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Pamphlet 600-63-2

The Army Health Promotion Program

# **“Fit to Win” Commander’s Guide**

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Department of the Army  
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# ***SUMMARY of CHANGE***

DA PAM 600-63-2

"Fit to Win" Commander's Guide

Not applicable.

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# FOREWORD

## **Individual Readiness**

“Healthy lifestyles accomplish objectives crucially important to the military vocation: better physical fitness, improved mental efficiency, heightened individual productivity and a sense of personal well-being. These are important components of *individual readiness...*”

“An Army of Excellence rests on units of topnotch readiness, and this can be achieved only if *all* of us — our soldiers, leaders, and family members — are fit and leading wholesome lives.”

John A. Wickam, Jr.  
General, United States Army  
Chief of Staff

## The Army Health Promotion Program

### “Fit to Win” Commander’s Guide

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By Order of the Secretary of the Army:

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*General, United States Army  
Chief of Staff*

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a guide for commanders to assist them in developing an integrated, comprehensive health promotion program at the installation level. This guide will assist the commander by outlining the necessary components of such a program and explaining how to most effectively utilize existing resources, and identifies areas which may require more attention or development. The objective is total health protection and health promotion for every member of the Total Army Family.

**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.

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**Summary.** This information pamphlet is

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## 1. Purpose

The purposes of the Army Health Promotion Program are:

- a.* Maximize the readiness and combat efficiency of the force.
- b.* Enhance quality of life for all soldiers, DA civilians, family members and retirees.
- c.* Address components of lifestyle change which improve and protect health.
- d.* Provide general guidance in assessment, planning, implementation and evaluation of a health risk prevention program at the installation level.
- e.* Integrate existing health promotion/fitness initiatives with those that need to be provided.

## 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.* On 11 March 1986, the DoD Directive 1010.10 established a health promotion policy within the Department of Defense to improve and maintain military readiness and the quality of life of DoD personnel and other beneficiaries. It is directed to all military personnel, retirees, Army family members and Department of the Army (DA) civilians.

*b.* Health promotion has been defined as any combination of health education and related organizational, social, economic or health care interventions designed to facilitate behavioral and environmental alterations that will improve or protect health. It includes those activities intended to support and influence individuals in managing their own health through lifestyle decisions and self-responsibility. Operationally, health promotion includes tobacco use prevention and cessation, physical conditioning, nutrition management, alcohol and drug abuse prevention, stress management, early identification of high blood pressure and elevated cholesterol blood levels. The Army Health Promotion Program is required by the DoD Directive 1010.10.

*c.* The new Army Health Promotion Regulation 600-63, defines responsibilities and procedures for administering a health promotion program. The policy provides for:

- (1) The designation of an Installation Health Program Coordinator ("Fit To Win" Coordinator).
- (2) The development of an Installation/Community Health Promotion Council.
- (3) Develop Installation Health Fitness Activity ("Fit To Win" Program).

*d.* The health fitness activity, "Fit To Win Program," provides the installation Commander and the Installation/Community Health Promotion Council with the structure and procedures for planning a standardized health promotion program for the individuals who make up the Army installation/community.

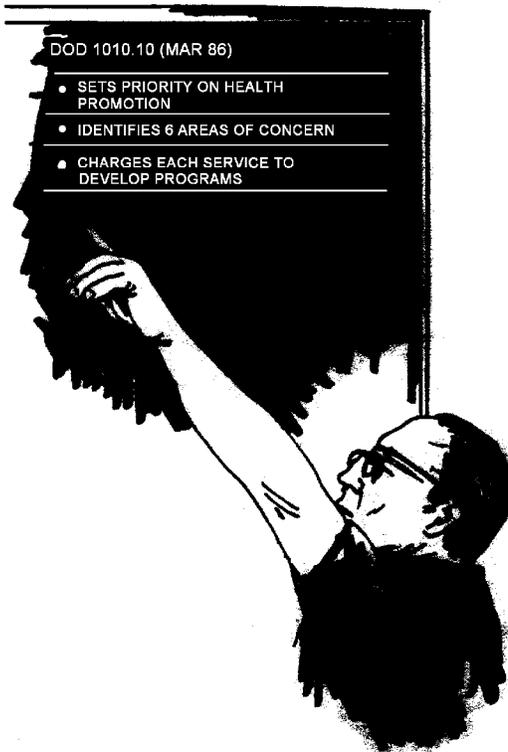


Figure A. Chalkboard image

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Figure B. Group image

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#### 4. Fit To Win Program Goals

##### a. Army-Wide Goals

(1) Increased combat readiness in the Total Army through a medically sound and legally safe health promotion program.

(2) Implementation of standardized health promotion programs incorporating state-of-the-art techniques and strategies for marketing, assessment, interventions, and program maintenance.

(3) Cohesive units, forged through collective participation in health promotion activities, whose members recognize the benefits of both competition and mutual cooperation.

(4) Individual commitment to personal fitness through assumption of responsibility for maintenance of a healthy lifestyle in active duty soldiers, DA civilians, National Guard and Reserve Components, family members and retirees.

##### b. Installation Goals

(1) Increased awareness by members of the Army community concerning the benefits of participation in health programs.

(2) Maximum participation by the Total Army Family members.

(3) Evaluation of the effectiveness of health promotion programs.

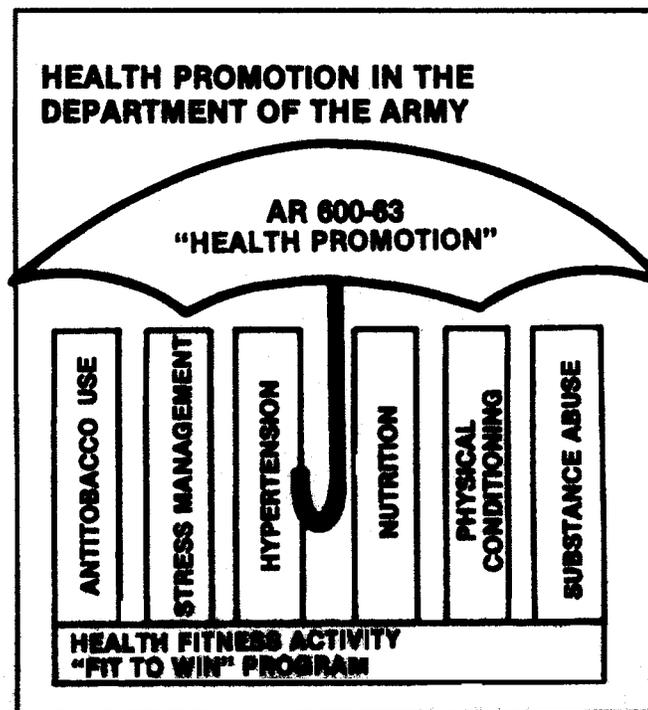


Figure C. Health Promotion in the Army

## 5. Installation Measures of Effectiveness

The following installation goals for measuring percent of goals achieved are based on Army and national standards for the active duty soldier.

