

**HEALTH PROMOTION:
EMBRACING A NEW ELEMENT
OF
ARMY CULTURE**

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Article Title: Health Promotion: Embracing a New Element of Army Culture

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Abstract: Health promotion, a group of actions that optimize health, is critical to the Army because it impacts readiness and job performance. The Army is a microcosm of the larger society, and Americans are becoming increasingly less fit. Research has shown that positive changes in health behaviors are more dependent on organizational and community support than on providing classes. In the military, health promotion is a part of “preventive maintenance” for soldiers and all of the members of the Total Army. Leaders need to facilitate the inclusion of health promotion in Army culture to build an environment of Force Health Promotion for our operational forces and the sustaining base. Including health promotion in meeting the DTLOMS imperatives, doctrine, training, leader development, organizations, materiel, and soldier systems, helps us preserve our most valuable resource, the soldier.

HEALTH PROMOTION: EMBRACING A NEW ELEMENT OF ARMY CULTURE

Introduction

What is health promotion and why is it critical to military leaders? Health promotion, as defined by Department of Defense (DOD) Directive 1010.10, is a group of educational, organizational, and environmental actions that support and encourage lifestyle decisions that optimize health (1986). It is more than passing the Army Physical Fitness Test (APFT) and is essential to the Total Army because it impacts readiness and organizational performance. This article will discuss the compelling reasons for making health promotion a part of Army culture.

According to the World Health Organization (WHO), health is "a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity" (World Health Organization, 1978). Note that the definition goes beyond what we normally think of as health (physical and mental) and that "wellbeing" is a higher state of wellness than being merely not sick or not injured. In the words used above to paraphrase the DOD 1010.10 definition, "optimizing" health implies striving for a personal best - again, a higher state. Closely tied to health promotion is preventive medicine, which provides such services as immunizations and health screenings. For the purposes of this article, "health promotion" will represent both.

The goal of health promotion, as stated in Army Regulation (AR) 600-63, is to "maximize combat efficiency and work performance...[enhance] the quality of life for all soldiers, Army civilians, family members, and retirees" and encourage "lifestyles to improve and protect physical, emotional, and spiritual health" (p. 1). It places responsibility for achieving that

goal on the organization as well as the individual, as does DOD 1010.10. Research has shown that the determinants, or origins, of health and wellbeing lie outside the realm of traditional health care (Zollner, 1998). Our community and work environments play a huge role in our overall health. In that regard, DOD 1010.10 charges military leaders to "foster an environment that enhances the development of healthful lifestyles and high unit performance" (para. D.2.).

Why is this so important?

The Army is a microcosm of the larger society

American adults and children are becoming increasingly *less active*. Studies have found that 22 percent of adults over the age of 19 engage in *no* leisure time physical activity (Crespo, Keteyian, Heath, & Sempos, 1996) and that 35 percent of adults and 21 percent of teens are overweight (Minkler, 1999). Military family members, civilian employees, and reservists are represented by these statistics. Furthermore, *very similar data have been gathered from active duty populations* (Bray, et al., 1995). The prevalence of health risks, such as tobacco use, stress, work-related injuries, and cardiovascular disease is above national standards for most of the Total Army (Bray, et al.; U. S. Department of Health and Human Services, 1999). Many risky behaviors have proven effects on readiness and training. For instance, numerous studies have shown that tobacco use impairs night vision and coordination; that injuries are more prevalent in less physically fit soldiers, especially recruits; and that body composition impacts stamina (Haddock, Klesges, Talcott, Lando, & Stein, 1998; Heir & Eide, 1996; Heir & Eide, 1997; Jones, Bovee, Harris, & Cowan, 1993; Jones, et al., 1993; Krapik, Ang, Reynolds, & Jones, 1993; Reynolds, et al., 1994; Shaffer, Brodine, Almeida, Williams, & Ronaghy, 1999).

The presence or absence of these risk factors and a host of others affect the job performance of both civilians and soldiers. Employees who are actively engaged in health

promotion and the elimination of risky behaviors demonstrate increases in productivity, job satisfaction, and successful behavior change rates as well as decreased absenteeism, injury rates, and health claims costs - both direct and indirect (Pellitier, 1996, & Aldana, 1998). We cannot ignore the cost factors associated with poor health for years. We can no longer do that. The direct costs of health (dollars for hospitals, clinics, providers, medication) drain away funds for operational needs. Furthermore, indirect costs, such as lost work and training time, decreased unit readiness, and the training of replacements also take money away from our main mission. Research has clearly shown that health promotion programs have a direct and positive impact on this bottom line (Fries, Harrington, Edwards, Kent, & Richardson, 1994; Goetzel, et al., 1998; Lechner, de Vries, Adriaansen, & Drabbles, 1997; Leigh & Fries, 1992). Why are they not already a solid part of Army culture? Why does support of and investment in health promotion vary so widely across the Army? There are several reasons, the most significant of which are:

