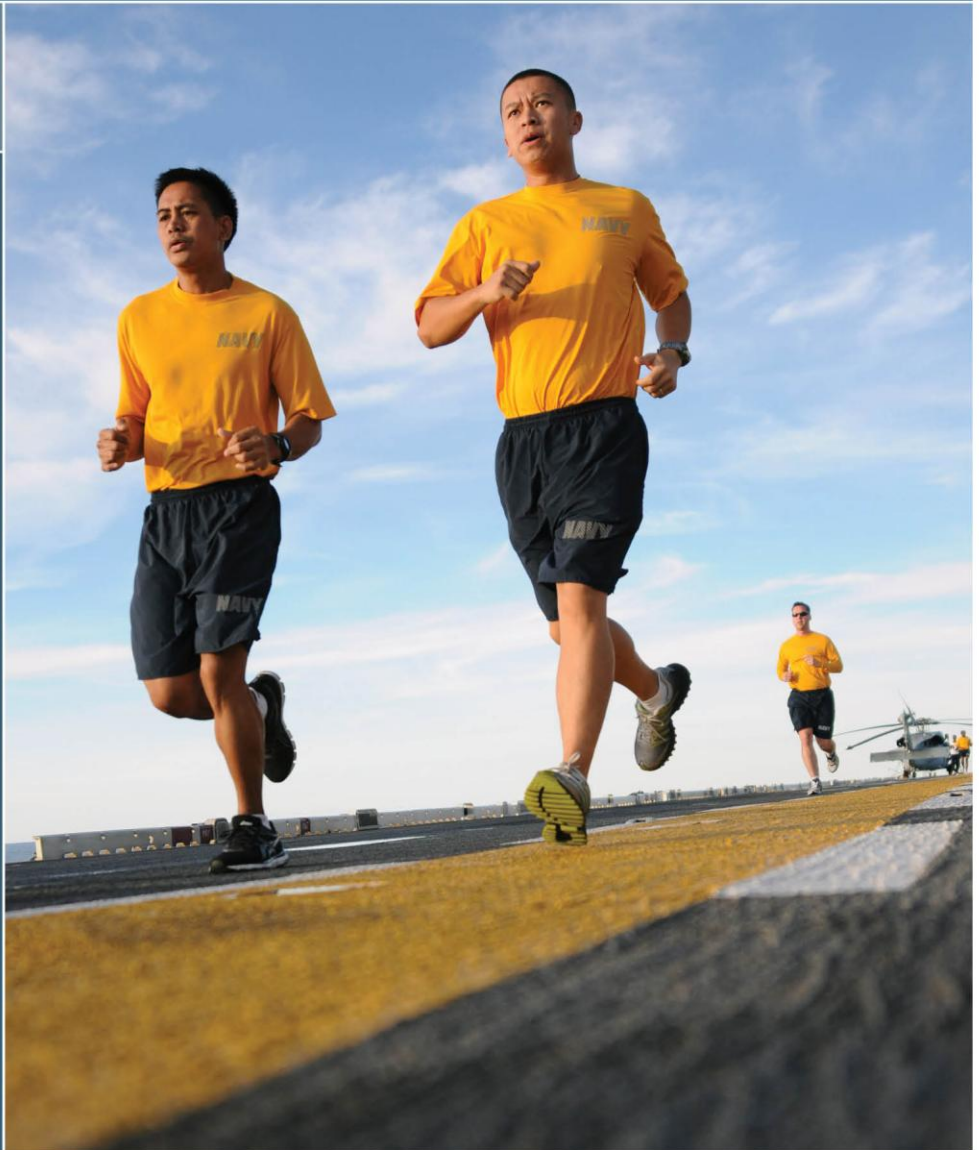




NAVY AND MARINE CORPS PUBLIC HEALTH CENTER: Health Promotion and Wellness Department Strategic Plan



April 2012



EXECUTIVE SUMMARY

“The National Prevention Strategy’s core value is that Americans can live longer and healthier through prevention.”
– National Prevention Strategy, June 2011

In 2012, our Sailors and Marines will conclude a decade of the highest operational tempo since World War II, resulting in significant readiness, retention, and physical and mental health challenges. Within the same timeframe, Department of Defense (DOD) healthcare costs have increased 300%—in fact, consider the following:

- Military healthcare spending is the single largest, uncontrolled cost in the DOD budget, rising from 6.5% (\$19 billion in FY2001) to nearly 10% (\$50 billion in FY2012) of the base budget.¹
- More than 75% of these growing healthcare costs are due to preventable chronic disorders such as heart and respiratory disease, stroke, and diabetes.²

Numerous scientific studies show that comprehensive worksite health promotion programs focused on lifestyle behavior change result in a return on investment in medical costs of \$3 to \$6 for every dollar spent on health promotion.^{6,7,8,9} In reality, evidence-based health promotion and wellness resources are some of the most powerful tools available today to improve Sailor and Marine readiness, resilience, and performance. These same tools will also significantly lower healthcare costs for the larger Navy and Marine Corps family.

The Surgeons General understand the need to focus on prevention. During the 2012 Military Health System (MHS) conference “Healthcare to Health”, prevention of disease and promotion of healthy behaviors was a resounding theme. The U.S. Army Surgeon General, Lieutenant General Patricia Horoho, discussed the following concepts in a poignant Plenary session:

- Healthcare providers, on average, spend a very small amount of time with their patients—only 100 minutes based on an average of five 20-minute primary care appointments per year.
- That leaves 525,600 minutes of the patient’s life, per year, of what she refers to as “white space”.
- The white space is an important time for us to introduce or reaffirm our beneficiaries’ commitment to healthy living using the latest innovative methods, including social media.

During the past 10 years, the Navy and Marine Corps Public Health Center (NMCPHC) Health Promotion and Wellness (HPW) Department has been at the forefront in demonstrating the importance of health promotion to Fleet and Shore Command leadership. In support of and response to DON policy and instruction, HPW staff have provided essential capabilities and continuously maintained a distinguished record of filling the pivotal role between policy and the implementation of meaningful, scientifically sound HPW programs. Now, the imperative of healthcare cost containment demands immediate attention—and health promotion will serve an additional critical role by providing the tools to lower the occurrence of preventable chronic disease. No other Department—and no other program—exists in the Navy that has both the capability and capacity to meet these strategic requirements.

Our NMCPHC HPW Department mission is an enduring one, with very special requirements when considering the unique demands of the Fleet; wounded, ill, and injured; their families; and the aging retiree populations. There has never been a stronger need for health promotion leadership to define real solutions to our operational readiness challenges and uncontrolled military healthcare costs.

Now is the time for the NMCPHC HPW Department to grow and stretch to meet a new challenge—to become **the** central and recognized Center of Excellence for Health Promotion and Wellness. We will do this by implementing programs which will contribute to Sailors, Marines, and their families (Active, Reserve, and Retired) making improved behavior choices regarding their health and wellbeing and thus reducing preventable chronic disease. The Navy and Marine Corps must get behind the idea that it is far more prudent and cost-effective to prevent disease than it is to attempt to cure it.

*Health promotion is the right thing to do—
and it is more important now than ever before.*

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NAVY AND MARINE CORPS PUBLIC HEALTH CENTER – HEALTH PROMOTION AND WELLNESS DEPARTMENT STRATEGIC PLAN (APRIL 2012)

1. OUR VISION

To be a world-class Center of Excellence empowering people to live healthier lives.

2. OUR MISSION

The mission of the Navy and Marine Corps Public Health Center (NMCPHC) Health Promotion and Wellness (HPW) Department is to provide innovative and evidence-based health promotion and wellness programs and services that facilitate readiness and resilience, prevent illness and injury, hasten recovery, and promote lifelong healthy behaviors and lifestyles.

3. THE NEED

The need for NMCPHC HPW services is intense, and the support of the Department should be considered a strategic military priority for the following reasons:

- The efficiency and operational capabilities of the Navy and Marine Corps depend upon its people. The physical and mental health of operational and support personnel have a direct impact on their ability to perform the tasks and missions our nation calls them to perform.
- Our forces are just completing a decade of the highest operational tempo since WWII, resulting in significant readiness, retention, and physical and mental health challenges.
- Department of Defense (DOD) healthcare costs are at an all-time high and have increased by 300% over the past decade—rising from \$19 billion in 2001 to a projected \$50 billion in 2012 (see Appendix A).¹
- More than 75% of these growing healthcare costs are due to chronic health conditions such as diabetes, cardiovascular and respiratory diseases, and stroke.² These diseases have causes that we can influence, reducing incidence through healthy behaviors and better personal and public health decisions.

Military healthcare spending is the single largest, uncontrolled cost in the DOD budget, rising from 6.5% (\$19 billion in FY2001) to nearly 10% (\$50 billion in FY2012) of the base budget.¹

- Preventable injuries are currently the leading health problem for the U.S. military, resulting in over 1.8 million medical encounters among more than 800,000 service members annually.³ In addition to the morbidity and mortality as well as the health care costs associated with injuries, a 2006 white paper reported that in 2005, injuries resulted in approximately 25 million days of limited duty.⁴
- The Surgeons General understand the need to focus on prevention. During the 2012 Military Health System (MHS) conference “Healthcare to Health”, prevention of disease and promotion of healthy behaviors was a resounding theme. The U.S. Army Surgeon General, Lieutenant General Patricia Horoho, described, in a poignant Plenary session, the very small amount of time healthcare providers, on average, spend with their patients—only 100 minutes based on an average of five 20-minute primary care appointments per year. That leaves 525,600 minutes of the patient’s life, per year, of what she refers to as “white space”. The white space is an important time for us to introduce or reaffirm our beneficiaries’ commitment to healthy living using the latest innovative methods, including social media.

Health promotion and wellness programs can address each of these issues and in doing so can improve the readiness levels and operational efficiency of the Navy and Marine Corps and reduce DOD healthcare expenditures.

4. THE RECOGNITION

Workplace HPW programs are well recognized as providing a high return on investment (ROI). The recently published *National Prevention Strategy* notes that for every \$1 spent on workforce wellness programs, medical costs are reduced by \$3.27.⁵ Other scientific studies have repeatedly confirmed the highly positive cost/benefit ratio of HPW programs, with the range of benefit typically spanning between \$3 and \$6 in cost reduction for every dollar spent.^{6,7,8,9} (Refer to Appendix B for more about ROI for HPW programs.)

Despite this high ROI for HPW programs, our nation currently spends just 5 cents out of every healthcare dollar on prevention, compared to 75 cents on treating largely preventable and manageable chronic diseases.

Our national and DOD leaders know the importance of health promotion programs. They understand that health promotion is one of a very few critical integration/leverage points by which we can improve the readiness, resilience, and performance of our most valuable resource—our people—and save money doing so. They have made it clear that the optimization of health and wellness in war and in peacetime is a mission of strategic importance.

We know the solutions to many of the most serious healthcare challenges. Those solutions include exercise, improved nutrition, and tobacco avoidance. What we lack are adequate resources and centralized coordination to deploy the type of comprehensive, evidence-based tools and communication programs required to influence community and individual health and wellness behaviors. Evidence-based health promotion and wellness resources are some of the most powerful and cost-effective tools available today to improve Sailor and Marine readiness, resilience, and performance. These same tools can also significantly lower the total healthcare costs for the larger Navy, Marine Corps, and Department of Navy (DON) civilian family.

5. THE NAVY AND MARINE CORPS PUBLIC HEALTH CENTER – HEALTH PROMOTION AND WELLNESS DEPARTMENT

During the past 10 years, the NMCPHC HPW Department has been at the forefront in demonstrating the importance of health promotion to Fleet and Shore Command leadership. An HPW Customer Assessment, conducted in January 2012, demonstrated that respondents overwhelmingly find NMCPHC HPW programs, products, services, and support to be unique, valuable, and trustworthy and stated the command is very responsive to requests for assistance (see Appendix C). With limited resources, the HPW staff has provided essential capabilities and continuously maintained a distinguished record of filling the pivotal role between HPW policy guidance and the implementation of meaningful, scientifically sound HPW programs and resources (see Appendix D).

Today, however, we recognize that the NMCPHC HPW Department must become more agile and responsive in order to fully address the growing HPW challenges and demands. Our HPW Department should become *the* central and recognized Center of Excellence for Health Promotion and Wellness and should have the capability to extend its skills and mission to also embrace the evolving needs of the DOD civilian family.

By researching, developing, and implementing best-practice-based programs the HPW Department will strongly contribute to Sailors, Marines, and associated civilian populations making improved behavior choices regarding their health and wellbeing. The long-term benefits will include reducing the prevalence of preventable chronic disease.

6. ORGANIZING TO MEET THE CHALLENGE

Our national and DOD leaders have made it clear that the optimization of health and wellness in war and in peacetime is a mission of strategic and economic importance

(see Appendix E). Meeting that mission, and building an integrated, functional, and effective Health Promotion Team, requires collaboration and the establishment of partnerships with numerous players—Line Leadership, Operational Commanders, DOD Health Affairs, Bureau of Medicine and Surgery (BUMED), Medical Treatment Facilities (MTFs), and the Fleet and Shore Commands supporting our operational forces. Because of long-established partnerships with the above and many others, the NMCPHC HPW program is well positioned to play the central leadership role in the HPW arena.

The HPW Department is the hub through which policy is researched, developed and implemented. Figure 1 below illustrates how HPW programs support prevention, resilience, and the promotion of healthy behaviors across the continuum of health and wellness. The HPW Department provides Fleet and Shore professionals with the tools, training websites, and consultative reach-back support that make their day-to-day HPW successes in the field possible. Health promotion activities focus on the delivery of population-based solutions.

The HPW Department is thus the critical nexus between strategic policy and delivery of improved population health and resiliency. Refer to Appendix D for more about population-based HPW solutions.

