



**STRATEGY
RESEARCH
PROJECT**

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**ENHANCING THE WELLNESS OF RESERVE FORCES:
A STRATEGIC CHALLENGE**

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A STRATEGIC CHALLENGE**

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ABSTRACT

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The purpose of this paper is to provide a strategy to Reserve Commanders in maintaining a healthy force in support of Joint Vision 2010/2020 through Force Health Protection life-cycle health maintenance program and the Department of Defense HOOAH4HEALTH promotion program. Wellness is the integration of body, mind, and spirit to produce a balanced lifestyle by practicing good health habits and eliminating harmful ones. Disease non-battle injuries can effect and have an impact on the sustained readiness of our troops. The Army Reserve has become a relevant force, focused on readiness and committed to meeting the challenges of the 21st Century. America's Army Reservist needs not only to be trained but healthy, enabling victory in peace and war.

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ENHANCING THE WELLNESS OF RESERVE FORCES: A STRATEGIC CHALLENGE

Health promotion is a balance of awareness, education, motivation, and integration activities (physical, emotional, spiritual, intellectual, and social) designed to facilitate behavior and environmental alterations in lifestyle that will optimize health and total fitness or prevent disease or injury. It includes those activities intended to support and influence individuals to manage their own health through self-care, health maintenance, and avoidance of modifiable disease and injury risks. Operationally, health promotion and disease prevention encompasses clinical preventative services, and lifestyle issues of tobacco prevention and cessation, physical fitness, nutrition, stress management, alcohol and drug abuse prevention, communicable and chronic disease prevention (including cancer and cardiovascular disease prevention), and other efforts to reduce preventable illness and injuries.¹

—DOD Directive 1010.10

Health promotion has been advocated by the military through Army Regulation 600-63 since 1987. The goal of the Army health promotion program (Fit to win) is to maximize readiness, combat efficiency, and work performance. Operationally, health promotion is implemented at the installation level through a health promotion program. Army Reservists are located in 1,100 Reserve centers in towns and cities across America, very few are located near a military installation to take advantage of the health promotion program. If they were located near a military installation, they would not be eligible for the health program, because Reservists are only authorized military medical assistance in the line of duty. The challenge for the reserve system is to provide a health promotion program to soldiers who train one weekend a month and two weeks a year. The unit's training schedule is filled to capacity with mandatory classes, training and administrative "must do's". The reserve system has the same requirements as their active duty counterpart. They have thirty-nine days to complete fifty-seven days of administrative work and does not include the requirement to complete individual or collective training expected.

Reserve Components are being relied upon to support the increased numbers of deployments and in meeting the operational requirements, the fitness of our forces are more important than ever. A healthy soldier is a mission ready soldier. Optimal health results in optimal results. Health promotion and wellness is an essential facet of strategic planning in any military organization. Because deployment may occur at any time maintenance of optimal health is essential for military readiness. America's Army Reservist needs not only to be trained but healthy, enabling victory in peace and war.

Wellness is the integration of body, mind and spirit to produce a balanced lifestyle by practicing good health habits and eliminating harmful ones. Disease non-battle injuries can

effect and have a negative impact on the sustained readiness of our troops. The Army Reserve has become a relevant force, focused on readiness and committed to meeting the challenges of the 21st Century. Health promotion and wellness is an essential facet of strategic planning in any military organization. The foundation of a plan lies with Joint Vision 2010.

Motivating and sustaining a healthy force requires the commander to have creative programs in a very busy schedule. The challenges commanders face today that have not been considered issues two decades ago are the increased numbers of women serving in the Armed Forces (over 200,000) and a new generation of adolescents (generation X). The military has always focused on men's health problems and has been unfamiliar with dealing with women's issues, particularly in a combat situation. Women's issues needs to be addressed and programs instituted in order to maintain a total healthy force. Leadership and motivation is the key to success in any organization. In order to motivate soldiers in taking responsibility, the commander must understand any generational differences and address them. The reserve demographics indicated that over 50% have a generation X profile. Generation X is firmly entrenched into the Internet and retrieves information from the web-based sites available. It is important for Commanders to understand the issues and best possible practices when attempting to motivate all soldiers. Women's health, generation X, and adolescent health issues will be discussed in detail later in this paper and how the commander can utilize a web-based health program to address the needs of the soldier.

