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Medical Command

HEALTH PROMOTION



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1. Keeping its people healthy and fit over the long term is key to the Air Force's ability to carry out its missions. Health promotion programs encourage people to follow healthy lifestyles and avoid harmful behaviors, and these programs furnish people with the knowledge and skills to do so. This directive establishes policy for the Air Force's approach to promoting health and fitness for its people.

2. To improve the cardiovascular fitness of its members and increase overall force readiness, the Air Force will encourage its people to learn about safe exercise regimens and to participate in self-directed programs.

3. The Air Force will foster aggressive health promotion programs that assess individual and family health risks, track progress toward healthy lifestyle goals for its people, and offer help in changing negative behaviors and in eliminating or reducing negative factors.

3.1. The Air Force will encourage proper nutrition for its people by establishing a nutrition education program that teaches how to identify, select, and prepare healthful foods. All Air Force-operated dining facilities will comply with the *Dietary Guidelines for Americans*.

3.2. The Air Force's goal is to be tobacco free. To discourage the use of tobacco products, the Air Force will expand tobacco cessation programs, restrict tobacco use in the workplace, and initiate other strategies to terminate tobacco use by Air Force personnel.

3.3. In regard to alcohol use, the Air Force will promote responsible behavior. Specifically, the Air Force will encourage abstinence from alcohol during pregnancy; strive to eliminate driving under the influence; will encourage moderation in alcohol consumption, and eliminate programs that encourage alcohol use.

3.4. The Air Force will emphasize stress management at all organizational levels and will use scientifically supported techniques of stress management in its health promotion programs.

4. This directive establishes the following responsibilities and authorities:

- 4.1. The Surgeon General of the Air Force (HQ USAF/SG) establishes health promotion policy, validates resource requirements, and provides professional skill and scientific knowledge to guide and support a comprehensive and integrated Air Force health promotion program.
- 4.2. The Air Force Director of Services (HQ USAF/SV) ensures that food service personnel working in both appropriated and nonappropriated dining facilities receive nutrition education.
- 4.3. The Deputy Chief of Staff, Personnel (HQ USAF/DP) provides health promotion education opportunities at all Air Force formal training and education programs. HQ USAF/DPC will support health promotion and wellness for its members.
- 4.4. Each major command (MAJCOM) commander and surgeon provides oversight to ensure the installations within their command comply with this policy.
- 4.5. Installation commanders implement integrated and comprehensive health promotion programs. Base agencies and commanders at all levels participate in and advocate wellness activities.
- 4.6. Each installation surgeon manages and monitors the health care aspects of health promotion.

5. Terms Explained:

5.1. **Dietary Guidelines for Americans** provides easy-to-follow eating recommendations developed by the Departments of Agriculture and Health and Human Services to improve the health and nutritional status of all people.

5.2. **Health Promotion** is the overall effort of the Air Force to enhance the well-being of its people through programs that encourage them to care for themselves, maintain their health, and avoid disease risks where they can. Health promotion addresses primarily the issues of nutrition, fitness, safety practices, tobacco use and substance abuse, cancer and cardiovascular disease, stress management, and other efforts presented in *Promoting Health 2000: DoD Health Promotion and Disease Prevention Objectives*. The goal of the Health Promotion Program is to reduce preventable illness and injuries for Air Force people and their families.

6. This directive applies to all Air Force members and retirees, as well as their dependents; Air Force civilian personnel; and US Air Force Reserve and Air National Guard members serving on active duty orders for 31 consecutive days or more.

7. This directive implements *Promoting Health 2000: DoD Health Promotion and Disease Prevention Objectives*, May 1, 1992; Department of Defense (DoD) Directive 1010.10, *Health Promotion*, March 11, 1986, with Change 1; DoD 1338.10-M, *Manual for the Department of Defense Food Service Program*, May 1992, with Changes 1 through 17.

