



Strategic Plan

FY16-FY17

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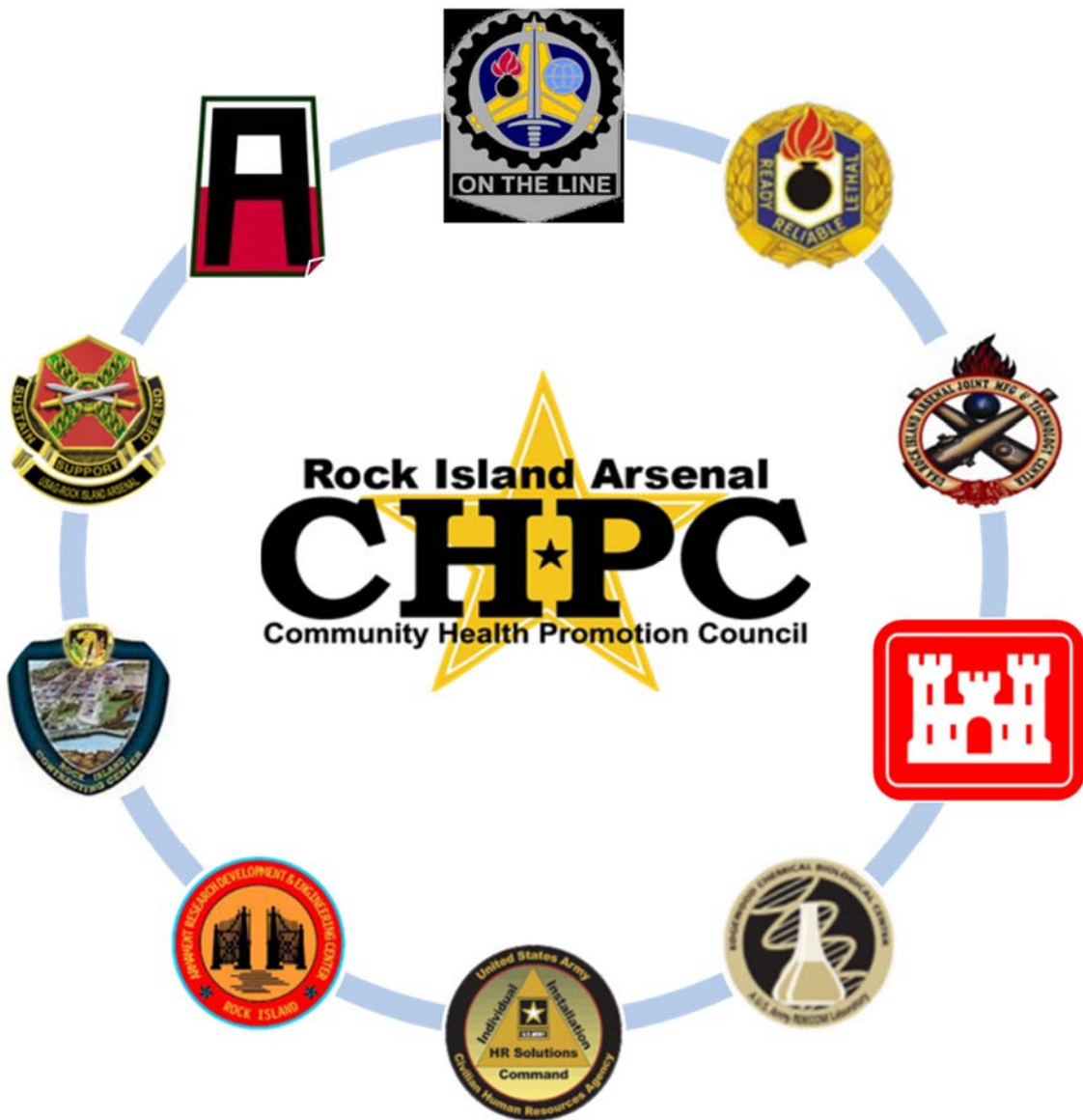
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A. Overview

1. BACKGROUND

In March of 2015 a Health Promotion Officer (HPO) and Health Promotion Program Assistant (HPPA) were hired and aligned with the Rock Island Arsenal (RIA) Army Sustainment Command; the Senior Command for the installation, to develop the support structure and execute successful quarterly Community Health Promotion Council (CHPC) meetings. Since this time, coalitions have been formed with the senior leaders from the ten largest RIA organizations, sometimes referred to as the “Big Ten,” that represent the majority of the workforce population, as well as Subject Matter Experts (SMEs) whose job function(s) support Health Promotion. Per Army Regulation 600-63, Health Promotion encompasses the following functional areas: (1) Health education, (2) Behavioral health, (3) Physical health, (4) Spiritual health and (5) Environmental and/or social health.