The Army reservist has not been provided a comprehensive health promotion package, until now. In response to Joint Vision 2010, the Force Health Protection (FHP) was created as the total life cycle health support system. One of FHP's pillars is to promote and sustain a healthy and fit force. This paper will provide a strategy for any commander to support the pillar of health. The commander must first recognize the health problems in his or her unit before establishing a program. The studies reviewed in this paper indicate the top three health challenges current and in the future are smoking, lack of self-examination, and overuse of alcohol.

This strategy is a web-based health program called HOOAH4HEALTH. In 1999, HOOAH4HEALTH (H4H) was created to address the force health protection and readiness requirements of the Reserve Components. H4H is interactive web-base site containing educational materials in the areas of physical, mental, spiritual, and occupational/environmental health, behavior change theory, and medical readiness. It is designed to promote its use outside of drill time. The Center for Health Promotion and Preventative Medicine (CHPPM) maintains this web site. Commanders can coordinate with CHPPM to have his/her unit

participate in the HOOAH Challenge interactive web-site and request to CHPPM an outcome evaluation, with baseline health risk assessment of the unit. This information can be used to concentrate efforts on any unhealthy risks that may impact on health readiness. It is an individual responsibility to maintain one's health, and this strategy will help the individual and the commander achieve positive results. The strategy not only benefits the soldier but can be used by the entire family. One section is dedicated to providing health tips for the entire family. Healthy lifestyles begin at home, carry over into the workplace and into military life. This strategy will benefit the three main areas our citizen soldier lives in. The purpose of this paper is to provide a strategy to Reserve Commanders in maintaining a healthy force in support of Joint Vision 2010/2020 through Force Health Protection life-cycle health maintenance program and the Department of Defense HOOAH4HEALTH promotion program.

HEALTH VISION

Joint Vision 2010 is the conceptual template for how we channel the vitality of our people and leverage technological opportunities to achieve new levels of effectiveness in joint warfighting. The vision of future warfighting develops four operational concepts: dominant maneuver, precision engagement, full dimensional protection, and focused logistics. These concepts incorporates America's core strengths of high quality people and information-age technological advances, builds on proven competencies, and focuses the development of future joint capabilities.² Joint Vision 2010 serves as basis for focusing the strengths of each individual service or component to exploit the full array of available capabilities to achieve full spectrum dominance. This will guide the evolution of joint doctrine, education, and training to achieve a seamless joint operation.³ From Joint Vision 2010 evolved the Force Health Protection Plan from the Joint Staff, J4, Logistics Directorate, Medical Readiness Division.

Force Health Protection (FHP) is a "total Life cycle" health support system paralleling the concept of focused logistics described in Joint Vision 2010, an integrated and focused approach to protect and sustain Department of Defense's (DoD) most important resource – its service members. Three interrelated pillars support FHP:

- Promoting and sustaining a *healthy and fit force*.
- Casualty prevention.
- Casualty care and management.⁴

Active and reserve components are being relied upon to support the increase numbers of deployments and in meeting the operational requirements, the fitness of our forces are more important than ever. FHP is designed to establish future benchmarks for the military health

system in response to the challenges of Joint Vision 2010 through technological and doctrinal progress. FHP focuses on preventing casualties before, during and after a military operation, a fundamental reorientation of the military medical forces. FHP's primary focus is casualty prevention, designed to improve existing health, proactively address medical threats, and provide care for any illness or injury that does occur.⁵