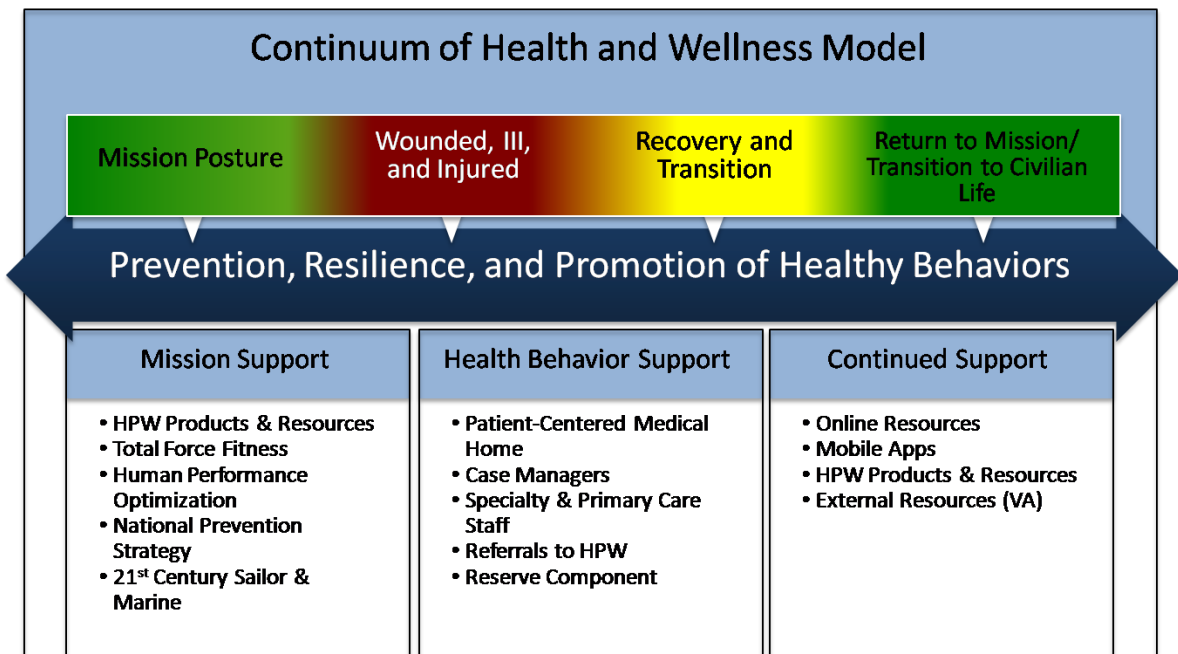


Figure 1. NMCPHC Continuum of Health and Wellness Conceptual Model

The NMCPHC HPW Department has a unique, professional staff whose members have decades of experience in military public health and preventive medicine affairs. Many are former military nurses, dietitians, psychologists, social workers, and preventive medicine officers. The core capabilities and leadership of the HPW team provide a robust platform that can be expanded to fully meet the top Navy and Marine Corps priorities for improving health and wellness.

7. THE NAVY AND MARINE CORPS PUBLIC HEALTH CENTER HEALTH PROMOTION AND WELLNESS FUNCTIONAL ACTIVITIES

To combat rising healthcare costs, and to increase operational readiness and resiliency, the NMCPHC HPW Department has implemented a number of successful programs—and with the recent additions to its professional staff it stands ready to do more.

The NMCPHC HPW Department serves as Navy Medicine’s foremost authority on all aspects of health promotion and as the primary HPW advisor and consultant to Navy and Marine Corps line leaders and Fleet and Shore medical and health promotion representatives. Furthermore, we play a pivotal liaison role in the development of HPW policy at the Navy Medicine/BUMED level. We identify nationally recognized and evidence-based model programs that are proven to improve health and customize these programs to meet Navy and Marine Corps operational realities. See Figure 2 below.

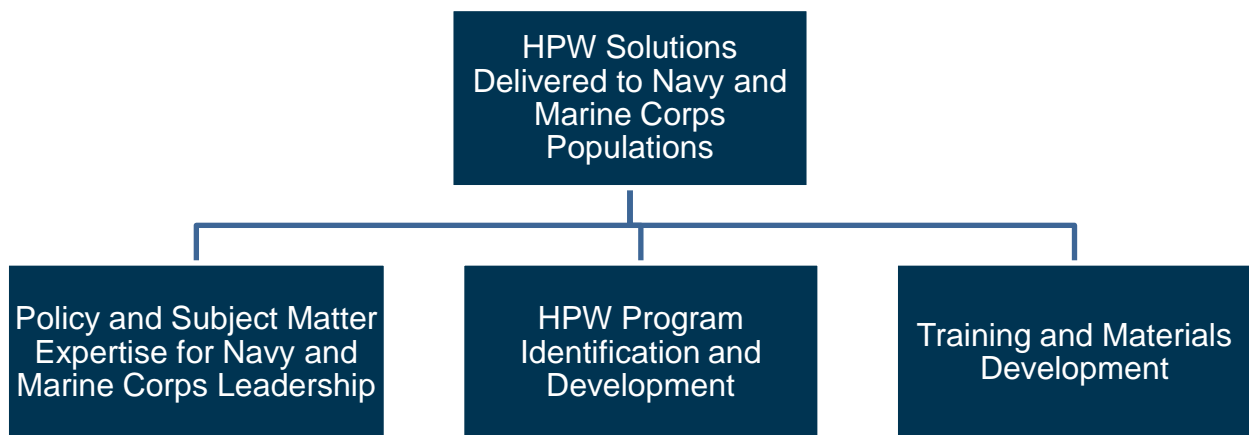


Figure 2. NMCPHC HPW Key Mission Areas

Currently, our core functions are as follows:

- Shape HPW policies for the Navy and Marine Corps, active duty and reserve components
- Provide HPW subject matter expertise to Navy Personnel Command (NAVPERS); Navy Education and Training Command (NETC); Commander, Navy Installations Command (CNIC); BUMED; and other budget-submitting offices (BSOs) and Type Commands (TYCOMs)
- Research, identify, develop, and deploy evidence-based programs with a demonstrated ROI
- Develop HPW curricula and educational materials
- Train the trainers, enhancing the abilities of future HPW instructors and program managers to deliver proven public health and wellness solutions
- Develop HPW references and resources
- Integrate and collaborate with numerous private, public, national, and DOD partners
- Expand and adapt existing HPW programs and services for the WII population
- Meet our specified organizational requirements as outlined in directives

The Nation's Top Priorities for Improving Health and Wellness

- Tobacco-Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury and Violence-Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-Being

Many of the model programs we use are based on the Centers for Disease Control and Prevention (CDC) supported Guide to Community Preventive Services, a collection of all the evidence-based findings and recommendations of the Community Preventive Services Task Force (CPSTF) (<http://www.thecommunityguide.org>). This approach has been productive and

CPSTF guidance has led directly to the development of the Fleet and Marine Corps Health Risk Assessment (HRA) tool and resulted in policy changes addressed in the Secretary of the Navy's 2008 Navy Tobacco Policy and in subsequent Navy tobacco policy letters and directives.

With more than ten years of demonstrated expertise and leadership, the NMCPHC HPW program has developed and successfully deployed a number of important HPW programs (Appendix D). We now see the need and opportunity to move to the next level, to grow our operations to meet the large-scale HPW demands of our Navy and Marine Corps populations. To this end, we propose to expand the influence of the NMCPHC HPW Department to establish and solidify its reputation as a Center of Excellence for Health Promotion and Wellness. This expanded mission will enable NMCPHC HPW to continue its current role while also doing the following:

- Collaborating with Navy and Marine Corps line and medical leaders through the distribution of the best, most effective HPW knowledge, tools, and programs available to increase individual and unit readiness, resilience, and performance.
- Identifying the unique needs of WII Sailors and Marines and providing health behavior support across the continuum of health and wellness (Appendix F)
- Developing new Navy and Marine Corps population-specific programs to meet specific community health and readiness challenges identified through data analysis of the NMCPHC's Epi Data Center and Health Analysis information resources. This may involve developing new programs or customizing existing best-practices from civilian public health and wellness programs to fit Navy and Marine Corps needs and operational realities.
- Expanding our programs to embrace the DOD civilian "family" to further assist in achieving healthcare cost reductions and enhanced personnel functionality across DOD.
- Expanding collaborations and partnerships between NMCPHC HPW and other DOD, national, and private partners engaged in effective public health, community health, and wellness program development and deployment.
- Enhancing our outreach, education, and training programs to assure that Fleet and Shore command personnel are equipped with the tools, education, and programmatic materials required to deliver best-practice programs and interventions "on the ground."

- Developing specific programs and messaging customized to reflect identified differences in the needs of the Navy, Marine Corps, WII, and civilian DOD audiences.

8. NMCPHC HPW RECOMMENDED STRATEGIES AND ACTION PLAN

The operationalization of this expanded mission requires development and deployment of a formal strategy and action plan. Working in collaboration with Navy and Marine Corps Line and Navy Medicine Leadership, the NMCPHC HPW Department proposes six specific strategies and associated actions to achieve this expanded role. These six strategies are outlined in Table 1.