- 100% Pass APFT
- 100% meet height/weight standards
- Elimination of Alcohol and Drug Abuse
- Reduction of tobacco use to 25% by 1990
- Eliminate untreated hypertension
- Maintain an average cholesterol of 200 mg or below
- Eliminate indicators of Excess Stress (as per health risk appraisal)

## 6. Commander's Instructions

### *a. What is the Program?*

(1) The Fit To Win Program is a health risk prevention program to motivate and Improve individual lifestyle behaviors. The program is established so that the individual has immediate feedback and participation in an assessment process.

### *(2) Key Elements*

- (a) Health education to increase awareness for all.
- (b) Health Risk Assessment to identify individuals requiring life style interventions.
- (c) Specific targeted Intervention programs to reduce risk factors.
- (d) Marketing and incentive programs to motivate and help sustain a lifestyle for all.

### *b. Why Have A Program?*

(1) Preserving good health and looking forward to a better quality of life is fast becoming an increasingly important expectation of today's Army. Evidence is clear that emphasis on healthier lifestyles at home and at work are positive changes for Americans.

(2) Changes are continuing to occur in today's Army. The current Army anti-tobacco use policy and the Master-Menu Program for dining facilities represent opportunities for individuals to lessen cardiovascular health risks. Long term results from health promotion programs reveal increased morale, less sick leave time taken, improved stress management, reduction of cholesterol and high blood pressure, improved weight control.

### *c. Who Do I Have to Help?*

#### *(1) Commander's Program Conducted in the Unit*

- Unit Officers/Unit NCO's (Role Models, Supervise)
- Surgeon/PA (Hypertension, Cholesterol Monitoring)
- Chaplain (Stress Management)
- Master Fitness Trainer (Physical Training, Weight Control)
- Medics (Hypertension, Weight Control)

#### *(2) Installation Program and Support*

- Family Fitness Program
- Family Fitness Coordinator
- Support to Units and Community
  - Dietitian (Cholesterol, WT Control, Nutrition)
  - Community Mental Health (Stress Management)
  - ADAPCP (Substance Abuse)
  - Community Health Nurse/Nurse Practitioner (Tobacco Cessation, Hypertension, Nutrition, Weight Control)
  - DPCA (Family Advocacy, Sports Director, Counselors)

Who	Overall Program	Physical Condition	Anti-Tobacco	Substance Abuse	Nutrition	Weight Control	Hypertension	Stress Management
Commander	Resource Monitor Evaluate	← Command Emphasis, Role Model →						
Unit Officers		Role Model Supervise Instruct		Supervise Instruct	Family Visits	Supervise		Org Stress Mgr
Unit NCOs		Role Model Instruct		Instruct	Family Visits	Supervise		Org Stress Mgr
Unit Surgeon/PA	Manage Program	Feedback to Individuals						Instruct
Unit Medics		Feedback to Individuals						
Master Fitness Trainers	Consult	Develop PT Program 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
Fam Fit Coord (DPCA)	Consult	Market, Coordinate Installation Interventions						
MTF Clinics	Consult	← Acute Treatment as Required →						

Figure D. Taxonomy of Teamwork — Unit Health Promotion Program

## 7. Planning Emphasized

### a. How Do I Get Started?

- Assessment of Needs
- Identify Resources
- Appoint an Installation/Community Health Promotion Council
- Designate an Installation Fit To Win Program Coordinator
- Designate a Health Risk Appraisal Team in collaboration with MTF commander

(1) *The Council:* Installation commanders will appoint an Installation Health Promotion Council (HPC) to advise and coordinate the development of the Installation Health Promotion Program (AR 600-63). Key tasks of the HPC include:

- Identify existing health promotion program
- Assess the strengths and weaknesses of current health promotion programs Conduct community needs assessment
- Integrate Medical Treatment Facility (MTF) programs with post/community health promotion programs
- Identify and assess other existing resources
- Develop an installation/community program based on the needs of the Army family using the Fit To Win Program modules/guidelines.

(2) The makeup of the HPC at a minimum will consist of:

- The Installation Commander or his deputy *to serve* as chairperson.
- Commander, Medical Treatment Facility.
- Director Personnel and Community Affairs Others may include:
- Director of Operation and Logistics
- Public Affairs Office
- Community Health Nurse/Nurse Practitioner

(3) Others:

- Chief, Family Support Division
- Chief, Community Operation Division
- Family Fitness Coordinator
- Tenant Unit Commanders
- Master Fitness Trainers
- Staff Chaplain
- Director of Plans and Training and Mobilization
- Civilian Personnel Officer
- Chief, Community Mental Health Service
- Safety Officer
- Chief, Community Recreation Division
- Post Librarian
- Alcohol Drug Abuse Prevention and Control Field Director, American Red Cross Fitness Facilitators
- Dental Officer
- Dietitian
- Community Health Nurse/Nurse Practitioner etc.

*b. Installation Fit To Win Program Coordinator*

(1) Installation commanders will appoint an installation Fit To Win Program Coordinator to integrate existing and future health promotion programs. Program Coordinator:

- (a) Identifies issues impacting on the overall program.
- (b) Acts as a liaison with civilian resources
- (c) Ensures health promotion/education programs are integrated in the overall Installation/Community Health Promotion Program.
- (d) Coordinates assessment and evaluation efforts.

(2) The selection of the Installation Fit To Win Program Coordinator is a key factor for success. This person should:

- (a) Project a fit and healthy image
- (b) Practice healthy lifestyle behaviors
- (c) Possess managerial skills
- (d) Ability to work effectively with a variety of professional/non-professional personnel
- (e) Have a degree in areas of health and/or fitness or at least three years work experience.
- (f) Have a working knowledge of the organization.
- (g) Demonstrate knowledge of computer operations, and the government contracting process.

(3) Additional duties include:

- (a) Quality control of services provided
- (b) Serving as the installation's point of contact for the Installation Health Promotion Program.
- (c) Possibly serving as the Contracting Officer's Representative (COR) if services are contracted out.

*c. Health Risk Appraisal Team (Paraprofessional/Health Care Personnel) for inprocessing centers/administering Health Risk Appraisal.*

- (1) Individual to administer Health Risk Appraisal
- (1) Individual to take BP, HT and WT
- (1) Individual to perform blood cholesterol analysis using the fingerstick/table top blood cholesterol analysis
- (1) Individual to perform automated data processing
- (1) Individual to Debrief
- (1) Officer In Charge (OIC)

*d. What Equipment Do I Need?*

- IBM Compatible Micro computer/printer
- Optical scanner (card reader)

- Table top cholesterol analyzer/reagents

*e. What Facilities Do I Need?*

- Utilize existing physical exam sections, inprocessing facilities and community classrooms.\*

*Note.* \*Computers and the blood analyzers are sensitive to excess heat and should be used in air conditioned areas, when possible.