A healthy and fit force is supported by the preventive components of psychological, physical, and occupational health. The building blocks for a healthy and fit force are health promotion programs, physical fitness training, family support services, periodic health assessments and TRICARE managed care programs for all DoD beneficiaries.⁶ This paper is focusing on the health promotion component of the FHP. Maintaining and developing a healthy body requires attention to physical fitness, injury prevention, disease prevention, nutrition, and dental health. Fit and healthy personnel are better able to quickly recover from illness or injury.⁷

DoD's leaders have established high standards for the fitness of operational forces. Commanders must plan to have the members of their units attain and maintain those standards. Medical forces must refocus their resources on supporting commanders' efforts to build a fully fit force. Implementation of these concepts will assure the CINCs they have an operational force with unsurpassed level of fitness for the highest overall military capability and effectiveness.⁸

Health Promotion is advocated by the military through Army regulation AR 600-63 Army Health Promotion. The goal of the Army Health Promotion Program is to maximize readiness, combat efficiency, and work performance. Objectives include enhancing the quality of life for soldiers, Army civilians, family members and retirees; and encouraging lifestyles to improve and protect physical, emotional, and spiritual health. Components of the health promotion include: Anti-tobacco, physical conditioning, weight control, nutrition, weight management, alcohol and drug abuse prevention and control, early identification of hypertension, suicide prevention, spiritual fitness and oral health. Physical and dental examinations, health risk appraisals, physical fitness facilities, recreation and leisure education are activities coordinated and integrated into a comprehensive Army Health promotion Program called "Fit to Win." According to AR 600-63, operationally, health promotion is implemented and enhanced at the installation level through a health promotion program.⁹ Each component of the Army is responsible for their health promotion program.

Healthy People is a national health promotion and disease prevention initiative that brings together national, State, and local government agencies, nonprofit, voluntary, and professional organizations, businesses, communities, and individuals to improve the health of all Americans, eliminate disparities in health, and improve years and quality of healthy life.¹⁰

CHALLENGES FOR ARMY RESERVE

The U.S. Army Reserve (USAR) has been committed to ensuring the Army succeeds in peace and war, at home and abroad for 92 years. The USAR goal has always focused on readiness, transformation, and people to remain relevant and ready. The USAR vision is as the essential provider for training and support operations, engaged worldwide, with ready units and soldiers.¹¹ The Army Reserve has benefited the Army because of the application of civilian acquired skills, talents and experience. The first reservists were civilian doctors who could be called upon in time of emergency. Army reserve soldiers are learning from the civilian technological innovations in their civilian jobs and bringing them into the Army for its benefit. Our soldiers and our units are stationed in Hometown, U.S.A., with soldiers located in 1,100 Army Reserve Centers in towns and cities across America, putting the Army's footprint in every part of our country. As a community based force, the Army Reserve is America's people. They are the reflection of the values and traditions embodied in our culture.¹² Currently, there are 205,742 Army Reservists which is 40% of the force; 57% are under thirty-five years old and 32% are Females.¹³

The reserve force is challenged with maintaining the same mission ready requirements as their active duty counterpart. Active duty has 365 days to train and maintain, whereas, the reserve soldier trains one weekend a month and two weeks a year. This is not enough time to meet the mandated administrative requirements even with a small full-time support staff consisting of civilians and active reserve personnel to assist. Physical fitness testing, yearly required briefings, preparation for the next inspection, yearly training plans that change with every new requirement, field training exercises, partial deployments, and limited funding all challenge the commander to maintain cohesiveness and a trained ready force. All these challenges, to include the Army reserve's own institutional transformation of command and control structure, the readiness of the Army reserve is at the highest level ever, almost 85%. The Army Reserve has been called-up as much in the last ten years as they were in the first eighty years of existence.¹⁴

The military's strategy in shaping the global environment is by responding to contingencies wherever the nation's interest are at stake. The Reserve Component assets were to be utilized only in time of war, instead they are being used to provide specialized service and to augment the daily operations of the Active Duty forces. The reserve components are being called upon more frequently and for longer periods to participate in contingency operations around the world. The military goal of a "Total Force," where the reserve components are an integral part of America's defense strategy. The Gulf War helped to bring

that Total Force together, and with the increased demand of the reserves in contingency operations has pulled the total forces closer.