Relationships with local organizations outside of RIA, the CHPC Community Partners, have also been established in order to execute the mission of the CHPC in a way that adds value, enhances the workforce's overall quality of life and supports the readiness and resilience of the Total Force.

2. MISSION

- The CHPC will function as the central forum for the integration, synchronization, implementation and assessment of all functions aimed at improving Soldier, Civilian, Family, and Unit readiness.
- The CHPC will generate a common operating picture of the issues facing RIA and provide a multi-disciplinary approach to safety, Health Promotion, resilience building, risk reduction, and suicide prevention programs.
- The CHPC will identify redundancies and voids in programs and services by evaluating population needs, assessing existing programs, and coordinating targeted interventions.

3. VISION AND VALUES: The vision of the CHPC is to build and sustain Army readiness of the Total Force. The Total Force encompasses our Soldiers, Civilians, Family members and Retirees. As an organization, not only do we believe and adhere to Army Values, in order to be successful at our mission, we also value:

- Cooperative learning to accomplish the goal;
- Providing excellent assistance to those we serve;
- Autonomy to meet the unique needs of our population.

B. Process

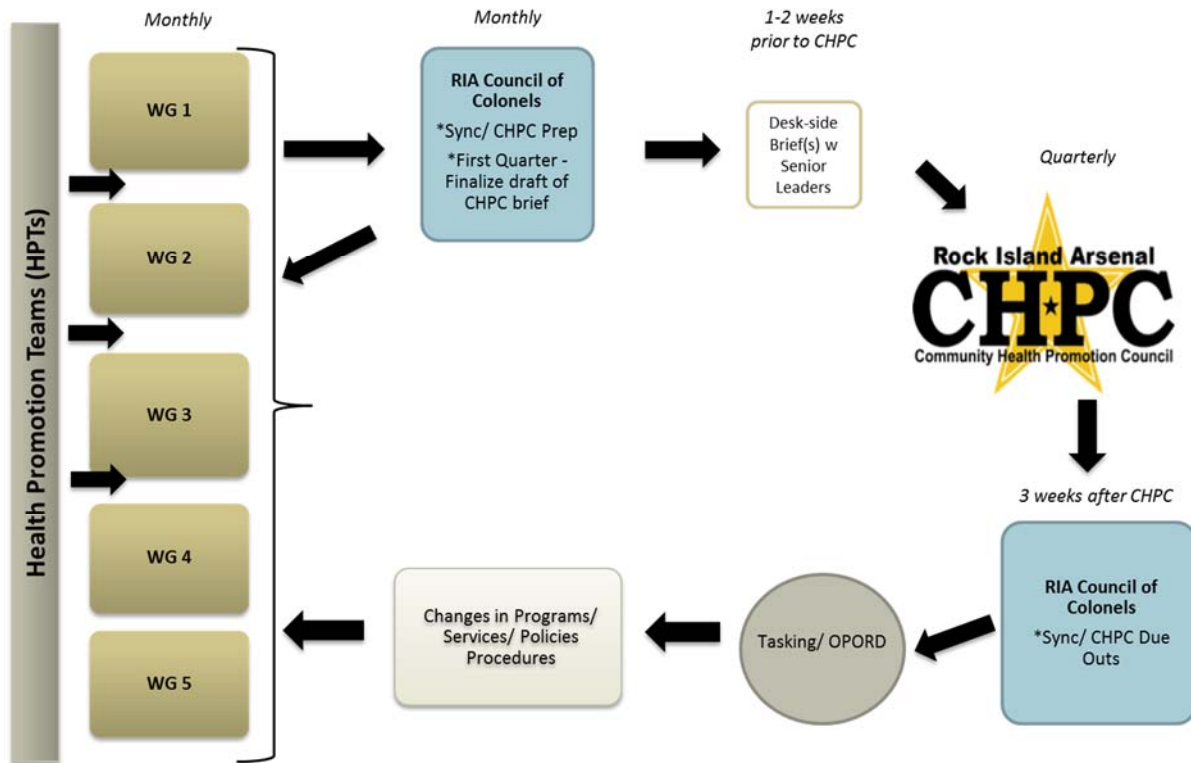
1. COMMUNITY HEALTH PROMOTION COUNCIL (CHPC)

