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SECRETARY OF THE AIR FORCE**

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Medical Command

HEALTH PROMOTION



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This publication implements Air Force Policy Directive (AFPD) 40-1, *Health Promotion*. It outlines the requirements for operating, managing and evaluating Air Force Health Promotion. It applies to all personnel responsible for Health Promotion services. This publication applies to all military and civilian Air Force (AF) personnel, but not Air Force Reserve Command (AFRC) units and the Air National Guard (ANG) except as otherwise noted. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Disposition Schedule (RDS) located in the Air Force Records Information Management System (AFRIMS). Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional chain of command. This publication may be supplemented at any level, but all direct Supplements must be routed to the OPR of this publication for coordination prior to certification and approval. The authorities to waiver wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include: identifies Tiered waiver authorities for unit level compliance items; revises Health Promotion responsibilities in accordance with programmed authorizations; establishes performance measures for duty time devoted to population-based community outreach and attendance at Integrated Delivery System and Population Health Working Group meetings; revises training requirements; and reinforces MTF requirements to hire qualified Health Promotion staff in accordance with the Standard Core Personnel Document or Health Promotion standard contract.

Chapter 1

PROGRAM OVERVIEW

1.1. Overview. The Air Force Health Promotion (HP) program drives the Air Force toward a “Culture of Health” that optimizes Comprehensive Airman Fitness. HP strives to make healthy living become the default lifestyle choice and social norm across the base community. HP enables individuals to lead healthy lives; units to become exemplary healthy workplaces; and military and civilian personnel to execute their missions productively.

1.2. Target Areas. While HP supports all initiatives that promote a fit and healthy force, HP Target Areas include Tobacco Free Living, Nutritional Fitness, Physical Activity, and Healthy Weight.

1.3. Funding. HP positions are programmed using Defense Health Program (DHP) funding only at Active Component MTFs. Responsibilities, duties, and compliance standards for HP staff members pertain only to active component units.

1.3.1. Promotional Items. Items of low intrinsic value (e.g. pens, coffee mugs, key chains, t-shirts) may be purchased with DHP funds if used to educate or reinforce health/wellness programs IAW AFI 65-601V1, *Budget Guidance and Procedures*. Personalized items or coins may not be procured.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Air Force Surgeon General (AF/SG).

- 2.1.1. Provides HP policy, vision and advocacy to Air Force leadership, Commanders, Airmen, and medics.
- 2.1.2. Ensures adequate programming, budgeting and resourcing of HP programs to meet mission requirements.
- 2.1.3. Represents HP at the AF Community Action Information Board (CAIB).
- 2.1.4. Appoints a HP representative to the AF Integrated Delivery System (IDS).

2.2. Air Force Deputy Chief of Staff for Manpower and Personnel (AF/A1).

- 2.2.1. Supports policies, programs, services, and initiatives that foster an environment supportive of Comprehensive Airman Fitness.
- 2.2.2. Coordinates with AF/SG on policies and programs that promote individual and community health, wellness, and resiliency.
- 2.2.3. Integrates HP material into AF training and education programs when feasible and relevant.

2.3. Director, Medical Operations, Research & Acquisitions (AF/SG3/5).

- 2.3.1. Develops AF policies and guidance for the HP program.
- 2.3.2. Ensures adequate DHP programming, budgeting, and resourcing to support Air Force Medical Service (AFMS) strategic goals for AF HP.

2.4. Air Force Medical Support Agency, Aerospace Operations Division (AFMSA/SG3P).

- 2.4.1. Develops AF HP policy in coordination with AFMOA Health Promotion Operations and the AF/SG Fitness Consultant.
- 2.4.2. Collaborates with Defense Health Agency; sister Services; other AF and Department of Defense (DoD) stakeholders; and national health organizations on HP initiatives and policy.
- 2.4.3. Advises AF/SG in developing and operationalizing AFMS strategic goals and objectives pertaining to HP.
- 2.4.4. Coordinates on Air Force Fitness Program policy (AFI 36-2905).

