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Medical Command

HEALTH PROMOTION PROGRAM (HPP)

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OPR: 51 AMDS/SGPZ
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This instruction establishes guidelines and responsibilities for the installation HPP. It implements AFDPO 40-1, *Health Promotion Programs*. It applies to all units, military personnel, beneficiaries and civil service employees who are assigned, attached or tenants of the 51st Fighter Wing. **References:** AFI 40-101, AFI 90-501, and AFI 40-501.

SUMMARY OF REVISIONS

This revision reflects official changes in name (Paragraphs **3.1**, **3.3**, and **3.6**) as well as several typographical error corrections. A bar (|) indicates revision from the previous edition.

1. Definition of Terms:

1.1. **Health Promotion.** Any combination of health education and related organizational, social, economic or health care interventions designated to facilitate healthy lifestyles and promote wellness. Operationally, Health Promotion includes tobacco product use prevention and cessation, total fitness enhancement, nutrition awareness and coaching, stress management, alcohol and substance abuse prevention, cardiovascular disease and cancer risk prevention and medical self-care awareness.

1.2. **HPPs.** Health Promotion Programs are designed to provide beneficiaries health information and education which increases personal knowledge concerning at risk behaviors and activities, and encourages those lifestyle practices which are healthy and desirable.

1.3. **Health Promotion Philosophy.** Lifestyle choices impact overall health. Individuals are encouraged to accept self-responsibility to improve their health, performance and quality of life.

1.4. **HPP Mission.** Promote Health and Wellness and enhance the quality of life for our community through education and awareness.

1.5. **HPM.** The Health Promotion Manager directs plans and implements the installation HPP.

1.6. **CAIB.** Community Action Information Board, is a dynamic, proactive multidisciplinary, policy and procedure group, which meets at least quarterly to create an integrated delivery of health promotion activities and programs for the community. The installation commander chairs the CAIB and all members must attend or send a representative.

1.7. **Beneficiary Population.** This includes active duty and retired personnel, military family members, family members of deceased active duty personnel, and eligible Korean and American civilian employees.

1.8. **IDS.** Integrated Delivery System is a dynamic, proactive, multidisciplinary working group, which meets monthly to plan and execute Health Promotion activities and programs for the community. They send information and base-wide issues to the CAIB for resolution and/or further staffing.

2. Responsibilities:

2.1. 51 FW/CC:

2.1.1. Provides leadership and emphasis to the HPP as an integral part of military readiness. Ensures all subordinate commanders appoint, in writing, a unit Health Promotion Representative to assist the HPM to disseminate information to the work site and promote healthy lifestyles at unit level.

2.1.2. Chairs (or designated alternate) the installation CAIB.

2.1.3. Appoints, in writing, line and medical representatives to serve on the installation CAIB.

2.1.4. Reviews program goals and objectives, CAIB meeting minutes, quarterly activity reports and forwards outcome analysis and metric data to HQ PACAF CAIB.

2.1.5. Ensures sufficient resources are programmed and allocated to support an effective HPP.

2.2. Installation Services Squadron Commander (SVS/CC):

2.2.1. Functions as a liaison for the physical fitness and nutrition components of the installation HPP.

2.2.2. Ensures Wing food facilities comply with the "Check It Out" checklist, and food service workers prepare food in compliance with Dietary Guidelines for Americans.

2.2.3. Collaborates with the installation HPM to ensure "Check It Out" and other nutrition programs are available to the community.

2.2.4. Ensures fitness personnel are trained and qualified to provide fitness instruction to customers.

2.3. Medical Group Commander (MDG/CC):

2.3.1. Provides oversight for installation HPP through the Aerospace Medicine Squadron.

2.3.2. Appoints a physician as medical advisor to the CAIB.

2.3.3. Ensures authorization of adequate personnel and material resources for the HPP.

2.3.4. Supports the HPM in all health promotion initiatives.

2.4. Aerospace Medicine Squadron Commander (AMDS/CC):

2.4.1. Oversees the installation HPP.

2.4.2. Develops the HPM job description.

2.4.3. Assists the HPM in planning, programming, and budgeting to optimally meet the needs of the community.

2.4.4. Supports education and training for the HPM and the health promotion staff for an optimal focus on healthy behaviors and disease, illness and injury prevention.