WELLNESS STUDIES

Three wellness studies were reviewed to support the need for wellness programs in the reserve components. The first study was completed in January 1998 using the Fit to Win Health Risk Appraisal (HRA) for the Command Surgeon of the U.S. Army Reserve. The data used is from the first quarter of 1997. To this date, no research had been reported using HRA reserve data. The purpose of this wellness study was to examine health perceptions of the reserve soldier and determine if there was a need for wellness programs based on unhealthy risk factors. The conclusion from this study stated for wellness programs to be made available to the reserve component on a as needed basis.

The results of this survey indicated:

- The majority (55%) of the male soldiers does not examine their testicles for lumps.
- The majority of the male respondents have had the prostate checked within the past two years of the survey, thirty percent over two years, with fifteen percent (two over forty) never had the checkup.
- Thirty Three percent of the women examine their breast monthly; forty-three percent examine every few months; and twenty-four percent rarely or never.
- A small percentage of the women (5%) have not had a pap smear for more than three years.
- Dental checkup results showed twenty-two percent fail to go for a checkup and forty-three percent went for a checkup more than a year ago.

Analysis on cigarette smoking revealed fifty-five percent have never smoked, with twenty-six percent having quit smoking, and nineteen percent currently smoke an average of thirteen cigarettes a day¹⁵

The study concluded the need to start wellness programs with the initial entry into the service and continue with information via a web site on the Internet. The commander is encouraged to appoint a wellness coordinator in the unit to facilitate educational pamphlets and referrals as needed. Reserve soldiers can access the community's Planned Approach to Community Health (PATCH) program. PATCH is a cooperative program of technical assistance managed and supported by the Centers for Disease Control (CDC) and designed to strengthen state and local health departments' capacities to plan, implement, and evaluate community-based health promotion activities targeted toward priority health problems.¹⁶

The second study titled "Health Status of Military Women and Men in the Total Force" was conducted by the Research Triangle Institute for the United States Medical Research and Material Command in Fort Detrick, Maryland with published results in October 1999. The objectives for this study was to examine the health status of military women and men in medical history and nutritional status, mental health, reproductive health, lifestyle factors, occupational/environmental risks and stressors, and use of health services. The recommendations made to DoD based on their findings are:

- Educate importance of routine breast self-examinations.
- Encourage males to visit health care providers.
- Provide nutritional classes, especially for females.
- Provide cessation of smoking classes.
- Reduce alcohol use, especially among males and Active Duty personnel.
- Screen for depression for all personnel.
- Provide education abuse prevention, and encourage seeking counseling.
- Advise women to seek prenatal care.¹⁷

Joint Vision 2010 constantly stresses the importance of leadership and individual initiative. This is a challenge for today's leaders who were raised in an era of information scarcity leaving them to deal with today's world of information overload. Rapid advances in technology have further increased the generation gap between junior and senior officers. Micro management, zero-defects mentality prevents innovation from taking place among our troops.¹⁸ Looking to the future to address the health concerns of the next generation soldier and understanding the current health concerns will give us a snapshot of what to expect.

The true issue for adolescent health is unrecognized and unmet health needs rather than an absence of health concerns. There is an important fact of the critical significance of behaviors and lifestyles adopted in adolescence as determinants of adult illness and mortality. Health education programs that will encompass teaching about both the intermediate and the long-term health concerns that have such a high salience for all adolescence. The third study involves adolescent behaviors that have serious health damning adult outcomes. They include the following:

- Use of tobacco increases risk of cancers, lung diseases, and cardiac and vascular disorders.
- Use of alcohol and other drugs increases the risk of injury due to automobile and other accidents as well as intentional injury such as assault, homicide or suicide.