Table 1. Recommended Strategies and Associated Actions for Enhancing Navy, Marine Corps, and DOD Prevention and Wellness Through the NMCPHC HPW Department

STRATEGIES	ASSOCIATED ACTIONS
<p>Strategy 1: Strategic Alignment</p> <p>Align with National, DOD, Navy, and BUMED Strategic Initiatives</p>	<ul style="list-style-type: none"> - Action 1.1: By March 2012, complete phase I of HPW strategic plan, ensuring plan clearly states alignment. - Action 1.2: Maintain alignment through no less than quarterly staff HPW strategic planning meetings. - Action 1.3: Update HPW strategic plan as changes occur, but no less than yearly. - Action 1.4: By the end of CY 2012, present a web-based dashboard to measure progress toward achieving measureable objectives.
<p>Strategy 2: Build Reputation as Experts</p> <p>Market ourselves as a Center of Excellence for Health Promotion and Wellness</p>	<ul style="list-style-type: none"> - Action 2.1: By end of CY 2012, compile a list of evidence-based, best practice tools to assist Commands in successfully implementing HPW programs. - Action 2.2: By March 2012, develop a webpage displaying credentials and biographies of HPW staff to highlight the expertise that HPW team brings to the department. - Action 2.3: By the end of the summer 2012, coordinate and attend professional training that validates the department as an HPW CoE. - Action 2.4: Provide input for at least 50 articles/blogs/tweets/publications featuring HPW topics per year. - Action 2.5: By Oct 2012, complete and launch a consistent branding/marketing plan to customers and stakeholders. - Action 2.6: Use web-hit data and customer evaluations to monitor success of branding/marketing campaign for entire website. - Action 2.7: By end of each year, develop a progress report to document yearly accomplishments. - Action 2.8: Receive and adjudicate a minimum of 10 subject matter expert input requests per year to answer eKM taskers from leadership

STRATEGIES	ASSOCIATED ACTIONS
<p>Strategy 3: Health Promotion and Wellness Products/Resources</p> <p>Provide access to credible health education/health promotion resources that are tailored to specific beneficiary groups</p>	<ul style="list-style-type: none"> - Action 3.1: By October 2012, utilize public domain and government resources that meet beneficiary needs. - Action 3.2: By 2013, conduct an annual update of the ShipShape weight management curriculum. - Action 3.3: By Summer 2012, produce a weight management website. - Action 3.4: By June 2012, develop a monthly resource/material update review schedule. - Action 3.5: On a monthly basis during CY 2012, enable subject matter experts (SMEs) to review and update 100% of the resources posted on the HPW Toolbox. - Action 3.6: At the end of CY 2012 and annually thereafter, review, update, and revise resources as needed. - Action 3.7: By Spring 2012, revise and disseminate the Fleet and Marine Corps HRA to every MTF and HRA Administrator, to include both Fleet- and Shore-based commands. - Action 3.8: By Spring 2012, develop and disseminate a uniform ICD coding booklet to be used as a quick reference guide for all health behaviors being addressed with the Wounded, Ill, and Injured (WII) population by case managers. - Action 3.9: By Summer 2012, ensure a 90% compliance rate with preset quarterly training material reproduction guidelines. - Action 3.10: By Fall 2012, fully implement the new online HPW product catalog and training request database.
<p>Strategy 4: Training</p> <p>Provide instructor training opportunities for topic-specific areas and for HPW coordinators/program managers</p>	<ul style="list-style-type: none"> - Action 4.1: Determine specifically who will be trained, how often they will be trained, by whom they will be trained, and where they will be trained via annual planning. - Action 4.2: By the end of CY 2012, identify training “teams” that will provide facilitator training to the customers. Teams will represent the full spectrum of class offerings. - Action 4.3: By the end of FY 2013, revise and market a needs-based training schedule for all HPW class offerings hosted by the NMCPHC HPW SMEs.

STRATEGIES	ASSOCIATED ACTIONS
<p>Strategy 5: Evaluation and Measurement</p> <p>Promote evidence-based practice through program evaluation, health promotion literature review, and data collection and analysis</p>	<ul style="list-style-type: none"> - Action 5.1: Design and implement program evaluation into every HPW product within 3 to 5 years. - Action 5.2: By the end of FY 2013, ensure 80% of certified ShipShape instructors at each Navy hospital or medical center report semi-annual outcome measures. - Action 5.3: By the end of FY 2013, complete a demonstration project for the Military One Source Health Coaching for Healthy Weight and report to BUMED and Reserve Forces. - Action 5.4: Conduct and post an annual analysis of Crews Into Shape using a post-event, web-based participant survey. - Action 5.5: Conduct and post an annual analysis of the Blue H process using a web-based customer participant survey and other data. - Action 5.6: By FY 2015, ensure overall Blue H participation increased an average of 50% per year. - Action 5.7: By the end of CY 2012, confirm the web-based m-NEAT is available, allowing data analysis of the results for the DON and across the other service branches. - Action 5.8: By the end of CY 2012, establish an evaluation process that demonstrates that at least 50% of the Navy's MTFs have at least one staff member who has completed a general HP training (Navy HP and Wellness Course or Navy HP Basics Course, Level I or II). - Action 5.9: During CY 2012, enable SMEs to attend at least one continuing education unit (CEU) presentation on a key HPW topic. Topic, ideally, should be aligned with the National Prevention Strategy, SECNAV's 21st Century Sailor and Marine or other guiding initiative/instruction. - Action 5.10: By Spring 2012, obtain Physical Readiness Information Management System (PRIMS) data from the Fall 2011 physical fitness assessment (PFA) results and work with the EpiData Center (EDC) to analyze long-term weight loss maintenance among members that completed ShipShape. - Action 5.11: By FY 2013, define data mining methodology for obesity in adults and children with the assistance of the Health Analysis section. - Action 5.12: By Spring 2012, obtain data from case managers on programs and resources needed for the WII population. - Action 5.13: By Spring 2012, complete an assessment of services being utilized by the WII population (from 2008 to present). - Action 5.14: By Summer 2012, complete a needs assessment and an analysis of programs offered to determine areas of improvement and future needs. - Action 5.15: By December 2012, ensure that all participants who complete the Fleet and Marine Corps HRA have a "Help" option available to enable them to make comments and/or ask questions about the tool. - Action 5.16: By December 2012, offer each participant who completes ShipShape the opportunity to complete a program evaluation survey; these comments will be considered during the annual program review. - Action 5.17: Continue to refine and use the existing web-based customer survey tool for the Sexual Health and Responsibility Program (SHARP) annually.

STRATEGIES	ASSOCIATED ACTIONS
<p>Strategy 6: Harness Technological Resources</p> <p>Develop a premier website that is visited and known by beneficiaries and leadership</p>	<ul style="list-style-type: none"> - Action 6.1: By February 2012, present a retrospective report of 2011 webpage hits. - Action 6.2: By March 2012, define parameters that will be measured on an ongoing basis. - Action 6.3: By end of CY 2012, develop a feedback survey for website visitors to complete. - Action 6.4: By end of CY 2012, develop and incorporate quick reference (QR) codes on all HPW materials - Action 6.4: By the end of FY 2013, release at least one mobile application. - Action 6.5: By the end of FY2013, devise a plan to redesign the existing HPW website. - Action 6.6: By FY 2014, confirm the HPW website has realized a statistically significant increase in web traffic compared to baseline data acquired. - Action 6.7: By FY 2014, ensure customer satisfaction with the website will be 80% or higher compared to baseline data acquired.