2.5. Squadron Commanders and Supervisors:

2.5.1. Encourage the practice of healthy lifestyles among unit personnel.

2.5.2. Permit sufficient time, as mission requirements allow, for personnel to participate in activities that promote healthy lifestyles.

2.5.3. Appoint an interested and enthusiastic individual as Unit Fitness Program Manager (UFPM) for annual cycle ergometry and muscular fitness assessments. Manager should serve as a role model for health and wellness (nonsmoker, fit, within weight standards, etc.).

2.5.4. Appoint interested and enthusiastic individuals as fitness assessment monitors (FAM) for annual unit cycle ergometry and muscular fitness assessments. Monitors should serve as role models for health and wellness.

2.5.5. Appoint an interested and enthusiastic individual as a unit health promotion monitor to promote healthy lifestyles at unit level. Monitor should serve as a role model in health and wellness.

2.6. Installation Health Promotion Manager:

2.6.1. Receives the professional development necessary to conduct a sound and quality based installation HPP.

2.6.2. Directs, coordinates and implements the installation HPP and incorporates Healthy People 2000 and "Fit to Fight, Fit for Life" into installation program goals and objectives.

2.6.3. Ensures that adequate programs and activities exist in the six main areas: Tobacco use prevention and cessation, cardiovascular disease and cancer risk prevention, nutrition awareness, physical fitness, stress management, and alcohol/drug abuse prevention.

2.6.4. Serves as a permanent member of CAIB.

2.6.5. Prepares fitness program and tobacco statistics and forwards them to 51 FW/CC.

2.6.6. Collaborates with installation agencies to establish a health promotion community climate. Displays information and conducts presentations on health promotion.

2.6.7. Writes specific annual goals and objectives with measurable outcomes for the installation HPP using input from the installation commander, MDG Commander, and AMDS Commander.

2.6.8. Develops a medical and line budget based on surveyed needs of the beneficiary population.

2.6.9. Attends the annual health promotion conference sponsored by the Air Force Medical Operations Agency, if mission allows.

2.6.10. Surveys needs of the beneficiary population at least biennially and designs programs accordingly. Coordinates summaries and uses results to formulate installation goals and objectives.

2.6.11. Offers health screenings for the community.

2.6.12. Develops local policies and operating instructions for HPPs.

2.6.13. Briefs the MDG provider staff at least annually on the HPP.

2.6.14. Routinely briefs the community on the HPP in order to raise installation awareness of the HPP. Utilizes common venues such as Medical Right Start, Health Care Advisory Council, commander's call, school seminars, etc.

2.6.15. Utilizes local media venues to promote healthy living and inform the community of disease, illness and injury risk prevention.

2.6.16. Disseminates education and information through flyers, pamphlets, brochures, posters, banners and other audio-visual aids for the purpose of advising the community on healthy living and risk prevention.

2.6.17. Serves as health promotion adviser and resource supplier for remote sites and geographically separated units. Reports health initiatives to CAIB.

2.6.18. Monitors programs through program participation, participant satisfaction, short-term and long-term behavioral outcomes and overall contribution to positive community health trends.

2.7. Medical Liaison Officer:

2.7.1. Provides medical oversight and advice for the cycle ergometry and muscular fitness program.

2.7.2. Accomplishes screenings for identified at risk personnel, determines whether individuals are medically cleared or require waiver status.

2.8. Health Promotion NCOIC:

2.8.1. Coordinates with the HPM on all aspects of the HPP. Assists with all health promotion programs and activities. Represents the HPM in his/her absence.

2.8.2. Serves as the HPP Quality Advisor.

2.8.3. Serves as the cost center manager for the HPP.

2.8.4. Oversees the cycle ergometry program in the absence of the Exercise Physiologist.

2.9. Health Promotion Administrative Assistant:

2.9.1. Collects data and prepares the monthly and quarterly HPP activity reports.

2.9.2. Maintains the HPP file plan and continuity files.

2.9.3. Assists with all health promotion programs and activities.

2.10. Exercise Physiologist:

2.10.1. Develops, manages, maintains, plans and conducts a comprehensive health and physical fitness program for the base population to improve their personal health and well-being.