- Use of alcohol and certain other drugs increases the likelihood of impulsive or inappropriate sexual behaviors with possible outcomes of unplanned pregnancy, sexual transmitted disease, or HIV infection.
- Dietary habit of overeating rich foods predisposes to diabetes and a range of cardiovascular conditions.
- Fad diets, bulimic behavior, or excessive dieting leads to significant nutritional deficiencies; any of these factors can be linked to behavioral disorder.
- Alcoholism causes liver disease and other neurological disorders.¹⁹

Smoking has been identified as the number one cause leading to degradation in medical readiness. Researchers from the National Institute for Health concluded that smoking is related to factors believed to decrease military readiness, including alcohol use and decreased physical activity. Smoking costs the military more than \$130 million a year in lost training.²⁰

Smokers took more than two minutes longer to finish a two mile run than nonsmokers.” Cigarette smoking does impact adversely on athletic performance. Non smokers outperformed smokers in three of four categories.” Individuals who smoked cigarettes were more likely to sustain injuries during physical training and operational activities.” “ Cigarette smoking is a big risk factor for stress injury during athletic activities. Soldiers who smoke have up to 2.5 times greater risk of joint and bone injuries.” Smoking significantly increases the risk of sustaining a musculoskeletal injury in female Army basic trainees.” Risk factors for training-related injuries identified by this study were cigarette smoking.²¹

It is estimated that ninety percent of all cancers of the respiratory system are caused by exposure to carcinogens in tobacco smoke and tobacco products and one-third are colon and breast cancers related to diet. Balanced diet with physical activity reduces the risk of cancer.²² Men and women’s health issues tie at number two for identifying medical readiness risks. Monthly self-examination with yearly physician visits will help to reduce the risk of cancer. Alcohol is being consumed at an early age and without intervention, addiction is inevitable. Use of alcohol can lead to poor nutrition and dental caries. Prevention is more cost-effective than the intervention.

GENERATIONS APART

What will our future soldier value? The challenges commanders will face are motivating the troops. In order to do that, they must first understand the generational differences. The baby boom generation was born between 1943 and 1960 and is the senior leaders today. Boomers grew up in a household with two parents, with Mom at home. Physical Education was

a part of every schools curriculum. They learned to work with others and were optimistic in their success often at the expense of their own marriage and family. Women entered the workforce and reinforced the independence characterized by boomers.²³ Boomers grew up in rebellion with the Vietnam War and demonstrations against society a common scene on television.

Generation X was born between 1960 and 1980. They are the products of single parent homes due to high divorce rate. They were called the latchkey children raised by MTV with little adult supervision. Xers relied on themselves and learned to seek out a circle of friends for relationships. They learned to mistrust authority as people and institutions let them down continuously throughout their developmental years. Generation X is college educated with physical education being eliminated from high school's curriculum. This generation is not as intense in working long hours to earn a living, but looks to balance family and work. Boomers motto was "work is life", whereas "get a Life" is the Xers.²⁴

HOOAH 4 HEALTH

In 1998, the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) was tasked by the U.S. Army Office of the Surgeon General to devise a health promotion partnership that allows individuals to assume the responsibility to explore options and take charge of their health and wellness. In 1999, HOOAH 4 HEALTH (H4H) was created complete with a web site sponsored by the U.S. Army Office of the Surgeon General, the U.S. Army Center for Health Promotion and Preventive Medicine, the Army National Guard, and the Army Reserve. This is designed to address the force health protection and readiness requirements of the Army, particularly its Reserve Component.²⁵