9. CONCLUSION

Our National and DOD leaders have made it clear that the optimization of health and wellness in war and in peacetime is a mission of strategic and economic importance. The *National Prevention Strategy* points out, and numerous scientific studies confirm, the highly positive cost/benefit ratio of HPW programs. Evidence-based HPW resources are some of the most powerful and cost-effective tools available today to improve the 21st Century Sailor and Marine readiness, resilience, and performance, while significantly lowering healthcare costs for the DOD family. For over ten years, pulling from limited resources and utilizing cost-effective methods, the NMCPHC HPW staff has provided essential capabilities. The staff has consistently maintained a distinguished record of filling the pivotal role between HPW policy guidance and the implementation of meaningful, scientifically sound HPW programs and resources. Today, we stand ready to move to the next level, expanding our operations to meet the large-scale health promotion and wellness demands of our Navy and Marine Corps populations. This plan will be our strategic road map as we work to broaden the influence of the NMCPHC HPW Department to establish and solidify its reputation as a Center of Excellence for Health Promotion and Wellness. We believe our mission is clear and achievable. We are the Health Promotion and Wellness Department at the Navy and Marine Corps Public Health Center. We are agile, responsive, and poised to support Navy Medicine's customer needs now and into the future.

ACRONYMS

BUMED	Bureau of Medicine and Surgery
BSOs	Budget Submitting Offices
CEU	Continuing Education Unit
CNO	Chief of Naval Operations
CoE	Center of Excellence
CPPD	Center for Personal and Professional Development
CFFC	Commander, Fleet Forces Command
CNIC	Commander, Navy Installations Command
CONOPS	Concept of Operations
CPSTF	Community Preventive Services Task Force
DOD	Department of Defense
DON	Department of the Navy
EDC	Epidemiological Data Center (EpiData Center)
eKM	Enterprise Knowledge Management
FHP	Force Health Protection
HIV	Human Immunodeficiency Virus
HPO	Human Performance Optimization
HPW	Health Promotion and Wellness
HRA	Health Risk Assessment
MEFs	Marine Expeditionary Forces
MHS	Military Health System
M-NEAT	Military Nutritional Environment Assessment Tool
MPT&E	Manpower, Personnel, Training and Education
MTF	Medical Treatment Facility
Navy OSC Lead	Navy Operational Stress Control for Leaders
NAVPERS	Navy Personnel Command
NAVSUP	Navy Supply Systems Command
NETC	Navy Education and Training Command
NMCPHC	Navy and Marine Corps Public Health Center
NOFFS	Navy Operational Fitness and Fueling System
NSW	Navy Special Warfare Command
OPNAV	Office of the Chief of Naval Operations
OSC	Operational Stress Control

OSCAR Operational Stress Control and Readiness
PFA Physical Fitness Assessment
PRIMS Physical Readiness Information Management System
PTSD Post Traumatic Stress Disorder
ROI Return on Investment
SECNAV Secretary of the Navy
SHARP Sexual Health and Responsibility Program
SME(s) Subject Matter Expert(s)
SOCOM Special Operations Command
TCAT Tobacco Cessation Action Team
TYCOMs Type Commands
WII Wounded, Ill, and Injured

APPENDIX A – EXAMPLES OF CHALLENGES WE MUST ADDRESS

The following healthcare challenges require dynamic and comprehensive health promotion and wellness solutions and demand attention by the Department of the Navy:

- Military healthcare spending is the single largest, uncontrolled cost in the DOD budget, rising from 6.5% (\$19 billion in FY2001) to nearly 10% (\$50 billion in FY2012) of the base budget.¹
- More than 75% of the growing healthcare costs are due to preventable chronic disorders such as heart and respiratory disease, stroke, and diabetes.²
- “At least nine million 17- to 24-year-olds in the United States (27%) are too fat to serve in the military. Obesity rates among children and young adults have increased so dramatically that they threaten not only the overall health of America but also the future strength of our military.”¹⁰
- Nearly 20% of Warfighters returning from Iraq and Afghanistan suffer from diagnosable Post Traumatic Stress Disorder (PTSD) and nearly 40% report stress-related symptoms and dysfunction that significantly compromise reintegration into a full, productive life. Effective healing is significantly enhanced by engaging in healthy lifestyles and behaviors.¹¹
- In 2006, DOD spent an estimated \$2.1 billion for medical care associated with tobacco use, excess weight and obesity, and high alcohol consumption for its 4.3 million beneficiaries under age 65.¹²
- In the same year, military non-medical costs (reduced productivity, early attrition, and increased administrative costs) due to tobacco use, excess weight and obesity, and high alcohol consumption were in excess of \$965 million, for a total expenditure of \$3.1 billion in one year.¹²
- In 2008, the Navy spent an estimated \$893 million for medical and non-medical costs associated with tobacco use, excess weight and obesity, and high alcohol consumption for Navy and Marine Corps beneficiaries under age 65.¹³
- In the same year, 49% of Navy beneficiaries under age 65 were overweight or obese.¹³
- Approximately 8,000 Sailors fail the Physical Fitness Assessment (PFA) every year. During the past three years, an average 980 active duty enlisted personnel were administratively separated every year as a result of those PFA failures. Those separations resulted in an incurred training/replacement cost of approximately \$150,000 to 200,000 per Sailor or a minimum loss of \$14.7 million per year.¹⁴

- About 37% of Marines and 31% of Sailors smoke cigarettes. In addition, about 22% of Marines and 10% of Sailors use smokeless tobacco.¹⁵ Tobacco use degrades night vision, physical performance, and wound healing to mention but a few of the critical performance and health issues.
- Preventable injuries are currently the leading health problem for the U.S. military, resulting in over 1.8 million medical encounters among more than 800,000 service members annually.³ In addition to the morbidity and mortality as well as the health care costs associated with injuries, a 2006 white paper reported that in 2005, injuries resulted in approximately 25 million days of limited duty.⁴
- An average of 97 active duty Sailors and Marines were newly diagnosed with Human Immunodeficiency Virus (HIV) each year over the past decade.¹⁶ The lifetime per-person cost of HIV-related care in the U.S. has been estimated to be over \$300,000 adding as much as \$29 million to the healthcare portion of the DON budget each year.¹⁷

APPENDIX B – THE RETURN ON INVESTMENT OF PUBLIC HEALTH AND WELLNESS PROGRAMS

Numerous scientific studies show that comprehensive worksite health programs focused on lifestyle behavior change result in a decrease in medical costs (ROI) of \$3 to \$6 for every dollar spent on health promotion.^{6,7,8,9} Historically, the prevention of infectious disease (e.g., malaria, dysentery, and cholera) saved far more lives of operational combat forces than any other effort. Similarly, evidence-based resources developed and delivered by the NMCPHC HPW Department are powerful tools available today to improve Sailor and Marine readiness, resilience, and performance. These tools will also significantly lower the total healthcare costs for the larger Navy, Marine Corps, and DON civilian family.

It is very important to note that an estimated 60% of the US populations' health is the result of individuals' behaviors as they relate to their community.¹⁸ Community-based prevention strategies are extremely powerful. They increase longevity while reducing illness burden, the likelihood of becoming ill, and healthcare spending. Community-focused strategies make healthy options the easier choices.¹⁹ The Navy and Marine Corps have well-established communities: Base Housing, War Fighting Enterprises (e.g., Surface, Submarine), Platoons, Battalions, Divisions, Ships, or entire Aviation Squadrons. These provide the perfect "targets" to improve the health and wellness of the entire Navy and Marine Corps family. And they will ensure a significant ROI for each dollar spent on health promotion.