Overview: The installation CHPC occurs quarterly, is chaired by the Senior Commander, facilitated by the HPO, and includes representation from installation and select regional/ state service providers, tenant organizations, and all tenant Commanders.

Purpose: The RIA CHPC promotes strategic integration of operational level public health processes on the installation; provides an umbrella approach for coordinating garrison, medical, and mission operations in support of community Health Promotion; provides a mechanism to raise systemic issues; give Commanders/ Directors the flexibility to balance readiness and quality of life through direct coordination with SMEs; and, supports the efficient portfolio management of Health Promotion, risk reduction, and suicide prevention initiatives.

Membership: The core membership of the Council includes Commanders and Senior-most Leaders from the ten highest populated organizations on RIA as well as RIA Army Health Clinic leadership and CHPC Working Group (WG) Chairs. CHPC advising members include appropriate SMEs both internal and external to RIA. *See the RIA CHPC Charter for more information about membership.*

2. CHPC Battle Rhythm



3. COUNCIL OF COLONELS

Overview: Council of Colonels (CoCs) members support the CHPC through review of WG and/or HPT initiatives as well as guiding, synchronizing and providing resources to support achievement of CHPC mission.

Purpose: The CoCs review, revise and/or approve proposals from the Health Promotion Teams (HPTs), Working Groups (WGs) and the HPO in order to accomplish the CHPC mission.

Membership: The Council of Colonels (CoCs) core membership includes the RIA Garrison Commander, Command Chiefs of Staff and equivalent representatives from the ten highest populated organizations on RIA.

4. HEALTH PROMOTION TEAMS (HPTs)

Overview: Through a coordinated team approach at the command/tenant level the HPT identifies and analyzes the risks that impact the readiness and resiliency of RIA Soldiers, Civilians, and their Family members for HPT Senior Leaders.

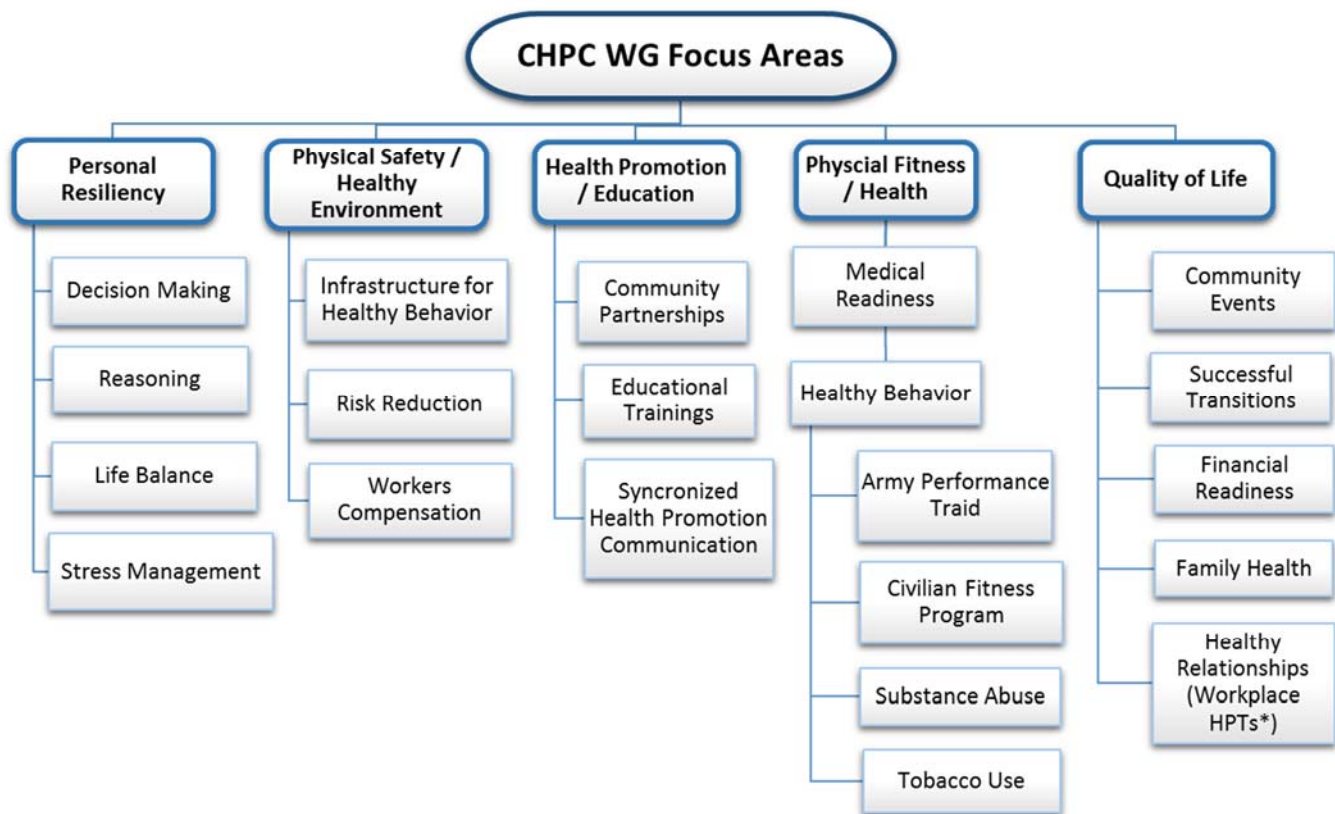
Purpose: During the CHPC, the HPT Senior Leader will have an opportunity to present the HPT trends, discussions and possible solutions as well as request assistance from the Senior Commander, the CHPC and the CHPC WGs if needed.