The H4H is based on an interactive web-site containing educational materials in the areas of physical, mental, spiritual, and environmental/occupational health, behavior change theory, and medical readiness. It is designed to promote its use outside of drill time, since drill weekends are consumed with other essential activities. Commanders can request CHPPM to provide outcome evaluation research on the collection of baseline health risk and health goals information. Correspondence course/retirement point credit is offered for several modules on the site. The site also contains a toolbox of materials for publicity, promotion, teaching classes, and preparing briefing materials for reserve units. The site became operational on 01 May 00 and has been promoted as a resource for the Joint Chief of Staff Force Health Protection awareness Program. The Office of the Surgeon General (OTSG), the Office of the Chief of Army Reserve (OCAR), and the Army National Guard Surgeon's Office are full partners with USACHPPM in this program.²⁶

The H4H program centers around four elements: Body, Mind, Spirit, and Environment. Body is the first element of HOOAH 4 HEALTH with four main components of fitness and nutrition for the complete soldier:

- Readiness fitness: deployment and Army Physical Fitness test standards.
- Readiness nutrition: deployment and performance power nutrition.
- General fitness: winning the weight loss race.
- General nutrition: food pyramid, eat 5 a day for better health.

The user can calculate their fitness levels using the Army Physical Fitness Test calculator, body mass index calculator and the target heart rate zone calculator.²⁷

Sound mind, sound body is the second element on this web-site to recognize depression and emotional mental disorders. This section helps to understand more about combat stress and symptoms. An exercise for memory workout is featured with a pull down menu box linked to mental resources.²⁸ Spiritual fitness is the third element which hyperlinks to the Army Chaplain's office with a wide array of resource hotlinks to support systems, discussions relating to family and friendship, and pop-up boxes featuring various suggestions for spiritual enhancement.²⁹ The fourth element is environmental awareness providing various hazards present at work, home and during recreation. An interactive deployment globe is available to learn more about potential deployment areas with immunization requirements for that part of the world.³⁰

The HOOAH 4 HEALTH web site has four additional sections addressing a wide variety of subjects. First: HOOAH 4 YOU establishes a health risk assessment baseline assisting the user to tailor a personal program with customized tracking systems to chart progress and achievements. Subsets of this section include:

- Testicular self-exam.
- Breast self- exam.
- Adult health goals checklist.
- Complementary health and wellness
- Dietary supplements.
- Army physical fitness test calculator.
- Body mass index calculator.

Second: HOOAH 4 CHANGE assists in the use of the personal program to target areas for change and provides simple, stage-based strategy to modify behaviors. Get fit, lose weight, stop smoking, and reduce stress. Targeting tobacco as it relates to readiness is a

must for commanders looking for solutions in this area of concern. Third: PREVENTION offers tips for self-examination, family wellness issues, and links to resources. Additional assistance includes:

- Women's health issues.
- Deploying women's health
- Men's guide to health tests.
- Facts about prostate health
- Men's health issues and prevention
- Child and adult immunizations.
- Dental disease prevention.
- Sexually transmitted diseases.
- Injury control and prevention
- Cancer – early detection.

HOOAH 4 LIFE is the fourth section to provide health tips for the entire family. Children can access this site and interact with the multimedia games available. Current and sound advice is available to help parents deal with children's issues. This guidance assists the soldier to maintain their family's health as well as their own by setting a good example.

Samples the site has to offer is:

- What You(th) should know about smoking.
- Peer Pressure.
- Parent's guide to drugs and alcohol.
- Working teens: Tips for parents.
- Internet safety.
- Family support groups.
- Puberty
- Children's food pyramid
- Make a difference: help prevent crime
- Eating disorders.³¹

RECOMMENDATIONS

The H4H promotion programs are an all-encompassing assist for the commander to treat the best-protected species and their family. It is highly recommended for all reserve commanders to take advantage of this web-site by encouraging their soldiers to utilize the support provided. CHPPM is available, on request, to provide to the commander overall health

trends and recommendations for the unit to get fit. Education is the key to success. Commanders can focus on their own top three fitness challenges for success. The weight control program and the unit's physical fitness programs can use the H4H site as part of the education process in helping the soldier meet the weight and physical fitness standards in a non-threatening manner. Empowering the soldier without micro-management is the key. Failure to implement this program can result in a non-deployable soldier or a soldier who cannot endure the mission because of failed health.

