal health and deciding on the degree of preventable health risks they will assume. They shall receive information and assistance for building self-management skills and are also entitled to an environment that supports healthy decision-making.

7. Action. Commanders, COs, and OICs of Navy Medical Department activities shall ensure that the policy and guidelines provided in this instruction are implemented.

T. R. CULLISON
Acting

Distribution is electronic only via the Navy Medicine Web site at:
http://navymedicine.med.navy.mil/default.cfm?selTab=Directives