8. This directive interfaces with AFRD 36-29, *Military Standards*; AFRD 40-5, *Fitness and Weight Management*; AFI 40-101, *US Air Force Health Promotion* (formerly AFR 30-53); AFI 40-102, *Tobacco Use in Air Force Facilities* (formerly AFR 30-27); AFI 40-104, *Nutrition Education* (no former publication); AFI 44-135, *Clinical Dietetics Management* (formerly AFR 168-4, chapter 11); and AFI 44-141, *Nutritional Allowances, Standards, and Education* (**Joint Departmental Publication**).

9. See **Attachment 1** for measures of policy success.

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Surgeon General

Attachment 1

MEASURING COMPLIANCE WITH POLICY

A1.1. Four objective measures of overall compliance with policy are tobacco use rates, selection rates for healthier food choices in dining facilities, Check It Out checklist scores, and completion rates for health risk appraisals. HQ USAF/SG and HQ USAF/SV organizations will collect this data for active duty populations at installation level and send it to MAJCOMs. HQ AFMOA/SGP will assemble and summarize this data and send summaries to various offices within Headquarters US Air Force. Data for other Air Force populations may be added as necessary.

A1.1.1. Tobacco Use. Administrators of fitness programs will collect information on tobacco use through the *Air Force Fitness Program Annual Report* (RCS: HAF-SGP[A] 9213). HQ AFMOA/SGP will track the percentage of the active duty population who have used cigarettes, cigars and pipes, or smokeless tobacco **Figure A1.1**. Discontinue reporting during emergency conditions.

A1.1.2. Healthier Food Choices. Dining facility selections will be tracked by determining the percentage of diners who select the entree items identified as Check It Out at appropriated fund dining facilities as software becomes available (number of healthier choice entree items served divided by the total number of diners) **Figure A1.2**. Reports will be made quarterly by the 20th day of the next quarter through the *Healthier Food Choices Report* (RCS: HAF-SGP[Q] 9379). Discontinue reporting during emergency conditions.

A1.1.3. Check It Out Checklist Score. Through use of a standardized checklist, dining facilities will be rated in four categories to determine their compliance with offering, labeling, and marketing healthier choice items. The categories are excellent, good, fair, and needs improvement. Installation commanders will authorize sending these scores to MAJCOMs, who will provide summary reports to headquarters each quarter by the 20th day of the next quarter through the *Check It Out Checklist Ratings Report* (RCS: HAF-SGP[Q] 9380) **Figure A1.3**. Discontinue reporting during emergency conditions.

A1.1.4. Health Risk Appraisals. Health promotion managers and health professionals who administer physical examinations will track the percentage of the active duty population who complete an educational tool known as a Health Risk Appraisal (HRA). An HRA evaluates an individual's lifestyle and health behaviors; estimates his or her risk of death or illness based on disease trends, death statistics, and actuarial data; and estimates potential reduction in risks if behavior changes **Figure A1.4**. Discontinue reporting during emergency conditions.

Figure A1.1. Sample Metric of USAF Tobacco Use.