- A societal orientation toward "illness care" as opposed to "wellness care": we are accustomed to going to a health care provider to get a cure when something is wrong, not to preventing illness and injury;
- A belief that anything with the word "health" in it is the purview of the health care industry;
- The fact that, when they work, most health promotion and prevention activities are relatively invisible (it's much easier to count individuals who have an illness or injury than those in whom they are prevented); and
- The lack of immediate, bottom-line results: most health promotion and prevention outcomes are not seen for three or more years; hence, the military leader who initiates a health promotion program transfers before seeing the results.

In general, the goal of health promotion and prevention activities is behavior change - stopping a risky behavior such as smoking, getting regular cholesterol and blood pressure checks, adopting a lifelong exercise habit. Years of study have shown that behavior cannot be changed by just taking classes, nor is being told to change by a health care provider or supervisor effective in the long term (Jonas, 1994; Minkler, 1999). According to LTC Wayne Jonas, MC, USA of the Uniformed Services University of the Health Sciences (USUHS), successful change requires supportive workplace and social environments as well as the personal desire and the knowledge for making the change (1994). Occupational and social support are important not only while eliminating a risk factor but also for sustaining the new behavior. Therefore, a climate that clearly demonstrates commitment to optimal health is critical to the life cycle management of our most valuable asset, the soldier.

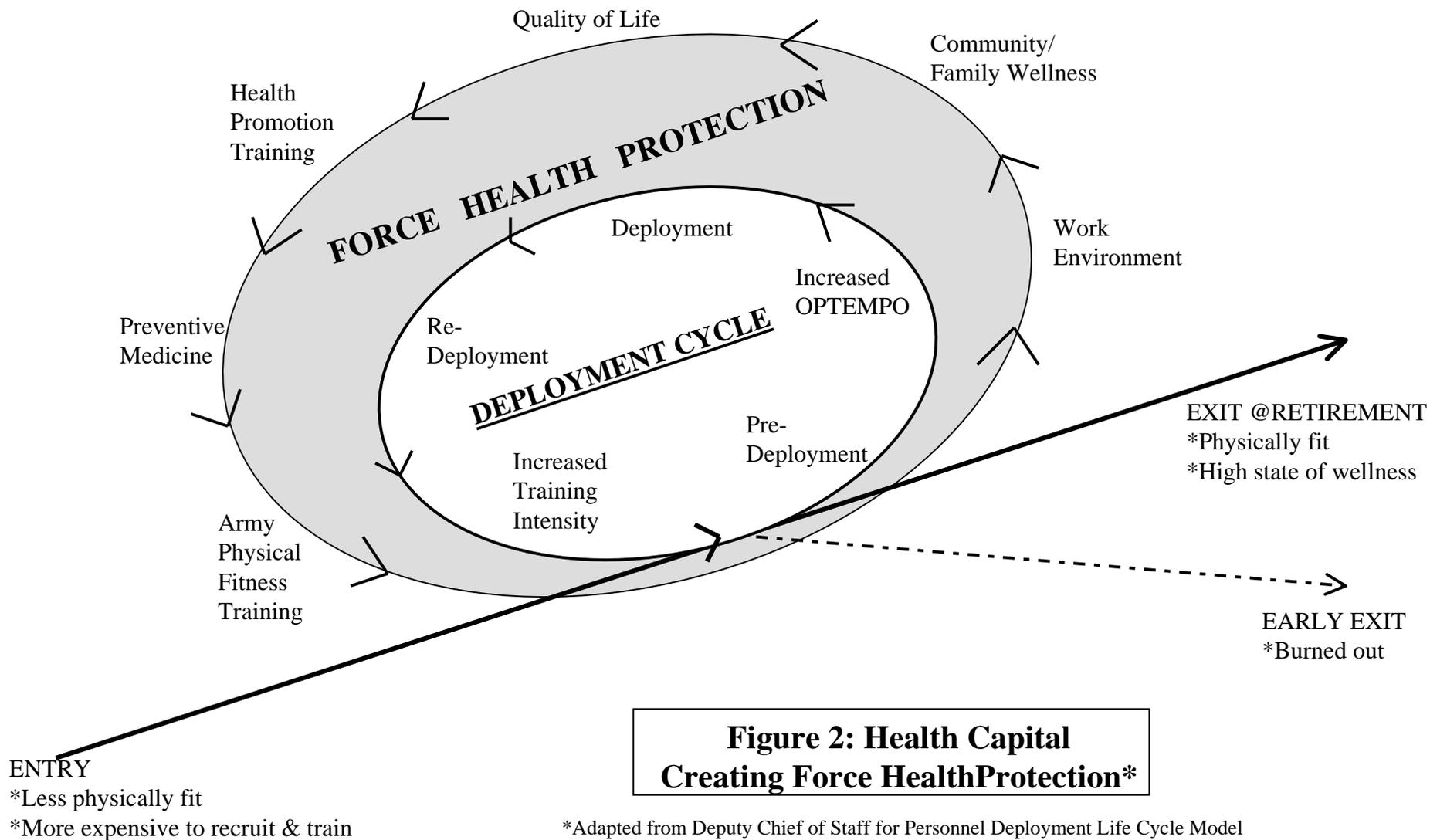
Invest in the soldier as we do in the equipment

