Worksite Health Promotion: Wellness in the Workplace

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

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TABLE OF CONTENTS

FIGURES & TABLES

Worksite Health Promotion: Wellness in the Workplace

Executive Summary

Demands from work can affect home life and can contribute to stress-related behaviors that have a negative impact on physical and mental fitness among Department of Defense (Defense Department) employees.[1, 2, 3] Additionally, rising health care costs can affect the military capability of other department programs.[4] These rising costs call for Defense Department Worksite Health Promotion (WHP) programs to enhance the wellness, engagement and performance of the Total Force (i.e., service members, veterans, their families, civilians and support staff) to sustain force readiness and preservation. On January 4, 2010, the office of the deputy secretary of Defense issued a memorandum announcing a department-wide initiative to improve employee wellness.

The Defense Department systematically studies and identifies ways to develop WHP programs that can improve the holistic health, and thus the fitness and performance, of individuals and groups. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) seeks to identify integrated approaches to enhance psychological wellness and performance. DCoE maintains that development of healthy habits across physical, nutritional, medical, environmental, behavioral, social, psychological and spiritual domains can reduce the negative effects of stress and enhance the overall well-being, resilience and performance of Defense Department employees. Furthermore, DCoE recognizes that one of the best places to reach department employees to promote health practices is within the workplace environment itself. Despite a growing recognition of the importance of workplace health promotion, there is a dearth of peer-reviewed literature specific to WHP in the military, Defense Department environment and Veterans Affairs. This paper serves to address gaps in the literature and to provide guidance for developing sustainable Defense Department WHP programs.

The present paper examines the existing literature to identify: (1) leading principles in WHP that can facilitate change in unhealthy behaviors; (2) barriers to WHP implementation and development of metrics for program evaluation; and (3) actionable options for application of WHP in the Defense Department.

There is general consensus across the scientific literature, Web-based industry research and subject matter experts regarding leading principles in WHP. Seven main principles for increasing the effectiveness of WHP have been identified for use in existing or developing programs and are applicable to the Defense Department. Additionally they may be implemented in any worksite/environment, regardless of location (i.e., tent, installation, etc.), and can target any type of population (i.e., service members, veterans, civilians). The seven principles include:

1. Garner active and visible leadership support to integrate health promotion into the organization's culture.

2. Develop an operating plan that identifies the needs and interests of the target population and aligns with organizational goals to ensure high participation rates.
3. Create wellness teams that meet regularly to share ideas, resources and responsibilities in developing and promoting WHP programs.
4. Develop methodology to collect data to drive efforts and carefully evaluate outcomes.
5. Conduct health-risk appraisals (or health-risk assessments [HRAs]) and/or onsite biometric screenings, with adequate treatment and follow up.
6. Provide health education, offered in multiple accessible modalities.
7. Provide a "menu" of options, including links to resources in the community.

Additionally, barriers to implementation of a successful WHP program can be grouped into four categories: (1) amount and complexity of operational demands; (2) resistance to culture change; (3) ineffective marketing and communication strategies; and (4) lack of funding.

The evaluation of WHP programs can be categorically divided into three types of evaluation: process, outcome and impact.[5] Process evaluation metrics involve measuring early acceptance and participant population.[6] Outcome evaluation focuses on health outcomes, health care service utilization, costs or return on investment.[7] Impact evaluation determines the changes in participants that can be attributed to a particular intervention.

ACTIONABLE OPTIONS

Based on the identified leading principles in WHP, actionable options are categorized as follows:

- Enhance recovery and restoration of members of the Defense Department workforce to optimize future job performance, resilience and well-being, for example, goal setting and training personnel in mind-body techniques for reducing stress, such as modules developed by the Comprehensive Soldier Fitness—Performance and Resilience Enhancement Program (CSF-PREP).
- Leverage WHP to enhance existing efforts that address occupational hazards and stress of military health care providers and other high-risk occupations (e.g., focusing on physical activity efforts).
- Address operational stress in theater. For example, educate line commanders about the effectiveness of health promotion for performance and provide them with a "dashboard" of units' health risks to facilitate prevention and early intervention.
- Launch and enhance WHP program components at Defense Department worksites. For example, seek leadership support by providing education on the benefits of WHP programs with regard to readiness and improved performance and reduced illness, attrition and health care costs.

Conclusion

As the Defense Department continues to incur significant costs associated with unhealthy lifestyles and behaviors, prevention and reduction of costs are fundamental objectives of investment in WHP. A comprehensive WHP program, guided by leading principles and incorporating an integrated wellness approach can be a cost-effective means of reducing medical and nonmedical health care costs and enhancing operational readiness.

Disclaimer

All practices, program, and products reviewed in this report are presented for critical review and are not officially endorsed by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). One goal of this paper is to provide an integration of the latest resources and supporting evidence. Consequently, we plan to provide revised versions of this paper in the future with updated information.

Introduction and Background

In response to mounting concerns about total force health, the office of the deputy secretary of Defense (DSD) released a one-page memorandum dated January 4, 2010, regarding the importance of wellness. The DSD memo is an action in response to a requirement in the Office of Management and Budget (OMB) budget guidance for fiscal 2011 and again for fiscal 2012. An excerpt of this memorandum states:

> "The Office of the Under Secretary of Defense for Personnel and Readiness will be leading … a Department-wide initiative to improve employee wellness, satisfaction and engagement … Research has shown that credible employee wellness and engagement programs are instrumental to improving workforce retention and productivity … The Department's wellness initiative will be multi-pronged and will address the four pillars of a healthy lifestyle: physical activity, nutrition, healthy choices and prevention."
>
> *William J. Lynn III, Deputy Secretary of Defense*

Despite current efforts using available resources, tools and clearly written health promotion policies based on leading principles, health-related obstacles that inhibit full operational readiness remain. However, these programs must be appropriately structured in their coordination and flexible in their execution to achieve cost-effectiveness and an improved capability for addressing the varied needs of multiple workforce subpopulations. These higher risk subpopulations can include caregivers and health providers and their needs can be addressed by providing an environment of extended self-care (i.e., participation in worksite physical activity and stress management programs).

