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“Fit to Win”— Procedures Guide

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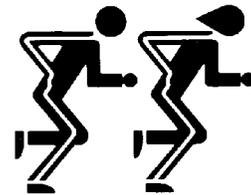
DA PAM 600-63-13

"Fit to Win"—Procedures Guide

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Fit to Win



PROCEDURES GUIDE

UNIT COMMANDERS



**HEALTH PROMOTION
EDUCATORS**

Personnel—General

“Fit to Win”—Procedures Guide

By Order of the Secretary of the Army:

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called Appendixes. Figure 1 is now designated figure 4. Figure 4 is now designated figure 2. References to these figures, in paragraphs 3*d* and 5 have been changed accordingly. Other than these minor changes, no content has been changed.

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1. Purpose

The Procedures Guide is intended to provide commanders with guidelines regarding implementation, administration and evaluation of health promotion activities at the unit level. Implementation should be coordinated with local health promotion councils to meet local community/installation needs. The specific materials within this module are intended for use by both medical and non-medical personnel. Camera ready reproduction sheets for sample materials contained in this guide are available in the marketing module.

2. Applicability

This guidance applies to installation commanders and members of installation/community health promotion councils. This includes but is not limited to: Director of Personnel and Community Activities (DPCA); Director of Logistics (DOL); Public Affairs Officer (PAO); Chief, Family Support Division (FSD); Chief, Community Operations Division (COD); Commander, Medical Treatment Facility (MTF); Director, Plans, Training, and Mobilization (DPTM); Civilian Personnel Officer (CPO); Chief, Community Mental Health Service (CMHS); Chief, Community Relations Division (CRD); Alcohol and Drug Abuse Prevention Control Program (ADAPCP) Officer; Field Director, American Red Cross (ARC); Dietitian; Community Health Nurse (CHN)/Nurse Practitioner.

3. Background

a. Chain of command interest and emphasis in the Army's Health Promotion program is necessary for success of the Program. Commanders at all levels are expected to coordinate with Installation Health Promotion Councils (HPC) to implement activities for all members of the Total Army family.

b. Many health promotion activities are currently taking place at Army installation/communities. This guide offers a standardized approach for the planning, staffing, administration and evaluation of the Army Health Promotion Program at the unit level.



Figure 1. Planning, staffing, administration and evaluation of the Army Health Promotion Program is often at the unit level.

c. There are thirteen modules contained in the commander's health fitness kit. The modules provide general guidance for the planning, staffing, implementation, administration and evaluation of comprehensive health promotion programs at the installation/unit level. The Fit To Win Program specifically addresses these areas:

- (1) Commander's Guide.
- (2) Marketing.
- (3) Individual Assessment.
- (4) Physical Conditioning.
- (5) Anti-tobacco.
- (6) Nutrition/Weight Control.
- (7) Substance Abuse Prevention.
- (8) Hypertension Management.
- (9) Stress Management.
- (10) Spiritual Fitness.
- (11) Individual's Fit To Win Handbook.
- (12) Dental Health.
- (13) Procedures Guide.

d. The modules are designed to fit specific requirements in AR 600-63, Army Health Promotion. (See Figure E-2, Commanders "How To" Model.)

4. Goals

a. All unit commanders will understand how to:

- (1) Identify/select unit program staff or committees.
- (2) Assess and educate program participants.
- (3) Evaluate and sustain program activities.

b. Army health promotion activities will be integrated as standard items on unit training plans.

c. Unit training plans will reflect Army health promotion activities for all members of the Total Army family.

d. All health promotion educators will understand:

- (1) the Army's health promotion program.
- (2) how to lead, educate, motivate, and reward program participants.
- (3) how to effectively administer health promotion activities.



Figure 2. Unit commanders will assess and educate program participants.

5. Module Elements

This guide is comprised of the following areas: Health Promotion Program Guide for Unit Commanders; Health Promotion Program Guide for Educators; and Recruitment and Selection of Instructors. Figure 4 depicts three different and increasing levels of support for the procedure's guide based on installation, community, or unit resources. Level one is designed as a minimum program that includes placement of pamphlets/ brochures/ posters in high traffic areas, making sure Fit To Win promotional brochures are provided to all potential participants. Level two includes level one plus the inclusion of health promotion activities in unit training plans. Level three includes level one and level two plus unit day allocations for health risk assessments and family health promotion activities sponsored by the unit.

6. Health Promotion Program Guide for Unit commanders

a. *SECTION I: AN OVERVIEW OF THE PROGRAM.* This section provides a sample illustration for a Fit To Win program at battalion/unit level.

(1) Key steps:

- (a) Identify/select unit program staff or committee.
- (b) Ensure staff receives training.
- (c) Identify individual needs/interests.
- (d) Match individual needs with unit resources.
- (e) Provide ongoing program to meet needs.
- (f) Maintain program with follow-up indicators.

(2) Key factors:

(a) Trainable unit resources:

1. **Command**—Chain of command interest and emphasis in this program is necessary for the success of the program. The entire chain of command should be briefed on the overall program and trained in ways to effectively make the program work for their soldiers. Commanders at all levels are expected to coordinate with the Installation Health Promotion Council to set up the health risk assessment (HRA) process and train unit members to conduct education classes.

2. **Primary Staff**—The S-1 and S-3 have key roles in the ongoing effectiveness of the program. They should be thoroughly familiar with the program and understand their respective roles in making the program work effectively.

3. Special Fitness Staff—Every unit has personnel besides the chain of command whose primary or secondary function relates to promoting some aspect of health fitness within the unit. These include chaplains, medical service corps officers, master fitness trainers, drug and alcohol coordinators, and dining facility managers. These individuals are resources within the unit already trained or capable of being trained at post level and in turn making that training or knowledge available at unit level. This sample unit program is designed to operate most effectively with six staff members but can work adequately with as few as three (see Annex A: Fit To Win Staffing Guide).

(b) Unit Needs/Interest Identifier: Based on the installation, community, and unit needs assessment, programs are identified which are already available on post, and within the unit. This zeroes in on the underlying factor of the whole program; that of individual soldier and family members with recognizable needs and interests.

(c) Ongoing individualized Fit To Win plan:

1. Pre-Phase—This involves selection of the fitness staff and training of all command/staff personnel in the program. Fitness staff members need to receive briefings or training at the post level with the Health Promotion Council. The unit needs to plan key events of the Fit To Win program on the training calendar to ensure an effective ongoing program is provided and maintained (see Annex C: Fit To Win Training Plan).

2. Phase I—This includes the Assessment and Education stages of the Fit To Win program. It involves at a minimum, the administration of the HRA, community needs assessment and or unit needs/interest identifier.

3. Phase II—This phase organizes, projects, coordinates, and prepares for the ongoing program. Identified needs are matched with resources available. The staff then coordinates and plans the most effective way to conduct the ongoing training. This should be done as soon as possible following the giving of the HRA process.

4. Phase III—This includes the intervention and sustainment stages of the Fit To Win Program. The strength of the program lies in the classes and/or personalized follow-up provided by the unit's Fit To Win staff during this phase.

Table 1

Pre	I	II	III
Training Plan	Educate Identify	Organize Coordinate	Implement Maintain

(3) Additional Factors:

(a) Fitness indicators are statistical indicators of the units' health/fitness based upon reportable figures from HRA results in the areas of substance abuse prevention, weight control, nutrition, physical conditioning, stress management, hypertension management, and anti-tobacco. A quarterly report provided to the commander by the staff allows evaluation of unit needs and progress (see Annex E: Fit To Win Measures of Effectiveness).

