



DEPARTMENT OF THE NAVY

COMMANDER IN CHIEF  
UNITED STATES NAVAL FORCES EUROPE  
PSC 802  
FPO AE 09499-0151

CINCUSNAVEURINST 6100.1  
022

66 FEB 1996

CINCUSNAVEUR INSTRUCTION 6100.1

Subj: HEALTH PROMOTION PROGRAM

Ref: (a) OPNAVINST 6100.2  
(b) BUMEDINST 6110.13

Encl: (1) Command Self Assessment Guide

1. Purpose. To direct implementation of and provide guidelines for the establishment of Health Promotion Programs.

2. Background.

a. The Chief of Naval Operations established a comprehensive U. S. Navy Health Promotion Program, reference (a), designed to encourage healthy lifestyles and increase organizational and individual readiness.

b. Commander in Chief, U. S. Naval Forces, Europe aggressively supports Health Promotion as a valuable readiness and Personal Excellence opportunity.

c. An important personnel function, this Health Promotion Program centralizes seven elements into a combination of education and interventions designed to improve or protect health and therefore, readiness.

d. The seven elements of this Health Promotion Program are: physical fitness and sports; tobacco use prevention and cessation; nutrition education and weight/fat control; alcohol and drug abuse prevention and control; back injury prevention; early identification and control of hypertension; and stress management.

3. Applicability and Scope.

a. This instruction applies to all commands within the CINCUSNAVEUR area of responsibility, all Navy personnel, active, reserve and civilian.

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b. This instruction is intended to supplement existing directives on the elements of Health Promotion, direct command centralization for implementation, and does not override specific guidance contained in existing policy (i.e., does not alter physical fitness standards).

c. As cited in reference (a), this guidance does not override existing civilian collective bargaining agreements. Assistance and guidance may be obtained from regional/local offices of the Office of Civilian Personnel Management.

#### 4. Responsibilities.

a. Commanders, Commanding Officers and Officers in Charge shall:

(1) Aggressively support the Health Promotion Program by following specific guidance contained in reference (a), as well as through personal example and support of command activities that promote healthy lifestyle choices.

(2) Establish command Health Promotion Programs.

(3) Assign Health Promotion Program Coordinator responsibilities, as a high priority personnel function, to an individual suited to ensure an aggressive program and provide interface between the command and its supporting resources.

(4) Provide for training, as needed, to assist the Health Promotion Program Coordinator in their duties.

(5) Ensure command orientation programs include information on Health Promotion Program assistance and resources, highlight suicide awareness/prevention education and local military and civilian crisis assistance resources.

(6) Whenever possible, sponsor and/or support command participation in local community activities that enhance and encourage physical fitness.

(7) Ensure that food service personnel plan general mess menus which promote healthy food choices.

(8) Ensure all lost workday cases associated with back pain and injuries are reported in accordance with existing directives.

(9) Encourage sponsorship and/or participation in an annual Health Fair.

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(10) Develop or assure availability of command stress management and suicide prevention programs.

(11) Ensure availability of current programs designed to support personnel and their families as they deal with life stressors.

(12) Promote leadership programs that reduce job related stress.

(13) Provide access, for victims of sexual assault and rape, to high quality standardized victims assistance services.

(14) Provide casualty reports to CHNAVPERS (Pers-66) on all suicides under current directives.

b. Naval Medical Treatment facilities, in accordance with reference (b), shall:

(1) Aggressively support ashore and afloat commands as a primary consultant, resource and liaison for local commands in developing, implementing and fostering health promotion programs.

(2) Appoint a Health Promotion Program Officer.

(3) Establish in house health promotion programs, outlined in reference (b), which include at a minimum:

(a) Physical Fitness and Sports

(b) Tobacco Use Prevention and Cessation

(c) Substance Abuse Prevention

(d) Back Injury Prevention

(e) Stress Management

(f) Hypertension Screening, Education and Control

(g) Nutrition Education and Weight/Fat Control

(4) Serve as a role model for an effective Health Promotion Program through implementation of a command program and through services to support external commands.

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c. Naval Dental Treatment facilities, in accordance with reference (b), shall:

(1) As internal resources permit and as pertains to dental health, aggressively support ashore and afloat commands as a consultant, resource and liaison for local commands in developing, implementing and fostering health promotion programs.

(2) Appoint a Health Promotion Program Officer.

(3) Establish in house health promotion programs, outlined in reference (b), which include, or arrange for, at a minimum:

(a) Physical Fitness and Sports

(b) Tobacco Use Prevention and Cessation

(c) Substance Abuse Prevention

(d) Back Injury Prevention

(e) Stress Management

(f) Hypertension Screening, Education and Control

(g) Nutrition Education and Weight/Fat Control

d. Family Service Centers, command Religious Programs, Counseling and Assistance Centers, Morale Welfare and Recreation, Preventive Medicine Units shall:

(1) As internal resources permit, aggressively support local ashore and afloat commands as consultant, resource and support in local command Health Promotion Programs.

(2) Appoint a Health Promotion Officer to serve as a liaison to local commands in developing, implementing and fostering Health Promotion Programs.

(3) In conjunction with medical treatment facilities, serve as a primary resource in the areas of stress management and suicide prevention.

e. Command Health Promotion Program Coordinator shall:

(1) Create an integrated, centralized command Health Promotion Program. The goal is to foster command, departmental and individual training and support.

