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IMPLEMENTATION OF ARMY WELL-BEING

BY

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USAWC STRATEGY RESEARCH PROJECT

Implementation of Army Well-Being

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ABSTRACT

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TITLE: Implementation of Army Well-Being

FORMAT: Strategy Research Project

DATE: 10 April 2001 PAGES: 30 CLASSIFICATION: Unclassified

While the entire United States Army is undergoing significant transformation, attention must be paid to the efforts made to improve the well-being of the troops. Physical, mental, and spiritual health affect readiness. Each component is connected through a lifestyle system of behaviors. This theoretical framework is compared with the Army Well-Being Framework to emphasize the importance of effective, holistic programs. Research is sited which supports the cost effectiveness of wellness programs.

The Army has the opportunity to lead the nation in comprehensive, integrated well-being programs. Future implications and directions suggest that Army-wide programs be instituted. The Chief of Staff of the Army has recognized the need for a new approach to well-being. This paper offers a suggested program, supported by theory and metrics, which is working at one Army installation.

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ACKNOWLEDGEMENTS

The author wishes to thank LTG John Riggs, former commander of 7th ID and Fort Carson, and COL Eric Schoomaker, former commander of Evans Army Community Hospital for their support, encouragement, and vision in the development of the Mountain Post Wellness Center. That community has a lasting, invaluable facility that has helped hundreds of beneficiaries improve their well being through better health practices, improved coping skills to face life's challenges, and a better appreciation of their spiritual selves.

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IMPLEMENTING ARMY WELL-BEING

The purpose of this Strategy Research Project is to take Army Well-Being from theory to practice. The Army War College class of 2000 developed an excellent theoretical construct that describes the multidimensional nature of well-being. That project was completed at the request of the CSA, GEN Eric Shinseki. GEN Shinseki recognizes the vital importance of taking care of the Total Army Family. The result of an effective web of well-being services and activities preserves organizational effectiveness, supports retention, and promotes readiness of military forces.

This project describes a "system of systems" for well-being. It is based on past successes and describes the forces that are required, i.e. effective partnering, shared ownership, and shared responsibilities. These buzz words are easily written, but it truly requires new attitudes and skills from leaders to break the barriers of territorialism and the traditional molds of the past. The author's expertise and interest lend themselves most specifically to well-being through healthy behaviors and leading change in organizations. Consequently, while many lessons learned presented here have universal application to fledgling organizations, the only details provided are based on the opening of a Wellness Center at Fort Carson, Colorado in 1998. Each member of the well-being team must forge ahead to lead change within their own organization.

This paper describes the process of identifying current well-being efforts and uniting them to form an effective team of concerned professionals. The needs of the individual, and groups, are identified and addressed by the holistic program development. Programs and facilities are described.

PROBLEM

The Army is undergoing significant change. While much of the focus of this transformation is on equipment platforms and organizational structures, the Army cannot lose sight of its most important asset – soldiers and their families. In 1999, the Chief of Staff of the Army requested a special project be completed by a select group of students attending the Army War College (AWC). Entitled "Army Well-Being," the group was to define what well-being means to the Army and its constituents. Well-being was viewed as an "integral part of the Institutional Strength of The Army."[1]

The Well-Being study designed a comprehensive model that defines well-being in a pyramid framework. Much can be gained by viewing well-being as integral to Army strength and as integrated through many components. The problem left unanswered by this study was, "how

do we implement this framework to affect positive change for our soldiers and their families?" This question poses no small task.

The purpose of this paper is to describe an implementation plan for Army Well-Being. The focus is on Wellness Centers and the potential partnerships within an Army community to form Family Readiness Centers. A healthy, ready, fighting force is not the sole responsibility of the Army Medical Command. The entire picture of Well-Being includes certain garrison functions and services currently provided to soldiers, for example, housing, health care, and Morale, Welfare, and Recreation (MWR) activities. It is the responsibility of leaders, commanders, parents, spouses, retirees, volunteers, civilians, and of course, it is the responsibility of the individual soldier. When everyone takes a role, the results are astounding.

QUESTIONS

To form a baseline of understanding, the first question answered in this paper is why well-being? Why is Army leadership concerned and interested? Does well-being really effect readiness and mission accomplishment?

If well-being is important, what does it look like? Further evidence is presented that supports the well-being framework developed by the AWC Class of 2000. Well-being is multidimensional. The Lifestyle Systems Theory helps to explain this. Can the Army afford to invest in well-being, or rather; can we afford NOT to invest? Evidence for the cost effectiveness of well-being is presented by citing on-going studies on the "payback" of promoting healthy behaviors.

Finally, and most importantly, the question, "how can we implement well-being in the Army" is discussed. The program described here was based on a vision: a team of concerned agencies, pulling together and pooling resources, to present an effective, multidisciplinary approach to helping our Army community. Services for the Total Army Family are included because we form a system that cannot afford to dismiss any member. This is not an expensive venture. The secret to success is sharing the responsibility, which makes the load lighter for all involved.

SIGNIFICANCE

Military leaders recognize the importance of taking care of our people. Without quality people, it does not matter how lethal our weapons are or how strategically responsive our formations are. The Army Posture Statement of FY 01 states, "Manning the force is an integral part of our transformation. It encompasses a commitment to the well being of all the personnel

that form The Army Family—its soldiers, civilians, veterans, and their families—as well as an emphasis on superior ways of investing in our most precious asset: our people."[2]

Recruiting and retaining quality soldiers is becoming increasingly difficult in these times of a good economy and increased opportunities for higher education. Comprehensive well-being programs are being offered in the civilian sector and must be offered in the military sector to compete for the best-qualified personnel. There must be a military standard, across the organization, to provide holistic, coordinated well-being programs. The Posture Statement reflects, "To retain sufficient numbers of our high-quality officers, NCOs, and soldiers, both military and civilian leaders must continue to take steps to improve soldier well being and compensation."[3] Soldier well-being is clearly important for reenlistment.

The Army Posture Statement FY 01 contains an entire chapter on Community and Well Being. The community facilities and programs that enhance well-being help to mitigate the stress that often accompanies a high OPTEMPO. It is said that 'the Army enlists soldiers, but reenlists families.' Soldier well-being is closely linked to family well-being for married soldiers. