



Department of Defense **INSTRUCTION**

NUMBER 1010.10

April 28, 2014

Incorporating Change 2, January 12, 2018

USD(P&R)

SUBJECT: Health Promotion and Disease Prevention

References: See Enclosure 1

1. **PURPOSE.** This instruction reissues DoD Directive (DoDD) 1010.10 (Reference (a)) as a DoD instruction (DoDI) in accordance with the authority in DoDD 5124.02 (Reference (b)) to establish policy and assign responsibilities for health promotion and disease prevention in accordance with References (c) through (f).

2. **APPLICABILITY.** This instruction applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to in this instruction collectively as the “DoD Components”).

3. **POLICY.** It is DoD policy to:

a. Enhance mission readiness, unit performance, and the health and fitness of members of the Military Services, medical beneficiaries, and civilian DoD employees through the creation of a culture within the DoD that:

(1) Values health, fitness, and an injury-reduced environment.

(2) Encourages individuals and organizations to achieve optimal health by embracing those values.

(3) Provides guidance regarding the procedures for implementing health promotion and disease prevention programs to improve and sustain military readiness and the health, fitness, and quality of life of Service members, medical beneficiaries, and civilian DoD employees, in peacetime and conflict.

(4) Supports continuous cross-sectional analysis of Military Services’ disease and injury occurrence for the purpose of conducting targeted interventions to improve health, and preserve readiness.

b. Provide effective, integrated, and comprehensive health promotion and disease prevention programs throughout DoD that are based on scientific evidence.

c. Provide healthy environments for Service members, medical beneficiaries, civilian DoD employees, and visitors on military installations.

d. Support the National Prevention Strategy (NPS) (Reference (c)), to shift from a focus on treating sickness and disease to one based on promoting wellness and prevention.

e. Emphasize actions supporting the NPS priorities as defined in Reference (c) to reduce the leading causes of preventable death and major illness.

f. Support the achievement of the Department of Health and Human Services' vision for improving the health of all Americans as outlined in Healthy People 2020 (Reference (d)).

4. RESPONSIBILITIES. See Enclosure 2.

5. RELEASABILITY. **Cleared for public release.** This instruction is available ~~on the Internet~~ from the Directives Division Website at <http://www.esd.whs.mil/DD/>.

6. EFFECTIVE DATE. This instruction is effective April 28, 2014.



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Acting Under Secretary of Defense for
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Enclosures

1. References
2. Responsibilities

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 1010.10, "Health Promotion and Disease/Injury Prevention," August 22, 2003 (hereby cancelled)
- (b) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (c) National Prevention, Health Promotion and Public Health Council, "National Prevention Strategy: America's Plan for Better Health and Wellness," June 16, 2011
- (d) Healthy People 2020 website, <http://www.healthypeople.gov/2020/default.aspx>
- (e) U.S. Preventive Services Task Force website, "Recommendations," <http://www.uspreventiveservicestaskforce.org/recommendations.htm>
- (f) Public Law 111-148, "The Patient Protection and Affordable Care Act," March 23, 2010
- (g) Secretary of Defense Policy Memorandum 16-001, "Department of Defense Tobacco Policy," April 8, 2016
- (h) Community Preventive Services Task Force website, "The Community Guide," <http://www.thecommunityguide.org/index.html>
- (i) DoD Directive 1308.1, "DoD Physical Fitness and Body Fat Program," June 30, 2004
- (j) DoD Directive 3235.02E, "DoD Combat Feeding Research and Engineering Program, DoD Combat Feeding Research and Engineering Board, and DoD Nutrition Committee," May 21, 2004, as amended
- (k) DoD Directive 6490.02E, "Comprehensive Health Surveillance," February 8, 2012, as amended
- (l) DoD Instruction 6130.05, "DoD Nutrition Committee," February 18, 2011, as amended
- (m) ~~Interim~~ DoD Instruction 5000.02, "Operation of the Defense Acquisition System," ~~November 25, 2013~~ *January 7, 2015 as amended*
- (n) DoD Instruction 4001.01, "Installation Support," January 10, 2008, as amended
- (o) DoD Directive 4715.1E, "Environment, Safety, and Occupational Health (ESOH)," March 19, 2005
- (p) Chairman of the Joint Chiefs of Staff Instruction 3405.01, "Chairman's Total Force Fitness Framework," September 1, 2011

ENCLOSURE 2
RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)).