There are varying definitions for health promotion and wellness in the Defense Department and civilian sector. The department defines health promotion as any combination of health education and related organizational, social, economic or health care interventions designed to facilitate behavioral and environmental alterations that will improve or protect health.[8] Operationally, health promotion includes smoking prevention and cessation, physical fitness, nutrition, stress management, alcohol and drug abuse prevention and early identification of hypertension.[8] In the civilian sector, health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual and intellectual health.[9] Smith, Tang and Nutbeam define wellness as the realization of one's full potential and fulfillment of one's role expectations to achieve an optimal state of health of individuals and groups. [10] For the purpose of this paper, health promotion is defined as any combination of health education and related organizational, social, economic or health care interventions designed to facilitate behavioral and environmental alterations that drive one's achievement of wellness.[8]

METHODS

The following methodology was used to identify leading principles; barriers to implementation; measures and metrics; and actionable options for the Defense Department: a survey of the scientific literature and Web-based industry research and the collection of input from WHP subject matter experts (SMEs) and stakeholders through interviews, conferences and workgroup participation.

The Defense Department Environment

DEMANDS ON THE TOTAL FORCE

The demands on the Defense Department have expanded over the last decade with two, sustained, international military operations, an increase in multiple deployments and a reliance on department personnel for global assistance efforts. Department employees are regularly managing complicated operations at high and sustained tempos with finite resources. These demands are distributed over more than 2.3 million military members (i.e., active, reserve and Guard) and almost 700,000 civilian employees who comprise the Defense Department.[11] Facing these intense and complex demands, top commanders may be exhausted by the end of their tours, possibly leading to high rates of turnover.

A WHP program grounded in sound policy and aimed at meeting the dynamic needs of the Force is better able to contribute to its wellness and mitigate stressors (see Figure 1).

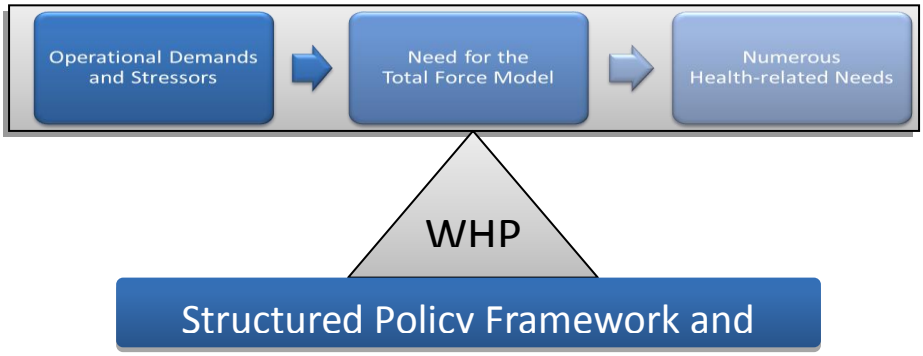

Figure 1. Role of WHP Program in Addressing Force Needs

In designing Defense Department WHP programs based on the leading principles, it is important to consider the specific context and operational demands within the department and to tailor the WHP interventions to the needs and interests of each worksite and command. Operational demands are contributors of stress-related health behaviors among Defense Department personnel, including the increased tobacco use, poor diet, physical inactivity and excessive alcohol consumption.[1, 2, 3] The current tempo of conflicts, such as those in Iraq and Afghanistan, creates unique challenges to members of the armed forces and their families. It is

widely accepted that prolonged stress correlates to an increased risk for various stress-induced diseases and emotional difficulties.[12, 13]

Prolonged activation of the "fight or flight" response to demands can result in a wide variety of negative outcomes, including immunosuppression; increased likelihood of both psychological and physical illness; sleep disruption; fatigue; and decrements in information processing capacity.[14] External resources, such as peer support, training and health-supporting cultures can mediate the negative impact of stress.[15] Therefore, enhancing wellness by focusing on primary prevention and support mechanisms is essential for maintaining readiness and health preservation.

Maintaining and Improving Health of the Total Force

Conditions that rank as the top 10 public health concerns in the public sector also present themselves as concerns for the Defense Department (see Table 1). For example, although the services place a premium on physical fitness, the rate of obesity among active-duty naval personnel approaches that of the civilian population.[19] Additionally, there is concern that obesity in military children has implications for long-term recruitment and readiness, considering, it is thought, many children in military families pursue careers in the armed forces.

Table 1. Healthy People 2020 Report: Leading Health Indicators[20]

• Physical Activity	• Overweight and Obesity
• Tobacco Use	• Substance Abuse
• Responsible Sexual Behavior	• Mental Health
• Injury and Violence	• Environmental Quality
• Immunization	• Access to Healthcare

Note: The leading health Indicators do not differ from 2010 and illuminate individual behaviors, physical and social environmental factors and important health system issues that greatly affect the health of individuals and communities.

The continued rising cost of health care prompted the Defense Department to further invest in research and implementation of WHP programs to promote a healthier lifestyle and more responsible health care use among the total force. Dall and associates found that the department spends an estimated $2.1 billion per year for medical care associated with tobacco use ($564 million), excess weight and obesity ($1.1 billion) and high alcohol consumption ($425 million).[4] Furthermore, the department incurs nonmedical costs related to these behaviors in excess of $965 million per year. The continued rise in health care costs could affect other department programs and possibly other areas related to military capability and readiness.

The Defense Department issues directives that encompass health promotion policies, guidelines and instructions; they are grounded in evidence-based best practices in the areas of nutrition, healthy weight, physical activity and tobacco cessation, which are related to the Department of Health and Human Service's *2010 Healthy People* concerns. The services may prioritize specific areas and maintain the ability to choose a method of implementation. This

allows for flexibility so that a given installation or worksite can tailor its content and strategy to the needs and interests of the target population.