2.10.2. Develops data collection and monitoring procedures and forms to conduct safe and effective health and fitness evaluations of individuals.

2.10.3. Monitors client adherence to physical fitness plans and makes any needed changes for well being of the individual.

2.10.4. Works with Nutritional Medicine staff to develop and provide nutritional education and intervention for clients needing assistance with weight management.

2.10.5. Oversees base cycle ergometry and muscular fitness testing results for active duty members. Conducts training and provides guidance to UFPMs and FAMs.

2.10.6. Provides HPM with cycle ergometry and muscular fitness testing results, tobacco use statistics data to be included in monthly reports sent to 51 FW/CC.

2.11. Installation Community Action Information Board:

2.11.1. Membership: Appointed in writing by 51 WG/CC and represent base functions pivotal to improving health and wellness. Representation is expected for members unable to attend a meeting. Members maintain continuity and quality of health promotion on the installation by coordinating policies, procedures and activities of the IDS.

2.11.2. Meets quarterly at a minimum.

2.11.3. Chaired by Wing Commander or his/her designated alternate.

2.11.4. The goal is to develop an installation-focused comprehensive, integrated HPP that creates a healthy and supportive environment for all personnel.

2.11.5. Responsible to the Wing Commander for initiating, planning, coordinating, conducting, and evaluating all health promotion activities.

2.12. Installation Community Action Information Board Members:

2.12.1. Serve as role models by practicing healthy lifestyles.

2.12.2. Develop specific goals and objectives for each activity area and submit these to HPM for incorporation into overall program goals and objectives.

2.12.3. Report health promotion activities to installation IDS and HPM for incorporation into meeting minutes.

2.12.4. Continuously assess the needs of the squadron through needs assessment, informal interviews, observations, and trends.

2.13. Squadron Health Promotion Monitors:

2.13.1. Serve as role models by practicing healthy lifestyles.

2.13.2. Continuously assess the needs of the squadron through needs assessment, informal interviews, observations, and trends. Plan and coordinate programs based on findings.

2.13.3. Maintain contact with the Health Promotion Office, making needs known and soliciting information as needed. Report any squadron health promotion programs or activities.

2.13.4. Post pamphlets, written material and articles on health related projects on bulletin boards, and advertise any special projects.

3. Policies and Procedures:

3.1. **Tobacco Use Prevention and Cessation (OPR: Primary Care Flight and HPM):** The focus of this program is to create an environment that supports abstinence, discourages use of tobacco products, and provides tobacco users with encouragement and professional assistance to stop using tobacco products.

3.2. **Nutrition Program (OPR: Nutritional Medicine and APF and NAPF Food Service Managers/Supervisors):** This program encourages and assists target populations to establish and maintain dietary habits, which contribute to good health, disease prevention, and weight control. Nutrition programs aim to provide education and an environment in which individuals can make healthy dietary choices.

3.3. **Stress Management (OPR: Life Skills Support Center):** Stress Management programs aim to provide appropriate coping skills for stress management and to reduce environmental stress or as much as possible.

3.4. **Cardiovascular Disease and Cancer Prevention (OPR: Outpatient Clinics):** The goal is early identification of cancer and all cardiovascular disease (hypertension, atherosclerosis, hyperlipidemia, etc.), and to control via healthy lifestyle, and treatment referral where indicated. Early identification programs include mass blood pressure screening, cholesterol screening, health risk appraisals, walk-in screening at Primary Care Clinic, and public awareness campaigns.

3.5. **Fitness Enhancement Programs (OPR: Fitness Director/Exercise Physiologist):** These programs encourage and assist all target populations to establish and maintain the physical stamina and cardio-respiratory endurance necessary to enjoy better health through integration of an active lifestyle.

3.6. **Alcohol and Substance Abuse Prevention (OPR: Life Skills Support Center):** Alcohol and substance abuse prevention programs are aimed at preventing the misuse of alcohol and other drugs, eliminating the illegal use of such substances, and providing counseling and rehabilitation services to those who desire assistance.

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Commander