

DEPARTMENT OF THE NAVY
Office of the Chief of Naval Operations
Washington, DC 20350-2000

OPNAVINST 6100.2
Pers-60
25 February 1992

OPNAV INSTRUCTION 6100.2

From: Chief of Naval Operations
To: All Ships and Stations (less Marine Corps field addressees not having Navy personnel attached)

Subj: HEALTH PROMOTION PROGRAM

Ref: (a) DOD Directive 1010.10 of 11 Mar 86 (NOTAL)
(b) SECNAVINST 6100.5
(c) OPNAVINST 5350.4B
(d) OPNAVINST 6110.1D
(e) SECNAVINST 5100.13A
(f) NAVMEDCOMINST 6120.4 (NOTAL)
(g) OPNAVINST 5100.23B
(h) OPNAVINST 5102.1C
(i) OPNAVINST 1500.22D
(j) BUMEDINST 6110.6 (NOTAL)
(k) OPNAVINST 3120.32B
(l) NAVMEDCOMINST 6440.2 (NOTAL)
(m) MILPERSMAN 4210100
(n) NAVSUPINST 4061.11F (NOTAL)

Encl: (1) Program Action and Responsibilities
(2) Glossary

1. Purpose. To establish a comprehensive U.S. Navy Health Promotion Program that encourages healthy lifestyles and increases organizational and individual readiness as required by references (a) and (b).

2. Background

a. Health Promotion is one of the elements of the Personal Excellence Program. As described in reference (b), the Navy and its personnel have a joint responsibility to maintain an optimal state of health and well-being. It is estimated that 50 percent of all deaths and illnesses in the United States relate

directly to unhealthy lifestyle habits, primarily poor diet, lack of exercise, alcohol abuse, smoking, and unmanaged stress. Additional compromises to health and productivity result from undiagnosed or inadequately controlled hypertension (high blood pressure) and low back injuries. When applied, health promotion principles foster physical and emotional well being. Positive lifestyle and behavioral changes can result in better health, an enhanced quality of life, and improved combat readiness of the Navy.

b. The Health Promotion Program is a combination of health education and related organizational, social, economic, and health care interventions designed to improve or protect health. Operationally, health promotion includes seven elements: physical fitness and sports; tobacco use prevention and cessation; nutrition education and weight/fat control; alcohol and drug abuse prevention and control; back injury prevention; early identification and control of hypertension; and stress management.

c. The Surgeon General of the United States has identified smoking as the single most important preventable cause of death in our society (one of every six deaths in the United States). The use of oral tobacco causes oral cancer and gum disease. Tobacco use in any form is addictive. Chief of Naval Operations (CNO) and the Surgeon General of the Navy have determined that environmental tobacco smoke (ETS) (second hand/passive smoke) presents a health hazard in common/shared work and berthing areas. ETS is a major source of indoor air pollution and causes lung cancer, respiratory illness, and cardiovascular disease in non-smokers. It is technically and economically impractical to eliminate ETS through ventilation.

3. Applicability and Scope

a. This instruction applies to all Navy personnel, active, reserve, and civilian.



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b. This instruction does not override provisions of existing civilian collective bargaining agreements until their expiration. Prior to implementing this policy for civilian employees, activities must, where applicable, discharge their labor relations obligations. Assistance and guidance may be obtained from regional offices of the Office of Civilian Personnel Management.

c. The policy provisions of subparagraphs 4c(1) through (6) and action items of subparagraph 13f in enclosure (1) are not intended by this instruction to be punitive. Individual commands may, at their discretion, establish these provisions to be punitive in their implementation of this instruction.

4. Policy. It is the Navy's policy that Navy components shall not participate with manufacturers or distributors of alcohol or tobacco products in promotional programs, activities, or contests aimed primarily at Navy personnel. That policy does not prevent accepting support from these manufacturers or distributors for worthwhile programs benefiting Navy personnel when no advertised cooperation between the Navy and the manufacturer or distributor directly or indirectly identifying an alcohol or tobacco product with the program is required. Nor does it prevent the participation of Navy personnel in programs, activities, or contests approved by the manufacturers or distributors of such products when that participation is incidental to general public participation. The Navy is committed to ensuring readiness, maximizing individual performance, and reducing medical problems to personnel and resulting expenses by adopting programs that encourage healthy lifestyles. Navy policy for each element of the Health Promotion Program is as follows:

a. Alcohol and Drug Abuse Prevention and Control. It is the Navy's policy to provide programs and initiatives that prevent substance abuse and addiction, address early intervention, and provide drug and alcohol rehabilitation to

break the cycle of addiction. Reference (c) applies.