The USD(P&R):

a. Oversees the implementation of this instruction in accordance with Reference (b).

b. Provides:

(1) Strategic direction for health promotion, disease prevention, medical aspects of injury prevention, and population health goals and objectives throughout the DoD.

(2) Strategic direction to any designated health promotion committees, task forces, and work groups that:

(a) Advise DoD leadership.

(b) Review, coordinate, and integrate DoD health promotion and disease prevention activities as appropriate.

(c) Align, integrate, and coordinate policies, initiatives, and business processes in accordance with Secretary of Defense Policy Memorandum 16-001 (Reference (g)).

(3) Strategic direction and prioritization, in accordance with the DoD mission, of medical and non-medical goals and objectives in accordance with References (c) and (d).

(4) Actionable information and direction to leadership on health promotion and disease prevention programs and ensures continuing evaluation and makes recommendations for improvement as necessary.

c. Oversees the integration of the strategic directives in Reference (c) in relevant policy, guidance, and programs, and prioritizes the implementation of the non-medical recommendations in References (c) and (d) in accordance with the DoD mission and as they relate to:

(1) Military personnel policy.

(2) Readiness and training.

(3) National Guard and Reserve Component affairs.

(4) Military community and family programs.

(5) Civilian personnel policy.

(6) Medical aspects of injury prevention.

d. In coordination with the DoD Component heads, periodically reviews the status of non-medical programs ~~initiated in response to References (c) through (f) and the Community Preventive Services Task Force Community Guide (Reference (h)).~~ The review ~~measures to measure~~ management effectiveness and the costs, outcomes, and impacts of these programs. *The review should be aligned, where appropriate, with:*

(1) NPS efforts to create prevention-oriented communities, support individuals in making healthy choices, and enhance collaboration on implementing prevention and health promotion activities to promote comprehensive wellness, in accordance with Reference (c).

(2) U.S. Department of Health and Human Services' Healthy People Goals, Objectives, and evidence-based resources, in accordance with Reference (d).

(3) U.S. Preventive Services Task Force recommendations (Reference (e)), supported by evidence of effectiveness.

(4) Efforts to provide accessible, evidence-based preventive health services supported by nationally recognized guidelines and recommendations, consistent with section 2713 of Public Law 111-148 (Reference (f)).

(5) The Community Preventive Services Task Force evidence-based findings issued in the Community Guide (Reference (h)) for the selection of interventions to improve health and prevent disease and injury in Service members.

2. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). Under the authority, direction, and control of the USD(P&R), the ASD(HA):

a. In cooperation with the DoD Component heads, coordinates and oversees the DoD health promotion and disease prevention programs and practices in accordance with this instruction, ~~Reference (g), and References (i) through (l).~~ and related programs and practices as established in other DoD policies, including:

(1) Health promotion and disease prevention programs and practices established in compliance with Reference (g).

(2) Health promotion program pertaining to physical fitness and body fat established in accordance with DoDD 1308.1 (Reference (i)).

(3) Activities in the DoD Food Service Program that concern sanitation, nutrition education, and nutrition standards in accordance with DoDD 3235.02E (Reference (j)).

(4) Effectiveness of medical and health surveillance programs and activities throughout the DoD in accordance with DoDD 6490.02E (Reference (k)).

(5) Implementation of approved DoD Nutrition Committee recommendations in accordance with DoDI 6130.05 (Reference (l)).

b. In consultation with the Defense Health Agency and the Surgeons General of the Military Departments:

~~(1) Periodically reviews the status of Service health promotion and disease prevention programs and practices, to include those programs initiated in response to References (e) through (h), except tobacco product pricing policy. This review will use the Services' methodology to measure management effectiveness, and the costs, outcomes and impacts of these programs.~~

(1) Periodically reviews the status of Service health promotion and disease prevention programs and practices using the Military Services' methodology to measure management effectiveness and the costs, outcomes, and impacts of these programs. This review will include those programs aligned, when appropriate, with:

(a) NPS efforts to create prevention-oriented communities, support individuals in making healthy choices, and enhance collaboration on implementing prevention and health promotion activities to promote comprehensive wellness in accordance with Reference (c).

(b) U.S. Department of Health and Human Services' Healthy People Goals, Objectives, and evidence-based resources as described in Reference (d).

(c) U.S. Preventive Services Task Force recommendations made in Reference (e), supported by evidence of effectiveness.

(d) Efforts to provide accessible, evidence-based preventive health services supported by nationally recognized guidelines and recommendations, consistent with section 2713 of Reference (f).

(e) The Community Preventive Services Task Force evidence-based findings issued in the Guide to Community Preventive Services for the selection of interventions to improve health and prevent disease and injury in Service members.

(f) Promoting DoD tobacco policy to prevent initiation of tobacco use, help those who want to quit using tobacco succeed, and decrease exposure to second-hand smoke in accordance with Reference (g). This does not include tobacco product pricing policy.

(2) Recommends and prioritizes evidence-based health promotion and disease prevention initiatives in accordance with the Military Health System (MHS) mission, strategies, and objectives.

c. Facilitates the coordination of health promotion and disease prevention programs and practices across the DoD Components and the MHS.

d. Utilizes available military health data systems for TRICARE Prime enrollees and other DoD beneficiary groups, to acquire and manage information in a manner that:

(1) Supports DoD medical programs, including medical readiness requirements.

(2) Provides comparability with current national statistics.

e. Oversees the integration of the NPS strategic directives in relevant policy, guidance, and programs. Coordinates the prioritization of the achievement of the medical recommendations in References (c) and (d) as they relate to the MHS.

f. Provides strategic guidance, prioritization, oversight, and any legally required exceptions for the incorporation of clinical preventive services as recommended by ~~U. S. Preventive Services Task Force website~~ (Reference (e)) and ~~Public Law 111-148~~ (Reference (f)) in the routine provision of health care.

g. Through the MHS decision-making process:

(1) Provides strategic direction to any designated health promotion committees, task forces, and work groups that advise DoD leadership. Reviews, coordinates, and integrates DoD health promotion and disease prevention activities as appropriate.

(2) In accordance with the DoD mission, provides strategic direction and prioritization of the medical goals and objectives of References (c) and (d), through the USD(P&R), to the DoD Components as appropriate.

3. UNDER SECRETARY OF DEFENSE FOR ACQUISITION, TECHNOLOGY, AND LOGISTICS (USD(AT&L)). The USD(AT&L):

a. Oversees the integration of the NPS strategic directives in relevant policy, guidance, and programs. Coordinates the prioritization of the achievement of the non-medical recommendations in References (c) and (d) in accordance with the DoD mission, and as they relate to:

(1) Acquisition, technology, and procurement in accordance with DoDI 5000.02 (Reference (m)).

(2) Installation and facility management in accordance with DoDI 4001.01 (Reference (n)).

(3) Environment, safety, and occupational health in accordance with DoDD 4715.1E (Reference (o)).

b. Periodically reviews the status of non-medical programs initiated in response to References (c) through (h). The review measures management effectiveness and the costs, outcomes, and impacts of these programs.

c. Oversees the integration of the DoD tobacco policy in relevant policy, guidance, and programs.

4. DoD COMPONENT HEADS. The DoD Component heads:

a. Implement, maintain, fund, monitor, and evaluate comprehensive and integrated health promotion and disease prevention programs and practices in accordance with this instruction and the total force fitness framework in Chairman of the Joint Chiefs of Staff Instruction 3405.01 (Reference (p)).

b. Coordinate health promotion initiatives among and within all DoD Components to eliminate duplication of effort in achieving the strategies and priorities determined applicable to DoD.

c. Assess the gaps between the strategic directives in Reference (c) and DoD strategies and priorities, and integrate the strategic directives in Reference (c), as applicable, into the Component's mission. The four strategic directives are:

- (1) Healthy and safe community environments.
- (2) Clinical and community preventive services.
- (3) Empowered people.
- (4) Elimination of health disparities.

d. Assess the gaps between the seven targeted priorities in Reference (c) and DoD strategies and priorities. Integrate the targeted priorities, as applicable, into the Component's mission. The seven targeted priorities are:

- (1) Tobacco-free living.
- (2) Preventing drug abuse and excessive alcohol use.
- (3) Healthy eating.
- (4) Active living.
- (5) Injury and violence free living.
- (6) Reproductive and sexual health.
- (7) Mental and emotional wellbeing.

e. Assess the gaps between DoD strategies and priorities and the leading health indicators (LHI) in Reference (d). Integrate the prioritized LHI in DoD health promotion and disease prevention programs and practices, as applicable, into the Component's mission. The LHI are:

- (1) Access to health services.
- (2) Clinical preventive services.
- (3) Environmental quality.
- (4) Injury and violence.
- (5) Maternal, infant, and child health.
- (6) Mental health.
- (7) Nutrition, physical activity, and obesity.

