



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 6110.16A
BUMED-M37
28 Dec 2018

BUMED INSTRUCTION 6110.16A

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL DEPARTMENT RESPONSIBILITIES FOR SHIPSHAPE PROGRAM

Ref: (a) OPNAVINST 6110.1J
(b) OPNAVINST 6100.2A
(c) BUMEDINST 6110.13B

1. Purpose. To assign responsibility for Navy Medicine personnel supporting the Navy's ShipShape Weight Management Program following the guidance in references (a) through (c). This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 6110.16.
3. Scope and Applicability. This instruction applies to all Navy Medical Department activities.
4. Background. The overweight and obesity problem among our Navy and Marine Corps beneficiaries reflects a nationwide problem. Failing or being at risk of failing Navy or Marine Corps body composition standards presents an obstacle to readiness and increases training costs to the Department of Navy. Likewise, weight-related medical conditions are common among family members and retirees, which contribute to unnecessary health care costs. The ShipShape program is the Navy's weight management program and is based on current evidence for healthy weight management. The ShipShape program supports the goals of Healthy People 2020, the Chief of Naval Operations' "Sailor 2025" initiative, and population and force health by promoting permanent lifestyle improvements for nutrition, physical fitness, and psychological fitness. As outlined in the Navy Physical Readiness Program, Guide 14, Nutrition Resource Guide, 2018 available at [http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/physical/Documents/Guide%2014-%20Nutrition%20Resource%20Guide%202018%20\(F\).pdf](http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/physical/Documents/Guide%2014-%20Nutrition%20Resource%20Guide%202018%20(F).pdf), the ShipShape program is recommended for Service members who fail to meet weight standards or those who are in jeopardy of failing. It is available for all active duty and reserve military Service members, beneficiaries, and government civilians desiring assistance with weight management. ShipShape program information may be accessed via the Navy and Marine Corps Public Health Center (NAVMCPUBHLHCEN) Web site <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/shipshape.aspx> by selecting weight management, located under the Health Promotion and Wellness tab.

5. Responsibilities

a. Chief, Bureau of Medicine and Surgery (BUMED) must ensure NAVMCPUBHLTHCEN program management responsibilities are effectively communicated, supported, and administered by leadership through Navy medical regions to subordinate commands.

b. Commanders, Navy Medicine Echelon 3 Commands must:

(1) Appoint a point of contact to facilitate NAVMCPUBHLTHCEN program management responsibilities with the respective subordinate commands.

(2) Ensure subordinate activities provide this program as part of a comprehensive weight management strategy, and submit bi-annual enterprise-level metrics including Navy weight management participation reports to NAVMCPUBHLTHCEN (Health Promotion and Wellness).

c. Commander, NAVMCPUBHLTHCEN must:

(1) Serve as the ShipShape program manager for Navy Medicine.

(2) Designate a NAVMCPUBHLTHCEN ShipShape program manager.

(3) Provide complete curriculum and training materials to ShipShape program facilitators.

(4) Provide ShipShape program facilitator training at multiple times and locations throughout the year to meet the demand for instructors. Additionally, NAVMCPUBHLTHCEN will encourage fleet command fitness leaders and Navy dietitians to become trained facilitators for integration of ShipShape into command fitness enhancement programs.

(5) Provide additional consultation upon request to ShipShape program facilitators to assist them in implementing successful programs.

(6) Design and manage an evaluation component for the ShipShape program to track program metrics, including a participation reporting tool to be completed by ShipShape program facilitators. Reports will document weight loss, body mass index, and progress to goal weight among ShipShape program participants. Collect and analyze participant rosters and reporting tools submitted bi-annually by ShipShape program facilitators. Provide reports to BUMED and echelon 3 commanders annually.

(7) Collaborate with the United States Marine Corps (USMC) Semper Fit Health Promotion Program to adapt the ShipShape program to address the needs of USMC beneficiaries.

d. Commanding Officers and Officers in Charge of Navy Medicine-Managed Medical Treatment Facilities (MTF), Commanding Officers of Navy Medicine Readiness and Training Commands, and Officers in Charge of Navy Medicine Readiness and Training Units must:

(1) Appoint a qualified ShipShape program coordinator to provide general oversight and assistance to parent and outlying branch health clinics and ensure beneficiaries enrolled at these facilities are offered the ShipShape program.

(2) Resource, support, and staff an adequate number of certified ShipShape program facilitators to support a recommended 1:15 facilitator to participant ratio. If additional facilitators are required, schedule training with the NAVMCPUBHLTHCEN ShipShape program manager.

