



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO

BUMEDINST 6110.13B
BUMED-M37
2 Apr 2018

BUMED INSTRUCTION 6110.13B

From: Chief, Bureau of Medicine and Surgery

Subj: HEALTH PROMOTION AND WELLNESS PROGRAM

Ref: (a) 32 CFR Part 85
(b) DoD Instruction 1010.10 of 28 April 2014
(c) DoD Directive 6200.04 of 9 October 2004
(d) OPNAVINST 6100.2A
(e) Marine Corps Order 1700.29 of 8 Jan 2013
(f) DON Civilian Human Resources Manual, Subchapter 792.4, April 2005
(g) Healthy People 2020, U.S. Department of Health and Human Services, December 2010
(h) Guide to Community Preventive Services, CDC Task Force on Community Preventive Services
(i) 2014 Guide to Clinical Preventive Services, U.S. Preventive Services Task Force
(j) 2011 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel
(k) BUMEDINST 6222.12C
(l) SECNAVINST 5300.30E
(m) OPNAVINST 6000.1C

1. Purpose. To establish policy and assign responsibilities for the Navy and Marine Corps Health Promotion and Wellness (HPW) Program.
2. Cancellation. BUMEDINST 6110.13A.
3. Applicability and Scope. This instruction applies to all Navy Medical Department activities.
 - a. References (a) through (f) establish and support an effective, integrated, and comprehensive HPW program throughout the Department of Defense (DoD) and Department of the Navy (DON). Navy Medicine health promotion resources support the health promotion needs of active duty and their family members, Reserve Component members, civilian beneficiaries, and military retirees. Reference (f) establishes health promotion requirements for civilian employees. References (g) through (i) provide national community health and clinical preventive services guidelines; establish U.S. Department of Health and Human Services Healthy People 2020 goals and objectives for the nation; and outline the 12 leading health indicator topics. Reference (j) provides an assessment of military members in meeting selected Healthy People 2020 objectives. References (k) through (m) direct medical activities regarding the promotion of sexual health.

b. Reference (d) designates Chief, Bureau of Medicine and Surgery (BUMED) as the principal advisor to the Chief of Naval Operations (CNO) through the Surgeon General of the Navy for health service programs within the Navy, and as the subject matter expert on the Navy's HPW Program.

4. Background

a. The physical and mental health of DON personnel has a direct impact on their ability to perform the mission. Recent naval operational tempo is the highest since World War II, resulting in significant readiness, retention, and physical and mental health challenges. Chronic diseases and conditions, as well as risky behaviors such as tobacco use, poor nutrition, lack of exercise, and alcohol misuse result in reduced force readiness and places strain on the healthcare system through increased costs. Navy health promotion programming is designed to reduce the incidence of chronic diseases and conditions by promoting healthy behaviors and better personal and public health decisions, resulting in improved readiness and resilience.

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

c. HPW programs focus on nine key areas: psychological and emotional well-being, healthy eating, active living, tobacco free living, preventing drug abuse, responsible drinking, weight management, injury and violence free living, and reproductive and sexual health. Programming must be delivered at three different levels:

(1) Awareness. Provides basic information intended to reach large numbers of people to raise their level of understanding about the impact of lifestyle on health and increase interest in learning about health related behaviors. Examples include conducting public awareness campaigns or providing information through plan of the day or week notes, brochures, pamphlets or booklets, posters, or newsletter articles.

(2) Education and Motivation. Provides more intense information to individuals or small groups compared to the awareness programming level and seeks to motivate and encourage these individuals to adopt healthy behaviors. This level of activities may provide individualized feedback regarding health status. Examples include the completion of health risk assessment tools, health screenings, one-time seminars or lectures, motivational interviewing, commissary tours, telephone health support, targeted internet health resources, and health challenges such as the Great American Smokeout or Crews Into Shape.