Creative incentives can help to keep the soldier focused on a healthy lifestyle.

Recommendations on rewards for utilizing the H4H web-site can include:

- Promotion points for the lower enlisted.
- Contests for most improved followed by letters of commendation to be placed in personnel record.
- T-shirts, coffee cups and pens with the "HOOAH4HEALTH" logo.
- A notation on the soldier's yearly evaluation as to the positive use of the health promotion program.
- Award ceremonies during the yearly family Christmas party recognizing the most improved family.
- Contests between sections of the unit with prizes.

Re-enforcing FHP life cycle initiatives. Focus on the top three medical readiness degraders in your unit. Studies repeatedly have shown the second and third order effects of smoking. Empower each soldier to take individual responsibility for their health and become innovative in encouraging others to follow a healthy lifestyle. Avoid micromanagement in this area, zero defects is unrealistic in forcing any human being to be perfect in one's lifestyle, but through moderation and elimination of the most harmful vices can only lead to a more ready force.

CONCLUSIONS

The Reserve Components are playing an ever-increasing role in the National Military Strategy. The challenge of maintaining their health readiness status not on duty is strictly an individual responsibility. It is up to the leadership to keep their soldiers motivated in staying healthy through health-promoting life-styles and in turn the soldiers set the example for their own family. Commanders must first understand the culture in which they are leading by understanding the generational differences and appealing to their sense of what motivates them. Tackling the health issue is to also understanding subordinates background and the development during their adolescents. Motivating the soldier as to individual commitment to

the adoption of health-promoting behaviors. This is not an issue for the "Medics" it is personal responsibility for one's health by reducing poor lifestyle behaviors and habits.

Utilizing the technology available in the H4H web-site brings the learning adventure on the level of this generation. The twenty-first century leader will need to emphasize mission, teamwork, trust, and open communication in order to have a strong internal cohesive unit. If the unit is sick in any of these areas, it fails. A person not operating at their full capacity is the weak link in this chain and can easily result in mission failure. A proactive response to potential future failures is the key to success. The challenge continues for commanders to keep a steady course with transformation and training of individual and collective skills. A healthy individual is an asset to life, to the workforce and to the military.

WORD COUNT= 4881.

ENDNOTES

¹ U.S. Department of Defense. Directive 1010.10: Health Promotion, Washington D.C.: 1986.

² Joint Chiefs of Staff, Joint Vision 2010, (1996): 1-2.

³ IBID. 34.

⁴ The Joint Staff. Force Health Protection, Washington, D.C.: Pentagon, (1999). I.

⁵ IBID. 1-3.

⁶ IBID. 5.

⁷ IBID. 11.

⁸ IBID.

⁹ U.S. Department of the Army. Army Regulation 600-63: Health Promotion, Washington D.C.: 7 December 1987.

¹⁰ United States Department of Health and Human Services, Healthy People 2000: National Health promotion and Disease Prevention Objectives (Washington D.C.: U.S. Department of Health and Human Services, 1991), 4.

¹¹ Thomas J. Plewes, "The Army Reserve's vision for the 21st Century," Available from <<http://www.army.mil/usar/about.htm>>. Internet. Accessed 19 Feb 2001.

¹² IBID.

¹³ Sherman Mary Mary.Sherman@ocar.army.pentagon.mil, "RC Demographic Report," electronic mail message to Sandra Pufal Sandra.Pufal@carlisle.army.mil, % December 2000.

¹⁴ MAJ General Thomas J. Plewes. Army Reserve Vision & Beyond Car Forum Volume IV, Number II December 2000.

¹⁵ Sandra Pufal, Wellness Study of the United States Army Reservists Masters Research Project (Central Michigan University, 24 February 1998). 18.

¹⁶ IBID. 11-12.