Membership and Decision Making: Each HPT Senior Leader has approved a charter outlining goals, objectives and membership. The Charter is signed at least annually by the HPT Senior Leader.

5. WORKING GROUPS (WGs)

Overview: WGs have a significant and ongoing role in the CHPC process. WGs are cross-functional teams spanning across RIA organizations charged with finding and proposing solutions to problems facing Health Promotion efforts at RIA. Each group's purpose and scope aligns with Army requirements and focuses on Health Promotion programs comprised of the following functional areas:

- **Personal Resiliency:** Behavioral health interventions to improve psychological health and reduce self-destructive behaviors and spiritual programs to foster spiritual awareness and enrichment.
- **Physical Fitness/ Health:** Programs that focus on achieving optimal physical wellness.
- **Physical Safety/ Healthy Environment:** Environmental and social programs that promote and sustain healthy lifestyles, strengthen community action, and encourage proactive public health policies.
- **Health Promotion/ Education:** Processes to raise individual and community awareness.
- **Quality of Life:** Community specific concerns to address the unique risk factors for the RIA community and surrounding areas.



Health Promotion/Education Working Group. Develop and administer education and training programs, through command/tenant and community partnerships, to expand and support RIA Health Promotion efforts.

Quality of Life Working Group. (*Formerly “Social Resiliency”*) Evaluate, integrate, and optimize quality of life programs and services to address the needs of Soldiers, Families, and Civilians.

Physical Health and Fitness Working Group. Recommend, coordinate, and facilitate the integration of physical health and wellness programs, policies, and practices at RIA to increase fitness and enhance performance.

Personal Resiliency Working Group (*Formerly “Behavioral Health and Spiritual Resiliency Working Group”*) Initiate, integrate, evaluate and optimize behavioral health and spiritual fitness programs and services to address the needs of Soldiers, Civilians, and Families. Seek to create a culture of strong, positive behavioral health and spiritual fitness among the workforce at RIA.

Physical Safety and Healthy Environment Working Group (*Formerly Environmental Health and Safety Working Group*) Recommend, coordinate, and ensure the development and integration of healthy and safe RIA environments.

Membership and Decision Making: The CHPC forms and empowers cross-functional WGs made up of health promotion SMEs from across the installation to develop and/or execute initiatives to accomplish the CHPC mission. Each WG has a Charter outlining its goals, objectives as well as membership. The Charter is signed annually by the Senior Commander.