Complexity of the Defense Department Worksite

Unlike most workplaces, the Defense Department is comprised of a worldwide network of workstations and personnel resources. Worksites exist at varying locations, employing a wide array of occupations, with varying levels of available resources. For example, a working environment may be in the continental United States or outside the continental United States, or may encompass a ship, base, desert or tent in theater.

WHP programs within such a large, dynamic population can employ the population health model.[18] This model provides a framework by which multiple health and wellness solutions can be effectively implemented. It provides a strategic approach to ensuring that employees are operating at peak performance. Additionally, it seeks to step beyond the individual-level focus of conventional medicine to address factors that affect a population's health, such as the work environment, social structure and distribution of health promotion resources.

WHP Leading Principles

Based on an analysis of the compiled information, including content analysis of SME interview data and consideration of applicability to the Defense Department, seven leading principles were found to be key components of a successful WHP program. While not mutually exclusive, they represent primary categories of program administration, management and evaluation. Across the seven principles, leadership is crucial for success. Leadership drives the ability to form functional wellness teams and facilitates the conception of effective plans within and among wellness programs. Supported by leadership, wellness teams can initially engage employees through baseline measures obtained through HRAs, and then provide appropriate education. An appropriate planning process ensures effective implementation of resources to best meet the dynamic needs of the targeted population. An evaluation process is necessary to determine impact.

The seven principles are as follows:

- **Garner and/or maintain the support of leadership to integrate health promotion into the organization's culture.**[21, 22, 23, 24] This support is critical to implementation, program support and receipt of necessary resources. Furthermore, individuals are likely to be more engaged when they feel that their leadership and organization support them and care about their needs; engagement is associated with multiple health benefits and increased productivity.

- **Develop an operating plan and align program goals to identified needs and interests of the target population to ensure high participation rates.**[25, 26] This plan should include an initial needs assessment, followed by a vision statement, goals and objectives,

timelines, an implementation plan (including marketing and promotion) and an evaluation plan. In developing an outcomes-oriented operating plan, the link between health promotion initiatives and organizational needs should be made clear to "legitimize" health promotion and obtain additional leadership support and resources. Assessing the interests of the targeted population and effective promotion are critical. With minimal participation, a program has little impact.

- **Create wellness teams that meet regularly to share ideas, resources and responsibilities**.[24, 25, 26] A dedicated, full-time staff is necessary for developing an operating plan; accessing, developing and disseminating educational resources; evaluating ongoing efforts; and marketing the program. However, even if the funds needed to hire multiple dedicated staffs are limited, a team of motivated people can identify creative, low-cost actions to implement components of a WHP program, especially with effective marketing/promotion and leadership support for developing a culture of wellness. For example, a policy and encouragement to allow employees to regularly take time for exercise, meditation and other stress reduction techniques without using leave time can be easy to implement. Teams can also collaborate with community agencies and stakeholders with similar goals.

- **Develop methodology to collect data to drive efforts and carefully evaluate outcomes**.[22, 23, 25] It is crucial to systematically collect data to identify interests and needs, measure outcomes and guide ongoing development and adjustments if participation rates decrease or if the program is not achieving desired results. These efforts help to demonstrate effectiveness and return on investment, which is important to increase leadership support and allocation of resources.

- **Conduct HRAs, such as onsite biometric screenings with adequate follow-up.**[7, 26, 27] These efforts are critical aspects of a comprehensive WHP program that provides "hard" data for a baseline measure and can enhance individuals' motivation to change. Information gained from a health risk assessment can be used to enlighten and broaden a worksite health promotion program. [27] As an example of an HRA, the Navy and Marine Corps Public Health Center provides an online fleet and Marine health risk assessment. It measures lifestyle risk behaviors, which can include seat belt use, use of alcohol and tobacco. Biometric screenings assess general health and can include cholesterol levels for full lipid panel and glucose; blood pressure; blood glucose levels. They also include a measurement of height, weight and body mass index (BMI).

- **Offer health education in multiple accessible modalities.**[7, 28] Health educators are more likely to get their message across to a wider audience if the information is available in multiple accessible methods, including printed materials visible at work, bulletin boards to announce upcoming WHP events and classes, expositions, online education, self-help tools, themed campaigns and social networking.

- **Offer a "menu" of options, including links to resources in the community.**[24, 26] To ensure a high participation rate, it is helpful to offer a variety of easily accessible program options and delivery methods to capture the interest of a wide range of potential participants.

The leading principles listed above are applicable to the Defense Department, although few programs are able to fully realize these principles during initial implementation stages. For example, only 6.9 percent of WHP programs reviewed in the 2004 National Worksite Health Promotion survey implemented components considered key to a "comprehensive program."[28] Nonetheless, a piecemeal approach can still be effective with dedicated staff and support from leadership.

Specific Considerations for Implementing Leading Principles in DoD

Leadership. The support of commanders, line leaders and supervisors is critical to the success of WHP programs within the Defense Department. It is important to train the commanders, line leaders and all WHP program staff, who can be more effective agents of change at their worksites. Strong leadership buy-in and a consistent emphasis on wellness promote engagement.[29] The concept of engagement in the military can be defined as a sustained experience of strong identification with unit members, unit and mission; it is characterized by high levels of energy and full involvement in mission tasks.[15]

Performance. WHP may not only enhance engagement, but also performance. The positive relationship between engagement and performance is explicated in the Human Performance Institute's model of energy management.[29] This model suggests that the metaphor of life as a marathon can be replaced by the idea that life (or in this case, a career or a deployment) is better seen as a series of sprints, with the need for adequate rest and recovery in between periods of peak performance. This model, used by the National Security Agency's (NSA) WHP, and by world-class athletes and corporate leaders, emphasizes the management of energy rather than time in optimizing performance.

Incentives. Another key element identified in the literature is the incorporation of incentives. Many WHP industry leaders (e.g., Wellness Councils of America) recommend monetary or other incentives to employees for completing a health risk assessment; participating in a wellness program or class; or accomplishing specific goals, such as smoking cessation. It is not clear if individual incentives lead to long-term, successful outcomes or whether they are feasible within the Defense Department's command structure. However, programs, including the Performance Based Budget program, the Navy's Surgeon General's Blue H award [30] and the "101 Days of Summer" campaign, demonstrate methods by which incentives can be awarded at the command or unit level. Incentives tied to metrics assist in achieving uniform levels of excellence and further the social cohesion among military personnel.[31, 32]

EXAMPLES OF EXISTING DEFENSE DEPARTMENT PROGRAMS

Conventional medicine, post-deployment decompression programs, care provider resilience programs, CSF-PREP (see Appendix B) and complementary and alternative medicine (CAM) approaches, such as mindfulness and yoga training (see Appendix B) are approaches currently being used in military WHP to achieve mind-body fitness. The services offer a range of health promotion programs (see Table 2).

Table 2. Description of Sample Service specific WHP Programs

Wellness Program	Description and Components
Soar Into Shape	• Air Forces bases and installation have health and wellness centers and each center has its own website with wellness information on Soar into Shape. • This program, as with any, is developed with the health and wellness center (HAWC). The HAWC is attached or co-located with the installation fitness center, however, reports to the commander at the medical center or clinic. • The HAWC has an exercise physiologist assigned with other exercise experts and at least one dietitians (both civilian and enlisted personnel). This staff assists commanders and first sergeants in getting members back into shape through education on fitness and diets and through guided/supervised activities, such as "spinning" and other fitness programs. Air Force fitness programs are geared more for the airman and provide fitness assessment charts for cardio endurance, body composition and muscle fitness, in addition to other tools to prepare for the fitness tests,. More information can be found at http://www.afpc.af.mil/affitnessprogram/index.asp
Comprehensive Airman Fitness	• Comprehensive Airman Fitness is a program designed to help airmen, Air Force civilians and family members become more resilient and better-equipped to deal with the rigors of military life. • The program promotes: positive behaviors—caring, committing, connecting, communicating and celebrating and holistic health— mental fitness, physical fitness, social fitness and spiritual fitness. For more information go to http://www.amc.af.mil/caf/
Hooah4health and Healthy Living	• The Army offers Hooah4health (http://www.hooah4health.com/) and Healthy Living. (http://phc.amedd.army.mil/topics/healthyliving/Pages/default.aspx) • Hoohah4health is a health promotion partnership that allows individuals to assume the responsibility to explore options and take charge of their health and wellbeing. It is specifically targeted for the reserve components. Citizen soldiers juggle many different balls every day. The site provides them with the tools to live a healthier, less stressful life. • Healthy living provides health promotion information, products and services that promote the physical, mental, spiritual, emotional and social health, fitness and readiness of the force.

Wellness Program	Description and Components
Marine Corps Semper Fit	• The Semper Fit Program is designed to promote optimum mental and physical health through physical fitness. • Semper Fit oversees a network of 54 state-of-the-art fitness centers and 18 satellites, & mobile fitness units. Personal trainers are available to assess an individual's level of fitness and design a fitness program personalized to meet that person's needs. Group exercise programs, such as pilates, yoga, spin classes, zumba and walking clubs, are also available. More information can be found at http://www.usmc-mccs.org/healthpromotions/?sid=rf.
Navy Operational Fueling and Fitness Series, Healthy Living	• The Navy offers the Navy Operational Fueling and Fitness Series (NOFFS), in addition to their joint program with the Marine Corps called the Healthy Living program. • The purpose of NOFFS (www.navyfitness.org) is to provide a complete physical training program that will "eliminate the guesswork" for the individual sailor's physical training program and assist the Navy health and fitness professional who is interested in obtaining a readily-prepared comprehensive and biomechanically-balanced individual or group physical training program. • The Navy and Marine Corps public health center has the Healthy Living Program which can be found at http://www.nmcphc.med.navy.mil/Healthy_Living/index.aspx. The program provides support for a healthy lifestyle, enhances the early diagnosis of chronic disease and helps to prevent of non-battle related injuries.

Wellness Program	Description and Components
Bremerton Naval Hospital	• Bremerton is the parent command for three naval branch health clinics, located in outlying areas, and for the 500-bed transportable Fleet Hospital Bremerton. • The hospital has 1,188 military and civilian employees and has seen 12 percent of its active-duty staff deployed in the past year. • This program was chosen as a good example of a worksite that offers a wide and evolving array of WHP programs, campaigns and components. Bremerton has earned the highest (gold) Navy's Blue H Health Promotion Award for meeting criteria of a comprehensive WHP program with appropriate metrics. • WHP at Bremerton Naval Hospital is inclusive, inviting the participation of beneficiaries and Defense Department civilians, as well as active-duty members. • Just a small sample of November 2010 offerings listed on www.med.navy.mil/sites/nhbrem/Patients/Pages/HealthPromotions.aspx include: Therapeutic Lifestyle Change, Baby Basics, Tai Chi and yoga classes, a series of classes for diabetes management, and low-cost massage. Support group offerings include: bariatric surgery, cancer support (caregivers and survivors), diabetes support, new parent support, women's support and tobacco cessation support groups. • Recent, innovative programs involved collaboration between the Bremerton safety team and the city to provide the West Sound Health and Safety Exposition where attendance was mandated for every shipyard worker. The shipyard employs over 3,000 individuals, most of whom are civilian. www.med.navy.mil/sites/nhbrem/Patients/Pages/HealthPromotions.aspx

Barriers to WHP Implementation and Success

Barriers to implementing effective and successful WHP programs resonate with small and large employers; public and private organizations; and civilian and military agencies. These barriers are associated with (1) culture change, (2) marketing and communication strategies, (3) funding and associated costs of WHP programs and (4) operational demands.

The Resistance to Culture Change

Traditional health care has focused on the conventional medical model, primarily identifying, diagnosing and treating illness and disease, based on presenting and observing signs and symptoms. WHP programs, in contrast, utilize prevention and integrative wellness approaches. Part of this paradigm shift encompasses the utilization of complementary and alternative medicine (CAM) practices and includes them in the menu of options. Although military health care promotes prevention in policy, there remain many practitioners who are solely using a pathology-based medical model. There can be limitations to the exclusive use of this model for treating chronic and psychological disorders, which may also limit the ability to maintain a healthy and resilient force. Therefore, sole reliance on the conventional medical model is a

potential cultural and operational barrier to worksite wellness of the total force and can impede optimal health and performance.

Ineffective Marketing and Communication Strategies

Communicating workplace wellness information and events in silos is inefficient and ineffective. To properly communicate in a workplace, the organization must use strategic methods of disseminating information by diverse communication channels, by both top-down and bottom-up approaches.[33]

Additionally, a lack of infrastructure may cause poor communication of health promotion. Without an organizing framework or personnel to properly promote, market, manage and advance a WHP program, difficulty gaining acceptance and buy-in from the staff may persist.[7] Some believe that implementing only portions of a comprehensive WHP program is adequate and less expensive. Organizations may want to implement the activities that deliver the largest value at the least expense. However, isolating the components of these programs to directly market to niche audiences can be difficult.[7] Consequently, ineffective workplace communication strategies and a soft marketing approach are major barriers to implementing a WHP program and may result in early indifference from staff.

Lack of Funding

One of the major barriers to the growth and sustainment of WHP programs is an insufficient budget, which indicates both a lack of funding and the inability to hire professional staff to support implementation of a comprehensive program. It is difficult and expensive to prove timely and positive returns on investment in WHP programs. However, there is evidence that shows a positive return after many years of executing WHP activities.[7]

Evaluation of WHP Programs

A goal of developing metrics and executing measurements is to determine if the program yielded benefits. Qualitative and quantitative metrics help to determine these benefits and the program's success. Necessary adjustments can be made if desired results are not achieved to enhance program success.[34]

Evaluation is dependent upon initially setting specific program goals and objectives; establishing rigorous methods; and subsequently measuring impacts and outcomes, such as health care savings over the long term. For each goal, specific, measurable and obtainable objectives must be developed. These are the objectives that are evaluated. For example, a goal of the DCoE's employee wellness program is to advocate for leadership support and an objective is to decrease the proportion of employees reporting "lack of supervisor support" as an obstacle to participation in the wellness program. DCoE can assess the objective by surveying employees and asking them to rate how much might lack of supervisor support be an obstacle to participating in an employee wellness program.

The various stages of program implementation should incorporate a comprehensive and transparent evaluation structure. Although process measures are often typical of an evaluation framework, metrics for WHP programs must go beyond participation rates, completion rates and program satisfaction; they should also assess changes in readiness, changes in behavior and changes in risk factors.

Criteria and Categories for WHP Program Evaluation

As stated above, comprehensive program evaluation is preceded by appropriate development and definition of goals and objectives. It is important to base these on the interests and needs of a well-defined target population. In the military environment, these goals and objectives can be multimodal or singular in scope. To avoid goal overlap and evaluation misinterpretation, careful consideration in defining goals and the levels at which they can be set will assist in constraining the scope of metrics and their interpretation. The level of available resources for measurement can be used to determine development goals.

Evaluation of a WHP program can be divided into three categories—process, outcome and impact.[5] Each category can be used to define the status of a program and the necessary steps that need to be established to better align the program to its goals.

Process Evaluation. Process evaluation determines alignment of the WHP program to its wellness objectives and the measure areas in which changes can be made while the program is underway.[38] As a program is designed and launched, the central evaluative focus should be on program implementation and development of process evaluation metrics to ensure that the program is gaining early acceptance and traction within the eligible participant population.[6] This approach measures how well the program was designed and the ability to engage personnel in using the resources that the program will provide. Possible tools and resources include health interest surveys, health culture audits and satisfaction surveys.

Outcome Evaluation. Outcome evaluation determines program effects on the target population and organization. Some approaches use models that monetize changes in health outcomes; some track changes in health care service utilization and apply benchmark costs to utilization of services; and some track changes in costs.[7] These are all legitimate approaches to calculating cost savings, but the ultimate benchmark is the impact on population-level health care cost trends. Although there is no agreement on how return on investment should be calculated within the WHP environment, it is important to define and assess the return on investment for each program component and the aggregate effectiveness measurement.

There is an extensive body of research demonstrating positive returns on investment in WHPs. Several literature reviews suggest that programs that are grounded in behavior change theory and that employ tailored communications and individualized counseling for high-risk individuals are likely to produce a positive return. Aldana's 2001 comprehensive literature review examines WHP programs based on return on investment; only four of 32 studies reported no

positive return.[34] The average return on investment for the studies that reported both costs and benefits was 1:3.48, which is $3.48 savings for every $1.00 spent on WHP.[7] Chapman's 2005 meta-analysis of worksite health promotion found "the evidence is very strong for average reductions in sick leave, health plan costs and workers' compensation and disability costs of slightly more than 25%."[39]

While there are differences in how return on investment is calculated, there is no doubt that well-designed WHPs can save a significant amount of money. Comprehensive programs are likely to cost more, but they yield higher impacts on health, clinical outcomes and health costs; however, they also must demonstrate savings. Therefore, achieving the best return on investment requires that WHP programs perform evaluation of processes, outcomes and impact.[5] While the most expensive programs do not necessarily yield the best results, those based on leading principles are more cost-effective.[5]