"Preventive maintenance" is essential for soldiers as well as equipment. Downsizing has made both people and materiel less replaceable; technology has made both more expensive. BG Patrick Sculley, formerly Commander of the U. S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) and now acting Deputy Surgeon General of the Army, states that today's soldier is "more capable and more essential to the mission" and that optimizing health prevents "degradation in mission accomplishment" (personal communication, Feb.18, 1999). As Army Surgeon General, LTG Ronald Blanck, has noted, today's increased OPTEMPO places soldiers both out of their comfort zone and in field environments more than in the past (Wiltsie, 1998). Health promotion is a force multiplier in that it enables soldiers to sustain rigorous schedules.

IMPERATIVE	HEALTH PROMOTION ROLE
DOCTRINE	Health Promotion is the Cornerstone of FHP & Vital to Soldiers' Life Cycle Management.
TRAINING	Health Promotion Education is Taught in All School-house Curricula.
LEADER DEVELOPMENT	Embrace and Exemplify Tenets of Health Promotion.
ORGANIZATIONS	Health Promotion is Part of the Culture and Evident in Every Workplace.
MATERIEL	Health Protection Systems Prevent Illness & Injury and Sustain Health.
SOLDIERS	Force Health Protection is Applied Throughout the Soldier Life Cycle.

**Figure 1: Health Promotion
In Relation to DTLOMS**

SOLDIER LIFE CYCLE MANAGEMENT



We enable soldiers to meet these challenges through Force Health Protection (FHP), a Joint Services concept (Cowan, 1998). In garrison, programs targeted at achieving optimal health and decreasing risky behaviors set the stage for deploying soldiers who are the "best that they can be." During deployments, FHP supports high performance of mission functions, protects soldiers from disease and non-battle injuries (DNBI), and provides rapid-response care of injuries. From a requirements determination viewpoint, developing FHP through health promotion can be related to the DTLOMS (doctrine, training, leader development, organizations, materiel, and soldier development) model. Figure 1 illustrates the role of this "preventive maintenance" process in each of the DTLOMS imperatives. As we face a time when more civilian employees are providing the sustaining base *and* deploying, FHP is critical for them as well.

Leaders create FHP by building "health capital." Zollner defines health capital as those interrelated environmental, economic, social, and relationship factors that determine health and operate across age and gender, throughout the life cycle (1998). To that end, DOD 1010.10 states that "commanders should develop leadership practices, work policies and procedures, and physical settings that promote productivity and health for military personnel and civilian employees" (para. F.4.c.(1)). In order to accomplish this, multi-level strategies are necessary. The Health Promotion Action Plan currently under development in the Office of the Deputy Chief of Staff for Personnel (ODCSPER) calls for the creation of a "seamless" health promotion process throughout a soldier's life (personal communication with LTC B. Foley, Health Promotion Staff Officer, Feb. 12, 1999). Leadership commitment is vital at every point in this life cycle management. Figure 2 depicts how building health capital creates a protective shield

that sustains the soldier throughout his or her military career while preventing today's intense operational cycle from spinning people off of their career paths prematurely.

Embrace health promotion as a tenet of culture/climate

LTG(ret) Ulmer considers climate to be "the most cost effective force multiplier imaginable" (1996, p. 202). To paraphrase an old cliché, commitment breeds commitment, and success breeds success. When health promotion is part of the culture and an expected part of readiness, the cost of health promotion is reduced because it becomes a part of daily life rather than an add-on. Yes, adequate resourcing of subject matter experts, education materials, publicity, and safe equipment is necessary. There is, however, nothing inherently expensive about health promotion. If the culture is such that healthy foods are available in the vending machines, dining facilities, and commissaries, the cost of eating does not go up. If the community and worksite provide safe and attractive areas for physical activity and sports, programs can be developed that don't require expensive memberships, machines, or gear. If soldiers see leaders engaged in *and giving approval for* health-promoting activities (in addition to APFT training), such as ten-minute stair-climbing or fresh air walking breaks, they will follow suit.

