



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

IN REPLY REFER TO
BUMEDINST 6110.16
BUMED-M3
22 Oct 2012

BUMED INSTRUCTION 6110.16

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 6110.13A
(d) SECNAV Manual 5214.1 of Dec 2005
(e) SECNAV Manual 5210.1 of Jan 2012

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).

2. Cancellation. BUMED memo 6100 Ser M3/5CCPH/E09UN093000557 of 13 Aug 2009 (NAVMED POLICY 09-018).

3. Background. The problem of overweight and obesity among our Navy and Marine Corps beneficiaries reflects the similar nationwide problem. Many members fail or are at risk of failing the Navy Body Composition Assessment (BCA) standards, which presents an obstacle to readiness and increases training costs. Likewise, weight-related medical conditions are common among family members and retirees, which contribute to unnecessary health care costs. The Navy and Marine Corps Public Health Center (NMCPHC) is designated as the program manager for ShipShape, the official Bureau of Medicine and Surgery (BUMED) weight management program. ShipShape is based on current evidence for healthy weight management from reviews of the literature and recommendations from professional organizations and has resulted in excellent weight loss outcomes for many participants. ShipShape supports the 21st Century Sailor and Marine Initiative for readiness and continuum of service by promoting permanent lifestyle improvements for nutrition, physical fitness, and psychological fitness. As stated in reference (a), referral of active duty members by commands to ShipShape is highly recommended for members who fail or who are in jeopardy of failing BCA standards. ShipShape is also highly recommended for family members and retirees who are overweight or who have weight-related medical conditions. The ShipShape Program Web site is available at: http://www.nmcphc.med.navy.mil/Healthy_Living/Weight_Management/shipshape_overview.aspx.

4. Responsibilities

a. Deputy Chief, Medical Operations (BUMED-M3) will ensure that each medical region provides this program as part of a comprehensive weight management strategy.

b. The NMCPHC will:

- (1) Act as the program manager for ShipShape.
- (2) Provide a complete curriculum and training materials to local ShipShape facilitators.
- (3) Provide ShipShape facilitator training at multiple times and locations throughout the year to meet the demand for instructors. During this training, the ShipShape program manager will review course content, facilitation skills, and administrative issues with prospective facilitators.
- (4) Provide additional consultation upon request to local ShipShape facilitators to assist them in implementing successful programs.
- (5) Design and manage an evaluation component for ShipShape to track process and outcome metrics. Collect and analyze data submitted by ShipShape facilitators. Submit semi-annual reports on these data to each Navy Medical Region Commander and a consolidated report to Deputy Chief, Medical Operations (BUMED-M3).
- (6) Reporting will include the number of active duty members enrolled in the Fitness Enhancement Program (FEP) who complete ShipShape and the proportion who meet BCA standards 6 months after completing the program. Using the Physical Readiness Information Management System (PRIMS) database, NMCPHC will also track FEP participants to determine if they are able to maintain their weight loss for an extended period of time. Reports will also document weight loss among other ShipShape participants following completion of the group sessions and at the end of the 6-month maintenance period.

c. Commanders, Commanding Officers, and Officers in Charge of Medical Treatment Facilities (MTFs) will:

- (1) Appoint a ShipShape Coordinator to provide general oversight and assistance to the parent and outlying branch health clinics (BHCs) and ensure that beneficiaries enrolled to these facilities have access to the ShipShape program.
- (2) Ensure that the MTF ShipShape Coordinator submits a consolidated MTF and BHC semi-annual outcome report to the NMCPHC.
- (3) Ensure that the MTFs maintain an adequate number of instructors. If necessary, schedule special regional facilitator training with the NMCPHC ShipShape program manager.
- (4) Designate individuals to attend the mandatory facilitator certification training prior to conducting the ShipShape program. These individuals should be comfortable with public speaking; leading small groups; and discussing nutrition, physical activity, and behavior change issues.

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

d. Responsibilities of the Command Fitness Leader (CFL) include:

(1) Submission of a referral letter from the command to the Health Promotion (HP) section or the designated ShipShape facilitator for each individual that is failing or is in jeopardy of failing to meet BCA standards.