(2) Serve as the primary interface between the command and Health Promotion resources, (i.e., medical and dental facilities; Morale, Welfare and Recreation; Family Service Centers, Preventive Medicine Units, Counselling and Assistance Centers).

(3) Activities shall include but are not limited to: conduct command needs assessment; actively market/promote health promotion program and resources; serve as referral/coordinator point for local resources; incorporate health promotion into General Military Training and command orientation; sponsor Health Fairs as resources permit.

(4) Provide aggressive promotion of smoke-free social environments; command sponsorship and/or participation in local activities that enhance and encourage physical fitness and suicide prevention awareness.

(5) Conduct in-house self assessments to assure preparation for Naval Inspector General inspection protocol, in accordance with reference (a). Sample guidelines are outlined in enclosure (1).

f. All personnel are ultimately responsible for their own lifestyle choices and physical readiness. All personnel shall become familiar with the Health Promotion policies, objectives, and assistance resources.

5. Action. All Commanders, Commanding Officers and Officers in Charge shall ensure that the policy and guidelines provided in this instruction and references are implemented.



B. W. RUSSELL  
Chief of Staff

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Part II

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HEALTH PROMOTION  
COMMAND SELF ASSESSMENT GUIDE

- (1) Has NAVEUR directed that health promotion programs be established? Yes No N/A
- (2) Have individual commanding officers received assistance from local medical treatment facilities to develop command health promotion programs? Yes No N/A
- (3) Is the base MWR facility participating with local commands in supporting health promotion? Yes No N/A
- (4) Do command active duty personnel have opportunity for aerobic exercise during the workday? Yes No N/A
- (5) Do command civilian personnel have opportunity for aerobic exercise during the workday? Yes No N/A
- (6) Does the command have an active health promotion program? Yes No N/A
- (7) Does the health promotion program have a designated location within your command's organization? Yes No N/A

Where is it located organizationally?

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- (8) Does the program have a designated budget? Yes No N/A  
Is the budget amount:  
\_\_\_ < \$1,000  
\_\_\_ \$1,001 - \$5,000  
\_\_\_ \$5,001 - \$10,000  
\_\_\_ > \$10,000
- (9) For medical and dental treatment facilities: Yes No N/A  
Are health promotion cost account codes used IAW NAVCOMPTMAN?
- (10) For medical and dental treatment facilities: Yes No N/A  
Are third party reimbursements obtained for health promotion activities or interventions?
- (11) Has the CO/OIC appointed, in writing, a health promotion coordinator? Yes No N/A  
\_\_\_ Is this person full-time?  
\_\_\_ Is this a collateral duty?

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- (12) Is there a wellness council or committee which serves the organization? Yes No N/A  
Is this committee located at  
 medical treatment facility  
 area line command  
 community organization  
 regional/triservice organization
- (13) Has the CO/OIC established or assured availability of command health promotion services which include: Yes No N/A  
 physical fitness and sports  
 tobacco use prevention/cessation  
 substance abuse prevention  
 back injury prevention  
 stress management  
 controlling hypertension  
 nutrition education  
 HIV/AIDS and STD prevention  
 immunizations  
 \_\_\_\_\_
- (14) Is there a local health promotion resource library? Yes No N/A
- (15) Does the command have a Wellness Center? Yes No N/A
- (16) What are your methods of education and marketing?  
 Commercially available materials  
 National health observances months  
 video tapes  
 pamphlets/handouts/newsletters  
 posters/bulletin boards  
 lectures/classes  
 health fairs
- (17) Does your command and/or health promotion program provide for health interventions for: Yes No N/A  
 physical fitness  
 weight control  
 cholesterol control  
 smoking cessation  
 substance abuse  
 stress management  
 controlling hypertension  
 back injury prevention  
 \_\_\_\_\_

(18) Health promotion program effectiveness is being determined by:

- needs assessments
  - health risk appraisals
  - cost reduction/savings
  - satisfaction surveys
- 

(19) Outcome measures are being used to determine the effectiveness of the following programs:

- physical fitness
  - body composition/weight control
  - tobacco use prevention and cessation
  - substance abuse prevention
  - back injury prevention
  - stress management
  - controlling hypertension
  - nutrition education
  - HIV/AIDS and STD prevention
  - immunizations
  - mammography
  - cervical cancer screening
  - cholesterol screening
- 

(20) What groups participate in providing health promotion activities?

- staff personnel assigned health promotion duties
  - health promotion specialists
  - occupational health
  - preventive medicine
  - safety
  - chaplains
  - MWR
  - Family Service Centers
  - physical therapy
  - dietary
  - psychology
  - dental
  - physicians
  - nurse practitioners
  - nurses
  - independent duty corpsmen
  - civilian contractors
  - volunteers
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Health Promotion Coordinator (Name): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Rank/Rate: \_\_\_\_\_

Grade/series and title: \_\_\_\_\_

Phone: \_\_\_\_\_ DSN: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

What is the population served by your command's healthcare services programs:

- active duty military
- family members
- retirees
- reserves
- civilian employees

Size of the total population served:

- < 5,000
- < 10,000
- < 25,000
- < 50,000
- < 100,000
- < 250,000
- < 500,000
- <1,000,000