b. Physical Fitness and Sports. It is the Navy's policy to provide opportunities and incentives to establish healthy and active lifestyles in order to achieve and maintain physical fitness and body composition standards. Reference (d) applies.

c. Tobacco Use Prevention and Cessation. It is the Navy's policy to create an environment that supports abstinence and discourages the use of tobacco products, to create a healthy working environment, and to provide smokers with encouragement and professional assistance to stop smoking. The objective is to establish appropriate environmental protective measures to ensure a safe, healthy, unpolluted work and living environment. The Navy does not prohibit tobacco use, but employs a positive educational and awareness approach that is designed to provide the least disruption while improving the state of health and military readiness. Where conflicts arise between the rights of smokers and rights of the nonsmokers, those of the nonsmokers shall prevail. Reference (e) applies. Further, it is the Navy's policy that:

(1) Smoking shall be permitted only to the extent that it does not endanger life or property, or risk impairing nonsmokers' health. Smokers do not have the right to expose others to tobacco smoke.

(2) Smoking is restricted to designated areas as outlined in paragraphs 13f(2), (3), (4), and (5) of enclosure (1), except aboard submarines. Submarine commanders shall follow the guidance outlined in paragraph 13f(6) of enclosure (1).

(3) Staff, instructors, and visitors shall not use tobacco while in the presence of recruits, students, midshipmen, officer candidates, or trainees at initial entry and training points.

(4) Smoking is prohibited on aircraft flights of less than 6 hours. On aircraft flights of longer than 6 hours duration, the aircraft commander may permit smoking if not in violation of type command or squadron/wing policy. Additional restrictions may be implemented at the discretion of the type commanders or individual squadron/wing commanding officers.

(5) The sale of tobacco products is prohibited at all medical and dental treatment facilities.

(6) The use of tobacco products is prohibited in all government owned or operated vehicles.

d. Nutrition Education and Weight/Fat Control. It is the Navy's policy that comprehensive weight/fat control and nutrition education programs be developed and implemented to achieve and maintain an optimal level of nutritional health and body composition for all Navy personnel. References (d) and (f) apply.

e. Stress Management and Suicide Prevention. It is the Navy's policy to assist its personnel in developing adaptive and coping skills to better deal with stress. Reference (b) applies.

f. Hypertension Screening, Education, and Control. It is the Navy's policy to provide all personnel with programs for early hypertension identification, information on factors influencing blood pressure (e.g., diet, exercise, and medications), and treatment referral, where indicated. Reference (f) provides guidance.

g. Back Injury Prevention. It is the Navy's policy to provide all personnel with education and training programs to reduce the incidence of back pain and associated injuries. These programs shall assist Navy personnel in establishing and maintaining proper posture, body mechanics, lifting skills, and a safe work environment. References (g) and (h) apply.

5. Action. Commanders, commanding officers, and officers in charge shall establish and maintain an effective health promotion program per enclosure (1). A glossary of terms is provided at enclosure (2).

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PROGRAM ACTION AND RESPONSIBILITIES

1. Deputy Chief of Naval Operations (Manpower, Personnel, and Training) (OP-01), the program sponsor, shall provide Navy Health Promotion Program policy and provide interface with the Department of Defense and other cognizant agencies.

2. Chief of Naval Personnel (CHNAVPERS) shall implement and coordinate the Navy Health Promotion Program (reference (b)).

3. Assistant for Civilian Personnel and EEO (OP-01C) shall:

a. Ensure that civilian employee needs are met with respect to maintaining and improving health and quality of life, and that civilians are provided the opportunity to fully participate in all Navy Health Promotion Programs.

b. Respond to civilian employee inquiries and provide advice and guidance with respect to civilian personnel policy and issues in relationship to the Navy Health Promotion Program.

4. Assistant Chief of Naval Personnel, Personal Readiness and Community Support (Pers-6) shall:

a. Develop program policy in each of the program elements.

b. Coordinate the implementation of Naval Health Promotion training with Total Force Training and Education Policy Division (OP-11) and the Chief of Naval Education and Training (CNET).

c. Include Health Promotion Program curricula in all Command Indoctrination and Navy Leader Development programs.

d. Integrate the activities of medical, military personnel, civilian personnel, training, supply, safety, public affairs, and research in support of the Health Promotion Program.

e. Provide guidance to all activities regarding implementation of Health Promotion Program policy and plans.

f. Develop education and training programs and material.