(b) Fit To Win physical fitness training emphasizes a 5 day/week PT program by designating one or two days a week of PT time as time when soldiers may be involved in programs of fitness other than the unit's organized PT program. Suggestions and ideas for utilizing this plan can be found in the sample Fit To Win Training Plan (Annex C).

b. SECTION II: COMMAND EMPHASIS.

(1) Battalion or Separate Company Commanders:

(a) Become familiar with the Fit To Win program.

(b) Establish Responsibilities:

1. Designate S-1 or other suitable officer to be responsible for the overall program (see S-3 section).
 2. Designate S-3 to plan and schedule key events into the training calendar (see S-3 section).
 3. Brief subordinate commanders on the program.
 4. Clarify recommended changes to the basic format with the S-1 (staff).
 5. Coordinate with unit medical personnel and HPC to obtain aggregate data for unit health profile based on individual HRA results.
 6. Establish training guidance for subordinate commanders and S-3 based upon significant trends identified in the Unit Health Profile.
 7. Require monthly fitness staff update on ongoing programs.
 8. Require quarterly unit fitness indicators be provided. Have a meeting between command and fitness staff to discuss progress of program.
 9. Administer HRA program and Unit Climate Profile, DA Pam 600-69, on a yearly basis prior to Fit To Win program initiation and as necessary following program initiation to help monitor progress or success of program.
 10. Encourage Fit To Win training for Commanders at Commanders Course.
 11. Encourage leadership and Fit To Win awareness by utilizing fitness staff to provide OPDCs, NCOPDCs.
- (2) Company Commanders, First Sergeants:

(a) Training:

1. Familiarize yourself with the Fit To Win program.
2. Command training on program at Commander's Course.
3. Training at professional development classes.

(b) Responsibilities:

1. Support the program actively by encouraging 100% unit participation in the HRA program.
 2. Support the attendance of individuals in unit to classes and follow-up appointments. (See Annex F: Class Reminder Cards)
 3. Use the trained unit staff to provide company training.
 4. Know how to use the system to refer personnel for help and training. Rely upon unit fitness staff.
 5. Use the HRA questionnaire results to help plan unit training and activities.
 6. Attend quarterly meetings with fitness staff and command to receive feedback and provide input on the program.
- c. SECTION III: S-1.

(1) Training:

(a) Receive Fit To Win briefing from previous S-1 (if applicable). Contact HPC for installation program master plan. Designate unit level health promotion councils, as desired. Refer to Marketing Module materials for sample briefing guides.

(b) Thoroughly familiarize yourself with the Fit To Win Program Packet.

(2) Responsibilities:

(a) General: The S-1 is responsible for maintaining overall control for the progress, compliance to, and effectiveness of the program. This is particularly necessary in diverse units such as support battalions. He should keep the commander informed of all pertinent information and results and manage unit level health promotion councils.

1. Meet with staff to coordinate the administration of HRA questionnaire. Chaplain or medical personnel should contact Community Mental Health, Division Psychologist for coordination of unit stress management/spiritual fitness programs.

2. Coordinate with S-3 on time and place of administration of HRA questionnaire to ensure maximum participation.

3. Meet with or schedule meeting for staff following the HRA questionnaire to facilitate proper after action required.

4. Establish system for newcomers to enter into the HRA program during in processing.

(b) Fitness Week (see Annex N: Fitness Week).

1. If unit is going to have a fitness week, coordinate with S-3 two to three months out as to size of program and general format.

2. At monthly meeting, two months out, coordinate with staff for areas of responsibility.

3. At monthly meeting, one month out, finalize plans, classes, areas of responsibility.

Note. S-3 should be at these two meetings to facilitate planning.

(c) Monthly Meetings:

1. The S-1 should conduct or appoint an appropriate fitness staff member to conduct monthly fitness staff meetings.

2. The meetings should be at a regular time each month and scheduled on the training calendar.

3. Staff members are required to provide monthly reports in their areas of responsibility.

4. The results of reports are compiled for the battalion commander's information.

5. The S-1 should ensure that staff members schedule all newcomers for the HRA program.

6. Interaction between staff on areas of overlap and/or concerns should be completed (e.g., S-1, PA, MFT on the Weight Control Program).

7. S-1 should strive to keep this time informative, cooperative, and motivational in which the staff shares progress and/or problems and strives to arrive at creative solution.

8. A brainstorming session should be conducted during each meeting to stimulate new ideas and better ways/means of handling the unit's Fit To Win program.

(d) Quarterly Indicators: (see Annex E: Fit To Win Measures of Effectiveness).

1. At quarterly meetings (to be determined by when program was initiated 3, 6, 9, 12 months out) indicator reports should be submitted by the appropriate staff members.

2. The S-1 should be familiar with the indicator system and be able to arrive at the information necessary to provide any indicator score which may be missing.

3. Scores will be verified and compiled for the commander's use.

4. Arrange meeting time with S-3 to meet with commanders and review program. Possibly could be this same meeting, 30-45 minutes into it, to allow staff time to coordinate information.

(e) Training, Classes, Follow-up:

1. The S-1 is responsible for introducing all new Fitness Staff members to the program. This involves an overall briefing providing them with an information packet concerning their areas of responsibility, reviewing any information

they received from the previous staff member in that position, and ensuring that they schedule and receive the necessary training to initiate and/or effectively maintain their portion of the program.

2. The S-1 is also responsible for properly briefing the incoming S-1 so that the continuity of the program is maintained. If there is not an overlap between the outgoing and the incoming S-1, the outgoing S-1 should prepare an adequate briefing packet for the incoming S-1.

(f) Fitness Notebook:

1. The S-1 should maintain an ongoing notebook which contains the monthly reports, quarterly indicators and pertinent changes or recommendations.

2. This information should be maintained for a period of time to be determined by the commander. Its value is enhanced with time as an overall record of the effectiveness of the program. A three to five year suspense is recommended.

d. SECTION IV: S-3.

(1) Training:

(a) Thoroughly familiarize yourself with the Fit To Win program.

(b) Receive Fit To Win briefing from the previous S-3.

(c) Familiarize yourself with the commander's priorities in the program.

(2) Responsibilities:

(a) General—The S-3s role in the program is largely a reflection of the commander's interest in the Fit To Win concept. The Commander should make special note of the portions of the program which relate to training and provide positive guidance and planning for the unit.

(b) Training—There are three areas of training which will be mentioned here briefly and are dealt with in more detail.

1. Staff Training—The ongoing training of the fitness staff by post level resources is basic to the success of the program. Knowledge of what is involved in this training will enable the S-3 to help the unit stay on top of the program.

2. Training Calendar Events—The S-3 should be aware of the basic training events of the Fit To Win Program which need to be scheduled early enough to fit into the unit's yearly training plan. The initiating fitness week, the quarterly follow-up reports and the six month newcomers program are all of primary interest.

3. Ongoing Training—Depending upon the commander's decision regarding the times for scheduled unit classes, the S-3 will be more or less involved in placing key training classes on the weekly training calendar to ensure unit and individual cooperation and participation.

(c) Fitness Week: If a fitness week is utilized in the program, the S-3 should work closely with the fitness staff to establish the most beneficial program possible. Variety, interesting and practical classes and a balance between classes and activities should be part of the goal (see Annex B: Fit To Win Week).

(d) Maintenance of Program: Being aware of the program and of what's available by way of training should enable the S-3 to give the commander's guidance for suggested classes for the units in areas related to fitness (also NCOPDCs, OPDCs). An ongoing awareness mentality throughout the year, with at least a quarterly class with a fitness orientation or emphasis will ensure that the program does not become neglected by command or relegated to the fitness week alone. This crucial balance is an area in which the S-3 can provide a significant impact through awareness and active participation.

e. SECTION V: FITNESS STAFF (GENERAL).