(2) Assisting ShipShape facilitators by ensuring attendance of members that are enrolled in the FEP and helping to coordinate follow-up during the maintenance phase of the program.

e. Certified ShipShape facilitators will:

(1) Adhere to the program methodology and curriculum provided by NMCPHC and present all aspects of the core content.

(2) Inform commands and supervisors of the availability of the ShipShape program, overview of program components, and attendance requirements.

(3) Use PRIMS database to track attendance of individuals at each ShipShape session and address unavoidable absences on a case-by-case basis with participants.

(4) Market the program within the community, to include providing contact information and procedures to enroll in the program; allow family members, retirees and spouses to self-refer to the program.

(5) Enroll no more than 15 participants per ShipShape cycle, which is the maximum number of participants recommended for behavior change groups. Multiple groups may be started concurrently if the demand exceeds 15.

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

(7) During the Registration Session or Session 0, orient and inform each potential participant of the program goals, format, general expectations, and roles and responsibilities of both the facilitator and participants. The registration session will take place prior to the first session.

(8) Inform participants of the scientific basis of the program and that each participant, with the assistance of the facilitator, will build an individualized approach to achieve permanent healthy weight control.

(9) Assess each participant's commitment to participate and whether the program is appropriate for each individual, based upon the Stages of Change Transtheoretical Model (Sample model at: <http://www.uri.edu/research/cprc/TTM/detailedoverview.htm>). To aid those individuals who are not psychologically prepared to begin a weight loss program or who are unable to attend the entire program, facilitators can provide them with other resources, such as self-study materials or Web-based information, as an alternative to ShipShape. Members that are command referred, but who lack any desire to attend ShipShape, will be referred back to their commands with an explanation as to why attendance is not appropriate at that time.

(10) Prepare a roster of participants and collect appropriate baseline information, to include: Full name and title, full social security number (only collect social security numbers for military personnel), beneficiary category, body mass index (to include initial weight), contact information, and identification of members that are command referred or referred from a clinician.

(11) Inform participants that the maintenance phase of the program will last 6 months following completion of the core curriculum, during which time the facilitator and participant will discuss continued weight loss progress and overcoming difficulties (avoiding relapse).

(12) Contact each participant that completed the program at least once a month for 6 months.

(13) During the maintenance phase, review participant progress in achieving stated goals and ask about problems, barriers, triggers for overeating, and offer possible solutions. Modifications to the individual weight loss plans can be made during these follow-up encounters between the facilitator and participant. Continued weight loss is expected to occur during the maintenance phase as participants follow their individual plans. Every follow-up contact with a ShipShape participant will end by specifying when the next follow-up contact will occur.

(14) Follow-up encounters can be in the form of telephone calls, face-to-face follow-up, or group appointments.

(15) Submit program outcome reports to NMCPHC related to participation, weight loss, and weight loss maintenance in order to inform senior leadership of the effectiveness of the program and amount of resources invested.

(a) Assess each participant's status 6 months after completion of the core sessions and submit semi-annual reports to NMCPHC using forms provided by NMCPHC. Facilitators will indicate whether FEP members that completed the program are within Body Composition Assessment (BCA) standards, outside standards, or have been lost to follow-up. Facilitators will also indicate the number of pounds lost since registration for both FEP members and other participants.

(b) Report to NMCPHC the total number of instructor and staff hours, to include both the facilitator's time and the time of guest speakers. Include the number of hours for class preparation and follow-up sessions during the 6-month maintenance phase.

(c) After the eighth, or final, session, submit a roster to NMCPHC of active duty members who were in the FEP program and who successfully completed the program. Submission will follow HIPAA rules.

f. Primary Care Managers (PCM) will:

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

(2) Inform the ShipShape facilitator of any contraindications or restrictions for their patients that enroll in ShipShape, i.e., regarding dietary intake or physical activity related to their medical condition.

g. Individual participants (with referral letters or self-referred) will:

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

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

5. Samples. Sample spreadsheets are provided in the "STATISTICS AND REPORTS" folder on the ShipShape Instructor CD for submitting attendance rosters and 6-month follow-up reports. Attendance rosters and 6-month follow-up reports shall be submitted via digitally signed and encrypted e-mail.

6. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per reference (e).

7. Reports. The reporting requirements contained in this instruction are exempt from reports control per reference (d), part IV, paragraph 7p.



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