6. HEALTH PROMOTION OFFICER AND HEALTH PROMOTION PROGRAM ASSISTANT (HPO/HPPA)

The HPO/HPPA plan, prepare and facilitate the quarterly CHPC as well as assist with synchronization of all CHPC efforts internal and external to RIA. HPO efforts are guided with primary input from Senior Commander, the COCs, the HPTs, and WG Chairs.

7. CHPC COMMUNICATION PLAN

Overview: The purpose of the CHPC Communication Plan is to develop a comprehensive communication strategy based on existing resources and community demographics. The goal is to improve communication among stakeholders and increase community engagement as well as increase awareness of health promotion services offered internal to RIA and within the Quad City community.

CHPC Strategic Plan: The HPO generates the annual CHPC strategic plan to publish during the fourth quarter of the fiscal year.

Annual Health Promotion Campaign:

Communicating CHPC Successes: WGs and/or HPTs will generate a quarterly summary of progress and/or accomplishment of initiatives to be reviewed by the HPO and distributed through the CHPC Communication Process.

Educating the Workforce: The HP/E WG in coordination with the RIA Army Health Clinic and appropriate SMEs work with the HPO to organize a centralized effort to consolidate Health Promotion education material for execution through the Senior Command/ RIA Garrison Public Affairs Officer and CHPC Communication Process including but not limited to:

- RIA workforce testimonials,
- Army Performance Triad,
- Local health and wellness challenges.

C. Strategy

1. STRATEGIC PRIORITIES, GOALS AND INITIATIVES

The Senior Commander establishes CHPC strategic priorities tailored to the needs of the installation in order to focus Health Promotion efforts of stakeholders within the CHPC process.

The following priorities were generated based on the results of the Community Strengths and Themes Assessment (CSTA) administered by HPO in May 2015 and approved at the first quarterly CHPC for fiscal year 2016.

CHPC Strategic Priorities FY2015-2016
Sexual Harassment/Assault Response & Prevention (SHARP)
Health Promotion/ Education Campaign
Civilian Fitness Program
RIA Army Health Clinic/ Wellness Center
RIA Installation Climate
Suicide Prevention

Goal 1	
Enhance readiness and resiliency of the RIA workforce through evidence based training, education and Health Promotion activities.	
Long Range (1 – 3 years)	Execute Health Promotion education plan.
	Execute Health Promotion campaign.
	Improve installation coordination of suicide prevention efforts within RIA and Quad City community to identify and prevent risky behaviors.
Short Range (less than 1 year)	Research study with St. Ambrose University: Readiness/Resiliency benefits of 2 hrs. per week yoga for military and veterans.
	Project 22 as a main theme for suicide prevention month.
	Stress free day, wellness rooms, and stress prevention brochure(s).

Goal 2	
Build and maintain sustainable physical workplace environment(s) that support safe and healthy lifestyle behaviors.	
Long Range (1 – 3 years)	RIA will establish a Wellness Center offering Army Wellness Center (AWC) core programs utilized by Soldiers, Civilians and their Family members as well as other beneficiaries.
	Stairwell walking/ Health stairwell initiative.

Goal 3	
Foster partnerships with CHPC approved organizations within surrounding communities to execute CHPC goals and initiatives.	
Long Range (1 – 3 years)	Improve/ integrate retirement/ VA process into local health systems.
	Incorporate Quad City Area partners in RIA health promotion campaign.
Short Range (less than 1 year)	Develop a process/ agreement(s) to establish formal partnerships with Quad City Area health care providers.

Goal 4	
Improve accessibility, utilization and participation in installation programs and services available that promote a healthier lifestyle.	
Long Range (1 – 3 years)	Develop a Civilian Fitness Program exportable to all RIA organizations.
	Evaluate programs and services that RIA military and civilian workforce needs and is willing to support -plan clearly identifies which events have greatest Return On Investment.
	Increase Family member participation in local Morale, Welfare, and Recreation (MWR) events.
Short Range (less than 1 year)	Develop and disseminate a RIA Community Resource Guide (CRG).
	Determine/ execute standard retirement physical process at RIA.
	Enhance impact of Spring/ Summer safety awareness event for RIA.
	Enhance and leverage events planning system throughout USAG-DPTMS.
	Develop a communication structure to reach out to retirees.