(1) Training:

(a) Familiarization with the Fit To Win fitness program.

(b) Unit briefing from predecessor and unit S-1 (or responsible officer).

(c) Individual training in specific programs and overall briefings of programs and section responsibilities received from the post level personnel.

(2) Responsibilities:

(a) Receive program materials and S-1 brief.

(b) Receive training/briefings related to the program.

(c) Familiarize yourself with the HRA, community/ unit needs assessment and specific details for the program for which you are responsible.

(d) Collect aggregate HRA results.

(e) Compile unit profile in the areas which pertain to you.

(f) Initiate a personalized program and/or maintain follow-up for ongoing program with appropriate records of participation.

(g) Participate in monthly meetings for Fit To Win, providing respective monthly reports.

(h) Provide quarterly indicators for the commander (see Annex Q: Measures of Effectiveness).

f. SECTION VI: THE FIT TO WIN PROGRAM—A STEP-BY-STEP APPROACH

(1) Prephase:

- (a) Know necessary specific staff-topic requirements.
- (b) Select health/fitness staff.
- (c) Schedule training of health/fitness staff.
- (d) Plan the key health/fitness events on the yearly training calendar (Battalion Health Promotion Day)
- (e) Plan the key health/fitness events on the yearly training calendar.
- (2) Phase I:
 - (a) The HPC, along with the SI, coordinates administration of the HRA questionnaire.
 - (b) Designated unit health/fitness staff member thoroughly explains HRA process in appropriate manner, encouraging participation, and defining potential benefits.
 - (c) If a health/fitness week or day is involved necessary preparations for the week are completed. Scheduled, planning, organizing, confirming, etc.
 - (d) The health/fitness week or day is implemented. Topics are introduced. Activities are carried out. The initial education or introduction to specific fitness classes is given.
 - (e) The health/fitness calendar for the year is planned and discussed in detail.
 - (f) The ongoing programs are initiated with appropriate emphasis.
- (3) Phase II. (This phase may have been ongoing with portions of Phase I and represents not so much a time difference as a responsibility or function difference in that it is primarily administrative and preparatory for Phase III).
 - (a) Individual needs are identified by each staff member from the HRA results.
 - (b) Individuals are identified for programs.
 - (c) The staff meets to compare results and resolve conflicts.
 - (d) Individuals are contacted to determine sincerity and degree of possible commitment to the program.
 - (e) Final coordination for the establishment of times for classes and ongoing training is done between the commanders, the S-3, and the health/fitness staff.
 - (f) Classes and follow-up are scheduled and announced.

Note. NOTE: Not all programs within the Fit To Win program are initiated by the HRA questionnaire. Some of them are ongoing programs already present in the unit and require no new changes in training. Not all programs identified by the HRA questionnaire require formal class time.

- (4) Phase III:
 - (a) Classes are given (records are kept).
 - 1. Some classes (e. g., stress management) can be serial, requiring attendance at 4-8 classes given over a period of time to be determined by the instructor.
 - 2. Some classes can be simply informational and require no further follow-up.
 - 3. Some classes can be briefings with referrals given to a professional source for further information and/or training.
 - (b) Follow-up is initiated:
 - 1. Formal:
 - a. This is a period of time during which individual follow-up is provided by the staff members to soldiers in a program.
 - b. Homework assignments and regularly scheduled contact to check up on the soldier's progress are involved.



Figure 3. Classes are given.

c. These are designed to work on long term change which requires repetitive, habitual practice of specific new behaviors.

d. A soldier may receive follow-up as long as he and the staff member feel that it is necessary.

2. Informal: This is the informal, periodic and casual contact that staff members have with soldiers during which they take the opportunity to continue to encourage and promote positive growth.

a. Monthly fitness meetings are held during which monthly progress reports are given.

b. Quarterly indicators are compiled and made available to the commander.

c. The six month newcomer's brief and semiannual fitness emphasis is administered.

d. The next year's program is planned and initiated.

Note. The program by itself can and will effect individual change depending upon the commitment of the soldier and staff members, but unit change will only come as a direct result of command emphasis upon the program throughout the year. This involves selecting a motivated staff and making them accountable for the programs they oversee.

Modules	Level 1 Program	Level 2 Program	Level 3 Program
Commander's Guide	Introductory chapter Strategies for program management and resources	Same as Level 1	Same as Level 1
Marketing	Unit briefings Post media Community needs assessment Posters, slides, videotapes Incentives: — Personal recognition certificates — Awards Evaluation Strategies	Level 1 plus: Guest speakers Promotional items	Level 2 plus: Public relations campaigns Support groups Intramural competitions
Individual Assessment	Automated Health Risk Appraisal Health Risk Review Session	Same as Level 1	Same as Level 1
Physical Conditioning*	Community/unit based programs to include aerobic and strength development classes AR 350-15 Guidance National Fitness Month	Level 1 plus: Individualized prescription based on fitness evaluation	Same as Level 2
Nutrition and Weight Control	Pamphlets/posters brochures Media blitz for dining hall: menus National Nutrition Month AR 600-9 Guidance	Level 1 plus: Group classes Videotapes Slides/Cassette tapes	Level 2 plus: Nutritional Assessment Individualized diet plans Computerized nutritional analysis Cooking classes
Antitobacco	Pamphlets/ brochures Media blitz advice for smokers and non-smokers National Smokeout AR 1-8 Guidance	Level 1 plus: Group cessation programs Videotapes Radio/TV spots	Level 2 plus: Computerized cessation program Support group
Stress Management	Pamphlets/brochures Posters Welcome Packets with resources within the community Sponsorship Program associated with PCSs	Level 1 plus: Group classes Videotapes Radio/TV spots Commanders session's Unit training Community Skill/Activity Classes	Level 2 plus: Individual treatment programs conducted at Medical Treatment Facility

Figure 4. Suggested Elements for Level 1-2-3 Fit to Win Programs

Modules	Level 1 Program	Level 2 Program	Level 3 Program
Hypertension Management	Pamphlets/brochures Unit level Monitoring National High Blood Pressure Month Periodic B.P. checks/follow-ups	Level 1 plus: Group classes Videotapes TV, radio spots	Level 2 plus: Individual counseling
Substance Abuse Prevention	Pamphlets/brochures Posters Group meetings and classes AR 600-85 Guidance	Level 1 plus: Videotapes	Level 2 plus: Individual counseling Support groups
Spiritual Fitness	Pamphlets/brochures Posters Opportunities to meditate, pray, or worship AR 165-20 Guidance	Level 1 plus: Group meetings classes Developmental activities	Level 2 plus: Individual counseling Referral agencies Values building resources Support groups
Dental Health	Pamphlets/brochures National Children's Dental Health Month Periodic Dental Examinations Unit Level Dental Fitness Classification Monitoring	Classes Videotapes Radio/TV spots Skills Classes Follow Up	Individual Oral Hygiene Counseling Definitive Dental Treatment Long Term
Procedures Guide	Pamphlets/ Brochures/Posters Command Briefings (at least monthly) Incentive/Sustainment Program	Unit Training Schedules which reflect health promotion education classes in all areas needed	Unit Days for: Health Risk Assessment Family Health Promotion Activities

*The exercise elements are the most likely to result in untoward events; therefore, cardiovascular screening must be required for all individuals 40 years of age and older and for anyone with a history of cardiovascular disease. A disclaimer is required.

Figure 4. Suggested Elements for Level 1-2-3 Fit to Win Programs—Continued

Appendix A Fit To Win Staffing Guide Unit Health Promotion Program

The following is a staffing guide to be used in coordination with the Unit Health Promotion Program.