(3) Intervention. Provides intensive long-term support of behavior change through the practice of skill building activities intended to promote the self-management of health. These activities involve small numbers of highly motivated individuals and usually require support by a variety of qualified professionals. Intervention activities are designed to achieve substantial health behavior changes through individualized monitoring, feedback, support, and empowerment 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.

d. Health promotion is an integral component of the DoD's Population Health and Force Health Protection programs. The Navy's HPW Program directly supports the CNO's "Sailor 2025" initiative, providing an enriched culture of resilience, health, and fitness. Health promotion activities are provided through multiple means to individuals, families, and commands in a variety of settings that include, but are not limited to: medical treatment facilities (MTF); Navy Environmental Preventive Medicine Units (NEPMU); Navy Operational Support Centers; Morale, Welfare, and Recreation (MWR) facilities; wellness centers; worksites; community locations; and unit medical spaces.

5. Policy. All Navy Medical Department activities should deliver evidence-based, effective HPW programs consistent with references (a) through (m). Navy Medicine members must support and exemplify the Navy's culture of fitness.

6. Responsibilities

a. Chief, BUMED will:

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

(2) Designate Navy and Marine Corps Public Health Center (NMCPHC) as BUMED's program manager for HPW to provide centralized health promotion support services to Navy Medicine echelon 3 commands and medical activities afloat and ashore.

(3) Appoint a BUMED HPW point of contact (POC) to ensure NMCPHC program management responsibilities are effectively administered through Navy Medicine echelon 3 commands and their subordinate commands, and communicated and supported by leadership within BUMED. The BUMED POC must complete, within 60 days of appointment, the Navy Health Promotion Basics course online, and is encouraged to attend other Navy health promotion courses.

(4) Direct subordinate commands to submit NMCPHC-requested information via official tasker to ensure participation in Tobacco Cessation program, Navy Weight Management program, other HPW programs, and the annual Surgeon General's Health Promotion and Wellness Award.

(5) Serve as Navy Medicine's resource sponsor in support of the Navy's HPW Program to ensure that staffing, program support materials, and training are sufficient to accomplish the health promotion mission. Review echelon 3 commanders' requests for HPW program budget adjustments, as submitted with consideration of recommendations from NMCPHC.

(6) Appoint a command HPW coordinator to manage and implement the command level HPW program for BUMED staff as described in paragraph 6e(2).

b. Commanders, Navy Medicine Echelon 3 Commands and Navy Medicine Reserve Commands will:

(1) Appoint a command HPW POC to serve as the primary consultant or advisor to the commander and to subordinate commands of requirements and ensure distribution of this instruction. Facilitate NMCPHC program management responsibilities with their respective subordinate commands.

(a) Ensure POC completes, within 60 days of appointment, the Navy Health Promotion Basics course online and attends other Navy health promotion courses.

(b) Ensure subordinate activities submit their annual HPW plan with budget to NMCPHC. Annual Health Promotion plans must include programing at the awareness, education and motivation, and intervention levels for the priority areas identified in the command health assessment. Measures of effectiveness should be collected and used to demonstrate program value, as well as for program improvement and strategic planning.

(c) Ensure subordinate activities submit program enterprise-level metrics, including Tobacco Cessation Program metrics, Navy Weight Management participation reports, the annual Surgeon General's Health Promotion and Wellness Award, and any other requirements submitted through official tasking systems to NMCPHC HPW.

(2) Assist subordinate activities in achieving sufficient staffing, training, and resourcing levels to effectively accomplish the health promotion mission. If adjustments to the annual health promotion budget allocation are desired, echelon 3 commanders should submit a funding adjustment request to the BUMED HPW POC via NMCPHC for endorsement.

(3) Appoint a command HPW coordinator to manage and implement the command level HPW program for command staff as described in paragraph 6e(2).

c. Commanding Officer, NMCPHC will:

(1) Serve as the principal advisor and consultant to Chief, BUMED for health promotion programs within the Navy and Marine Corps, and as the designated BUMED program manager

to provide centralized HPW support services to Navy Medicine echelon 3 commands, the Marine Corps Semper Fit Health Promotion Program Office, and other Navy Medicine activities afloat and ashore. Provide policy guidance regarding appropriate health promotion activities and processes for effective program planning, implementation, and assessment.

