

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**

AIR FORCE POLICY DIRECTIVE 40-1



17 DECEMBER 2009
Egt Wltg 'Ewt gpv'35'Lcpwct'4234
Medical Command

HEALTH PROMOTION

COMPLIANCE WITH THIS PUBLICATION

ACCESSIBILITY: Publications and forms are available for downloading or ordering on the e-Publishing website at www.e-Publishing.af.mil.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: HQ AFMSA/SG30
Supersedes: AFPD 40-1, 21 March 1994

Certified by: HQ AF/SG
(Lt Gen Charles B. Green)

Pages: 6

This publication establishes the framework for how the Air Force (AF) assesses, plans, delivers, and evaluates its Health Promotion Program to achieve its strategic priorities and mission goals and objectives. This directive implements Department of Defense (DoD) Directive (DoDD) 1010.10, *Health Promotion and Disease/Injury Prevention*, and the U.S. Department of Health and Human Services Healthy People Guidelines. It applies to all military and civilian AF personnel, military retirees and beneficiaries, members of Air Force Reserve Command (AFRC) Units, and retirees of the Air Reserve Component (ARC). This publication is applicable to the Air National Guard (ANG). 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 Form 847s from the field through the appropriate functional's chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/gcss-af61a/afirms/afirms/>.

SUMMARY OF CHANGES

This document is a complete revision of the AFPD and must be reviewed in its entirety.

1. Overview

1.1. **Definition.** Health promotion (HP) is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and

create environments that support good health practices. Providing supportive environments has the greatest impact to produce lasting change.

1.2. Purpose

1.2.1. DoDD 1010.10, *Health Promotion and Disease/Injury Prevention*, requires the AF to provide effective, integrated, and comprehensive health promotion, disease and injury prevention, and population health plans and programs for their civilian and military employees and other beneficiaries.

1.2.2. The AF Health Promotion vision is an AF environment that supports, promotes and sustains individual and organizational healthy lifestyle choices and behavior. The mission is to provide and integrate evidence-based and cost-effective community programs to optimize health and readiness. Healthy community goals are to increase the health of Airmen and the AF community, increase community resiliency, and increase workforce productivity.

1.2.3. Commanders require a fit and healthy force to deploy, meet mission requirements and sustain high operations tempo. Promoting health and wellness not only enhances quality of life, but also strengthens the “human weapons system” by keeping AF members mission ready. Fit and healthy personnel are more productive, more resistant to illness and injury, more resistant to the adverse effects of stress, and more resilient should illness or injury occur.

1.3. Strategy

1.3.1. Obtain senior-level support of line and medical leadership.

1.3.2. Develop a program plan as the roadmap to guide AF efforts and investments in HP.

1.3.3. Support all levels of the Social-Ecological Model (see Figure 1). This model illustrates all levels of influence that need addressed to support long-term healthy lifestyle choices.

1.3.4. Use evidence-based programming to support AF goals and objectives.

1.3.5. Create supportive environments conducive to healthy lifestyles through community collaboration.

1.3.6. Foster cohesive teams that use common goals to develop appropriate interventions focusing on population approaches.

1.3.7. Demonstrate health and system improvements through data collection, analysis, and reporting.

Figure 1. Social-Ecological Model

2. Policy. In accordance with DoDD 1010.10, AF policy is:

- 2.1. To support the achievement of the Department of Health and Human Services Healthy People goals and objectives.
- 2.2. To enhance mission readiness, unit performance, and the health and fitness of military personnel, beneficiaries, and civilian employees through the creation of a culture within the AF that values health and fitness and empowers individuals and organizations to actualize those values and achieve optimal health.
- 2.3. To provide effective, integrated, and comprehensive health promotion programs, disease and injury programs, and population health programs throughout the AF.
- 2.4. To provide healthy environments for AF personnel, family members, and visitors.

3. Responsibilities

3.1. US Air Force Surgeon General (AF/SG)

- 3.1.1. Provides recommendations to SecAF, CSAF and other Headquarters Air Force agencies on policy which impacts health behaviors.
- 3.1.2. Develops Air Force policies and guidance for AF HP.
- 3.1.3. Ensures adequate Defense Health Program (DHP) programming, budgeting and resourcing of Health Promotion Programs (HPPs) to meet mission requirements for a comprehensive and integrated Air Force program.
- 3.1.4. Advocates for Appropriated Funds (APF) programming, budgeting and resourcing to support comprehensive and integrated AF HP strategies.

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

- 3.2.1. Advocates for adequate APF programming, budgeting and resourcing to support comprehensive and integrated AF HP strategies.
- 3.2.2. Coordinates personnel, policies, and programs that promote wellness and resiliency with AF/SG.

3.2.3. Ensures policy and curriculum of all AF formal training and education programs include healthy behaviors as the AF norm.

3.3. Installation Leadership

3.3.1. Supports AF goals to provide effective, integrated, and comprehensive health promotion strategies.

3.3.2. Develops policies that create an environment supportive of healthy lifestyles.

MICHAEL B. DONLEY
Secretary of the Air Force

ATTACHMENT 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

DoDD 1010.10, *Health Promotion and Disease/Injury Prevention*, 22 August 2003

DoDD 1308.1, *DoD Physical Fitness and Body Fat Program*, 30 June 2004

DODI 1308.3, *DoD Physical Fitness and Body Fat Programs Procedures*, 5 November 2002

U.S. Department of Health and Human Services Healthy People Guidelines

Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion Tools and Resources

American Journal of Health Promotion, Definition of Health Promotion

Abbreviations and Acronyms

AF/A1—US Air Force Deputy Chief of Staff for Manpower and Personnel

AFMS—Air Force Medical Service

AFMSA—Air Force Medical Support Agency

AFPD—Air Force Policy Directive

AFRC—Air Force Reserve Command

ANG—Air National Guard

ARC— Air Reserve Component

DHHS—Department of Health and Human Services

DoD—Department of Defense

DoDD—Department of Defense Directive

DODI—Department of Defense Instruction

HP—Health Promotion

HPP—Health Promotion Program

Terms

The following terms are specific to Air Force Health Promotion. Where no citation appears, the term has been derived from several sources or from common usage.

Community—a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings; definition is from the American Journal of Public Health: <http://www.ajph.org/cgi/content/short/91/12/1929>.

Evidenced-Based Programs—programs that are developed, implemented and evaluated through the application of principles of scientific reasoning, systematic uses of data, and

appropriate use of behavioral science theory and program planning models; definition adapted from <http://phpartners.org/tutorial/04-ebph/2-keyConcepts/4.2.2.html>)

Health Promotion—the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. To reach this balance, lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments and communities that support good health practices. Providing supportive environments has the greatest potential for producing lasting change; definition adapted from the American Journal of Health Promotion definition)

Health Promotion Program Plan—an action plan that directs HP operations and includes all target areas that align with the AF HP strategic plan.

Resiliency—the positive capacity of people to cope with stress and catastrophe.

Social-Ecological Model—a framework to examine the multiple effects and interrelatedness of social elements in an environment.

Supportive Environments—the physical and social aspects of our surroundings that foster and encourage healthy lifestyles. It encompasses where people live, their local community, their home, and where they work and play. It also embraces the framework which determines access to resources for living, and opportunities for empowerment.

System Improvement—deliberate changes in the process and environment that influences the health of individuals and communities.

Wellness—an active process of becoming aware of and making choices towards a successful existence and consists of six dimensions: social, occupational, spiritual, physical, intellectual and emotional (from National Wellness Institute).