2.5. Air Force Medical Operations Agency, Health Promotion (AFMOA/SGPZ).

- 2.5.1. Integrates evidence-based guidelines (e.g. U.S. Community Preventive Services Task Force Recommendations) in developing standardized HP programs that promote Tobacco Free Living, Nutritional Fitness, Physical Activity, and Healthy Weight.
- 2.5.2. Provides technical assistance to installation HP staff members in identifying installation-specific, evidence-based interventions for installation commanders to implement based on local mission priorities.

2.5.3. Provides technical assistance (e.g. toolkits) to installation HP staff members in implementing a balanced portfolio of HP activities.

2.5.4. Analyzes AF population health surveillance data and generates recommendations to improve population health.

2.5.5. Develops and implements a HP program planning and evaluation plan.

2.5.6. Defines manning of installation HP programs to execute the AF HP program.

2.5.7. Reports budgeting, metrics, and outcomes of installation HP programs to AF/SG3/5 and AFMOA/CC.

2.5.8. Plans, budgets, coordinates, and executes AF HP education, training, conferences, and formal training for HP program staff.

2.5.9. Assists AF/A1S in ensuring that initiatives, programs, and services that address Airmen fitness, health, and resilience are evidence-based and grounded in HP theory.

2.6. Air Force Reserve Command (AFRC).

2.6.1. AFRC/A1 designates the Air Force Reserve Health and Fitness Program Coordinator as the AFRC HP point of contact (POC) to coordinate with AFMSA, AFMOA, and AFRC HP staff members assigned to stand-alone AFRC installations. (Note: AFRC HP staff members are not funded through DHP.)

2.6.2. AFRC HP staff members are not covered by the responsibilities, qualifications, and training requirements as described in Chapters 2 and 3.

2.7. MAJCOM Surgeon (MAJCOM/SG).

2.7.1. Designates MAJCOM HP POC to coordinate with MAJCOM staff, AFMSA, AFMOA, and HP staff at the MAJCOM's installations. Exception: AFRC/SG does not appoint a MAJCOM HP POC. AFRC/SG instead designates a staff member to support AFRC/A1 in executing AFRC HP programs at stand-alone AFRC installations.

2.7.2. Designates MAJCOM/SG representative to MAJCOM IDS in order to provide HP input for MAJCOM IDS initiatives. Exception: AFRC/SG designates a SG representative to the AFRC IDS, who coordinates HP input with the AFRC/A1 HP POC.

2.8. Wing Commander (WG/CC) or equivalent.

2.8.1. Establishes policies that support healthy living as the easy, default choice and social norm. (T-3)

2.8.2. Ensures CAIB and IDS incorporate population health needs and concerns in implementing evidence-based HP initiatives. (T-3)

2.8.2.1. For AFRC installations, the WG/CC or equivalent, as CAIB Chair, addresses and supports HP initiatives to the extent they are capable of providing required services IAW AFI 90-501, *Community Action Information Board and Integrated Delivery System*. (T-3)

2.9. Unit Commander and Supervisor. Establishes unit policies and expectations that support healthy living as the default choice and social norm. (T-3)

2.10. Force Support Squadron Commander.

2.10.1. Ensures Force Support Squadron units collaborate with HP staff to develop and implement evidence-based initiatives that support healthy behaviors. (T-3)

2.10.2. Promotes healthy eating and physical fitness through multiple media, including print, video, audio, and social media. (T-3)

2.10.3. **(Stand-alone AFRC installations only)** : Appoints the installation Exercise Physiologist/Fitness Program Manager as responsible for the installation's Reservist HP program, which is not subject to the requirements set forth in this AFI. Designates the Exercise Physiologist/Fitness Program Manager as the HP representative to the installation's IDS and coordinates HP support to the IDS to the extent that resources and capabilities are available. (T-3)

2.11. Military Treatment Facility (MTF) Commander.

2.11.1. **(Active Component MTFs only)** : Ensures HP positions are filled with qualified personnel who meet all position requirements. (T-3)

2.11.2. Supports evidence-based initiatives supported by population health data that encourage healthy behaviors throughout the installation. (T-3)