Who	Marketing/ Overall Program	Physical Conditioning	Anti- Tobacco	Substance Abuse Prevention	Nutrition	Weight Control	Hyper- tension	Stress Man- agement/ Spiritual Fitness
Commander	Resource Monitor Evaluate	← Command Emphasis, Role Model → ← Enforce Policy → Enforce Policy (Set The Example) →						
Unit Officers		Role Model Supervise Instruct	← Enforce Policy →		Supervise Instruct	Family Visits	Supervise Enforce Policy	Org Stress Mgr
Unit NCOs		Role Model Instruct	← Enforce Policy →		Instruct	Family Visits	Supervise Enforce Policy	Org Stress Mgr
Unit Surgeon/PA	Manage Program	← Feedback to Individuals →						
Unit Medics		← Feedback to Individuals →						
Master Fitness Trainers	Consult	Develop PT Prog Instruct	Instruct		Instruct	Instruct		
Unit Chaplain				Counsel				Instruct Counsel
Dietitian (MTF)	Consult				Instruct Advise DF Mgr	Instruct	Instruct	
Psychiatrist (MTF)	Consult		Instruct	Instruct		Instruct		Instruct Counsel
Health Nurse (MTF)	Consult		Instruct				Instruct	
Phys Therap (MTF)	Consult	Instruct						
ADAPCP (DPCA)	Consult			Monitor Instruct				Monitor
Soldier AWO Fam Fit Coord (DPCA)	Consult	← Market, Coordinate Installation Interventions →						
MTF Clinics	Consult	← Acute Treatment as Required →						

Figure A-1. Fit To Win Staffing Guide Unit Health Promotion Program

Appendix B

Fit To Win Week

B-1. "Health/Fitness Week"

A health/fitness week may be utilized by the unit to launch their yearly Fit To Win programs. Ideally, this week would follow the giving of the HRA program by two to four weeks in order to arrange for specific classes to be given designed to meet the primary needs of the unit identified by the HRA questionnaire. Several key functions would be scheduled, regardless of the HRA questionnaire results, based upon command emphasis and the time allotted for the "Health/Fitness Week". Some suggested ideas for the health/fitness week are as follows:

- a.* APFT Administered.
- b.* Unit weigh-ins.
- c.* General information classes in areas of high unit interest (e.g., nutrition, finances, etc.).
- d.* Battalion (unit) organizational day.
- e.* Command and staff fitness planning meeting to map out the year's fitness calendar.
- f.* Battalion unit competition.
- g.* Family olympics.
- h.* Awards, recognition ceremonies related especially to fitness e.g., family fitness awards, unit or individual anti-tobacco awards, most improved PT score, etc. Ideas can be generated by the Fit To Win staff and command in brainstorming sessions.
- i.* Retreats (couples, singles, etc.).

B-2. Getting Family Members Involved

Choose an evening during the week for families to be involved in the training. Be flexible. Possibly, give the morning session to single soldiers and married soldiers come with families to an evening session. Provide good setting. The basic fitness topic of Health Risk, Stress, Nutrition and Exercise could be covered. Another alternative is to have the spouses come during the day and reward with the rest of the day off.

B-3. Example Agenda

The health/fitness week can involve anywhere from one to five days depending upon command emphasis and the time available. A possible agenda may be as follows:

- a.* Day One—PT Test.
- b.* Day Two—Health Risk Appraisal Program, PT options—(hands on classes—swimming, weightlifting).
- c.* Day Three—General information classes, leadership fitness planning, unit activities—(bowling, skating, etc.).
- d.* Day Four—Battalion Competition.
- e.* Day Five—Organizational day—family Olympics, volksmarch, etc. For those who can make it happen an Airborne Day.

B-4. Fitness Week fits into Year 'Round Planning

It is imperative that if a fitness week is utilized, it does not become the unit's fitness program. The ongoing yearly planning session is very important in order to incorporate the Fit To Win concept into the ongoing training schedule. Monthly emphasis classes can be considered. The dates for the monthly fitness meeting can be identified (also quarterly indicators, six month newcomers fitness brief, etc.). New ideas should be generated.

Appendix C

Fit To Win Training Plan

C-1. Program Staff Training

Program Staff Training: Incoming staff members should be scheduled for the available training at the earliest possible opportunity to ensure the continuity of the program.

C-2. Training Calendar

Training Calendar: Yearly Events

a. HRA Questionnaire/Fitness Week—The HRA questionnaire and individual unit questionnaires initiate the Fit To Win program. It should be scheduled at a time when the unit will be in garrison long enough to implement the follow-up programs and develop some continuity to the program. If a health/fitness week is utilized it should follow the giving of the questionnaire by two to four weeks, allowing time for planning a schedule designed to meet identified needs.

b. Monthly Program Emphasis—It is encouraged that at least one area of the Fit To Win Program be designated and employed by the unit per month and a creative participation by the unit in the area be encouraged (e.g., Stress Management—schedule a stress management week with your Orthopedic Clinic to update your readiness score). Nutrition—classes with special emphasis in Dining Facility. Hypertension Management—classes with a special emphasis day. Be creative.

c. Quarterly Indicators—This does not require a lot of planning on the training schedule except to note when it is due and possibly schedule a command/fitness staff meeting to discuss the program of the unit and areas of concern, interest or particular needs. This is the feedback time for command.

d. Six-month Newcomers Health/Fitness Week—This should be scheduled approximately six months out and its design should be to enroll and involve all newcomers in the unit into the ongoing fitness program. The HRA Program and individual unit questionnaires would be administered to all of those who had not yet filled one out. Programs would be initiated with classes beginning again following this time. Regular six month unit health fitness activities could be done as previously e.g., weigh-in and APRT administration. Any program which had lost momentum could be reevaluated and hopefully reinitiated at this time.

e. Quarterly Activity—This is to promote unit morale and family involvement. It involves planning a unit skate, bowl, volksmarch, etc. each quarter. It should include family members. The A&R officer would likely promote this utilization of community activities.

C-3. On-going Training Events

Ongoing Training Events—Some of the Fit To Win programs require classes and follow-up be provided to the soldiers at unit level by the fitness staff. This is the heart of the program and its success or lack thereof will determine the effectiveness of the program. Once the soldiers have been identified for particular training and follow-up it is a commander's decision as to how, when and where those classes will be given. The goal is to provide maximum participation to those soldiers who have a sincere interest with minimum disruption of the training calendar and events. Some suggested options follow.

a. Working with a four or five day a week PT schedule, the unit can designate one or two days a week for various total fitness classes or training. While most of a unit might be involved in swimming, weight training, or unit sports, personnel who have designated interests or needs would attend classes or training sessions (e.g., communication skills, stress management, anti-tobacco). This type of emphasis and use of morning physical training reflects a true desire to develop a program of total fitness and causes the least conflict in schedules for a unit.

b. A unit may designate two hours a week at the end of a duty day as set aside for total fitness training.

c. A unit may require that sessions be held during meal times and encourage interested personnel to attend a lunch meeting or breakfast meeting. Some classes, however, are not very conducive to this format.

d. A unit may choose to require that the classes be given after duty hours. This may limit the classes to the truly interested but may also seem to reflect a lack of command concern. While not ideal, it is preferable to not having any class offered at all. If this were the case, classes might also be opened to spouses. This is not the total extent of options but serves to emphasize the flexibility available and to encourage commanders to recognize that what is important to them can be fit into their overall training if they so choose.

C-4. Unit Training

Unit Training—Classes can be provided for units on an ongoing basis. This should be encouraged. Additionally, officers and NCOs should be kept aware of the Fit To Win concept through OPDCs and NCOPDCs. Utilize the assets available to you in your unit and on post.