Impact Evaluation. Impact evaluation determines the changes that can be attributed to a particular intervention and may be able to establish causal attribution between a development activity and participant wellness.[38] Impact can be assessed as soon as repeat measures are available for comparison. However, before determining the effectiveness of a WHP program, it is necessary to determine baseline measures within that population.[39] Furthermore, baseline measures are compared against similar worksite environments and assessed against standard goals. Impact metrics used are often constrained to specific program goals in targeted health areas. For example, metrics (either self-reported or use of validated tools) are selected to evaluate the effects of a wellness program at the workplace in relation to its impact on exercise duration, obesity, smoking frequency and stress levels of the employee participants. Sufficient time must be permitted to elapse before significant impacts can be expected within these areas. Some health behaviors (e.g., stress management or tobacco use) are more difficult to change than others (e.g., exercise duration) and may take multiple attempts to result in the desired health outcomes. Sample tools and resources include the Fleet and Marine Corps Health Risk Assessment, Post-Deployment Health Assessment, Post-Deployment Health Reassessment Assessment, and pre- and post-education knowledge assessments. A sample report of the Fleet and Marine Corps Health Risk Assessment can be found at http://www-nehc.med.navy.mil/downloads/HRA/sample_participant_report_09-10.pdf.

Discussion of Actionable Options

Building on the WHP leading principles identified above, the following outline suggests options for various stakeholders to translate the principles into actionable steps to promote wellness, resilience and job performance in the Defense Department environment. These options are grouped into four categories: (1) options for commanders to minimize operational stress in-theater; (2) options for the workforce and service members to maximize future job performance, resilience and well-being; (3) options for military health care providers to reduce occupational hazards and stress; and (4) options for developing WHP program components at Defense Department worksites.

Actionable Options for Operational Stress/Commanders

Unit leadership support is important to mitigating the negative effects of stress. Furthermore, the message that one is supported by leadership goes a long way in enhancing work engagement. However, due to regular turnover in leadership, it is crucial to have a WHP infrastructure in place, including WHP staff; other champions of the cause; workgroups that include members of the larger community; plans for program promotion; and established programs that demonstrate any measures of effectiveness.

Integrated wellness options to address operational stress could include:

- Incorporating modeling and communicating the value of healthy behaviors into existing officer and senior enlisted training.
- Educating line commanders about the effectiveness of health promotion for performance, and providing them with an array of units' health risks to facilitate prevention and early intervention.
- Encouraging better sleep hygiene, exercise, meditation and sufficient nutrition and hydration.
- Training line leaders and commanders to emphasize to the unit the importance of the higher purpose of the mission and cohesion as a unit. One way to encourage cohesion is by using a peer support or buddy model.
- Facilitating access to care providers, including chaplains, by reducing stigma and using available technology to connect and communicate with care providers. When technology is available for remote communications, small group interventions (facilitated by an experienced professional) can help normalize stress reactions, disseminate coping strategies and more efficiently use care providers.

Actionable Options for the Workforce and Service Members

Especially in the active-duty environment, the Defense Department has a prime opportunity to positively impact health behaviors by employing the leading principles from WHP to create a health-promoting culture. Even simple awareness campaigns with visible, reinforced messages

can move individuals in the right direction toward positive change. The shift to a healthier culture will require support across all levels of leadership, including sponsorship of the unit commander. Effective and cost-effective WHPs will also require inclusion of family members and the larger community to share resources and work collaboratively toward health goals of mutual interest.

Integrated wellness tools to enhance recovery and restoration could include the following:

- Training personnel in mind-body techniques for reducing stress. Examples include goal setting, which is the number one technique used in organizations; it has shown to have a positive impact on over 90 percent of the studies reported. Among other practices, goal setting has a positive impact on job performance, job satisfaction, self-efficacy and motivation. This is part of mental skills modules developed by the CSF-PREP. These modules are well suited to enhance wellness across the Defense Department. The program uses an educational/skills training approach for performance enhancement and can be used with multiple populations. Promulgating these DoD programs can be a cost-effective way to leverage the benefits of the mind-body connection through skills training.

- Using validated assessment tools (e.g., Shirom-Melamed Burnout Measure, [40] Professional Quality of Life Scale [ProQOL] [41]) to identify a distressed individual's need for rest and recuperation and/or existing wellness programs designed to "reset" the stress level, to enhance future wellness and performance.

- Providing and promoting the use of "ambient quiet spaces" for easy access and brief downtime ("white space") to use tools and resources designed to decrease stress levels and recharge. Strategies can range from simple rest breaks to promoting physical fitness, from short online relaxation exercises to simple biofeedback techniques.

Actionable Options for Health Care Providers

Compassion fatigue and vicarious traumatization is seen as an occupational hazard of providing care to traumatized populations. Especially at risk are younger health care providers with less experience.[42] Operational stressors compounding this risk include increased severity of soldiers' injuries (due to improvised explosive devices) and primary trauma related to working in a war zone. Additionally, "stay behind" personnel at military treatment facilities also experience demanding conditions, considering the deployment of many colleagues and resulting changes to organizational dynamics and resources.[43] Therefore, to provide the best health care to service members and beneficiaries, it is crucial to preserve the well-being and performance of Defense Department health care providers.

Integrated wellness options to address occupational hazards and stress of military health care providers could encompass:

- Educating health care providers about the occupational hazard of compassion fatigue and vicarious traumatization.

- Increasing access of junior staff to more experienced senior staff for support, advice and clinical supervision.

- Assessing health care provider wellness with validated tools (e.g., ProQOL and Compassion Fatigue Self-Test [CFST]) to identify those in need of additional support and/or recovery time. [43]

- Providing mind-body skills training for autonomic nervous system down-regulation; providers can then train others in these skills (e.g., Marine Corps Martial Arts Program, The Benson-Henry Institute for Mind Body Medicine, Center for Mind-Body Medicine, etc.).