*f. What Information is Available?*

- AR 600-63 — Health Promotion Regulation — defines policy and assesses responsibilities.
- Fit To Win Package — A commander's training package of information to assist in assessing, planning, implementing and evaluating the health promotion program. Modules in the package include the following topics:
  - Procedures Guide
  - Marketing Guide
  - Individual Assessment
  - Physical Conditioning
  - Hypertension Management
  - Substance Abuse Prevention
  - Stress Management
  - Dental Health
  - Nutrition/Weight Control
  - Anti-Tobacco Use
  - Spiritual Fitness

*g. Existing Regulations/Pamphlets:*

*(1) Physical Conditioning References:*

- AR 350-15, The Army Physical Fitness Program
- FM 21-20, Physical Readiness Training
- DA Pam 28-6, Intramural Sports for the Army
- DA Pam 350-21, Family Fitness Handbook
- HSC Reg 40-27, AMEDD Support of Army Total Fitness Program

*(2) Weight Control References:*

- Nutrition Allowances, Standards, and Education. AR 40-25.
- The Army Weight Control Program. AR 600-9.
- The Army Food Program. AR 30-1.
- Family Fitness Handbook. DA Pam 350-21.
- Nutrition Posters. DA Poster 30-1.

*(3) Antitobacco References:*

- AR 1-8, Smoking in DA Army Buildings.
- US Army Smoking Cessation Campaign, 3 Mar 86.
- DoD Directive 1010.10, "Health Promotion," 11 Mar 86.

*(4) Stress Management Reference:*

- FM 26-2, Management of Stress in Army Operations.

*(5) Alcohol and Drugs Reference:*

- AR 600-85, Alcohol and Drug Abuse Prevention and Control Program.

<b>Modules</b>	<b>Level 1 Program</b>	<b>Level 2 Program</b>	<b>Level 3 Program</b>
<b>Commander's Guide</b>	Introductory chapter Strategies for program management and resources	Same as Level 1	Same as Level 1
<b>Marketing</b>	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
<b>Individual Assessment</b>	Automated Health Risk Appraisal Health Risk Review Session	Same as Level 1	Same as Level 1
<b>Physical Conditioning*</b>	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
<b>Nutrition and Weight Control</b>	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
<b>Procedures Guide</b>	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

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

<b>Modules</b>	<b>Level 1 Program</b>	<b>Level 2 Program</b>	<b>Level 3 Program</b>
<b>Antitobacco</b>	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
<b>Stress Management</b>	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
<b>Hypertension Management</b>	Pamphlets/brochures Unit level Monitoring National High Blood Pressure Month (May) Periodic B.P. checks/follow-ups	Level 1 plus: Group classes Videotapes TV, radio spots	Level 2 plus: Individual counseling
<b>Substance Abuse Prevention</b>	Pamphlets/brochures Posters Group meetings and classes AR 600-85 Guidance	Level 1 plus: Videotapes	Level 2 plus: Individual counseling Support groups
<b>Spiritual Fitness</b>	Pamphlets/brochures Posters Opportunities to meditate, pray, or worship AR 165-20	Level 1 plus: Group meetings classes Developmental activities	Level 2 plus: Individual counseling Referral agencies Values building resources Support groups
<b>Dental Health</b>	Pamphlets/brochures National Children's Dental Health Month Periodic Dental Examinations Unit Level Dental Fitness Classifica- tion Monitoring	Classes Videotapes Radio/TV spots Skills Classes	Individual Oral Hygiene Counseling Definitive Dental Treatment Long Term Follow-Up

\*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 1 depicts an overview of the Fit To Win program. The program elements occur based on the Commander's resources and community needs.

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

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

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

*h. What Training is Needed for Individuals to Conduct the Program?*

- It is essential that those individuals teaching classes and performing physiological testing are qualified for the role they have been asked to perform. An orientation and credentialing process as outlined in the training module will be necessary for individuals teaching and testing participants.

*i. How Will I Maintain Quality Assurance?*

- Through standardized orientation and credentialing procedures, supervised by the AMEDD, a high quality of care can be provided.
- A AMEDD laboratory officer should be available to conduct periodic assessment of blood cholesterol procedures and equipment.
- SOPs should be readily available for reference for those individuals conducting the health risk appraisal program.
- Rosters targeting individuals for interventions should be reviewed daily by the OIC of the Health Risk Appraisal Team, to determine appropriate referrals occur at the debriefing session.
- Designate a Fit To Win Coordinator to serve as a day to day contact.

*j. How Do I Maintain Confidentiality for Participants?*

- All health care information, advice and medical referrals should be coordinated through medical channels. The only information disseminated will be to the individual and the medical record by a health risk profile printout, or the form SF513 (Consultation-referral form) and by the medical personnel chain of command.
- For civilian personnel, information will be released by giving 2 copies of the HRA to the individual, one for personal information and one for his/her private physician. All other information will only be released upon receiving a signed release form from the individual to a health care provider.

## **8. Implementation**

### **Health Fitness Process**

*a. Who Are the Participants?*

- Active Duty/Soldiers
- DA Civilians
- Family Members/Dependents
- National Guard/Reserve Component
- Retirees

*b. How Do Individuals Get Into the Program?*

- Periodic Medical Exam (Every 5 years)
- Flight Physical (Every year)
- Over-40 Physical (at age 40)
- In-processing (upon PCS)
- Accession into the Army
- Referral
  - Self Referral
  - Unit Initiated
- Installation Activities
  - Clubs
  - Health Fairs

*c. How Do DA Civilians Participate?*

- Entry
  - In and out processing
  - Organizational Health Day
  - Organizational/Agency Referral
  - Self Referral
- According to the Office of the Deputy Chief of Staff for Personnel (ODCSPER) Memo written by LTG Elton, Mar 1987, DA civilians may participate in a commandsponsored, formal health fitness program
  - 3 x per week
  - 1 hr. a day administrative time
  - up to 8 weeks (24 hours total time)
  - Once in a career. Then all other attendance would be on the individuals own time, on lunch hours, before or

after work, flex-time, etc.

*d. How Do Family Members Participate?*

- Voluntary participation
- Spouses should be encouraged to participate with military member when units are being processed.
- Medical Exams (clinic referral)
- Family Physician Referral
- In and Out Processing
- Club Activities
- Organizational Health Day Activities
- Self-referral

*e. And NGB/Reserve Components?*

- ETS Physical — Expiration Term of Service
- IET — Initial Entry Training
- AT — Active Training
- IRRADT — Individual Ready Reserve Active Duty for Training
- Services should be made available to reserve component soldiers and their family members in order that they may attend community intervention classes.