Appendix D Monthly Program Meetings

D-1. Monthly Program Meetings

The monthly program meetings are important in maintaining continuity to the Fit To Win Program. The meetings should be chaired by their S-1 or his designated representative. The Fit To Win Staff should be required to attend. Whenever possible the meeting should be held at the same time each month. This is to encourage their scheduling into the training calendar and to reinforce their significance. The objectives of unit level Fit To Win programs should be coordinated with the Health Promotion Council.

D-2. Following a Standard Format

Initially, the meetings will be largely planning and organizational. After the program has been in effect they should follow a somewhat standard format. Monthly reports should be given (see sample monthly report form) and progress in each area discussed. Any new HRA questionnaires received should be separated and distributed. If newcomers are not receiving the HRA Program or individual unit questionnaires during in-processing, that problem needs to be addressed and a solution found. The S-1 should provide a report form PAC on unit losses during the last month. This information should be used to update all rosters. A time of informal staff interaction should be established during which areas of common concern are coordinated (e.g., weight control), the PA, the dining facility sergeant and the MFT, or the chaplain and medical platoon leader on drug and alcohol or family problems, etc.). The meeting should conclude with a brainstorming session during which new ideas are suggested. This may be general or specific ideas for promoting the monthly emphasis, family involvement, or the quarterly unit activity.

D-3. Quarterly Meetings and Indicators

Two to three months out, plans for the next Health/Fitness Week should begin to be discussed. Quarterly meetings should include collection of the quarterly indicators and a discussion of the importance and/or relevance of the results. An evaluation of the program and its effectiveness is helpful at this time. Suggestions for changes or improvement should be made and significant ideas forwarded to the Division Surgeon's office point of contact for the program.

D-4. Monthly Reports

Notes on Monthly Report:

- a.* Current Course Enrollment: Refers to number initially enrolled in the current course.
 - (1) Class Attendance: refers to class attendance in the current ongoing course.
 - (2) Individual Follow-up—refers to number of people seen in individual follow up each week, either from the current course or from previous courses.
 - (3) Current Course Drops—refers to any drops from the current course. Place explanation in comments.
 - (4) Total Course Completion—refers to total number of individuals successfully completing the course with follow-up during the last year since the last health/fitness week. Either the number of times the course was offered immediately following this.
- b.* Comments or statistics for classes should reflect unit testing and compliance and progress toward deployable status, when applicable.

Appendix E Measures of Effectiveness

E-1. VIII. Health Promotion Program Guide for Educators

Instructors are responsible for coordinating various stages of the Fit To Win education process. Health education classes occur based on the Commander's resources and community needs. The health promotion guide for educators is written for the installation/community primary health care practitioner or unit representative who has health education training and teaching experience. It also provides suggestions which may help in the recruiting and training of instructors from existing and outside community resources. In addition to delivering lectures and directing skill development activities, instructors must facilitate group discussion. They should encourage participants to ask questions during the lecture, but not to the extent that the questions interfere with delivery of information. During any in-class activities involving small or large group discussion, instructors should first provide directions and then closely monitor the discussion.

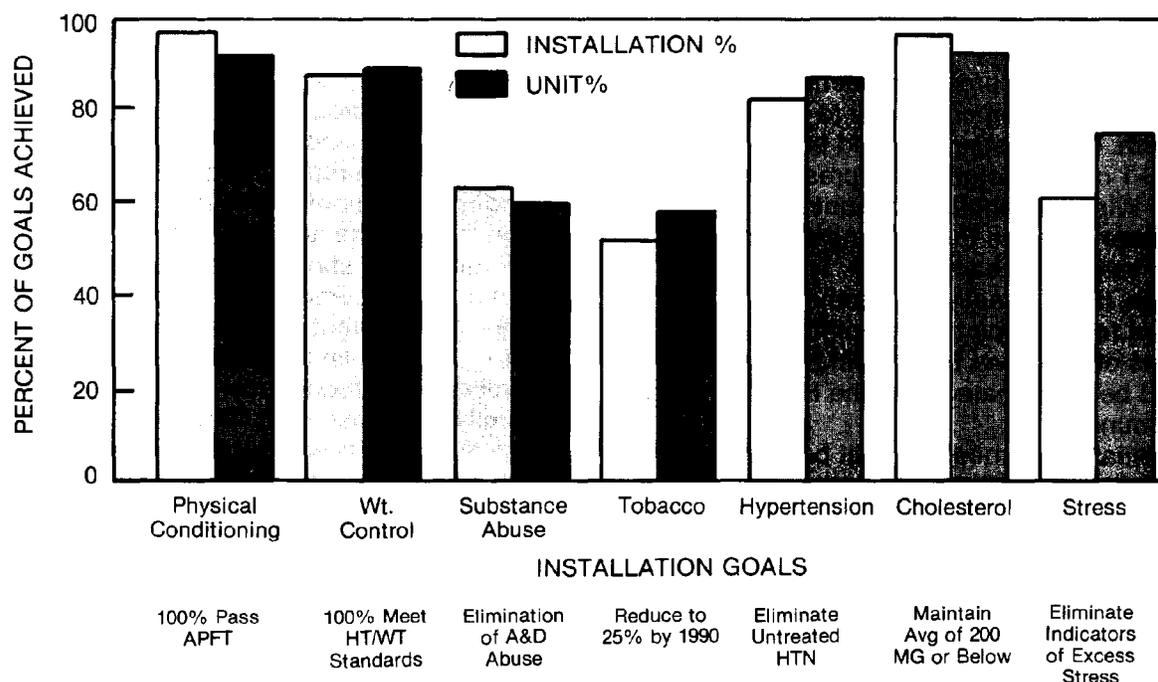


Figure E-1. Health Risk Appraisal Responses

a. *HOW TO LEAD A GROUP DISCUSSION* The instructor keeps communication open and flowing between group participants. The following are guidelines for leading group discussions:

(1) *Getting started.* At the beginning of the class, there may be tension. The participants don't know what to expect. They don't know if they made the right decision to attend the class, and may question whether or not to continue. Instructors should try to make them feel at ease. Ask direct questions which require more than a "yes" or "no" answer—"What made you decide to come to the clinic tonight?" A talkative member is a big help at the beginning.

(2) *Drifting off the topic.* There is a natural tendency for groups to drift off the topic. Most digressions are wasteful. The instructor should bring the group back to the topic by using questions, summaries, and assertions. "Can we tie this in to..." or "Just a moment, how does this relate to..."

(3) *Moving the discussion along.* It is important that instructors keep the discussion flowing and not spend too much time on any one point. They should bring the discussion to a satisfactory conclusion and recap important points.

(4) *Helping the group reach a consensus.* The group may need consensus or decision making along the way. The instructors can help by asking such questions as, "Can we agree on this?", or, "What have we done up to this point?"

(5) *Dealing with disruptive participants.* Some participants may disrupt the group process by monopolizing the conversation. Instructors should not embarrass the talkative participant, but interrupt in a diplomatic fashion. They can ask a “yes/no” question and when the talkative member answers, quickly direct an open-ended question to another participant. They may restate the issue to the group and ask if others have had similar experiences, thereby leading to a group consensus.

(6) *Dealing with the silent participant.* To involve this person, perhaps instructors can direct their attention to him or her by asking an open-ended question, such as “What do you think about. . .?”

(7) *Dealing with participants who come into conflict with one another.* If participants start to argue, the instructor should not take sides, but try to relieve the tension. Good humor helps. Focus attention back to the group, rather than on the individuals in conflict. Reflect how each is, in part, right and then move toward compromise.

b. RESPONDING TO DIFFICULT QUESTIONS Instructors will not have all the answers. They are there to facilitate, not to be an encyclopedia. If they cannot answer a question, they can ask the group to respond. Remember, too, that instructors will gain expertise in anticipating and answering questions as they gain experience in conducting clinics. Based on the personal experiences of program instructors, here are some helpful suggestions on how to respond to difficult questions.