- Continuing to develop, promote and evaluate care for care provider programs.

- Leveraging health care provider expertise, methods and resources with the Department of Veterans Affairs, other stakeholders and across the services.

Actionable Options for Developing WHP Programs in DoD

The following is a list of actionable options for Defense Department worksites developing wellness programs. They are designed to be general guiding principles in order to be applicable to a variety of department worksites and contexts. They are written with the consideration that all of the funding and resources to implement all components of a comprehensive WHP program may not be available at a given time at some worksites. In this case, additional components can be added or adjusted based on outcome measures, such as participation rates and feedback, and other program evaluation and resources.

Suggestions for launching or improving upon a WHP program could include:

- Seeking leadership support by providing education on the benefits of WHP programs with regard to readiness, improved performance and reduced illness/attrition/health care costs. Consider the values/desired outcomes/needs of the commander (and target population) when providing the rationale.

- Designing an operating plan, considering primarily the needs and interests of the target recipients. This should also include a vision statement, goals and objectives, timelines, an implementation plan and an evaluation plan. In developing an outcome-oriented operating plan, the link between health promotion initiatives and company/commander's needs should be made clear to "legitimize" health promotion and garner additional leadership support and resources.

- Using brief, online, anonymous HRAs to obtain aggregate data on employees' risks in order to target program interventions and provide baseline data. Several established, reputable organizations can provide online HRAs and extensive resources for developing a tailored WHP program. These include the Wellness Councils of America and StayWell Health Management (accredited by the National Committee for Quality Assurance), which are already in use at some Defense Department worksites. However, it may be more cost-effective to use the online HRAs already available to the Navy and Marine Corps.

- Using existing free resources and materials for health education and developing WHP programs. Identify what other organizations already have and what they are already doing.

- Marketing program components with high-visibility, low-cost messages.

- Networking and leveraging resources available in the community (e.g., volunteers, interns, veteran centers, SMEs), using local resources, cutting/sharing costs and creating working groups that include the larger community.

- Monitoring movement and tracking effectiveness. Formative evaluation (e.g., interest and needs surveys, participation and satisfaction rates over time) is required to maintain employee engagement in order to have an impact. Impact evaluation is required to demonstrate program effectiveness and cost-benefit analysis. Programs must demonstrate effectiveness to increase the likelihood of leadership support and necessary funding resources.

Conclusions

The Defense Department total force encompasses a wide range of active duty service members, reservists, civilian staff, service auxiliaries and contractors. The leading principles in Defense Department worksite promotion can address the holistic health and wellness needs of multiple subpopulations in a variety of contexts while lowering overall health care costs. Establishing a worksite promotion program is best done by effectively assessing the needs and interests of the target population and establishing clear program goals. It is also critical to have an effective marketing and promotion strategy, as the best WHP programs and resources are of little use without the active engagement of the targeted populations.

WHP programs that employ a population health model must consider multiple determinants of health, with an appreciation of the relationship between environmental factors and health risks. A population-based approach allows WHP resources to be directed to where they can have the greatest impact on the wellness and readiness of the total force.

All services have clearly written WHP policy, guidelines and instruction, based on evidence-based best practices. Command-level health promotion subject matter experts provide

consultation, information, resources and training in conference format and online. Extensive health promotion material appears on the Defense Department websites and other sites, including information regarding effective development of WHP programs and educational materials for targeted populations. Integration of these existing resources, supplemented with the WHP principles provided here will help the Defense Department forge ahead with actionable WHP options for leadership, the department workforce. service members and care providers.

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Appendix A: Resource & Program List

Non-Federal Resources

American Journal of Health Promotion
www.healthpromotionjournal.com
Peer-reviewed publication devoted exclusively to health promotion

Health Enhancement Research Organization (HERO)
www.the-hero.org
Nonprofit; includes wellness best practices program scorecard

Independent Blue Cross
http://www.ibx.com/worksite_wellness/how_to_implement/index.html
How to implement worksite wellness programs

International Association for Worksite Health Promotion (IAWHP)
http://acsm-iawhp.org/i4a/pages/index.cfm?pageid=1
First global organization on worksite wellness

Johns Hopkins Bloomberg School of Public Health Military Child Initiative
www.jhsph.edu/mci
Program that improves quality of education specifically for military children

Mayo Clinic Health Solutions
www.mayoclinichealthsolutions.com/index.cfm
Resource for WHP

National Association for Health and Fitness
www.physicalfitness.org/nehf.html
Home to National Employee Health and Fitness day, the longest running WHP program in the United States

National Business Group on Health
www.businessgrouphealth.org
Nonprofit established in 1974; primarily serves large companies

National Wellness Institute
www.nationalwellness.org/index.php?id_tier=1
Serves professionals and organizations that promote optimal health and wellness in individuals and communities

Partnership for Prevention
www.prevent.org
Mission to advance "prevention as a whole" in health policy

Samueli Institute's Wellness Initiative for the Nation (WIN)
http://siib.org/news/news-home/WIN-Home.html
Can download WIN

Wellness Council of America
www.welcoa.org
Industry leader in WHP cited and utilized by NMCPHC; free materials to download

World Health Organization Health Promotion Unit
www.who.int/healthpromotion/about/organization/units/en/index.html
Evidence-based strategies and well-planned implementation and evaluation resources

FEDERAL RESOURCES

Agency for Healthcare Research and Quality (AHRQ)
www.ahrq.gov
U.S. Department of Health and Human Services

CDC/NIOSH WorkLife Initiative
www.cdc.gov/niosh/worklife/essentials.html
National Institute for Occupational Safety and Health

CDC Healthier Worksite Initiative
www.cdc.gov/nccdphp/dnpao/hwi/index.htm
Specifically for government agencies