(3) Ensure all individuals designated to be ShipShape program facilitators complete mandatory facilitator certification training prior to conducting the ShipShape program. These individuals should be comfortable with public speaking, leading small groups, and discussing general nutrition, physical activity, and behavior change issues.

e. Commanding Officers of non-MTF Navy Medicine activities must provide this program as part of a comprehensive weight management strategy, and submit bi-annual enterprise-level metrics including Navy weight management participation reports to NAVMCPUBHLTHCEN (Health Promotion and Wellness) unless ShipShape program is available at a local MTF.

f. ShipShape Program Coordinators must:

(1) Provide contact information to the NAVMCPUBHLTHCEN ShipShape program manager upon appointment.

(2) Ensure at least three ShipShape programs are held annually. Provide additional programs as needed based on an assessment of need in the served population.

(3) Ensure the ShipShape program facilitator submits the ShipShape program roster and reporting tool in response to NAVMCPUBHLTHCEN bi-annual data call.

(4) Complete NAVMCPUBHLTHCEN sponsored ShipShape program facilitator training.

g. ShipShape Program Facilitators must:

(1) Complete NAVMCPUBHLTHCEN sponsored ShipShape program facilitator training.

(2) Adhere to the program methodology and curriculum provided by NAVMCPUBHLTHCEN and present all aspects of the program using the ShipShape Weight Management Program Facilitation Manual, provided by NAVMCPUBHLTHCEN during ShipShape program facilitator training.

(3) Inform commands and supervisors of the availability of the ShipShape program; provide an overview of program components and attendance requirements.

(4) Coordinate with local command fitness leaders to ensure the latest program information is available and support access to the program.

(5) Encourage Fitness Enhancement Program participants to attend at least one in-person session to learn more about the ShipShape program.

(6) Encourage local non-MTF commands to establish a ShipShape program for their command.

(7) Comply with reporting requirements for each course. The ShipShape program roster and reporting tool will be used for participant contact information and tracking and will be submitted bi-annually to NAVMCPUBHLTHCEN. Ensure appropriate measures are taken to secure protected health information and personally identifiable information.

(8) Manage enrollment capacity of each ShipShape program cycle so that total enrollees do not exceed capabilities and resources available. NAVMCPUBHLTHCEN recommends no more than 15 participants per ShipShape program cycle in order to promote and support positive behavior change. Multiple groups may start concurrently if the demand exceeds 15 participants.

(9) Project the number of classes required to meet the demand of the population served and schedule classes at times that allow for optimal participation.

(10) Inform participants that a 6 month maintenance phase will follow completion of the curriculum. During this phase, the facilitator and participant will discuss continued weight loss progress and overcoming difficulties to avoid relapse.

(11) Support participant-driven follow-up during the maintenance phase by responding to participants, offering advice and encouraging healthy behaviors.

(12) During the maintenance phase, review participant progress to achieve stated goals and ask about problems, barriers, triggers for overeating, and offer possible solutions. Modifications to individual weight loss plans can be made during these follow-up encounters. While maintenance of a healthy weight is the goal of the maintenance phase, most participants will continue to follow their weight loss plans during the maintenance phase. Facilitators are encouraged to reach out to participants not meeting key milestones or attending meetings to encourage more active participation.

h. Primary Care Managers must:

(1) Discuss the ShipShape program and other weight management options with patients who are overweight or have weight-related medical conditions.

(2) Assess appropriateness of ShipShape program intervention for patients, to include evaluating the presence of existing medical and psychological conditions. Refer the patient to other services if the ShipShape program is not appropriate or not a good fit for that patient.

i. Individual ShipShape Program Participants (command or self-referred) must:

(1) Contact the local ShipShape program facilitator for initial ShipShape program information and complete online introductory session prior to attending group sessions.

(2) Discuss weight loss goals and commitment to participate in the program with the ShipShape program facilitator. Consider each ShipShape program session as a medical appointment.

(3) Actively participate in the weight management program, completing take-home activities in between sessions, and completing post-program follow-up.

(4) Contact the facilitator for any concerns, problems, or inability to attend sessions.

(5) Remain in contact with facilitator throughout the 6 month maintenance phase and provide program feedback through a voluntary survey.

6. Records Management

a. Records created as a result of this instruction regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction change or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

7. Review and Effective Date. Per OPNAVINST 5215.17A, Director, Public Health, Emergency Preparedness and Response (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 Chief of Naval Operations policy and statutory authority using OPNAV 5215/40, Review of Instruction.

8. Information Management Control. The reports required in paragraphs 5 of this instruction are exempt from reports control per SECNAV Manual 5214.1, of December 2005, part IV, subparagraph 7p.



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>