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- g. Develop and implement publicity/marketing programs and plans.
- h. Develop and implement program evaluation and effectiveness plans.
- i. Provide guidance to all activities regarding the Navy's Drug and Alcohol Program policies and procedures.
- j. Develop and manage drug and alcohol education and training programs.
- k. Manage the Alcohol and Drug Management Information Tracking System (ADMITS).
- l. Provide guidance to Family Service Centers on the provision of educational material, assistance, and referral information to personnel who desire to stop using tobacco and alcohol products.
- m. Provide guidance to the Family Service Centers on their role, in cooperation with the local Medical Treatment Facilities and Chaplains, as a primary resource to assist local commands in developing command stress management and suicide prevention programs.
- n. Provide guidance to Family Service Centers on their appropriate assistance role to commands in sponsoring health fairs.

5. Director of Religious Ministries/Chief of Chaplains of the Navy (OP-097) shall:

- a. Provide advice and assistance regarding Chaplain and Command Religious Program involvement in support of stress management and suicide prevention programs.
- b. In coordination with Personal Excellence and Partnerships Division (Pers-60), develop, implement, and maintain training programs for Command Religious Program personnel to enhance their knowledge of stress management, suicide prevention, crisis debriefing, and counseling of personnel and their families with regard to stress management and suicide prevention.

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c. Ensure that Command Religious Program personnel, in cooperation with the local Medical Treatment Facilities and Family Service Centers, are a primary resource to assist local commands in developing command stress management and suicide prevention programs.

6. Total Force Training and Education Policy Division (OP-11) shall ensure elements from the Health Promotion Program are included in General Military Training (GMT). Reference (i) applies.

7. Chief of Naval Education and Training (CNET) shall:

a. Provide training in Health Promotion Program elements to enlisted members as part of Phase I and Phase II of General Military Training (GMT). Reference (i) applies.

b. Provide training on the Navy's Health Promotion Program to all officer candidates, Reserve Officers Training Corps (ROTC) midshipmen, and officers in pre-fleet assignment or entry programs in relation to personal health and leadership responsibilities.

c. Prohibit the use of tobacco products by staff, instructors, and visitors while in the presence of students at all initial entry and training points.

8. The Naval Inspector General (NAVINSGEN) is responsible for the Naval Command Inspection Program. In this capacity the NAVINSGEN shall:

a. Review second echelon health promotion programs to ensure program implementation and policy compliance.

b. With assistance from CHNAVPERS (Pers-6) develop/update a standardized inspection protocol for health promotion programs.

9. Superintendent, U.S. Naval Academy (USNA) shall:

a. Provide Health Promotion Program training to all Naval Academy Midshipmen in relation to personal health and leadership responsibilities.

b. Ensure that suicide prevention training is a part of stress management training for all Naval Academy Midshipmen.

10. Chief of Information (CHINFO) shall ensure health promotion information is frequently included in Navy internal media.

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11. Chief, Bureau of Medicine and Surgery (CHBUMED) shall:

a. Provide technical assistance, and morbidity and mortality data to CHNAVPERs (Pers-6) in support of the medical aspects of the Health Promotion Program.

b. Ensure that a Health Promotion Program Officer is appointed at each Medical Treatment Facility. The Health Promotion Program Officer shall coordinate a systemic approach to health promotion with assistance from a medical department advisory group composed of personnel with expertise in each of the health promotion program elements. This group will assist with local commands in developing, implementing, and promoting Health Promotion Programs. The objective is to provide an integrated program which addresses health promotion as a single program rather than separate elements.

c. As resources permit, provide technical assistance and professional expertise to ashore/afloat, non-medical commands regarding General Military Training requirements of the Health Promotion Program. Reference (j) applies.

d. Assist local commands in sponsoring health fairs.

e. Serve as a major source of support for the Health Promotion Program at all echelon levels, providing specific support for each program element listed below:

(1) Physical Fitness and Sports

(a) Collect Physical Readiness Test related morbidity and mortality data, analyze data and provide pertinent recommendations to policy makers.

(b) Provide technical assistance with the implementation and evaluation of the Physical Readiness Program.

(c) Conduct research in appropriate physical readiness areas.

(d) Conduct physical exams in support of the Physical Readiness Program per reference (d).

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(2) Tobacco Use Prevention and Cessation

(a) Inquire about each patient's tobacco use during routine physical and dental examinations and advise tobacco users of the risks associated with tobacco use, the benefits of stopping, and where to obtain assistance.

(b) Advise all pregnant tobacco users of the health risks to the fetus and where to obtain assistance to stop smoking.

(c) Conduct tobacco use cessation programs on an ongoing basis at all medical treatment facilities. Coordinate these programs with those of Family Service Centers to effect maximum availability for Navy personnel and family members.