(1) If a hostile or negative question is asked, channel the participant’s energy back to him/her in a productive way. “It sounds like you’ve spent a lot of time trying to see whether this program will work for you. I’m glad you’re really putting some energy into it. It can help anyone who is willing to follow the program and complete the assignments.”

(2) Never argue with a member. If all else fails, state firmly that it will be better to discuss the issue privately after the session ends.

(3) Keep your answers simple with little detail. Be direct.

(4) Avoid moralizing, inducing guilt, or telling “war stories.”

(5) Ask if you have answered the question to the participant’s satisfaction.

(6) Include references to the overall philosophy of the program in your responses. Members want to know that Fit To Win is a structured systematic approach to behavior change.

(7) Don’t wear “rose colored glasses.” Clarify that your understanding making health behavior changes is very difficult. Use testimonials/success stories to encourage participants.

c. HOW TO ANALYZE THE CLASSROOM AUDIENCE The Fit To Win Program is standardized for delivery Army wide. It provides suggestions to meet the needs of people:

(1) From different socioeconomic groups.

(2) With different educational levels.

(3) From different ethnic backgrounds

(4) Who live in different geographic locales.

(5) Who represent the Total Army Family.

d. SUGGESTIONS FOR VARYING CLASS ACTIVITIES Instructors should vary activities within each class in order to hold class interest. The following is a list of ideas instructors can use to add variety to classes.

(1) *Participant Involvement.* When lecturing, involve participants as much as possible by asking them for information. List participant responses on the board. Then, add any points from your list that were not mentioned.

(2) *Skills Building and Practice.* Teach specific skills useful outside of class. Skills should be highly practical. Include practice of new skills in each class. Practice helps participants become familiar and comfortable with these new skills, and make it more likely they will use them.

(3) *Discuss Discussion.* This means planning several questions in advance to ask during classes. It permits you to check on comprehension and participant follow-through on assignments. Direct discussion is a method of personalizing standardized material.

(4) *Open-Ended Discussion.* This differs from directed discussion in that the instructor/ facilitator does not lead by asking questions. Participants are free to bring up their concerns and questions to be answered by you and other participants. Include some time, however brief, for open ended discussion in every class. The first five class minutes are very useful for this purpose.

(5) *Written Material.* The content of the class sessions should reflect written material provided to the participants. If someone has “drifted off” during class, or missed a session, they can still read the material. Lecture should follow from material.

ACTION:	FIT TO WIN MODULE
Establish <ul style="list-style-type: none"> • Health Promotion Council/ Unit Councils • Master Plan for Program Implementation • Fitness Coordinator 	Commander's Guide Marketing Module Procedures Module
Assess Community/Unit Needs <ul style="list-style-type: none"> • Demographics • Health Risk Factor Analysis • Knowledge, Attitudes and Practices • Identify Existing Fit To Win Program resources • Identify Outside Community Program resources 	Marketing Module
Plan <ul style="list-style-type: none"> • Formulate a master plan (include Military, Civilians, Family members) • Allocate personnel and resources • Establish Objectives/Strategies • Develop Promotion/publicity plan • Develop Supplement to AR 600-63 (LOI, Battalion SOP) 	Commander's Guide Marketing Module
Implement <ul style="list-style-type: none"> • Health Risk Appraisal Program • Interventions (Health Education) 	Fit To Win Handbook Individual Assessment Procedures Module *Nutrition/Weight Control Module *Physical Conditioning Module *Antitobacco Module *Hypertension Control Module *Stress Management Module *Substance Abuse Prevention Module *Spiritual Fitness Module *Dental Health
Evaluate <ul style="list-style-type: none"> • Data Management • Program Results/Benefits 	Commander's Guide Marketing Module

Figure E-2. The Fit to Win Program Installation Commander "How To" Model

e. HOW TO FACILITATE FIT TO WIN EDUCATION CLASSES Instructors should—

(1) Allow participants to chat informally for a few minutes at the beginning of each session. This time is important to build group familiarity and trust, and to attend to the “social agenda.”

(2) Begin and end each session on time.

(3) Describe the session’s agenda at the beginning of each class. Explain what will be done, what is expected, and why. Include the goals and purpose of the class and clarify any misunderstandings.

(4) Prepare for each class so as to feel confident. Enthusiasm for the material comes through to participants if the instructor is comfortable with the presentation.

(5) Develop presentation outlines for each class noting major concepts and illustrative examples. Teaching is best done if the outline is followed and reflects the leader’s own style. It’s important for participants to see a unique, credible individual, and not simply a representative of a particular teaching style or information system.

(6) Design examples to illustrate major concepts and points. Examples, especially geared to the needs and interests of their class, personalize the Fit To Win program.

(7) Use visual materials that highlight essential information. Use blackboards, viewgraph transparencies, or printed charts.

f. GUIDELINES FOR PROMOTING BEHAVIOR CHANGE Instructors are encouraged to:

(1) Stress confidentiality from the outset, and again in subsequent activities. Remember many participants work within the same setting and know people in common.

(2) Facilitate friendly interaction. Get to know participants and help them get to know one another from the first session. The use of name tags in early sessions and the introductory activity in Section 1 promotes this.

(3) Encourage participants to express needs, interest, and expectations at the first session and on a regular, continuing basis. Do not make the mistake of thinking that because the program is standardized, there isn’t “room” to meet individual needs. Discussion and examples developed for use in class are appropriate to the group when needs, interests, and expectations are known.

(4) Include discussion time in every activity to give participants a chance to interact, discuss problems, and share solutions. Use time to take advantage of the phenomenon known as “peer modeling.” That is, it may be easier for someone to accept a solution to a problem offered by another class member than from the “expert” facilitator, because the class member shares the problem.

(5) Focus class discussion on relevant issues. Draw out quiet members without putting anyone “on the spot.” Use examples given by participants to illustrate concepts you are trying to communicate. Keeping the discussion focused will also minimize any participant anxiety about sharing “personal” information.

(6) Be seen and heard. Be sure all are seated so that they are able to see and hear clearly. The room should be well lighted. Use a clean, bright blackboard and big charts and place them so there isn’t a glare. Write clearly and write large. Use the board or pad to clarify and to write new terms, but keep it simple and avoid abbreviations participants won’t recognize. When someone asks a question, you might want to repeat the question to be sure it is clear to the whole group before answering it.

g. FACILITIES AND CLASS ENVIRONMENT. A positive atmosphere effectively motivates the participants to make behavior changes. Attitude and behavior changes are more likely when participants share a sense of commitment with other members of the group. This commitment is more likely if participants feel relaxed and become involved in good discussions to which each person contributes. Specific health information can be learned in a lecture format, but change in health practices and attitudes are best encouraged by group interaction. Change of attitude will guide sound decision long after specific facts are forgotten.

h. Seating Arrangement.

(1) Instructors can carry on a better discussion with someone if they look at a face rather than the back of a head. Chairs should be arranged so that everyone sees each person’s face. Traditional classroom rows can be moved into a circle or horseshoe.

(2) If a circle is used, instructors may need to rearrange the chairs for videotape presentations. The activity of moving the chairs around may actually be a positive influence on group participation. Also, the atmosphere is more open and relaxed if instructors, sit rather than stand.