Our role, then is to commit to healthy lifestyles and environments. In his book Hope Is Not A Method (1996), former Army Chief of Staff, General Gordon Sullivan, says that change is the personal responsibility of leaders. He calls culture "an organization's collective personality," which sets the framework for its members' behavior (p. 185). LTG (ret) Walter Ulmer believes that organizational climate is more powerful than the quality of the workforce in creating change (1996), and recent research indicates that this is in fact true for health promotion programs (Grosch, Atterman, Petersen, & Murphy, 1998).

In a 1998 report entitled "Population Health - Putting Concepts into Action," Dr. Herbert Zollner and others at WHO laid out a strategy for leaders to use when incorporating health promotion into their organizations' cultures:

- Partner with other leaders;
- Raise awareness in all the subunits or agencies of the organization as to the importance of health promotion as a force multiplier;
- Keep the issue broad and not the sole responsibility/property of health professionals;
- Provide clear, consistent articulation of the health promotion vision;
- Assign credible champions throughout the organization, who can work across boundaries;
- Fence resources to support it; and
- Lead by example (pp. 11-12).

This last element is critical - more significant even than financial support. One reason why health promotion program development is inconsistent from installation to installation is that program responsibility is frequently handed off to a Health Promotion Committee or Coordinator in the honest (but mistaken) belief that these subject matter experts are the critical ingredients for program success. In point of fact, the most important element for success is a command-level philosophy of total commitment to wellness, coupled with actions that generate healthy communities and workplaces.

Within a supportive culture, health promotion is a partnership. The goals are to field and protect an optimally healthy soldier, ensure a highly productive sustaining base, and enhance the quality of life of Army families. Within the partnership, individuals are responsible for their lifestyle choices, employers (leaders) are accountable for exemplifying those lifestyles and

facilitating them, and health promotion professionals are responsible for providing education and preventive services (Thrift, 1997).

Getting to Force XXI

How do we get there from here? A future article will discuss strategies in detail. Here are a few broad recommendations:

First, we must ensure that health promotion education begins early in soldiers' careers and continues sequentially thereafter by including health promotion education in all schoolhouse curricula. Secondly, it is incumbent upon us to value health promotion personally by identifying our own risk factors and decreasing them. In that regard, we need to work with health promotion professionals, empowering them to be firm and persistent with us about behavior changes and to monitor our progress. It is the targeting of specific, individual risks that brings the fastest results from health promotion activities. (Conversely, those of us who are health promotion professionals must redouble our efforts to follow up all identified risks, provide interventions, and monitor change closely.) Third, leaders must insist on total command visibility of Force Health Protection through personal involvement in the process, setting measurable expectations, and rewarding successes. Finally, we do need to commit adequate resources to health promotion programs. USACHPPM is ready and able to assist in facilitating partnerships and developing ways to achieve cost-effective, innovative programs.

Conclusion

Health promotion is critical to military leaders because it has direct impact on mission accomplishment. A health-promoting culture is the best way to sustain people, it optimizes soldier readiness, and it allows us to focus more time and financial resources on operations. In his article "Army Leadership: Doctrine and the New FM 22-100," Major Jonathan Smidt says

that successful leaders know the consequences of today's stressors and make caring for soldiers essential to achieving their mission (1998). Each individual is increasingly important as we downsize.

The declining fitness of the American population causes one to ask: are we about to face a situation of "déjà vu all over again"? During World War I, many would-be Army enlistees were rejected for service because they *were not physically fit* (Collins & Custis, 1993). We, as the military and civilian leaders of the Total Army have an obligation to set the standard for the nation by making health promotion *for all* a part of Army culture. It is in our own best interests to enable our present and future members to see the Army as the epitome of a health-promoting organization. The payoff will not be immediate but can begin to have an impact in as little as three years (Aldana, 1998; Bertera, 1990; Goetzel, Jacobson, Aldana, Vardell, & Lee, 1998; Pelletier, 1996). In the words of General Sullivan, "we can value our people as a replaceable 'factor of production' or as a renewable asset to be developed and cultivated. The choice is up to us" (1997, p. 68). Today's military environment mandates that we value, sustain, and protect every member of the Total Army. Health promotion provides a blueprint for doing so.

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