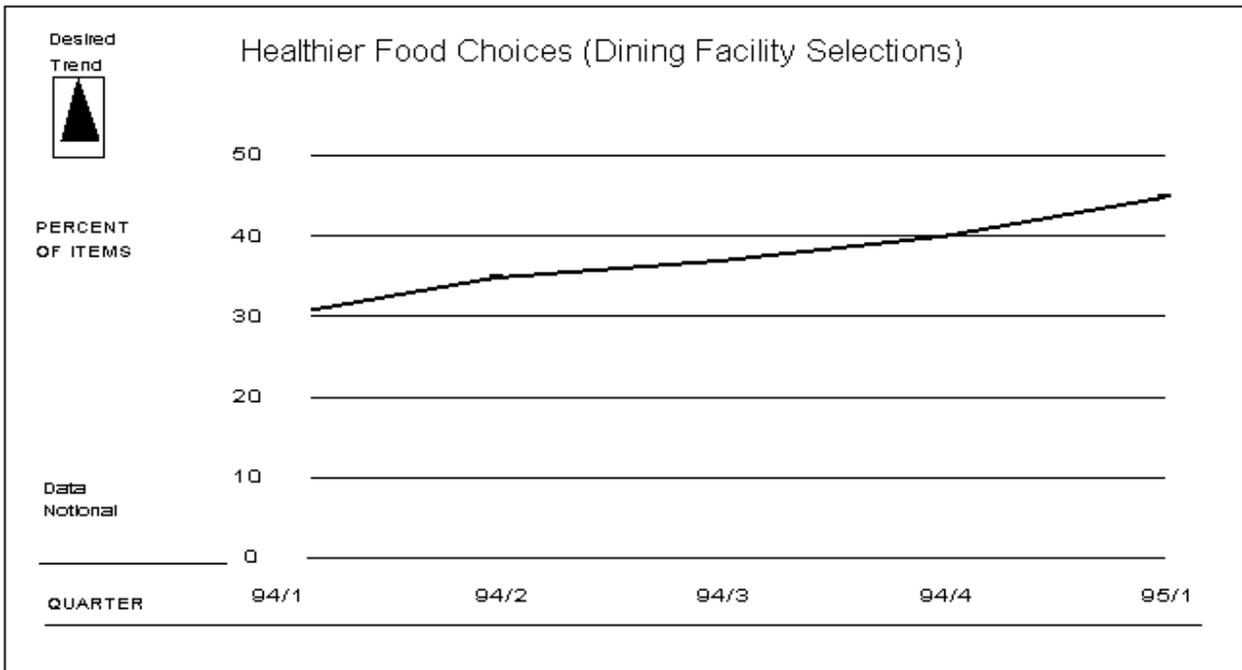


Figure A1.2. Sample Metric of Healthier Food Choices (Dining Facility Selections).