(3) In addition, the Fit To Win Program must be appropriate for delivery at the place of duty. It must be fun, interesting, and appealing, as well as accurate and informative. It must offer information reflecting the latest state-of-the-art in health promotion. Finally, and most importantly, Fit To Win must be pragmatic. It must offer participants useful skills they can take with them and practice regularly with desired effects. These challenges call for a program that is at once standardized and individualized.

i. Materials. Giving the participants a few inexpensive materials provides a stimulus for behavioral changes. All

modules contain lesson plans and resource references appropriate for the topic at hand. Some modules contain sample handouts. Allow appropriate lead time for ordering materials.

j. Equipment. Minimum equipment requirements for the Fit To Win HRA process include an IBM compatible computer, printer, card reader, blood analyzer, height/weight scale, and blood pressure equipment. Equipment for the health education phase includes AV equipment, other teaching aids, and sufficient tables, chairs, coat racks to accommodate class registration needs.



Figure E-3. Chairs should be arranged so each person can see each other's face.

k. COURSE ADMINISTRATION.

(1) The Fit To Win and unit representatives modules are designed with professional health care educators in mind. Class presentations will vary in length and number depending on local needs. Most behavior modification classes last 6-8 weeks. Additional support group meetings are encouraged beyond this time.

(2) Class sessions usually last about 50 minutes. A maximum of twenty people is ideal. This number permits optimum group interaction for learning.

l. Missed Session Procedure. To minimize attrition in Fit To Win activities a reminder procedure is recommended. This procedure involves having participants contacted by phone, mail, or unit representative. A sample reminder card is included in the back of this guide and also in the marketing module. (see Annex F)

m. Attendance Roster Maintenance.

(1) At the beginning of each class session, attendance should be taken orally or by passing around a Fit To Win roster.

(2) Class attendance may be encouraged by asking for volunteers to contact persons who missed class that week. Those who wish to participate in this activity can indicate their desire on the participant contract. (see Annex G)

(3) A copy of completed rosters is provided to representative of the Health Promotion Council as well as unit representative and class instructors.

n. INCENTIVE PLAN.

(1) The primary purpose of the incentive plan is to reinforce or reward the achievement of behavioral goals. A secondary purpose of the Incentive Plan is to encourage participants to work together as a group, because group interaction facilitates behavior change. Participants can be rewarded for various levels of class or activity attendance.

Incentive awards include program certificates, (see Annex H) coffee mugs, T-shirts, sweat shirts, and cookbooks. A complete list is included in the marketing module.



Figure E-4. An incentive plan can reinforce goals.

(2) Most incentive programs are based on a building block system. Participants must achieve initial incentives in order to be eligible for additional awards. Incentives can be presented at periodic awards ceremonies following the completion of each activity. Special incentives can be presented to participants that complete 75% or more of the health education classes. Program facilitators will need to coordinate these activities with the Health Promotion Council. A sample program certificate is provided in the back of this guide (see Annex H)

o. Participant Contracts. The Participant Contract is a brief form that describe what is expected of participants. Although not binding, it is designed to heighten compliance with activity expectations. A sample participant contract is included at Annex G. At the beginning of each Fit To Win activity, participants can be asked to sign the Participation contract.

p. The Goal and Inventory Booklets. Self observation, accomplished through written records, is critical to successful behavior change. Written records provide an important means for making a commitment to a goal. Also, they act as a monitoring tool during the behavior change process. As participants assess their progress in reaching the goals they set, they can determine when it is appropriate to reward themselves, and when it is necessary to revise their goals. Thus, the Goal Workbooks are an important tool that should be emphasized throughout each Fit To Win activity. The Goal Workbook provides suggested goals and strategies to meet them. It is not exhaustive. Participants are encouraged to set a goal which corresponds to expectations discussed in classes. Sample goal workbook are provided separately with this guide and the marketing module.

q. Instructor/Health Education Class Evaluation. An instructor health education class evaluation form is included provided at Annex I. It is administered at the end of class activities. Although the form is brief and requires only a few minutes to complete, it is useful in monitoring program success. Completed forms are provided to a representative of the Health Promotion Council.

E-2. IX. Recruitment and Selection Class Evaluation

a. Criteria for Selecting Instructors.

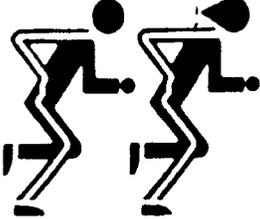
(1) Due to potential liability, individualized health education classes must be conducted under the supervision of qualified personnel who have the appropriate education and experience in the areas being taught. Unit instructors should coordinate intervention activities with local experts. Master fitness trainers play a key role in intervention training at the unit level. This varies according to topic area. If contract services are sought, specifications must be clear on required certifications or credentials. Members of the Health Promotion Council should achieve consensus on the minimum education and experience requirements for each topic area in question.

(2) In general, however, the following criteria for selection of instructors should include:

- (a) Training and experience in leading and working with groups.
 - (b) Knowledge of the principles of health promotion and total well-being.
 - (c) Knowledge of public relations techniques and community resources.
 - (d) Working knowledge of the Fit To Win Program.
- (3) Personal characteristics and qualities:
- (a) Ability to think (and act) on one's feet.
 - (b) Warmth; communicate interest in people.
 - (c) Comfortable in stressful situations.
 - (d) Gentle but forceful; encourage participants to complete the activities in the program.
 - (e) Empathy for participants' problems. Neither judgmental nor fanatical. Not preach. Able to set a positive tenor.
 - (f) Enthusiasm; sense of humor and perspective.
 - (g) Dependability; complete all leader responsibilities effectively and on time.
- b. Paragraph not used.

Appendix F
Sample Reminder Card

The following is a Sample Reminder Card.



THE NEXT MEETING
OF THE "FIT TO WIN"

IS SCHEDULED FOR

DATE _____ TO _____
TIME _____
LOCATION _____

If you are unable to attend, please call _____

Figure F-1. Sample Reminder Card

Appendix G
The Fit to Win Participant Contract

The following is the Fit to Win Participant Contract.



**The Fit to Win
Participant Contract**

I understand the goals and expectations of the Fit to Win _____ class. I understand that the success of the program depends upon the efforts of each participant, and that my regular attendance, participation, and commitment are important.

Therefore, I agree to attend the _____ class regularly. If I am unable to attend a class, I will notify the instructor. I agree to establish reasonable goals in improving my health and to make an earnest commitment to meet those goals.

Signed _____

Name (print) _____

Unit _____

Home address _____

_____ number _____
_____ state _____

Home phone _____

Duty Work phone _____

- A Yes! Please contact me if I miss a session
- B Yes! I will contact participants who miss sessions

Figure G-1. The Fit to Win Participant Contract

Appendix H
THE ARMY HEALTH FITNESS PROGRAM

The following is the Army Health Fitness Program Sample Form.

T☆H☆E
ARMY
HEALTH FITNESS
PROGRAM

Presents this certificate of recognition and congratulations to

You have successfully completed the Fit to Win Class entitled

by so doing, you have taken an important step toward better health and a better ARMY.

BE ALL YOU CAN BE

Unit Commander Signature



Figure H-1. The Army Health Fitness Program Sample Form

**Appendix I
Instructor/Health Education Evaluation Sample Form**

The following is the Instructor/Health Education Evaluation Sample Form.

UNITED STATES ARMY

FIT TO WIN



Instructor/Health Education Evaluation

Introduction

Please give us some feedback about the Army's Fit to Win Activity you just attended. Your feedback will help us understand how well the course responded to the wants and needs of those attending, and will be used to improve the class instruction in the future.

PLEASE COMPLETE AND HAND IN THE QUESTIONNAIRE BEFORE LEAVING THE SESSION.