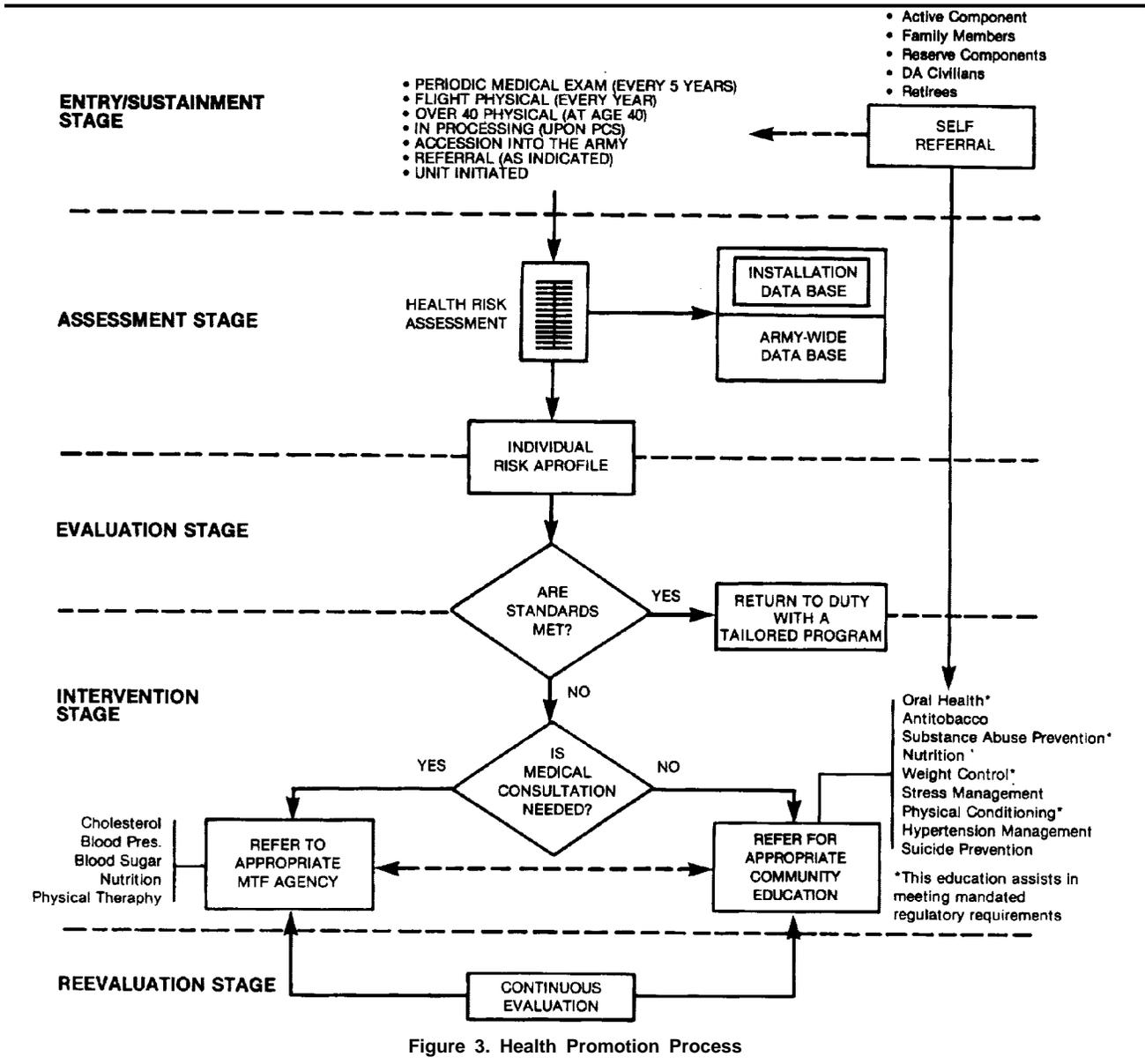
**9. Assessment and Intervention Emphasized**

<i>a. How is the Process Conducted? How Much Time is Involved?</i>	Assessment Stage	Time
• Station #1	Individual completes a health risk appraisal form.	20-30 min.
• Station #2	He/she then has a blood pressure, height, weight taken and recorded.	5 min.
• Station #3	A fingerstick blood cholesterol is taken. (No Fasting Required). (Venipuncture optional)	5 min.
• Station #4	The HRA mark sense form is placed in the optical scanner and a health risk profile is generated.	2 min.
• Station #5	A debriefing is conducted to review the information on the HRAP. Individuals are targeted for medical or non-medical intervention and follow-up.	10 min.
		Total Time: 40-50 minutes

*b. What Will a Debriefing Include?*

- Debrief Outline
  - Introduction of Debriefing
  - Assurance of Confidentiality
  - Explanation of Health Risk Appraisal Profile:
    - Health Risk Score
    - Cholesterol Level
    - Blood Pressure
    - Weight
    - Exercise Level
    - Dietary Habits
    - Stress Management
    - High Risk Personal Habits
    - Cancer Screening
- Medical Intervention — (Examples)
  - Follow-up on elevated cholesterol
  - Referral for evaluation of elevated blood pressure, etc.
  - If the individual is DA Civilian, follow-up would occur with a private physician or in some instances with occupational health.
- Non-Medical Intervention — Individuals may be referred to an education class —
  - Stress Management
  - Sound Nutrition
  - Weight Control

- Hypertension Management
- Anti-Tobacco Use
- Lifestyle Behavior Class (Encompassing several topics)
- Substance Abuse Prevention
- Spiritual Fitness



*c. Why Have Referrals/Interventions?*

- The referrals are the key to a successful program. They are most effective when targeted to specific risk factors.
- This portion of the program also requires a great deal of marketing, promotion, and follow-up to keep participants interested and to ensure program success.
- Group interventions are preferred over one-to-one counseling because:
  - They are more cost-effective.
  - Peer support assists in maintaining behavioral change.

*d. Intervention Program Objectives*

- Change health behaviors through education, participation, and behavior modification.
- Use critical moments, individual counseling, and group-support to educate and motivate individuals to practice positive health habits.
- Encourage a comprehensive approach to health education/promotion.
- Establish evaluation criteria for educating participants and tracking change.
- Total Fitness.

(1) Total fitness is developing a healthy lifestyle maintenance program by reducing risk factors:

- Sedentary lifestyles — lack of exercise.
- Excess body fat — over-eating.
- High blood cholesterol — improper diet.
- Smoking.
- Abuse of alcohol or addicting drugs.
- Hypertension.
- Unnecessary exposure to harmful chemicals.
  - Army/National Statistics — “Room for Improvement”

(2) Heart disease is the second leading cause of death in the military today, after accidents. Half of Army accidents involving motor vehicles are related to alcohol abuse. Cancer is a significant cause of death in the Army. All three of these major killers are reducible through health promotion. Recent statistics reveal:

*(a) Cigarette Smoking*

- 53% of soldiers smoke, compared to 33% of the US Adult population.
- Smoking causes disease:
  - Smoking is consistently a leading risk factor for heart attacks in the Army’s Over 40 population.
- Smoking is expensive:
  - Smoking cost military medicine nearly \$210 million in 1984.
  - Each pack of cigarettes ultimately costs the smoker and society \$1.84 in medical bills and economic loss.

*(b) Obesity*

- 2 out of every 5 Americans are overweight (34 million adults).
- 25% of United States children are overweight.

*(c) Alcohol*

- 50% of Motor Vehicle Accidents involving Army personnel are related to excessive alcohol use.

*(d) High Blood Pressure*

- 27 million employed individuals (approximately 26% of the employed population) have high blood pressure.
- 39% of a group of Army personnel and civilians in the Pentagon who were found to be hypertensive did not know their blood pressure was elevated.
- Eighteen percent (18%) (60 million) of the US adult population is affected with high blood pressure.