APPENDIX C – EXECUTIVE SUMMARY FROM JANUARY 2012 HPW PROGRAM CUSTOMER ASSESSMENT

The Navy and Marine Corps Public Health Center (NMCPHC) provides a wide range of health promotion and wellness (HPW) programs, products, and services that are used by a variety of military professionals. To ascertain the utility of NMCPHC efforts across the many Navy and Marine Corps commands, professions, and situations, NMCPHC offered 150 personnel in a variety of positions the opportunity to provide feedback in a structured online customer assessment. Forty-one people responded, providing a wealth of quantitative and qualitative information through both structured response questions and open-ended questions.

An analysis of responses resulted in the following summary of observations:

- Responses to the customer assessment were driven by strong participation from personnel assigned to three main categories of commands.
- Respondents are highly involved in a wide range of specific HPW programs, products, and/or services.
- Health promotion and wellness programs, products, and services are seen as an important component in maintaining personnel and command readiness.
- Respondents overwhelmingly agree that their command leadership believe in the importance of HPW programs.
- The NMCPHC HPW programs, products, services, and support are viewed as high-quality tools for a wide range of activities.
- Specific NMCPHC HPW programs, products, and services were generally held to be of “Good” or better quality by the majority of respondents.
- The majority of respondents are uncertain if NMCPHC should support other HPW programs, products, and services.
- Less than half of the respondents indicated that their commands are using HPW programs, products, and services not supplied by NMCPHC.
- Respondents overwhelmingly find NMCPHC HPW programs, products, and services to be unique, valuable, and trustworthy and find the NMCPHC to be responsive to requests for assistance.
- Most respondents endorsed a high level of satisfaction with NMCPHC HPW programs, products, and services and would recommend them to a colleague.
- Respondents identified and described many specific strengths of NMCPHC HPW programs, products, and services.

- Respondents provided useful suggestions for improving NMCPHC HPW programs, products, and services.
- Respondents provided useful feedback on concerns about measuring the effectiveness of NMCPHC HPW programs, products, and services.
- Respondents identified a wide range of programs, products, and services that would help them accomplish their work in improving health and wellness.

Overall, respondents to the survey were supportive of available NMCPHC HPW leadership for programs, products, and services. Programs, products, and services were reported to be of good or better quality, unique, and valuable. Respondents demonstrated their support for NMCPHC programs, products, and services by reporting they would recommend them to a colleague—there can be no better endorsement. The results of this assessment will help NMCPHC leadership continue to further improve their offering of services to all they serve.

APPENDIX D – CURRENT FUNCTIONS AND ACTIVITIES IN THE NMCPHC HPW DEPARTMENT (ADDITIONAL PROGRAM EXAMPLES)

For more than a decade, the NMCPHC HPW Department has served as Navy Medicine’s foremost authority on all aspects of health promotion and as the primary HPW advisor and consultant to Navy and Marine Corps line leaders and Fleet and Shore medical and health promotion representatives.

The NMCPHC plays a pivotal liaison role to develop HPW policy at the Navy Medicine/BUMED level and adapts nationally recognized, evidence-based model programs proven to improve health to meet Navy and Marine Corps operational realities. Many of these model programs we use are based on the Centers for Disease Control and Prevention (CDC) supported Guide to Community Preventive Services, a collection of all the evidence-based findings and recommendations of the Community Preventive Services Task Force (CPSTF) (<http://www.thecommunityguide.org>). The CPSTF guidance led directly to the development of the Fleet and Marine Corps Health Risk Assessment (HRA) tool and resulted in policy changes addressed in SECNAV’s 2008 Navy Tobacco Policy and in subsequent Navy tobacco policy letters and directives. The following examples of HPW programs were also developed based on these national initiatives:

- **Tobacco Cessation Programs** to address tobacco use. The HPW Department has developed and provides support to the following: evidence-based training and resources for the Fleet and MTFs; Tobacco-free Campuses; BUMED Tobacco Cessation Action Team (TCAT); Smoke-Free Submarine Force; and the Performance Based Budget Tobacco Metric.
- **Sexual Health and Responsibility Program (SHARP)** promotes and protects the sexual health of the DON population. SHARP supports mission readiness, minimizes avoidable health care costs and personnel losses, prevents morbidity and mortality, and supports quality of life.
- **Navy Operational Fitness and Fueling System (NOFFS)** provides the Navy with a world-class performance training resource for Sailors. NOFFS combines both human performance and injury prevention strategies, resulting in safer training while yielding positive human performance outcomes.
- **Command Fitness Leader** curriculum development provides regional command fitness leaders with the necessary tools and knowledge needed to maximize physical readiness within their command.
- **Navy Operational Stress Control for Leaders (Navy OSC Lead) and Marine Corps Operational Stress Control and Readiness (OSCAR) Programs** provide training to the leaders of operational units to help strengthen their Sailors

and Marines, reduce unnecessary stress, identify problems early, and reduce stigma associated with psychological stress issues.

- **ShipShape Program** facilitates healthy body fat composition in active duty personnel who have failed that component of the Physical Readiness Test.
- **Crews Into Shape Challenge** sparks and guides workplace-focused, team-oriented physical activity and improved fruit and vegetable intake among the whole DOD family.
- **Military Nutrition Environment Assessment Tool (M-NEAT)** helps DOD communities measure accessibility to healthy food options.
- **Standardized HPW training across DON.**

Recent NMCPHC HPW solutions developed for specific senior Navy and Marine Corps Leadership concerns include the following:

- In response to the OPNAV 6100.2A requiring every Navy workplace to promote health, HPW developed and delivered two products:
 - “Blue H” – Navy Surgeon General’s Health Promotion and Wellness Award Program is a ready-to-use guideline for delivering and measuring success in workplace health promotion. Since its inception in 2008, a 33% increase in the number of commands competing for this award has occurred every year. A total of 235 Navy and Marine Corps organizations were awarded the Blue H in 2010.
 - “Health Promotion Toolbox” with free, easy-to-use, downloadable, evidence-based resources.
- In response to CNO-level concerns for the risks of smoking and exposures related to second-hand smoke, HPW developed and deployed Tobacco Cessation training and Train-the-Trainer programs. Metrics to evaluate program effectiveness have been established and are published every 6 months. Results indicate the 6-month quit rates are 27% for participants receiving individual counseling, 20% for group counseling, and 23% for counseling overall. These quit rates are comparable to CDC’s model smoking cessation programs and show that NMCPHC HPW smoking cessation programs are effective.
- In an effort to decrease the loss rate of active and reserve duty personnel, HPW developed the ShipShape program, now the Navy’s official intervention program for weight management. In 2011, 41% of service members completing the course meet the body composition assessment standards at the 6-month follow-up. These success rates are better than those found in similar programs outside

the military and save the military the potential loss of very experienced and well-trained members.

- In response to HRA data indicating the following:
 - Low levels of fruit and vegetable intake and low levels of physical activity – HPW developed, fielded, and continues to manage an annual DOD-wide “Crews Into Shape Challenge”. In March 2011, 1932 crew members in 276 “crews” registered for the challenge. Data indicates that the program positively affected self-reported health-related behavior.
 - Inconsistent condom use by over half of members who were having sex outside monogamous relationships – HPW produced and broadly distributed a report to encourage the promotion of correct and consistent condom use.
- In response to high levels of concern with increased HIV incidence and sexual risk behavior among Sailors and Marines, HPW developed the following:
 - Films, posters, web resources, and classroom interventions targeted at Sailors and Marines.
 - Evidence-based medical training courses and lectures for Physicians, Independent Duty Corpsmen, and Preventive Medicine Technicians.
- In response to the OPNAV survey of parenting and pregnancy, which indicated that 2 out of 3 pregnancies among Navy women are unplanned, HPW developed two evidence-based interventions and one film to fill the identified knowledge and attitude gaps in contraception and family planning.