(3) Nutrition Education and Weight/Fat Control

(a) Recommend that medical department personnel follow the National Heart, Lung, and Blood Institute's cholesterol treatment recommendations.

(b) Recommend that medical department personnel follow nationally recognized cholesterol measurement procedures issued by the National Committee for Clinical Laboratory Standards and conduct cholesterol testing of all active duty personnel beginning at age 25 and thereafter per guidance under reference (f).

(c) Develop effective methodologies to evaluate the incidence of high cholesterol and the magnitude of problems associated with high cholesterol levels among active duty Navy and Marine Corps personnel.

(d) Assist ashore/afloat non-medical commands with technical assistance and guidance for those members not in compliance with body fat standards per references (d) and (j).

(4) Alcohol and Drug Abuse Prevention and Control.
Responsibilities are detailed in reference (c).

(5) Back Injury Prevention

(a) Assist commands ashore and afloat with education, training, and work site assessments associated with back pain complaints and injuries.

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(b) Ensure compliance with the medical examination, treatment, monitoring, and reporting requirements of references (g), (h), and (k), regarding back pain complaints and injuries.

(6) Hypertension Screening, Education, and Control

(a) Recommend that medical department personnel follow the classification and treatment guidelines of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure.

(b) Initiate and evaluate a blood pressure screening and referral program for active duty personnel and ensure voluntary mass screening is available for civilian personnel through health fairs.

(c) Develop effective methodologies to evaluate the incidence of hypertension and the magnitude of problems associated with hypertension among active duty personnel.

(7) Stress Management and Suicide Prevention

(a) In coordination with Pers-60, develop, implement, and maintain a training program for Navy medical department personnel and other professionals to enhance their capacity to recognize, diagnose, counsel, and otherwise treat or refer for assistance all personnel who demonstrate symptoms of unmanaged stress. The training component shall include crisis debriefing as part of required Mobile Medical Augmentation Readiness Team (MMART) training for the Special Psychiatric Rapid Intervention Team (SPRINT) (reference (1)). The training shall focus on structured intervention for survivors/rescuers involved in incidents likely to produce traumatic stress (e.g., fire with loss of life/injury, suicide of shipmate, body handling duty, hostile attack, rape, etc.).

(b) Ensure that Medical Treatment Facilities, in cooperation with Family Service Centers and Chaplains, are a primary resource to assist local commands in developing command stress management/suicide prevention programs and providing suicide awareness training and crisis debriefing (including Department of Defense Dependent Schools (DODDS) on Navy installations in cases of sudden student death, suicide, or acts of terrorism as well as chronic stress caused by shift work or other stressors of Navy life).

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(c) Provide medical guidance in the development of Navy-wide stress management programs to include education and training curricula.

(d) Provide casualty reports to CHNAVPERS (Pers-66) on all suicides and suicide attempts under reference (m).

(e) Include in medical treatment facility Disaster Preparedness Plans effective protocols to treat psychological trauma associated with the full continuum of disaster.

12. Commander, Naval Safety Center (COMNAVSAFCEN) shall interface and exchange mishap data with CHNAVPERS (Pers-6) for the purpose of program evaluation and assessment.

13. Echelon 2 Commanders, Unit Commanders, Commanding Officers, and Officers in Charge shall:

a. Aggressively support the Health Promotion Program through personal example and active participation in command directed activities that promote healthy lifestyle choices (e.g., meeting Navy PRT and percent body fat standards, sponsoring tobacco use prevention/cessation training, etc.).

b. Whenever possible, sponsor and/or participate in local community activities that enhance and encourage physical fitness (especially youth-oriented activities) in support of Navy Personal Excellence Partnership Programs.

c. Assign health promotion responsibilities to the Command Fitness Coordinators and provide training to assist them in their duties.

d. Ensure command orientation programs include information on where to obtain Health Promotion Program assistance and resources.

e. Promote a smoke-free social environment by the following actions:

(1) Set personal example through leadership at all levels of command in implementation and adherence to the tobacco use policy established by this instruction.

(2) Encourage tobacco users to stop and non-users to refrain from starting.

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(3) Incorporate information regarding risks of nicotine addiction into all alcohol and drug abuse education programs.

(4) Provide General Military Training (GMT) for all personnel on the health risks of tobacco use, and the availability of assistance for tobacco use cessation.

f. Promote a smoke-free work environment by establishing designated smoking areas for all Navy facilities and occupied spaces. The following provides guidance for implementing tobacco use policy:

(1) Issue a written tobacco use policy which includes a list of designated smoking areas and restricts tobacco use to designated areas only.

(2) Make every attempt to eliminate smoking indoors, thereby eliminating the health hazard of environmental tobacco smoke. Use outside areas of buildings or ships as preferred smoking locations for those who choose to smoke.