*(e) Heart Disease*

- In 1983, 11% of the gross National Product was spent on medical care and lost productivity related to cardiovascular disease.

*(f) Poor Nutrition*

- Diet and nutrition are related to 60% of all cancers in women, and over 40% in men.
- At least 20 million people in the US are thought to have high blood cholesterol levels, which increase risk for heart

and blood vessel disease.

(g) *Stress*

- In a recent survey, 90% of Army Officers at the Pentagon were Type A personalities (meaning they had difficulty in handling stress). Too much stress has been correlated with an increased risk of heart disease.

## 10. Marketing Emphasized

### Marketing: “Without it the Program Won’t FLY”:

The model marketing plan for the Installation/Community Health Promotion Program should include three basic components (see Marketing Module):

- Marketing
- Public Relations/Publicity
- Promotion/incentives

*a. Marketing Strategy Concepts.* Once the Health Promotion Council has been designated and is operational, a post marketing/advertising campaign should be discussed. Senior leaders within the community should be briefed on the program’s function, operation, and benefits for the purposes of soliciting command support. If possible, informational packets should be designed to meet the demographic and psychographic characteristics of different subsets of the population.

*b. Data Collection Suggestions.* Obtain as much information as possible on the target market to receive your program. In some cases, specific information will not be available and will require recommendations based on the experience of members of the Health Promotion Council. The following categories for data collection are suggested:

- (1) *Demographic Segmentation:* age, sex, marital status, education level, race, total number of troops, etc.
- (2) *Psychographic Segmentation:* health attitudes, health behaviors (number of smokers, number of arrests related to alcohol/drugs (DWI), number of soldiers on weight control program, unfit, etc.)
- (3) *Lifestyle Segmentation:* number of days in the field, command Information, training schedules, family activities, shopping patterns, etc.

*c. Public Relations/Publicity.* The Public Affairs Officer will be instrumental in disseminating information and promoting the Health Promotion programs on post. He/she can provide recommendation on:

- Media choice
- Vehicle choice
- Deadline restrictions
- Reach and frequency guidelines
- Consumer information sources
- Circulation rates

## 11. Evaluation/Reevaluation

*a. How Will I Know the Overall Results of the Program?*

- Commanders will receive an aggregate summary of data obtained in the Health Risk Appraisal process. This data will compare units to total installation measures of effectiveness. (Look below for example). Conduct community reassessments.
- Health Risk Appraisal Responses