Goal 5	
Solidify CHPC infrastructure so RIA workforce can meet and exceed DA Ready and Resilient Campaign requirements, i.e. sexual assault and suicide prevention, alcohol and drug abuse prevention and smoking cessation.	
Long Range (1 – 3 years)	Establish/ maintain WG structure, process and outcomes that promote a successful, deliberate and value added CHPC process.
	RIA workforce recognizes one website, one newsletter and one brand for R2C and Army Health Promotion and outcomes from CHPC meetings.
	Annual action plans for each WG and/or HPT are outlined, approved and used to track CHPC successes.
	Senior Leader installation forums provide direction and resources to promote successful, deliberate and value added CHPC processes and outcomes.
	Installation tenants provide SME support to promote successful, deliberate and informed CHPC process and outcomes.

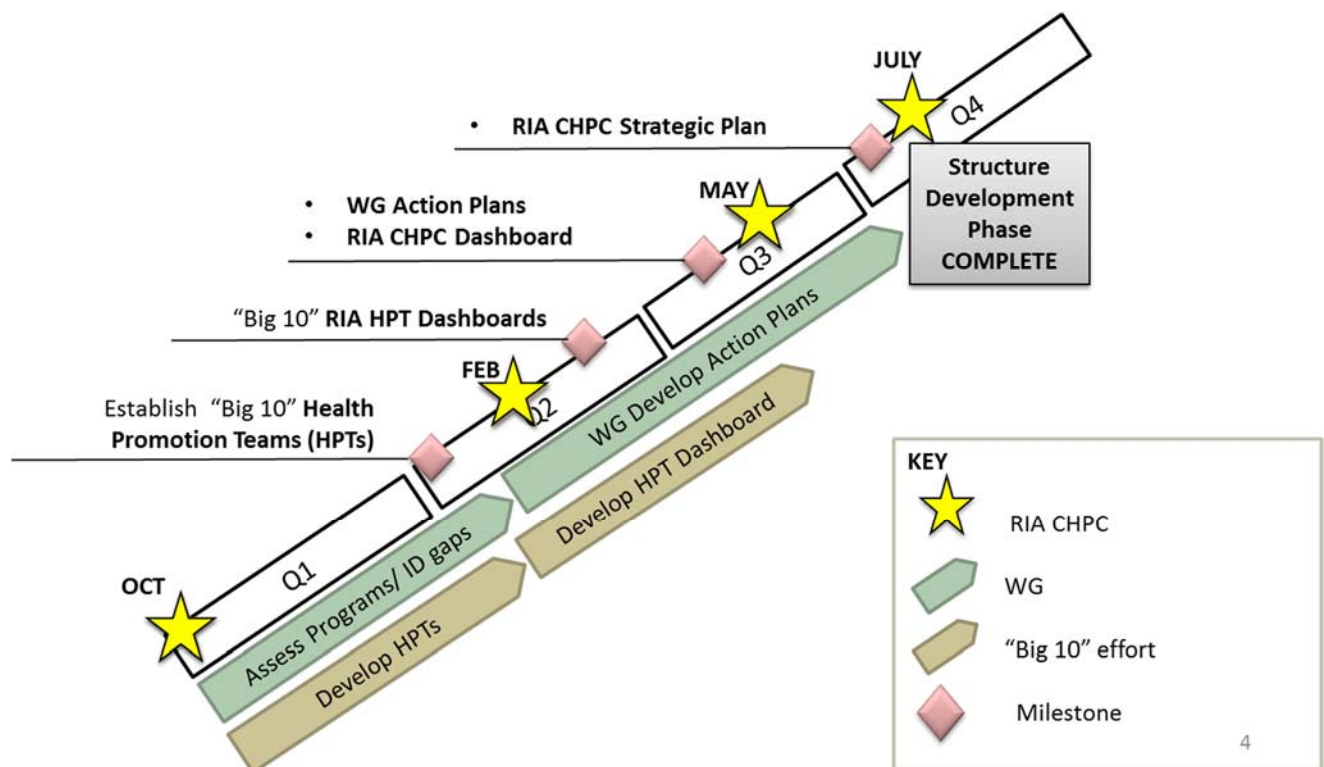
D. Metrics

The RIA CHPC Dashboard allows for evaluation of Army programs, services and CHPC initiatives. Through the systematic review of these programs, services and initiatives the CHPC aims at both supporting new initiatives and ensures the review and support of current programs, services and initiatives.