¹⁷ Robert M. Bray, Health Status of Military Women and Men in the Total Force (North Carolina: Research Triangle Institute, 1998). 23.

¹⁸ Center for Strategic and International Studies, American Military Culture in the Twenty-First Century Washington D.C. Center for Strategic and International Studies, (2000). 58.

¹⁹ Ruby Takanishi, Preparing Adolescents for the Twenty-First Century United Kingdom: Cambridge University Press, 1997), 109.

²⁰ "Recruits going up in Smoke," Army Times (12 March 2001):2.

²¹ HOOAH4Health. <http://www.HOOAH4CHANGE/Tobacco02.htm>. Internet; accessed 7 March 2001.

²² Pamela J. Haylock, Men's Cancers (Salt Lake City, Utah: Publishers Press, 2001), 16.

²³ Leonard Wong, Generations Apart: Xers and Boomers in the Officer Corps U.S. Army War College. October 2000, 6-7.

²⁴ IBID 7-8.

²⁵ Department of Defense, "HOOAH 4 HEALTH"; available from <http://www.hooah4health.com.htm>; Internet; accessed 7 December 2000.

²⁶ Judy Harris, "The Hooah 4 Health Program," Information Paper, Aberdeen Proving Grounds, MD, 25 October 2000.

²⁷ Department of Defense, "HOOAH 4 HEALTH"; available from <http://www.hooah4health.com.htm>; Internet; accessed 7 December 2000.

²⁸ IBID.

²⁹ IBID.

³⁰ IBID.

³¹ IBID.

BIBLIOGRAPHY

- Army Times. Recruits Going up in Smoke. Springfield, Virginia, 12 March 2001.
- Bray, Robert M. Health Status of Military Women and Men in the Total Force. North Carolina: Research Triangle Institute, 1998.
- Center for Strategic and International Studies. American Military Culture in the Twenty-First Century. Washington D.C.: Center for Strategic and International Studies, February 2000.
- Department of Defense. "HOOAH4HEALTH." Available from <http://www.HOOAH4HEALTH.com.htm>. Internet. Accessed 7 December 2000.
- Harris, Judy. "The Hooah 4 Health Program." Information Paper. Aberdeen Proving Grounds, MD. , 25 October 2000.
- Haylock, Pamela J. Men's Cancers. Salt Lake City, Utah: Publishers Press, 2001.
- Joint Chief of Staff. Joint Vision 2010. Pentagon, Washington, D.C., 1996.
- Plewes, Thomas J. Army Reserve Vision & Beyond Car Forum Vol IV, Number II, December 2000.
- Plewes, Thomas J. "The Army Reserve's vision for the 21st Century." Available from <http://www.army.mil/usar/about.htm>. Internet. Accessed 19 February 2001.
- Pufal, Sandra . Wellness Study of the United States Army Reservists. Masters Research Project. Central Michigan University, 28 February 1998. 41.
- Sherman, Mary Mary.Sherman@ocar.army.pentagon.mil. "RC Demographic Report." Electronic Mail Message to Sandra Pufal Sandra.Pufal@carlisle.army.mil. 5 December 2000.
- Takanishi, Ruby., David A. Hamburg. Preparing adolescents for the Twenty-First Century. New York: Cambridge University Press, 1997.
- The Joint Staff, Force Health Protection. Joint Chiefs of Staff. Washington D.C.: Pentagon, 1999.
- U.S. Department of Defense. DOD Directive 1010-10, Health Promotion and Disease Prevention (Draft revision; 1998)
- U.S. Department of Health and Human Services. Healthy People 2000: National Health Promotion and Disease Objectives . Washington D.C.: U.S. Department of Health and Services, 1991. 154.
- U.S. Department of the Army. Army Regulation 600-63: Health Promotion. Washington D.C.: 7 December 1987.
- Wong, Leonard. Generations Apart: Xers and Boomers in the Officer Corp U.S. Army War College October 2000. 30.