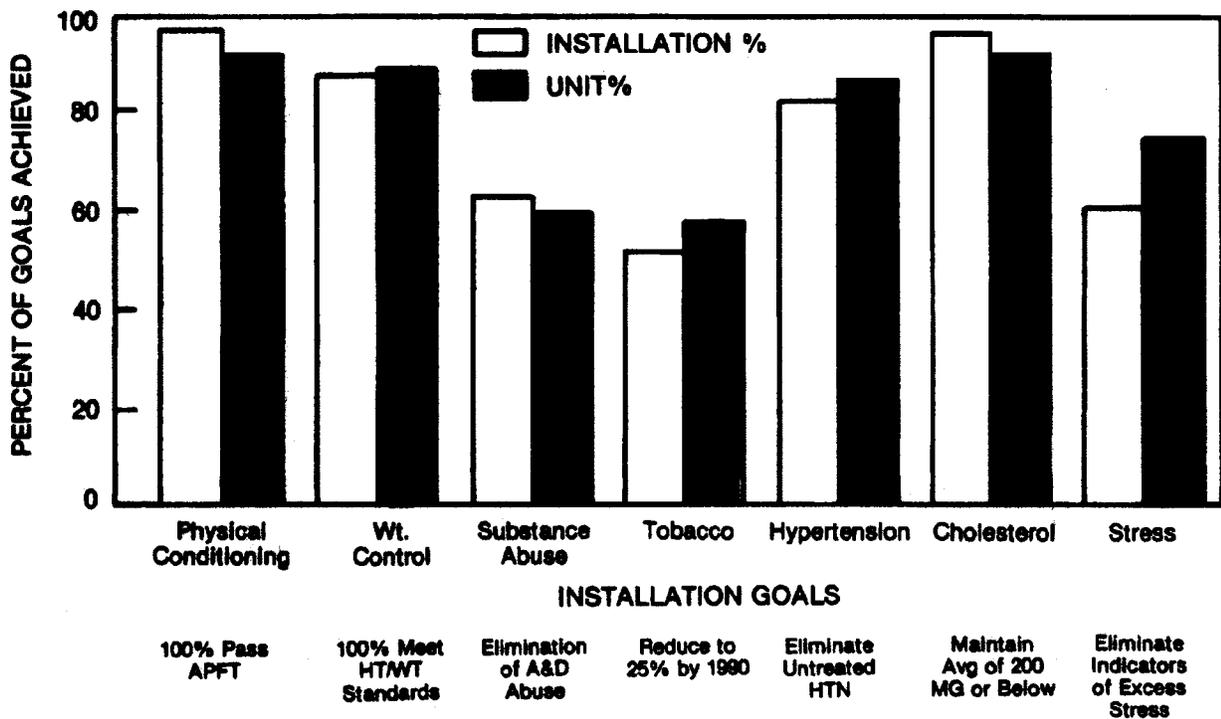


Figure 4. Health Risk Appraisal Responses

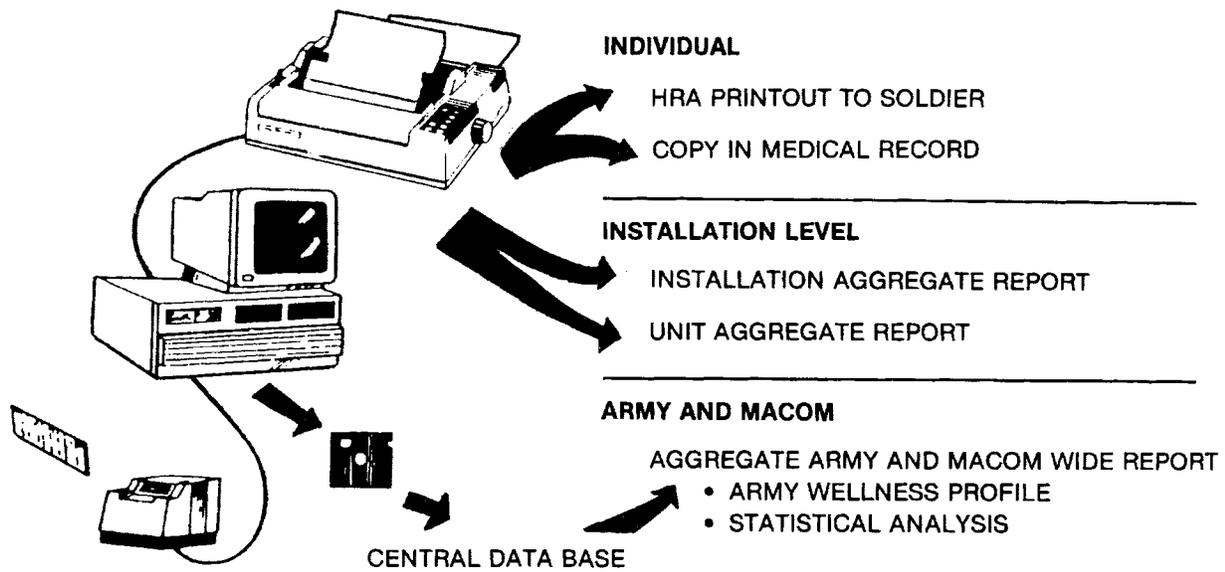


Figure 5. Data Management

*b. Who Is Responsible?*

- Installation Level
  - The installation commander is responsible for the total program.
  - It is the commanders responsibility at all levels to see that the Fit To Win program is implemented for Active Duty Soldiers, and Reserve components.
  - DPCA is responsible for DA civilians, dependents and retirees participating in the Fit To Win Program.
- MACOM
  - MACOM Commanders are responsible for Army Health Promotion reaching all installation commanders within their purview.
- DA Level
  - ODCSPER — is responsible for defining policy for health promotion.
  - OTSG — will provide maintenance of the DA level data base program in order to evaluate the health and readiness of the US Army.
- TRADOC schools will provide:
  - Common core of instruction (OBC, OAC, NCOES & PCC)
  - Health promotion training for master fitness trainers.
- Health Services Command responsibilities:
  - Implement instructions for AMEDD participants
  - Provide training packets for automated HRA
  - Health Promotion training for medics

*c. Commander's Role*

- 
- Involvement Critical
- 
- Works with Installation Health Promotion Council
- 
- Allocates Time and Resources as Required
- 
- Uses Measures of Effectiveness to Monitor Wellness of Soldiers
- 
- Obtains Individual Soldier Problems from Medical Personnel
- 
- Demonstrates Caring Leadership
- 
- Encourages Family Participation
-

## **Appendix A References**

### **Section I**

#### **Required Publications**

This section contains no entries.

### **Section II**

#### **Related Publications**

This section contains no entries.

### **Section III**

#### **Prescribed Forms**

This section contains no entries.

### **Section IV**

#### **Referenced Forms**

This section contains no entries.

## **Appendix A.1**

### **Installation Commander “How To” Model**

#### **A-1. Annex A: Installation Commander “How To” Model**

**Given:** AR 600-63 and DA Marketing Plan Resources (Training package modules, people, computers, card readers, software, HRA questionnaires, money etc.)

**Action: Establish**

Health Promotion council (who, what) ties together existing efforts under one umbrella

**Designate**

Program Coordinator

**Assess**

Demographics, Health Risk Factor Analysis

Knowledge, Attitudes and Practices

Identify Fit To Win Program resources

Identify Community Program resources

**Plan**

Formulate a masterplan (including Military, Civilians, Family members)

Allocation of personnel resources

Objectives

Develop Promotion/publicity plan

Develop Supplement to AR 600-63

**Implement**

IAW the “PROCESS”

**Evaluate**

Aggregate Data

Modifications/Actions

Quarterly Training Briefs (CG, ADCs)

#### **A-2. Title not used.**

Paragraph not used.

## **Appendix B**

### **Battalion Commander “How To” Model**

#### **B-1. Annex B: Battalion Commander “How To” Model**

**Given:** AR 600-63, Local Supplement to AR, Individual debrief for targeted Installation Masterplan (LOI) Resources  
Committee (BN Level HPC): CDR, S-1, S-3, PA, Chaplain, MFT, etc.

**Action:**

**Assess**

**Plan**

**Implement**

Battalion Soldier & Family Health

Promotion Day

- Group Debrief

- Individual debrief for targeted individuals and follow-up

Receive/evaluate aggregate data

Coordinate in-house & installation resources

Schedule BN wide Training (stress nutrition, antitobacco use, etc.)

PA/Medics screen records (ID — Indiv. — Get to training)

**Evaluate**

Modify program accordingly

#### **B-2. Title not used.**

Paragraph not used.

## **Appendix C**

### **Sample: Unit Training Plan for the Year**

#### **C-1. Annex C: Sample — Unit Training Plan for the Year**

##### **Month 0**

- 2 — Fitness Questionnaire Administered
- 4 — Planning Meeting – questionnaire results compiled
- 11 — Fitness Week Planning Meeting
- 18 — Final Verification of Fitness Week

##### **Month (1)**

- Total Fitness
- 2-6 — Fitness Week
- 26 — Monthly Meeting (quarterly indicator due)

##### **Month (2)**

- Sound Nutrition Emphasis
- 23 — Monthly Meeting

##### **Month (3)**

- Stress Management Emphasis
- 28 — Monthly Meeting

##### **Month (4)**

- Water Safety Emphasis
- 25 — Monthly Meeting (quarterly indicator due)
- 26 — Unit Volksmarch

##### **Month (5)**

- Communications Skills
- 23 — Monthly Meeting

##### **Month (6)**

- Tobacco Cessation
- 27 — Monthly Meeting

##### **Month (7)**

- Health Risk/Self Care
- 10-11 — Newcomers Total Fitness Emphasis
- 11 — Unit Skate
- 24 — Monthly Meeting (quarterly indicator due)

##### **Month (8)**

- Weight Lifting
- 22 — Monthly Meeting

##### **Month (9)**

- The Family
- 26 — Monthly Meeting

##### **Month (10)**

- Home Safety
- 16 — Unit Christmas Party
- 17 — Monthly Meeting (quarterly indicator due)

##### **Month (11)**

- Dental Readiness
- 28 — Monthly Meeting

##### **Month (12)**

- Drug and Alcohol
- 25 — Monthly Meeting

This sample does not work around a unit training calendar but simply sets up the desired pattern. This is then adjusted to coordinate with unit training seeking to sacrifice as little as possible by creatively making it a part of training.

#### **C-2. Title not used.**

Paragraph not used.

## Appendix D Contracting Guidelines

### D-1. Annex D: Contracting Guidelines

1. This section provides assistance for determining whether contract services, should be procured for the local Health Promotion Program, and if so, guidelines are provided to initiate this action. Elements of this discussion include contracting considerations, contracting procedures, and qualifications of appropriate contractor and staff. Suggestions are guidelines only and are not to be misconstrued as absolute requirements.

2. The following information will provide assistance for determining whether contracted services should be considered. *The Installation Contracting Branch* will be able to provide additional assistance in making this determination.

a. Generally, if the services can be provided more economically from a commercial source than from Government sources, Army regulations require that those services be contracted. The Installation Contracting Officer will provide assistance in accordance with the Federal Acquisitions Regulation (FAR) and The Defense Federal Acquisitions Regulations (DFAR).

b. Examples of indications for contracting include:

- (1) Lack of qualified Government personnel.
- (2) Lack of Government facilities and equipment.
- (3) Desired state-of-the-art knowledge to run a service or project on the installation.
- (4) The desired program may be only short-term.
- (5) Dollar resources are available for contracting purposes.

3. The contracting process is a complex and time consuming effort. Early involvement of procurement and legal personnel will help to prevent major problems and delays. Be prepared to modify the project requirements if potential bidders are unable to meet them or if the expense is too great.