The NMCPHC HPW program is also consulted by and regularly contributes to the following:

- DOD Medical Monday and Navy Medicine Live Blogs
- Navy Medical Support Command Insider
- MEDNEWS Online
- Friday Facts
- Navy Medicine Magazine
- Navy.mil
- Surface Warfare Magazine

The NMCPHC HPW has established mature strategic partnerships and relationships with the Chief of Naval Operations (OPNAV); Commander, Fleet Forces Command

(CFFC); Navy Special Warfare (NSW) and Special Operations Command (SOCOM); Commander, Naval Installations Command (CNIC); Center for Personal and Professional Development (CPPD); Manpower, Personnel, Training and Education (MPT&E); Command; Navy Supply Systems Command (NAVSUP); Navy Medicine (BUMED); and many others. These relationships have facilitated effective and efficient translation of HPW policy to evidence-based products, services, and tools designed with the unit level/deck plate/end user in mind.

Recent NMCPHC HPW initiatives such as the NOFFS, Navy OSC Lead, and OSCAR were developed in direct collaboration with Navy and Marine Corps Leadership.

Successes include the following:

- The NOFFS program was recently selected for implementation at Navy Recruit Training Command (Boot Camp).
- The Navy OSC Lead course was implemented throughout the Navy Expeditionary Combat Enterprise in 2011 and will be further implemented throughout the Surface, Submarine, and Aviation enterprises in 2012.
- The OSCAR course is used routinely in all three Marine Expeditionary Forces (MEFs).

APPENDIX E – LEADERSHIP OPINIONS ON HPW NEEDS

Our National and Military leaders understand the importance of Health Promotion. For the first time in our history, a National Prevention Strategy was released in June 2011.⁵ The following excerpt from that Strategy emphasizes the importance of Health Promotion at both the National and DOD levels.

“Although America provides some of the world’s best health care and spent over \$2.5 trillion for health in 2009, the U.S. still ranks below many countries in life expectancy, infant mortality, and many other indicators of healthy life. Most of our nation’s pressing health problems can be prevented. Eating healthfully and engaging in regular physical activity, avoiding tobacco, excessive alcohol use, and other drug abuse, using seat belts, and receiving preventive services and vaccinations are just a few of the ways people can stay healthy. Health is more than merely the absence of disease; it is physical, mental, and social well-being. Investments in prevention complement and support treatment and care. Prevention policies and programs can be cost-effective, reduce health care costs, and improve productivity. The National Prevention Strategy’s core value is that Americans can live longer and healthier through prevention.”

The value our senior military leaders place on health promotion’s positive effect on military personnel and their families can be seen in the following recent strategic publications and policy statements:

- According to the latest version of the Force Health Protection (FHP) Concept of Operations, FHP is defined as measures to promote, improve, or conserve the mental and physical well-being of Service members.²⁰ These measures enable a healthy and fit force, prevent injury and illness, protect the force from health hazards, and represent a significant change from past medical concepts. Military healthcare is being reshaped into more responsive, joint-centered capabilities, with greater balance between prevention and treatment. The FHP CONOPS identifies the following “Mission Elements” in which Health Promotion plays a central role:
 - Mission Element 2: Fit, Healthy, and Protected Force
 - Reduce Medical Non-Combat Loss
 - Improve Mission Readiness
 - Optimize Human Performance
 - Mission Element 3: Healthy and Resilient Individuals, Families, and Communities – Healthy Communities/Healthy Behaviors (Public Health)

“Total Force Fitness is more than a physical fitness program. It is the sum total of the many facets of individuals, their families, and the organizations to which they serve. It is not something someone achieves twice a year for a test. It is a state of being.”

– ADM Mullen, Former CJCS

- While serving as the Chairman, Joint Chiefs of Staff, Admiral Mike Mullen called for a 21st century definition of fitness that recognizes the importance of a more holistic paradigm that balances performance and readiness with health and well-being.²¹ This new focus on applying knowledge, skills, and emerging technologies to improve and preserve the capabilities of DOD personnel (Human Performance Optimization [HPO]) is the next evolutionary step in the Health Promotion continuum. It is an area that requires more, not less, emphasis and funding.
- In the DOD FY12 budget submitted February 2011, one of four primary objectives was to “Preserve and Enhance the All-Volunteer Force”.²² Emphasis was placed on the following HPW topics:
 - Wounded Warrior Care
 - Supporting Families
 - Continuing new programs to combat obesity, tobacco, and alcohol misuse and abuse
 - Partnering with beneficiaries to build toward a more affordable, shared health benefit by promoting healthy lifestyles

All of the above point to the fact that Health Promotion is a critical integration/leverage point by which our national, DOD, and Naval leaders can improve the readiness, resilience, and performance of our most valuable resource—our people—and save money doing so. The NMCPHC HPW Department has and must continue to play a critical role in this most important of defense priorities.

Why is Health Promotion Important?

- Increases Performance
- Increases Readiness
- Increases Resilience
- Saves \$\$
- Improves Quality of Life
- It’s the Right Thing to Do

APPENDIX F – NAVY WOUNDED, ILL, AND INJURED (WII) PROGRAM

Historically, Navy Medicine has met the challenges of providing quality, family-centered care to all beneficiaries, including Wounded, Ill, and Injured (WII) Sailors and Marines and their families. The prolonged engagement in Overseas Contingency Operations (OCO) has presented new healthcare challenges that require dedicated efforts to first identify best practices and then transfer those practices across the Navy Medicine enterprise to ensure all WII Sailors and Marines and their families receive the best care possible. The Bureau of Medicine and Surgery's (BUMED's) WII Program represents an enduring effort on the part of Navy Medicine to improve the care and treatment offered to affected service members, their families, and caregivers across the continuum of care, including recovery and rehabilitation. These efforts represent approximately 90 separate Navy Medicine projects within five strategic domains. The five domains include Access to Care, Quality of Care, Performance Optimization, Transition of Care, and Surveillance. Each domain has an associated strategic goal.

The Navy and Marine Corps Public Health Center (NMCPHC) has been heavily involved in the development of BUMED's WII Program projects since 2009. The NMCPHC has many experts with previous operational experience across the public health professions—environmental health, environmental health risk assessment, epidemiology, occupational and environmental medicine, psychological health, nutrition, preventive medicine, and industrial hygiene. In June 2009, NMCPHC representatives were invited to attend a strategic offsite meeting for BUMED M3/M5. Following that meeting, NMCPHC was asked to develop a funding proposal to support the WII Program objectives from both a surveillance and data capability to extend into prevention efforts to prevent and mitigate factors that adversely effect the WII Sailors and Marines. The NMCPHC WII Program proposal was approved and implementation and funding of NMCPHC WII Program projects began in FY 2010. One of five project areas for NMCPHC was to expand the Health Promotion and Wellness (HPW) program to more directly impact the WII Sailor and Marine population and enhance prevention efforts. The WII Program funding has enabled NMCPHC to expand and improve its HPW Program. In order to support the expansion, ten full-time HPW WII Program personnel were added in FY 2011.

In May 2011, personnel from BUMED and NMCPHC met to discuss the concept of HPW support for the WII Sailor and Marine population. That meeting marked a turning point in the way that Navy Medicine views HPW. The NMCPHC personnel successfully demonstrated that effective healing of those who have been wounded or were ill or injured is heavily dependent upon healthy lifestyles and behaviors. By including existing/modified HPW behavior resources in the treatment environment of WII Sailors and Marines, this population will have a greater potential for more effective, timely

healing. This realization led to the development of the NMCPHC Continuum of Health and Wellness Conceptual Model (Figure F-1). Since its inception, the NMCPHC HPW WII Program has become an essential element of the existing NMCPHC HPW Program and a vital part of the HPW Department’s enduring mission.