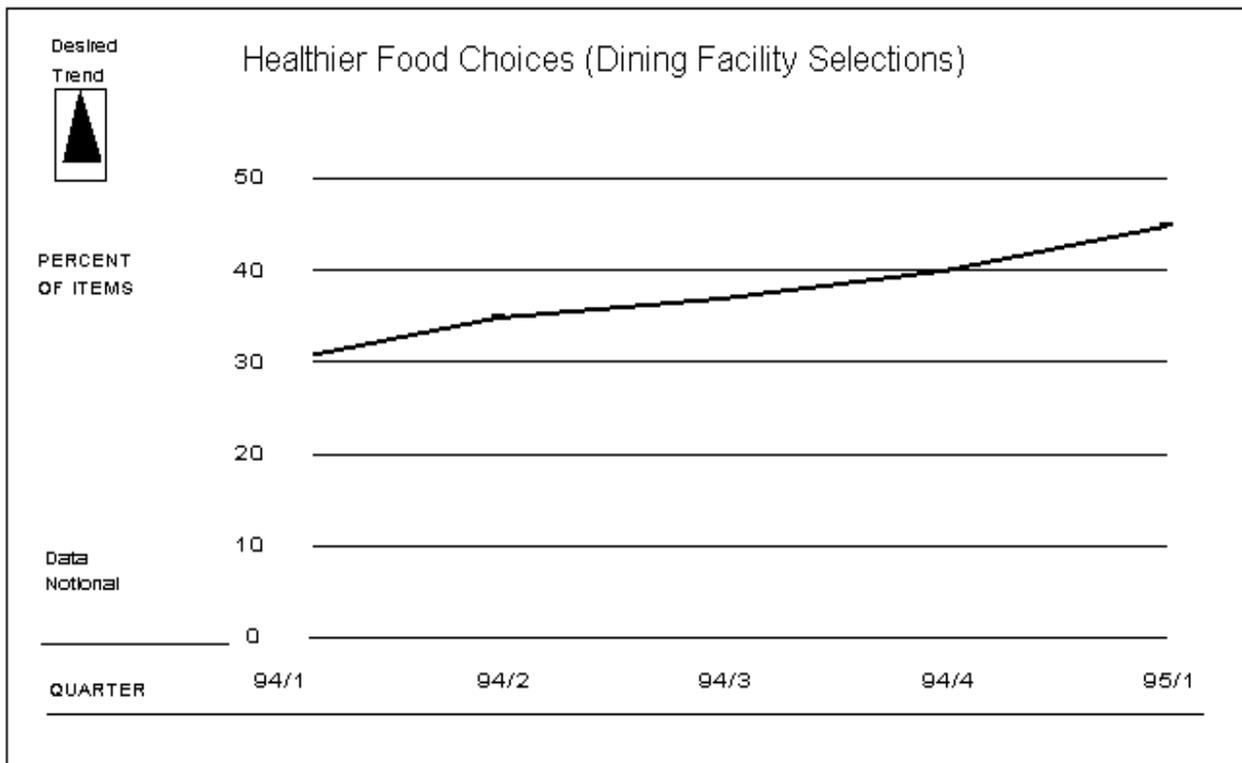


Figure A1.3. Sample Metric of Check It Out Checklist (Nutrition Education).

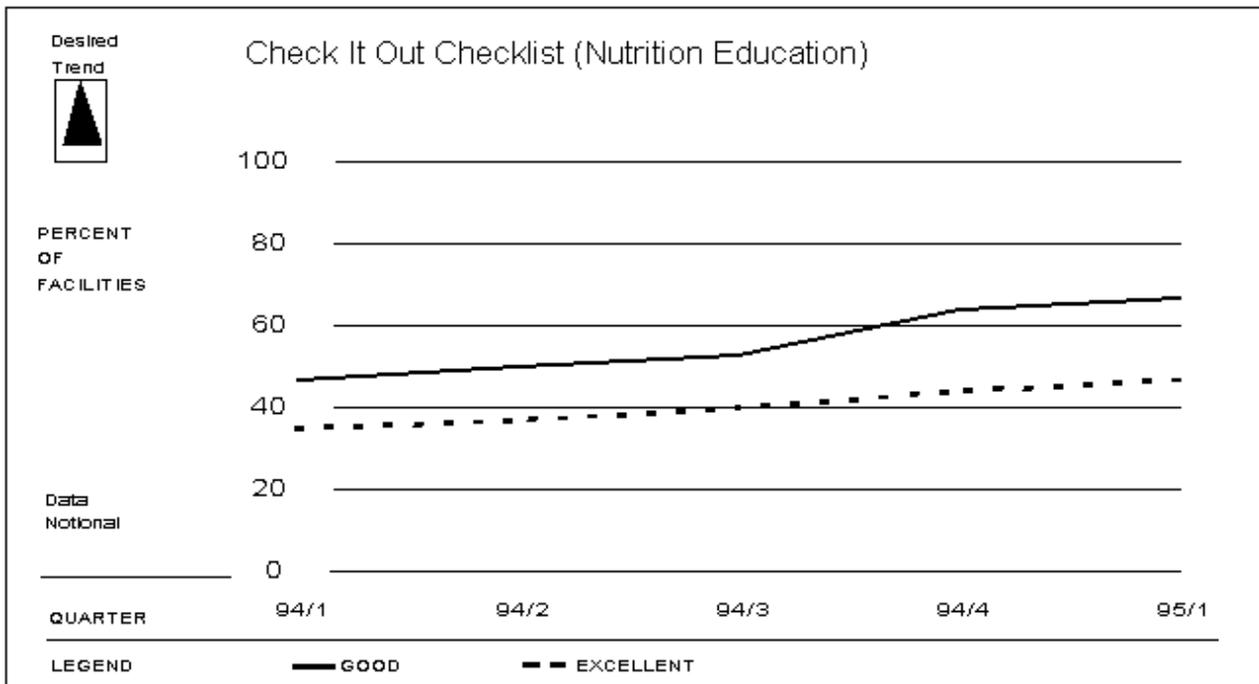


Figure A1.4. Sample Metric of USAF Health Risk Appraisals.