Class/Activity

1. Class/Activity title: _____
2. Name of Instructor who taught course: _____
3. Did you take this class/activity because it was related to the greatest risk factor on your Health Risk Appraisal Profile? (circle one)
 - a. Yes
 - b. Not sure
 - c. No

Satisfaction

The following items cover various aspects of the Fit to Win Activity you attended. For each, circle the number which best represents your degree of satisfaction, according to the rating scale provided:

FOR EACH STATEMENT CIRCLE ONE ALTERNATIVE

ASK YOURSELF HOW SATISFIED YOU WERE WITH	NOT SATISFIED	ONLY SLIGHTLY SATISFIED	SATISFIED	VERY SATISFIED	EXTREMELY SATISFIED	NOT APPLICABLE
1 The overall learning experience, taking all things into consideration	1	2	3	4	5	N A
2 How clearly the learning objectives were stated	1	2	3	4	5	N A
3 How well the learning objectives were met	1	2	3	4	5	N A
4 The amount of information provided in the class/activity	1	2	3	4	5	N A
5 The usefulness of information provided in the class activity	1	2	3	4	5	N A
6 The group activities	1	2	3	4	5	N A
7 The group discussions	1	2	3	4	5	N A
8 The printed materials	1	2	3	4	5	N A
9 The audiovisual materials (slides, films, etc.)	1	2	3	4	5	N A
10 The effectiveness of the instructor in presenting the material	1	2	3	4	5	N A
11 The instructor's knowledge of the subject matter of the class/activity	1	2	3	4	5	N A
12 How clearly the instructor answered questions	1	2	3	4	5	N A
13 The overall performance of the instructor	1	2	3	4	5	N A

Figure I-1. Instructor/Health Education Evaluation Sample Form

Agreement

Indicate your agreement or disagreement with each of the following statements, according to the rating scale provided:

FOR EACH STATEMENT CIRCLE
ONE ALTERNATIVE

	STRONGLY DISAGREE	DISAGREE	UNCERTAIN	AGREE	STRONGLY AGREE	NOT APPLICABLE
1. I was already aware of most of the information presented in the class/activity	1	2	3	4	5	N/A
2. Not enough time was available to adequately present the class/activity material	1	2	3	4	5	N/A
3. Not enough time was available to adequately answer all my questions ..	1	2	3	4	5	N/A
4. Continuity was maintained from week to week throughout the class/activity	1	2	3	4	5	N/A
5. I felt actively involved in the class/activity	1	2	3	4	5	N/A
6. I have already changed one or more habits as a result of taking this class/activity	1	2	3	4	5	N/A
7. The class/activity will help me improve my health habits in the future	1	2	3	4	5	N/A
8. I would recommend this class/activity to others	1	2	3	4	5	N/A
9. This class/activity has encouraged me to continue my involvement in Fit to Win activities	1	2	3	4	5	N/A

10. Taking all things into consideration, how would you rate this class/activity?

(circle one)

1. Very poor

2. Poor

3. Fair

4. Good

5. Excellent

Comments

1. What aspects of this class/activity did you like most?

2. What aspects of this class activity did you like least?

3. What changes, if any, would you like to see made in this class/activity?

Figure I-1. Instructor/Health Education Evaluation Sample Form—Continued

Appendix J

Reproduction Packet for FIT TO WIN Logo

J-1. INTRODUCTION

- a.* This brochure provides you camera-ready artwork for the Fit To Win Program logo.
- b.* The logo is designed to support the Army Health Promotion goals. The program goals are to enhance positive lifestyle changes in individuals through self-awareness, assessment and education. Aggressive use of this logo will do much to unify various aspects of the program, serving as a type of shorthand for the concept of positive healthy lifestyles. Displaying the logo in print, on signs, or products: in conjunction with a health fitness-related activity; the audience will think—health/fitness. To achieve this purpose the logo guidelines in this brochure must be carefully followed.
- c.* While use of the logo is important, misuse of it could be counter-productive. To preserve the integrity of the logo and prevent unauthorized use, the logo is to **ONLY** be used in conjunction with the promotion of a healthy lifestyle.
- d.* Some suggested logo uses are fitness, health, nutrition and sports articles in newspapers or journals, briefing slides, dining facility serving lines near low-calorie foods, and the following:
 - (1) Folders, binders
 - (2) Vehicle decals
 - (3) Bumper stickers
 - (4) Athletic clothing & equipment
 - (5) T-shirts and jackets
 - (6) Sweat shirts, sweat pants, sweatbands Sweaters
 - (7) Patches
 - (8) Athletic field signs, scoreboards, scorecards,
 - (9) parcourse signs
 - (10) General signs, banners, theater marquees
 - (11) Expendables such as pencils, pens, napkins, etc.
 - (12) Menu boards
 - (13) Table tents

J-2. FORMAT

Camera-ready artwork of the logo is provided in horizontal and vertical formats. The preferred format is horizontal. The vertical format can be used with brochures, flags, signs, etc. or in places where the horizontal format does not fit or is inappropriate.

J-3. COLOR

- a.* The logo was designed for two-color reproduction. The specified colors are: 100% Red (PMS 185) and 100% Blue (PMS 286).
- b.* The logo can be reproduced in either positive or negative, camera-ready versions. Art is provided for both versions.
- c.* Two-color reproduction is preferred, but one-color reproduction is permitted in any color using a dark ink on a light background or light ink on a dark background. No specific standards are established describing how dark the background must be before changing from a dark ink to a light ink. Legibility and aesthetic appeal of the logo are key factors in making the decision to use a light or dark color ink. Artificial construction of a shield or frame around the logo to add contrast is **NOT** permitted. The logo must always be reproduced in solid form. Outline form is **NOT** permitted.

J-4. REPRODUCTION

- a.* Photographic enlargement and reduction of the logo for specific applications are encouraged.
- b.* Illustrators should overlay a grid on the logo and redraw it when photographic enlargement to extreme sizes results in less than desired clarity and sharpness.
- c.* When reducing the logo less than the smallest size provided on the camera-ready artwork, or when reproducing on surfaces such as fabrics, the phrase United States Army must be legible. The preferred method when using the logo is to use the phrase be assured. If the type will be legible it should be deleted from the logo. Common sense should apply.



***Reproduction
Packet for
FIT TO WIN
Logo***

Figure J-1. Reproduction Packet for FIT TO WIN Logo

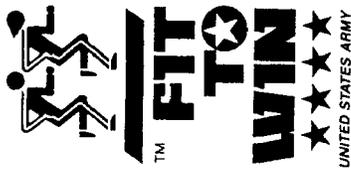
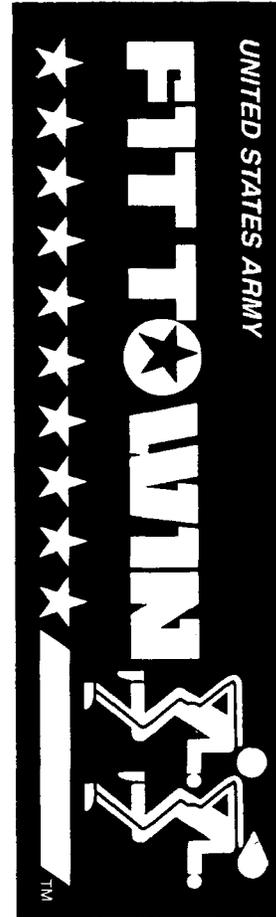


Figure J-1. Reproduction Packet for FIT TO WIN Logo—Continued

UNCLASSIFIED

PIN 062978-000

USAPA

ELECTRONIC PUBLISHING SYSTEM

OneCol FORMATTER .WIN32 Version 163

PIN: 062978-000

DATE: 09-24-01

TIME: 16:11:39

PAGES SET: 35

DATA FILE: C:\Wincomp\p600-63-13.fil

DOCUMENT: DA PAM 600-63-13

DOC STATUS: NEW PUBLICATION