- (8) Oral health.
- (9) Reproductive and sexual health.
- (10) Social determinants.
- (11) Substance abuse.
- (12) Tobacco use.

f. Determine measures of effectiveness for the LHI in Reference (d) and distribute the results of these measures to optimize health promotion and preventive programs.

g. Institute tobacco-free military housing areas and tobacco-free zones, where practicable, to lessen the harmful effects of second-hand smoke and promote tobacco product cessation efforts, in accordance with Reference (g). This includes:

- (1) Multi-unit smoke-free military housing (government-owned or leased housing).
- (2) Negotiated smoke-free options with the owners of privatized housing.
- (3) Developing and implementing plans for increasing tobacco-free zones around areas frequented by children.

h. Integrate the DoD tobacco policy in all DoD facilities to help tobacco cessation efforts, stop people from becoming tobacco users, and help eliminate harmful health effects associated with second-hand smoke, in accordance with Reference (g). Specifically:

- (1) All DoD facilities will restrict use of tobacco products to explicitly designated outdoor areas, which must be at least 50 feet from building entrances and air intake ducts.
- (2) To the extent practicable, all areas within installations that are not designated as 'tobacco use areas' will be tobacco-free areas. Implementation shall be consistent with the "Federal Service Labor-Management Relations Act." The provisions of existing collective bargaining agreements shall be honored and the DoD Components shall consult with employee labor representatives about implementation of this instruction.

i. To the extent allowed by law, incorporate clinical preventive and cessation services (including tobacco counseling and medications, where indicated) in the routine provision of health care as recommended in References (d), (e), and (g).

j. Promote the use of evidence-based findings and recommendations to inform health promotion and disease prevention programs (including comprehensive tobacco product control programs) to improve the health and readiness of the force and improve public health through use of References (e) and (h) in accordance with References (c), (d), and (g).

k. Evaluate and recommend changes or improvements for the non-medical aspects of the health promotion and disease prevention programs and practices to the USD(P&R), USD(AT&L) and, for the medical aspects of the health promotion and disease prevention programs, to the ASD(HA).

1.- Conduct continuous review of all programs initiated in response to References (c) through (h). The review measures management effectiveness and the costs, outcomes, and impacts of these programs. *The review should also assess the alignment of these programs, where appropriate, with:*

(1) NPS efforts to create prevention-oriented communities, support individuals in making healthy choices, and enhance collaboration on implementing prevention and health promotion activities to promote comprehensive wellness in accordance with Reference (c).

(2) U.S. Department of Health and Human Services' Healthy People Goals, Objectives, and use of Healthy People evidence-based resources as found on Reference (d).

(3) U.S. Preventive Services Task Force recommendations provided on Reference (d), supported by evidence of effectiveness.

(4) Efforts to provide accessible, evidence-based preventive health services supported by nationally recognized guidelines and recommendations, consistent with section 2713 of Reference (f).

(5) DoD's Tobacco Policy efforts to prevent initiation of tobacco use, helping those who want to quit using tobacco succeed, and decreasing exposure to second-hand smoke in accordance with Reference (g).

(6) Community Preventive Services Task Force evidence-based findings issued on Reference (h) for the selection of interventions to improve health and prevent disease and injury in Service members.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
DoDD	DoD directive
DoDI	DoD instruction
LHI	leading health indicators
MHS	Military Health System
NPS	National Prevention Strategy
USD(AT&L)	Under Secretary of Defense for Acquisition, Technology, and Logistics
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this instruction.

disease prevention. Disease prevention is the deferral or elimination of specific illnesses and conditions by one or more interventions of proven efficacy.

health promotion. The process of enabling people to increase control over and improve their health. It moves beyond a focus on individual behavior toward a wide range of social and environmental interventions.

tobacco products. Products made or derived from tobacco that are intended for human consumption, including cigarettes, cigars, little cigars, pipe tobacco, roll-your-own tobacco, smokeless and dissolvable tobacco, and products intended for use in hookahs/water pipes. Electronic nicotine delivery systems, including but not limited to e-cigarettes and vape pens, will also be treated as tobacco products.

tobacco-free living. Adopting a lifestyle that avoids using all tobacco product types and living free from second-hand smoke exposure.