(2) Collaborate with and support Headquarters Marine Corps (HQMC) Marine and Family Programs Division, Semper Fit Branch, Health Promotion Program Office, as the primary POC for the Marine Corps' health promotion efforts.

(3) Serve as BUMED representative or alternate representative on assigned boards, committees, and working groups.

(4) Serve as BUMED liaison and consultant to the Assistance Secretary of the Navy (Manpower and Reserve Affairs) office for population health and wellness issues including the DON's 21st Century Sailor and Marine Initiative.

(5) Serve as BUMED primary consultant to the Navy Reserve unit HPW director on population health programs and policies for the Navy Medicine Reserve medical units.

(6) Provide subject matter expertise for each of the nine HPW program key areas indicated in paragraph 4c of this instruction.

(7) Provide technical and programming assistance to policy- and decision-makers, clarification on health promotion policy issues, and online health resources that are in line with the National Prevention Strategy, Healthy People 2020, and the identified needs of the DoD and DON.

(8) Develop, maintain, and deliver Navy health promotion training including, but not limited to, the Health Promotion Basics and Health Promotion Advanced course. Manage and direct training programs to ensure training is available world-wide in a timely and cost-efficient manner. Partner with other Navy commands as necessary and appropriate to ensure effective training delivery afloat and ashore.

(9) Advise, consult, and assist BUMED and echelon 3 POCs, and Health Promotion Directors and Coordinators in the delivery of effective health and wellness practices for individuals, worksites, and communities that are evidence-based, reflecting an appropriate use of local resources.

(10) Manage and provide technical and content oversight in developing, implementing, and evaluating award criteria for the Surgeon General's Health Promotion and Wellness Award.

(11) Identify and disseminate appropriate health promotion metrics to include, but not limited to, Tobacco Cessation Program metrics, Navy Weight Management participation reports, and the annual Surgeon General's Health Promotion and Wellness Award. Serve as a resource to monitor and evaluate available data sources to improve health promotion programs and methodologies. Collect and analyze program metrics and provide reports to BUMED and echelon 3 commanders.

(12) Develop and maintain tailored, scientifically sound, evidence-based health promotion materials, programs, and products. Respond to requests for new health promotion products and services based on changing needs. Maintain dynamic Web site to ensure access to these materials.

(13) Appoint a command HPW coordinator to manage and implement the command level HPW program for command staff as described in paragraph 6e(2).

d. Navy Environmental Preventive Medicine Units will:

(1) Serve as the principal advisor to fleet vessels for health promotion programs within the Navy, providing centralized HPW support services to ships within the designated area of operation and responsibility.

(2) Appoint a NEPMU HPW director to serve as the primary consultant or advisor to shipboard commands within their area of operations.

(a) Ensure director completes, within 60 days of appointment, the Navy Health Promotion Basics course online, and attends other Navy health promotion courses.

(b) Identify NEPMU staff to be trained by NMCPHC and serve as pier-side health promotion trainers to ensure continued program availability afloat.

(c) Collect, monitor, and report to NMCPHC, or via official tasking, the health promotion metrics. Metrics include, but are not limited to, Tobacco Cessation Program metrics, Navy Weight Management Participation reports, and the annual Surgeon General's Health Promotion and Wellness Award.

(3) Advise, consult, and assist shipboard Health Promotion Coordinators with command assessment, health promotion plan, Surgeon General's Health Promotion and Wellness Award, metrics such as tobacco and weight management, as well as other elements of health promotion programming to include the delivery of effective health and wellness programs that are evidence-based and an appropriate use of local resources.

(4) Provide technical and programming assistance, clarification on health promotion policy issues, and health resources that are in line with the National Prevention Strategy, Healthy People 2020, and the identified needs of the Navy.

(5) Use NMCPHC's health promotion materials, programs, and products which can be accessed through their Web site as the primary source. Request product support from NMCPHC for additional materials if needed.

(6) Appoint a command HPW coordinator to manage and implement the command level HPW program for command staff as described in paragraph 6e(2).

e. All Navy Medicine Commanding Officers (CO) and Officers in Charge (OIC) will:

(1) Set the tone for a culture of health and lead the efforts to support HPW for their communities. Promote wellness and healthy lifestyles within their own commands by setting a personal example for healthy living and providing and supporting health promotion activities for their staff.