Current metrics for CoCs and CHPC review allow for a comprehensive view of workforce Health Promotion, including:

- Dental Readiness
- Medical Readiness
- Army Physical Fitness (APF) Test
- Soldier for Life – Transition Assistance Program (SFL-TAP)
- Global Assessment Tool (GAT) (MIL)
- Resiliency Training (MIL)
- Resiliency Training (CIV)
- Sexual Harassment/ Assault Response and Prevention (SHARP) Part I and Part II
- Master Resiliency Trainer (MRT) Positions
- Suicide Prevention

E. Successful Outcomes FY2015-FY2016



F. Focus for FY2016-FY2017

As the RIA CHPC continues to grow, the focus areas for FY2016-FY2017 will include the following:

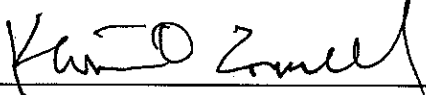
- Build leadership awareness of Health Promotion needs to prevent risks and maintain quality of life in our Quad City and RIA community.
- With an evidenced based approach, leverage data to identify and address RIA community needs.
- Synchronize and hone installation efforts to provide adequate quality of life and health promotion support to all RIA tenants.
- Develop, share and coordinate clear action plans for all CHPC initiatives.
- Enhance the value of the Community Health Promotion Council process and outcomes for the RIA workforce.


G. References


1. AR 600-63, Army Health Promotion, 14 April 2015.
2. AR 600-20, Army Command Policy, 6 November 2014.
3. DA Pam 600-24, Health Promotion, Risk Reduction, and Suicide Prevention 14 April 2015.
4. Operation Order 042-15, Rock Island Arsenal Community Health Promotion Council. 30 April 2015.
5. Operation Order 12-266, Ready and Resilient Campaign (R2C) Governance through Community Health Promotion Councils. 24 August 2015.
6. HQDA Execution Order 110-13, ISO Ready and Resilient Campaign Plan. 05 April, 2013.
7. Rock Island Arsenal (RIA) Community Health Promotion Council (CHPC) Charter. 16 September, 2015.

CHPC Member Signatures

As a CHPC member, your signature signifies support of the CHPC Strategic Plan, the CHPC mission and the vision to build and sustain Army readiness of RIA Soldiers, Civilians, Family members and Retirees.

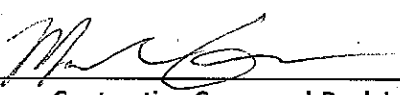

Date: 28 July 2016
Army Sustainment Command (ASC), RIA Senior Commander
KEVIN G. O'CONNELL
Major General, USA

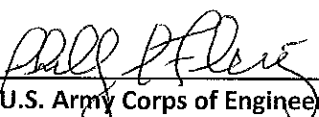

Date: 28 July 2016
COL, CHIEF OF STAFF
First Army (1A) CHPC Representative

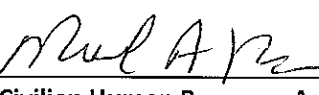

Date: 28 July 2016
COL MDCAL
Rock Island Arsenal Garrison (USAG) CHPC Representative


Date: 28 July 2016
BG, USA, CG
Joint Munitions Command (JMC) CHPC Representative

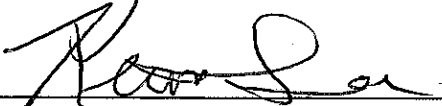

Date: 28 July 2016
Joint Manufacturing and Technology Center (JMTC) CHPC Representative


Date: 28 July 2016
Army Contracting Command-Rock Island (ACC-RI) CHPC Representative


Date: 28 July 2016
U.S. Army Corps of Engineers (USACE) CHPC Representative


Date: 28 July 2016
Civilian Human Resource Agency (CHRA) CHPC Representative


Date: 28 July 2016
Armament Research, Development Engineering Center (ARDEC) CHPC Representative


Date: 28 July 2016
Edgewood Chemical Biological Center (ECBC) CHPC Representative