4. Consider the following guidelines when initiating the contracting process:

a. An Installation Fit To Win Program Coordinator should be:

(1) appointed by the Installation Commander, normally from Government assets, assigned with the responsibility for program development and execution.

(2) It is important to establish the Program Coordinator in the job to insure continuity and stability.

b. Establish the Health Promotion Council and determine the organization's needs.

c. Based on identified needs, formulate program objectives. To insure maximum benefit, objectives should determine the program design.

d. Determine available resources. Coordination should occur between the Installation Fit To Win Program Coordinator, the HPC & installation commander, local procurement office, medical personnel, and legal office for assistance and guidance on what services can and should be contracted.

e. Contact installation procurement personnel for assistance in the preparation of required documentation (the Statement of Work). Insure that contractor selection criteria are realistic, can be defended, and will allow the selection of the best bid. Cost is critical, however, it should not be the only selection criterion. While not always desirable, a single contract that includes all the program requirements is the easiest to administer and coordinate.

5. Contractor qualifications and demonstrated ability will have a direct impact on the program's success. A desirable contractor will have demonstrated experience in program development and management of health/fitness programs. The contractor's staff qualifications should include:

a. Contracted Program Coordinator: The individual in charge of the contractor's effort should be educated in the health/fitness field and management experience, preferably a Masters degree. A strong working relationship between Installation Fit To Win Program Coordinator and the HPC is vital to insure the program is executed effectively.

b. Minimally, the contractor's staff should be experienced in adult fitness and possess degrees in the health/fitness area. Preferably, the staff will possess or be working toward graduate level degrees.

c. The contractor's staff should project a fit and healthy image.

d. The personnel conducting training in areas like nutrition should possess a degree or necessary certification as required by that profession, e.g. staff members conducting individual dietary counseling should be registered dietitians; appropriately credentialed health care professionals should be conducting stress management counseling, medical treatment and interventions for high risk participants.

e. For safety purposes, the entire staff must be certified in Basic Cardiac Life Support (BCLS).

6. It is essential for a good working relationship with the contractor that techniques are generated to improve loyalty.

The benefits of using strategies may decrease turnover, reduce contractual problems and increase commitment to the success of the program. The step by step process may include:

*a.* Determine roles of paid employees and contract staff based upon goals of the program and assessment of resources available.

*b.* Evaluate nature and content of contractual relationship(s).

*c.* Orientation and initial training of contracted staff.

*d.* Plan continuing education, certification program, etc.

*e.* Maintain high level of personal contact.

*f.* Use variety of special benefits.

*g.* Monitor turnover rates and degree of satisfaction among contracted staff.

7. Advice for implementing this idea.

*a.* Define a staffing pattern which is consistent with the program's mission and assessment of resources available.

*b.* Clearly define expectations of contracted staff.

*c.* Reorganize time commitment necessary to maintain contract and supervision with contracted staff.

**SAMPLE**

<b>AWARD/CONTRACT</b>		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 390) <input type="checkbox"/>	RATING <b>DO-S1</b>	PAGE <b>1</b> OF PAGES <b>54</b>	
2. CONTRACT (Proc. Inst. Ident.) NO. <b>DAMD17-85-C-5090</b>		3. EFFECTIVE DATE <b>1 January 1988</b>	4. REQUISITION/PURCHASE REQUEST/PROJECT NO. <b>W74RYX-4165-1002</b>		
5. ISSUED BY <b>US Army Medical Research Acquisition Activity ATTN: SGRD-RMA-IS FT Detrick, Frederick, MD 21701</b>		6. ADMINISTERED BY (If other than Item 5) <b>"DUPLICATE ORIGINAL"</b>			
7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, country, State and ZIP Code) <b>The University 4400 Washington Avenue, N.W. Washington, D.C. 20016</b>		8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input type="checkbox"/> OTHER (See below)			
		9. DISCOUNT FOR PROMPT PAYMENT <b>Net 30 Days</b>			
CODE		FACILITY CODE		10. SUBMIT INVOICES (3 copies unless otherwise specified) TO THE ADDRESS SHOWN IN: <input type="checkbox"/> ITEM <b>See Block 5</b>	
11. SHIP TO/MARK FOR <b>See Section "F"</b>		12. PAYMENT WILL BE MADE BY <b>Finance and Accounting Office Bldg 719 Ft Detrick, Frederick, MD 21701</b>			
13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 USC 2304(a) ( ) <input type="checkbox"/> 41 USC 253(a) ( )		14. ACCOUNTING AND APPROPRIATION DATA <b>2152020 06-8051 P847714.90020-2572 TH25 85100 S18064</b>			
15A. ITEM NO.	15B. SUPPLIES/SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	
1.	<b>PROJECT TITLE: "Fit To Win" Program</b>				
2.	<b>TERM OF CONTRACT: 1 January 1988 — 31 January 1989</b>				
3.	<b>TYPE OF CONTRACT: COST REIMBURSEMENT \$20,000,000</b>				
15G. TOTAL AMOUNT OF CONTRACT <b>\$</b>					
<b>16. TABLE OF CONTENTS</b>					
( <input checked="" type="checkbox"/> ) SEC.	DESCRIPTION	PAGE(S)	( <input checked="" type="checkbox"/> ) SEC.	DESCRIPTION	PAGE(S)
<b>PART I - THE SCHEDULE</b>			<b>PART II - CONTRACT CLAUSES</b>		
<input checked="" type="checkbox"/> A	SOLICITATION/CONTRACT FORM	1-4	<input type="checkbox"/> I	CONTRACT CLAUSES	29-33
<input checked="" type="checkbox"/> B	SUPPLIES OR SERVICES AND PRICES/COSTS	4	<b>PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.</b>		
<input checked="" type="checkbox"/> C	DESCRIPTION/SPECS./WORK STATEMENT	4-9	<input type="checkbox"/> J	LIST OF ATTACHMENTS	34-35
<input checked="" type="checkbox"/> D	PACKAGING AND MARKING	10	<b>PART IV - REPRESENTATIONS AND INSTRUCTIONS</b>		
<input checked="" type="checkbox"/> E	INSPECTION AND ACCEPTANCE	10-11	<input type="checkbox"/> K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	36-46
<input checked="" type="checkbox"/> F	DELIVERIES OR PERFORMANCE	11-17	<input type="checkbox"/> L	INSTRS., CONDS., AND NOTICES TO OFFERORS	47-53
<input checked="" type="checkbox"/> G	CONTRACT ADMINISTRATION DATA	18-23	<input type="checkbox"/> M	EVALUATION FACTORS FOR AWARD	54
<input checked="" type="checkbox"/> H	SPECIAL CONTRACT REQUIREMENTS	24-28			
<b>CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE</b>					
17. <input type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return <u>  </u> Orig & <u>  2  </u> copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)			18. <input type="checkbox"/> AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number _____ including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.		
19A. NAME AND TITLE OF SIGNER (Type or print) <b>John L. Doe Director, Office of Contracts</b>			20A. NAME OF CONTRACTING OFFICER <b>James L. Jones Contracting Officer</b>		
19B. NAME OF CONTRACTOR <b>BY _____</b> (Signature of person authorized to sign)		19C. DATE SIGNED	20B. UNITED STATES OF AMERICA <b>BY _____</b> (Signature of Contracting Officer)		20C. DATE SIGNED

Figure 6. Sample Completed Form

## D-2. Sample

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Doc. No. Page 1 of 54 pages  
DAMD17-84-R-0097

### Section "A"

#### Description/Specifications/Work Statement

---

##### C.1 *Description of Proposed Procurement.*

Proposed procurement is for services to be rendered in accomplishment of a health promotion program to be offered to members of the post community over a 6 month period. Several components will be required; an assessment of the current state of fitness of the population including physical measures, an education program and several training programs. Follow-up reports of these fitness related activities will be required.