(2) Appoint a command HPW coordinator to manage the community and command level programs and serve as the primary consultant or advisor to subordinate activities.

(a) Ensure coordinator completes, within 60 days of appointment, the Navy Health Promotion Basics course online, and the Navy Health Promotion Advanced course within 180 days of appointment.

(b) Ensure all health promotion programs are offered consistent with references (a) through (m).

(3) Establish a command HPW committee.

(4) Ensure command representation in any base or installation-wide wellness forum.

(5) If the command is an MTF, direct MTF providers and health care team members to address healthy lifestyles and health risk behaviors of beneficiaries at all patient encounters per established clinical practice guidelines.

(6) Approve annual HPW plan, budget, and staffing to ensure adequate and effective execution of health promotion programs that focus on the reduction of health risk behaviors within their beneficiary population.

(7) Ensure health promotion program effectiveness is monitored, evaluated, and reported to NMCPHC.

(8) Apply annually for the Surgeon General's Health Promotion and Wellness Award.

(9) Use NMCPHC's health promotion materials, programs, and products available on their Web site as the primary source. Request product support from NMCPHC for additional materials, if needed.

(10) Ensure liaison with local Marine Corps Community Services (MCCS) Semper Fit Health Promotion programs to complement Health Promotion services and activities aboard U.S. Marine Corps installations.

f. Command HPW Coordinator, Active and Reserve, will:

(1) Serve as the principal advisor to the CO for health promotion services (except at echelon 3 commands, where the command HPW POC assumes that role).

(2) Attend the Navy Health Promotion Basic online course within 60 days of appointment and the Navy Health Promotion Advanced course within 180 days of appointment.

(3) Serve as the CO's representative on both the command HPW committee and any base or installation-wide wellness forums.

(4) Lead the command HPW committee in the assessment of the command's health promotion priority areas and development of annual health promotion plan, budget, and staffing requirements to ensure adequate and effective execution of health promotion programs. Ensure that each HPW activity is measured and annotated as an outcome measure on the annual plan.

(5) Implement effective evidence-based programs and activities at each programming level, using available resources and addressing appropriate topics based on the needs of the population.

(6) Collect, monitor, and report to NMCPHC, or via official tasking, the health promotion metrics. Metrics include, but are not limited to, Tobacco Cessation program metrics and Navy Weight Management participation reports. Support the submission of your command's annual Surgeon General's Health Promotion and Wellness Award. Submit annual plan and any other requested and reported documents as indicated.

(7) Use the health promotion tools and resources available on the NMCPHC Web site as the primary source. Request the development of materials by NMCPHC that are not available on the Web site.

(8) Collaborate with non-medical health promotion coordinators and other agencies (e.g., MWR, Fleet and Family Support Centers, MCCS, Semper Fit, and other agencies on joint bases). In some cases, other installation agencies will have primary responsibility for conducting activities, but medical health promotion resources can be used to assist. For example, a health educator may support a 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.

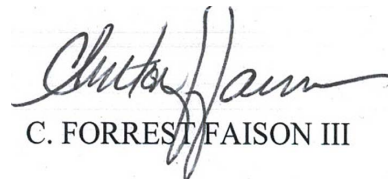
g. Individuals. All members will make realistic and achievable health decisions that enhance health and reduce preventable disease and injury. Individual beneficiaries will retain the responsibility for managing their personal health and deciding on the degree of preventable health risks they will assume. They will receive information and assistance for building self-management skills, and they are entitled to an environment that supports healthy decision-making. Members should also use health promotion resources available on NMCPHC's Web site and through the Marine Corps' Semper Fit Health Promotion Program.

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

8. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV Manual 5210.1 of January 2012.

9. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M37 will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction.

10. Information Management Control. The reports required in paragraphs 6a(4), 6b(1)(c), 6c(11), 6d(2)(c), 6e(7), 6e(8), and 6f(6) are assigned report control symbol NAVMED 6110-1 and are valid for 3 years.



C. FORREST FAISON III

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site: <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.