(3) Preclude any work or berthing space, routinely shared by smokers and non-smokers (common/shared space), from designation/use as a smoking area.

(4) Ensure smoking is permitted only in designated smoking areas. Areas which may be considered as designated smoking areas include: lavatories (when the commanding officer determines that there are adequate facilities to accommodate both the non-smoker and the smoker); lounge areas, only when not shared by non-smokers and other lounges are available to non-smokers; private offices or offices used only by smokers which do not require frequent access by non-smokers; private berthing areas; designated areas in dining facilities; or other areas not commonly shared by non-smokers. Designated smoking areas shall have adequate space and ventilation and shall not be on a common return air ventilation system (air should exhaust outdoors). Signs with the words "**DESIGNATED SMOKING AREA**" shall be prominently posted at all specified smoking areas.

(5) Exclude the following as smoking areas: conference rooms, classrooms, libraries, auditoriums, elevators, hallways, gymnasiums, child care and youth activity centers, indoor swimming pools, fitness centers, indoor common work areas, eating facilities without adequate space and/or ventilation to maintain a separate healthy environment for non-smokers, and common berthing areas.

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(6) Control smoking aboard submarines per guidance provided in NAVSEA S9510-AB-ATM-010/(U) (NOTAL). The commanding officer may designate smoking areas when, in his judgment, ventilation and space are adequate to provide a healthy environment for all crew and passengers.

(7) Make tobacco use cessation programs available on an ongoing basis through Medical Treatment Facilities, Family Service Centers, and Counseling and Assistance Centers. They provide encouragement, educational material, and assistance or referral information to personnel desiring to stop using tobacco products. Care shall be taken to avoid coercion of personnel to enter cessation programs against their will.

g. Ensure that food service personnel plan general mess menus that promote healthy food choices. Reference (n) applies.

h. Ensure that all lost workday cases associated with back pain and injuries are reported following the guidance provided in references (g), (h), and (k).

i. Encourage sponsorship or participation in an annual health fair during May (National Hypertension and Physical Fitness and Sports Month). Assistance is available from local Medical Treatment Facilities; Family Service Centers; and Morale, Welfare, and Recreation Departments. The Health Fair Resource Guide is available from the Navy Aviation Supply Office, Cog I Customer Service, Philadelphia, PA.

j. Use Command Religious Programs, Family Service Centers, and local Medical Treatment Facilities as the primary resources for development of command stress management and suicide prevention programs.

k. Address stress management by ensuring the availability of programs designed to support personnel and their families as they deal with day to day stressors (such programs include Chaplains Religious Enrichment Development Office (CREDO); Family Service Center Family Education Programs; Family Advocacy Program; Navy Alcohol and Drug Safety Action Program (NADSAP); Counseling Programs; Sponsor and Ombudsman Programs; Career Counseling; Technical Training; Personal Finance Management, Spouse Employment, and Child Care; Suicide Awareness and Prevention; Shift Work Accommodation; Crisis Response Debriefings following situations which could cause traumatic stress, such as natural disasters, accident or fire with death/severe injury, shipmate suicide, body handling, hostile attack, etc.).

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1. Promote leadership programs that reduce job related stress, (e.g., Quality of Life policies; Equal Opportunity; Sexual Harassment Prevention; Morale, Welfare, and Recreation programs; counseling services; etc.).

m. Provide access, for victims of sexual assault and rape, to high quality standardized victims assistance programs.

n. Ensure suicide awareness/prevention education and local military and civilian crisis assistance resources are adequately highlighted during command orientation sessions.

o. Provide casualty reports to CHNAVPERS (Pers-66) on all suicides under reference (m).

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

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GLOSSARY

1. COMMON/SHARED SPACE. Any work or berthing space shared by two or more people.
2. ENVIRONMENTAL TOBACCO SMOKE. Also referred to as second hand or passive smoke. Exhaled and/or sidestream smoke emitted from smokers and the burning of cigarettes, cigars and pipe tobacco. A major source of harmful indoor air pollution and known cause of lung cancer, respiratory illness, and heart disease.
3. MEDICAL AND DENTAL TREATMENT FACILITIES. All medical and dental spaces ashore and afloat.
4. STRESS. A body's cumulative, common response to any demand placed on it, whether it is a pleasant demand or not; such a demand causes physical and/or psychological change in normal bodily functions.
5. SUICIDE. Intentional, self-induced death.
6. TOBACCO USE. The use of cigarettes, pipe, cigar or smokeless tobacco (snuff, dip, etc.).

Enclosure (2)