## D-3. Sample

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Doc. No. Pages 2 - 5 of 54 pages  
DAMD17-84-R-0097

### Work Statement

---

1. *Title.* "FIT TO WIN" Health Fitness Activity.

2. *Background.* The Installation Health Promotion Council has been tasked by the installation commander to conduct a comprehensive health fitness activity, FIT TO WIN Program, for the post community. The FIT TO WIN Program contains modules which are designed to meet the needs of Army installations (posts, camps and stations) which range in size from 200 soldiers and DA civilians to more than 30,000. This cohort of participants will require the services of a contractor for assessment of their state of fitness, for education, motivation and instruction in areas of fitness, for follow-up and for the generation of reports of the results of the interaction. The areas of fitness will include physical conditioning, weight control, proper nutrition, discontinuation of substance abuse, stress modification and reduction of hypertension and dental fitness.

##### 3. *Technical Objectives.*

a. The major objective of this work is to provide a comprehensive, individualized health promotion program to a large military-civilian population in order to improve the combat readiness and overall health of the participants. The program will provide a health risk assessment and health education regarding the risk factors revealed in the assessment. Referrals in the areas of physical conditioning, weight control, nutrition counseling, smoking cessation, hypertension reduction and prevention of substance abuse will be made for educational programs. Results of all assessments must be rendered to the individual and the sponsoring agency in a timely manner.

b. Individual exercise programs must then be prescribed and professionally prepared personnel must be provided by the contractor to educate, motivate and train each individual in the areas of aerobic conditioning and strength development. The contractor shall develop and provide a program of instruction for the educational, motivational and training program that is consistent with the maximum participation of each individual and a maximum improvement in total fitness, especially cardiovascular fitness. This plan must be consistent with valid research principles and reliable training practices.

c. The period of physical training must include a professionally prepared instructor for 25 individuals.

d. The contractor's staff shall also be responsible for developing and providing programs of instruction consistent with state of the art programs for selected education classes in nutrition, weight control, smoking cessation and stress management.

e. All programs are to be integrated with concurrent assessment/training programs being implemented by the Army. A comprehensive final report must be generated detailing the progress, compliance and effectiveness of the program for each individual and for the group as a whole.

#### 4. *Scope of Work.*

a. Purpose: The overall purpose of this program is to implement a standardized health fitness activity for the post community in accordance with HQDA guidance as outlined in the FIT TO WIN package. The contractor will be involved with military and civilian members of the population. The contractor will provide the physical assessment and physical conditioning aspects and will assist in the other educational classes as defined throughout the course of the program.

b. Tasks listed below will be accomplished in a timely fashion and with the utmost professionalism. The Health Promotion Council will provide appropriate guidance and overview for the FIT TO WIN program.

c. Task related reports must be prepared and submitted in a timely fashion.

*Task 1:* Physiologic data collection of approximately 50-100 individuals, male and female, each month.

The physiologic data collection for civilians will be held for 3 hours during the morning on two nonconsecutive days during the first week of every month and will consist of the following:

- (1) resting blood pressure and pulse rate
- (2) height and weight
- (3) completion of health history/lifestyle questionnaire

*Task 2:* Performing fingerstick cholesterol levels on approximately 50-100 civilians per month.

- (1) Coordination of scheduling
- (2) Provision of a qualified technician and materials to provide 50-100 blood specimens from approximately 50-100 civilian participants per month on 2 nonconsecutive week days of the first week of each month.

*Task 3:* Interventions

- (1) Physical conditioning program:

(a) Two one hour long physical conditioning classes will be held from 0600-0700 and from 1530-1630 on Mondays, Wednesdays and Fridays. Additionally, a strength training program will be offered on alternate days (Tuesday and Thursday) for one hour (0600-0700 and 1600-1700) in the installation training facility.

(b) Trained personnel must be provided to educate, motivate and train Individuals for each class. The contractor shall develop and provide a program of instruction that is consistent with the Army guidelines on physical training as documented in FM 21-20, AR 350-15 and AR 350-18. Attendance data, exercise data (i.e. exercise heart rate, duration, etc.) will be monitored and frequent progress reports will be given to program participants.

(c) Trained fitness staff members provided by the contractor must be present at each physical conditioning session on Monday, Wednesday and Friday 0545-0715. One trainer will be provided by the contractor Tuesday and Thursday 0545-0615 and 1545-1715. These people will be responsible for setting up special equipment, supervising sessions, maintaining attendance records and training records. All contract physical conditioning and physical assessment staff members must possess current Basic Cardiac Life Support certification. Preparation time will be required for aerobic dance instructors (taping music, learning new routines, etc.)

- (2) Dietary Intervention:

(a) The contractor will provide a registered dietitian to conduct these classes which will be held two times each week, one hour per session. The dietitian provided must be available for an additional six hours each week for counselling and follow-up. Preparation time for coordination with the Army Nutrition staff officer will be necessary.

- (3) Stress Management Intervention:

(a) The contractor will provide a certified, trained professional to conduct stress management classes which will be held two times each week, one hour per session. The instructor provided must be available for an additional six hours each week for counselling and follow-up. Preparation time for coordination with the HPC and program coordinator will be necessary.

(4) Smoking Cessation Intervention:

(a) The contractor will provide a trained professional to conduct these classes which will be held two times each week, one hour per session. Preparation time for coordination with the HPC and program coordinator will be necessary. The instructor must have completed a specific training program necessary to conduct smoking cessation clinics (i.e. American Lung Association's, "Freedom From Smoking" or American Cancer Society's, "Fresh Start Program").

*Additional Information.*

a. The contractor will be responsible for exercising proper supervision over the activities of his personnel. One member of the contractor's team will be designated the contractor's on-site supervisor and will have responsibility for supervision of all contractor personnel. This on-site supervision will be responsible to the Army Fit To Win Program Coordinator, and active duty Army officer designated by the Installation/Community Commander.

b. A 6 month contract is anticipated. The total term of the contract shall not exceed 6 months. Funding will be initially provided for a six month period; thereafter, funding will be provided incrementally. The Government does reserve the right, without waiving any of its other rights, to terminate as set out herein and to terminate and/or renegotiate the contract at the end of each yearly funding period. All project funding will be subject to contractor performance, submission of satisfactory technical reports, technical requirements and the availability of funds.

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