2.11.3. Shall ensure a standardized, weight reduction intervention is available for Airmen who fail to meet Air Force Fitness Program Body Composition Assessment standards. (T-3)

2.11.4. Appoints a HP representative to the installation IDS. (T-2)

2.11.5. Provides HP services to reservists in tenant ARC units to the extent that resources and policies permit. (T-3)

2.11.6. Ensures that, for HP staff in workspace solely occupied by medical staff that are active component or funded through Defense Health Program (DHP), the MTF will use DHP Operations & Maintenance funds to pay custodial and utility expenses based on square footage or metered usage. (T-3)

2.12. Chief of Medical Staff (SGH).

2.12.1. Supports initiatives, processes, training, and organization that encourage and empower all healthcare personnel to facilitate health behavior change. (T-3)

2.12.2. Tracks implementation and outcomes of installation HP initiatives at the Population Health Working Group (PHWG). (T-3)

2.13. Chief of Aeromedical Services (SGP).

2.13.1. Supports policy and environmental changes on the installation that facilitate healthy behaviors. (T-3)

2.13.2. Ensures programmatic management, supervision, and oversight of the installation HP program. (T-3)

2.14. Installation HP Staff Member.

2.14.1. Advises leadership through various forums, including CAIB/IDS, on policies and initiatives that advance population health, using data provided by the MTF Population Health Working Group and AFMOA; and facilitates implementation. (T-3)

2.14.2. Collects and reports in a timely manner HP process, outcome, and utilization data requested by AFMOA Health Promotion Operations, in order to measure effectiveness of programs and demonstrate accountability. (T-1)

2.14.3. Implements balanced portfolio of HP activities that address all HP Target Areas. (T-2)

2.14.4. In coordination with chain of command, requests technical assistance from AFMOA HP when encountering barriers to implementing installation HP initiatives. (T-3)

2.14.5. Shall demonstrate that at least 50% of duties are devoted to population-based community outreach. (T-2)

2.14.6. Shall attend at least 80% of IDS meetings in each calendar year. (T-3)

2.14.7. Shall attend at least 80% of PHWG meetings in each calendar year. (T-3)

2.14.8. Shall present health indicators and intervention outcomes to relevant convening authorities, e.g. CAIB/IDS, PHWG, Executive Committee of Medical Staff. (T-3)

Chapter 3

PERSONNEL

3.1. Qualifications.

3.1.1. The MTF shall staff all HP authorizations with personnel who:

3.1.1.1. Are utilized to work in HP. (T-2)

3.1.1.2. Are hired using the relevant Standard Core Personnel Document or contracted using the appropriate Health Promotion standard contract. (T-2)

3.1.1.3. Meet all requirements in the Standard Core Personnel Document or Health Promotion standard contract. (T-2)

3.2. Training.

3.2.1. All HP staff members shall complete the online Air Force HP Orientation within 6 months of hire/assignment. (T-2)

3.2.2. All HP staff members shall complete the in-person Air Force HP Workshop within 18 months of hire/assignment. (T-3)

3.2.3. Independent duty medical technicians assigned to remote/deployed sites will consult with Host MTF HP staff members to provide information, materials, and instruction for unit personnel IAW Air Force Instruction 44-103, *The Air Force Independent Duty Medical Technician Program*. (T-3)

THOMAS W. TRAVIS
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

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- AFI 44-104, *Military and Civilian Consultant Programs and Medical Enlisted Career Field Manager Program*, 26 March 2012
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Prescribed Forms

None.

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AFMS—Air Force Medical Service

AFMSA—Air Force Medical Support Agency

AFMOA—Air Force Medical Operations Agency

AFRC—Air Force Reserve Command

CAIB—Community Action Information Board

DHP—Defense Health Program

HP—Health Promotion

IAW—In Accordance With

IDS—Integrated Delivery System

MAJCOM—Major Command

MTF—Military Treatment Facility

PHWG—Population Health Working Group

POC—Point of Contact

WG/CC—Wing Commander