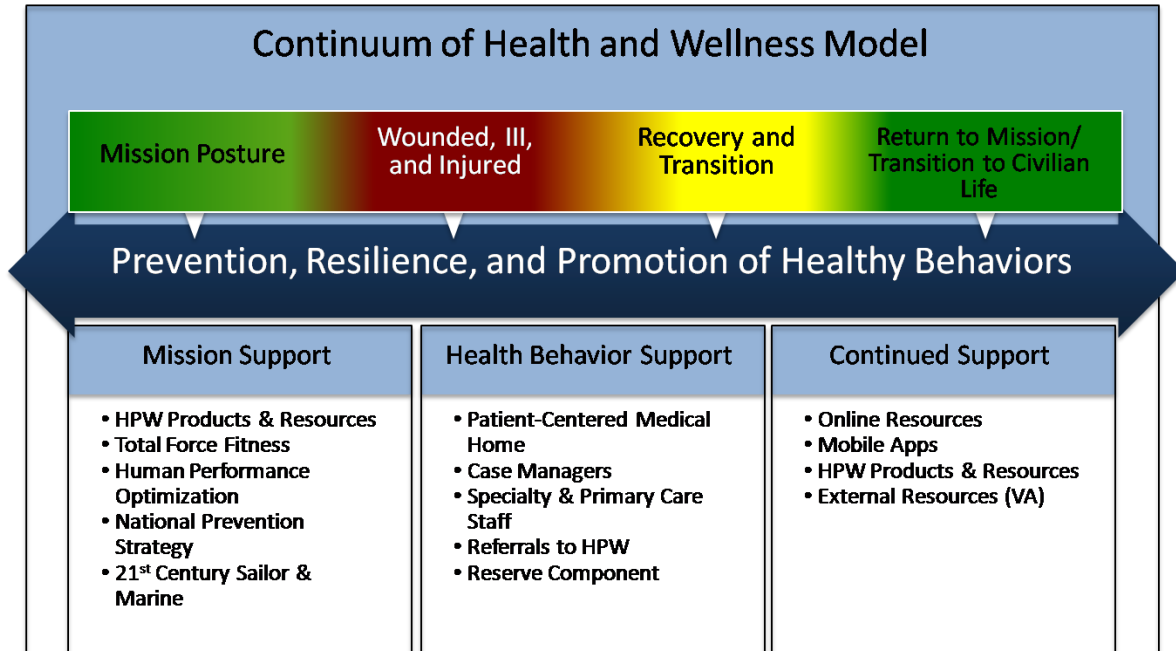


Figure F-1. NMCPHC Continuum of Health and Wellness Conceptual Model

The NMCPHC HPW WII Program provides support for WII Sailors and Marines and their families, assisting them in developing and sustaining healthy behaviors in order to enhance readiness, resiliency, and recovery. It includes resources that address traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), fitness, nutrition, stress management, and tobacco cessation, as well as an extensive list of additional resources available to support them in their recovery efforts. The NMCPHC HPW WII Program staff is already making a positive impact on the healing, rehabilitation, recovery, and resilience of WII Sailors and Marines by conducting needs assessments for the WII Sailor and Marine population and developing or modifying programs shown to yield a high return on investment.

With the development of this strategic plan, including specific metrics for the NMCPHC HPW WII Program, the NMCPHC HPW Department will continue to serve as Navy Medicine’s foremost authority on all aspects of health promotion and as the primary HPW advisor and consultant to Navy and Marine Corps line leaders and Fleet and Shore medical and health promotion representatives. The HPW Department support to the WII Sailor and Marine population will serve to solidify NMCPHC as the Center of Excellence for Health Promotion and Wellness.

WORKS CITED

1. Keifer, F. 2010. Admiral Mike Mullen: Cost of Military Healthcare is ‘not sustainable’. *Christian Science Monitor*, September 29, 2010.
<http://www.csmonitor.com/Commentary/Editorial-Board-Blog/2010/0929/Admiral-Mike-Mullen-Cost-of-military-health-care-is-not-sustainable>.
2. CDC. 2009. Chronic Diseases – The Power to Prevent, The Call to Control: At A Glance 2009.
<http://www.cdc.gov/chronicdisease/resources/publications/AAG/chronic.htm>.
3. U.S. Army Medical Surveillance Activity. 2006. Estimates of Absolute and Relative Health Care Burdens Attributable to Various Illnesses and Injuries, U.S. Armed Forces, 2005. *Medical Surveillance Monthly Report* 12 (3); 2–23.
4. DOD Military Injury Prevention Priorities Working Group (DMIPPWG). 2006. White Paper: Military Injury Prevention Priorities, February 2006.
5. National Prevention, Health Promotion and Public Health Council June 2011. Office of the Surgeon General.
<http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>.
6. Wicklan P, Towers Perrin. 2005. Bridges to excellence: cardiac care analysis—savings estimates. PowerPoint presentation at Leapfrog Group/National Business Coalition on Health Incentives and Rewards Workshop; May 19, 2005; Washington, DC.
7. Shore K, Garfinkel SA, Matson Koffman D, et al. 2004. Promising practices in worksite settings to improve cardiovascular health. Second National CDC Conference on Heart Disease and Stroke. Atlanta, GA: August 17–19, 2004.
8. Baiker K, Cutler D, and Song, Z. 2010. Workplace Wellness Programs Can Generate Savings. *Health Affairs* 29 (2).
9. Berry L, Mirabito A, and Baun W. 2010. What’s the Hard Return on Employee Wellness Programs? *Harvard Business Review*.
10. Executive Advisory Council for Mission: Readiness – Military Leaders for Kids. 2010. Too Fat to Fight: Retired Military Leaders Want Junk Food out of America’s Schools. Washington, DC: Mission Readiness.
http://cdn.missionreadiness.org/MR_Too Fat to Fight-1.pdf.
11. Jonas W, O’Connor F, et al. 2010. Why Total Force Fitness? *Military Medicine*, 175 (8): 6.
12. Dall T, Zhang Y, et al. 2007. Cost Associated with Being Overweight and With Obesity, High Alcohol Consumption, and Tobacco Use Within the Military Health

System's TRICARE Prime-Enrolled Population. *American Journal of Health Promotion* 22 (2).

13. Summary Report for CONUS (Navy). 2010. Cost of Overweight and Obesity, High Alcohol Consumption, and Tobacco Use within the TRICARE Prime Population, Summary Report for CONUS FY 2008 (Navy), March 30, 2010.
14. OPNAV N135 Unpublished data.
15. Department of Defense. 2009. The 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Personnel.
16. NMCPHC unpublished data, February 2010.
17. Schackman B, Gebo K, Walensky R, et al. 2006. The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States. *Medical Care* 44 (11).
18. McGinnis JM, Russo P, Knickman JR. 2002. The case for more active policy attention to health promotion. *Health Affairs* 21(2): 78–93.
19. Ockene JK, et al. 2007. Integrating Evidence-Based Clinical and Community Strategies to Improve Health Methods. *Am J Prev Med* 32: 244–252.
20. Office of the Assistant Secretary of Defense (Health Affairs) Office of Strategy Management, Force Health Protection and Readiness, and Joint Staff/J4 Health Services Support Division. 2011. Force Health Protection Concept of Operations (CONOPS) DRAFT V2.0.
21. Mullen, ADM Michael. 2010. On Total Force Fitness in War and Peace. *Military Medicine* 175 (8): 1.
22. Office of the Under Secretary of Defense (Comptroller)/CFO. 2011. United States Department of Defense Fiscal Year 2012 Budget Request Overview February 2011.