Department of Defense – Civilian Personnel Management Service (CPMS)
www.cpms.osd.mil/wellness/wellness_index.aspx
Personal wellness programs for programs and individuals

CDC Guide to Community Preventive Services
www.thecommunityguide.org/index.html
Centers for Disease Control and Prevention

Healthy People 2020
www.healthypeople.gov/default.htm
U.S. Department of Health and Human Services

Healthy People Overview
www.healthypeople.gov/About/Slideshow_May_2001_files/frame.htm
High-level overview slideshow of HHS Healthy People

MyPyramid
www.mypyramid.gov
United States Department of Agriculture

National Committee for Quality Assurance (NCQA)
www.ncqa.org
U.S. Department of Health and Human Services

Substance Abuse and Mental Health Services Administration Division of Workplace Programs
www.drugfreeworkplace.gov
Research, resources, and an online Web portal for employees to improve health and well-being

The President's Council on Fitness and Sports
www.fitness.gov
Advisory committee that promotes physical activity and sports

U.S. Department of Health and Human Services
www.healthfinder.gov
Guide to healthy living and personal health tools

Walking Program Business Plan
http://phc.amedd.army.mil/dhpw/population/documents/walkingprogramsimplebusinessplan.pdf
WHP for U.S. Army civilian staff

Military Resources

Air Force Health Promotion Instruction 40-101
www.e-publishing.af.mil/shared/media/epubs/AFI40-101.pdf
Outlines requirements for operating, managing and evaluating the AF Health Promotion Program

Army Health Promotion Program
www.army.mil/usapa/epubs/pdf/r600_63.pdf
Outlines Army health promotion program, framework and resources

Navy Medicine Bureau of Medicine and Surgery (BUMED)
www.med.navy.mil/directives/Pages/ExternalDirectives.aspx
Navy Medical Department Health Promotion and Wellness Program Instruction 6110.13a

OPNAV Instruction 6100.2A Health and Wellness Promotion Program
www.med.navy.mil/directives/Pages/OPNAV.aspx
Chief of Naval Operations, 15 March 2007

Army Behavioral Health Resilience Training
www.behavioralhealth.army.mil
Resource for soldiers' health and wellness during readjustment period

Army Center for Enhanced Performance
www.CSF-PREP.army.mil/index.php/Home
Based on sports and performance psychology model

Blue H – Navy Surgeon General's Health Promotion and Wellness Award
www-nmcphc.med.navy.mil/Healthy_Living/Resources_Products/Wellness_Award/hpwellness_award.aspx
Health Promotion and Wellness Award

Fit for Life
www.tricare.mil/conferences/2005/ppt/043JGrissom.ppt
TRICARE conference deck on healthy choices

Force Health Protection and Readiness
http://fhpr.osd.mil
Resources and information for obtaining and maintaining a fit and healthy force

Hooah 4 Health
www.hooah4health.com/default.htm
U.S. Army-endorsed health promotion and wellness website especially for reservists

Military Health System Partnership for Health
www.health.mil
Enhanced communication regarding the health of our service members

Navy and Marine Corps Public Health Center (NMCPHC)
www.www.nmcphc.med.navy.mil
Extensive online resources for health education and promotion

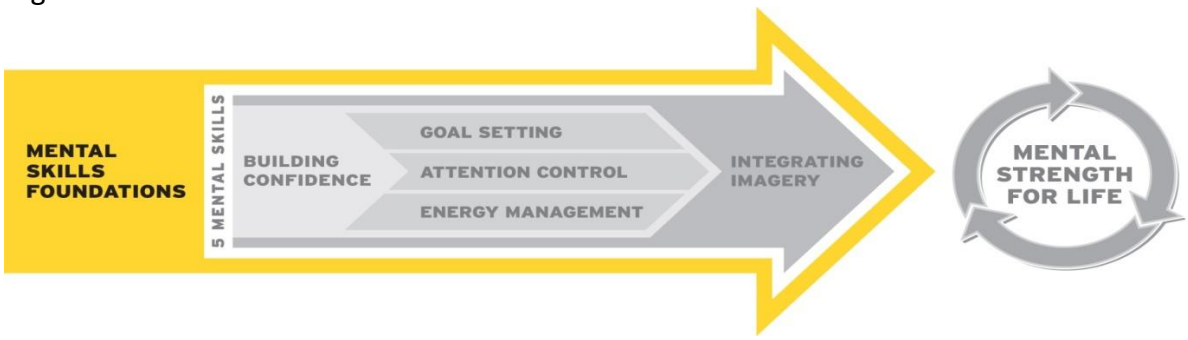
U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM)
http://chppm-www.apgea.army.mil/dhpw/Population/HPPI.aspx
Complete tobacco cessation program online

U.S. Army Public Health Command (Provisional)
http://phc.amedd.army.mil.home
Previously U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM)

Appendix B: Featured Defense Department Mind-Body Program Comprehensive Soldier Fitness—Performance and Resilience Enhancement Program

Mission: to develop the full potential of warriors, staff, and families, using a systematic process to enhance the mental skills essential to the pursuit of personal strength, professional excellence, and the Warrior Ethos

MENTAL SKILLS FOUNDATIONS:
Utilizing the Performance Education Model, CSF-PREP trainers teach Soldiers how to develop the mental skills integral to the Warrior Ethos.



The **CSF-PREP Performance Education Model** is based on more than 50 years of documented scientific research and recognized best practices in the field of sport and performance psychology. The tenets underlying excellence in human performance are applicable to all professional occupations. The mental and emotional skills required to excel on the athletic field are equivalent to the skills underlying excellence on the battlefield, in the classroom, in other professions, and at home. The CSF-PREP Performance Education Model consists of an overview of the foundations of mental skills and five interrelated key mental and emotional skills: confidence, goal setting, energy management, attention control, and imagery.
More information can be found at http://csfprep.army.mil/home.php/Home