



Joint Task Force National Capital Region Medical **DIRECTIVE**

NUMBER 1010.03
OCT 13 2011

J-3B

SUBJECT: Health Promotion and Disease/Injury Prevention

References: See Enclosure 1

1. **PURPOSE.** In accordance with the authority in References (a) through (e), this Directive:

a. Establishes policy and responsibilities for health promotion, disease and injury prevention, and population-based health within the Joint Task Force National Capital Region Medical (JTF CapMed).

b. Establishes the JTF CapMed requirement to implement health promotion, disease and injury prevention programs, and population-based health to improve and sustain military readiness and the health, fitness, and quality of life of military personnel, JTF CapMed personnel, and other beneficiaries.

c. Acknowledges that individual health status is greatly dependent upon family and community health, and community health is intensely affected by the collective behaviors, attitudes, knowledge, and beliefs of community members.

d. Supports the achievement and sustainment of a constantly fit and ready force and healthy populations, at home and abroad, in peacetime and in conflict.

2. **APPLICABILITY.** This Directive applies to JTF CapMed and all Joint Medical Treatment Facilities (MTFs) and Centers in the National Capital Region (i.e., Fort Belvoir Community Hospital, Walter Reed National Military Medical Center, and the Joint Pathology Center).

3. **POLICY.** It is JTF CapMed policy to:

a. As directed in DoD Directive 1010.10 (Reference (f)), support the achievement of the Department of Health and Human Services' "Healthy People 2020" (Reference (g)) goals and objectives throughout the JTF CapMed.

b. Place emphasis on the Leading Health Indicators in Reference (g):

- (1) Physical Activity
- (2) Overweight and Obesity
- (3) Tobacco Use
- (4) Substance Abuse
- (5) Responsible Sexual Behavior
- (6) Mental Health
- (7) Injury and Violence
- (8) Environmental Quality
- (9) Immunization
- (10) Access to Health Care

c. 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 JTF CapMed that values health and fitness and empowers individuals and organizations to actualize those values and achieve optimal health.

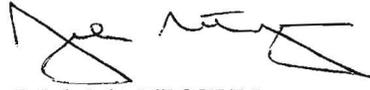
d. Provide effective, integrated, and comprehensive health promotion programs, disease and injury prevention programs, and population-based health programs throughout the JTF CapMed.

e. Provide healthy environments for JTF CapMed personnel and visitors.

4. RESPONSIBILITIES. See Enclosure 2.

5. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the Internet from the JTF CapMed Web Site at: www.capmed.mil.

6. EFFECTIVE DATE. This Directive is effective immediately.



J. M. MATECZUN
Vice Admiral, MC, U.S. Navy
Commander

Enclosures

1. References
2. Responsibilities

ENCLOSURE 1

REFERENCES

- (a) Deputy Secretary of Defense Memorandum, “Establishing Authority for Joint Task Force – National Capital Region/Medical (JTF CapMed) and JTF CapMed Transition Team (Unclassified),” September 12, 2007
- (b) Deputy Secretary of Defense Action Memorandum, “Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region – Medical,” January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) JTF CAPMED-D 5103.02, “JTF CapMed Clinical Decision Making Committee Charter,” June 1, 2010
- (f) DoD Directive 1010.10, “Health Promotion and Disease/Injury Prevention,” August 22, 2003
- (g) U.S. Department of Health and Human Services, “Healthy People 2020,” December 2010
- (h) Institute of Medicine of the National Academies, “Leading Health Indicators for Healthy People 2020 Letter Report,” March 2011
- (i) Section 192 of title 10, United States Code

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ENCLOSURE 2RESPONSIBILITIES1. COMMANDER, JTF CAPMED (CJTF). The CJTF shall:

a. Ensure the integration of the health promotion process, to include needs assessment, program planning, implementation, and evaluation, in order to provide comprehensive and integrated health promotion, disease and injury prevention, and population-based health programs.

b. Seek opportunities to coordinate among and within all Military Departments to identify voids and eliminate unnecessary redundancies in programs and services in the achievement of the goals and objectives as set forth in Reference (g).

2. DIRECTOR, J-3B. The Director, J-3B shall utilize the topics, indicators, and objectives in Table 1 of the Institute of Medicine of the National Academies, "Leading Health Indicators for Healthy People 2020 Letter Report," (Reference (h)) (see Table) to develop performance indicators for JTF CapMed Joint MTFs and Centers and determine appropriate reporting timelines and formats.

3. JTF CAPMED JOINT MTF COMMANDERS AND CENTER DIRECTORS. JTF CapMed Joint MTF Commanders and Center Directors, under the signature officials designated to provide overall supervision pursuant to section 192 of title 10, United States Code (Reference (i)), shall develop and implement health promotion, disease and injury prevention, and population-based health plans and programs for their civilian and military employees in accordance with this Directive.

Table. Topics, Indicators, and Objectives

TOPICS	INDICATORS	OBJECTIVES
Access to Care	Proportion of the population with access to health care services	<ol style="list-style-type: none"> 1. Increase the proportion of persons with health insurance (AHS 1). 2. Increase proportion of persons with a usual primary care provider (AHS 3). 3. (Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services (AHS 7).
Healthy Behaviors	Proportion of the population engaged in healthy behaviors	<ol style="list-style-type: none"> 4. Increase the proportion of adults who meet current federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity (PA 2). 5. Reduce the proportion of children and adolescents who are considered obese (NWS 10). 6. Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older (NWS 17). 7. Increase the proportion of adults who get sufficient sleep (SH 4).
Chronic Disease	Prevalence and mortality of chronic disease	<ol style="list-style-type: none"> 8. Reduce coronary heart disease deaths (HDS 2). 9. Reduce the proportion of persons in the population with hypertension (HDS 5). 10. Reduce the overall cancer death rate (C 1).
Environmental Determinants	Proportion of the population experiencing a healthy physical environment	<ol style="list-style-type: none"> 11. Reduce the number of days the Air Quality Index (AQI) exceeds 100 (EH 1).
Social Determinants	Proportion of the population experiencing a healthy social environment	<ol style="list-style-type: none"> 12. (Developmental) Improve the health literacy of the population (HC/HIT 1). 13. (Developmental) Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development (EMC 1). 14. Increase educational achievement of adolescents and young adults (AH 5).
Injury	Proportion of the population that experiences injury	<ol style="list-style-type: none"> 15. Reduce fatal and nonfatal injuries (IVP 1).
Mental Health	Proportion of the population experiencing positive mental health	<ol style="list-style-type: none"> 16. Reduce the proportion of persons who experience major depressive episodes (MDE) (MHMD 4).
Maternal and Infant Health	Proportion of healthy births	<ol style="list-style-type: none"> 17. Reduce low birth weight (LBW) and very low birth weight (VLBW) (MICH 8).
Responsible Sexual Behavior	Proportion of the population engaged in responsible sexual behavior	<ol style="list-style-type: none"> 18. Reduce pregnancy rates among adolescent females (FP 8). 19. Increase the proportion of sexually active persons who use condoms (HIV 17).
Substance Abuse	Proportion of the population engaged in substance abuse	<ol style="list-style-type: none"> 20. Reduce past-month use of illicit substances (SA 13). 21. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (SA 14).
Tobacco	Proportion of the population using tobacco	<ol style="list-style-type: none"> 22. Reduce tobacco use by adults (TU 1). 23. Reduce the initiation of tobacco use among children, adolescents, and young adults (TU 3).
Quality of Care	Proportion of the population receiving quality health care services	<ol style="list-style-type: none"> 24. Reduce central line-associated bloodstream infections (CLABSI) (HA 1).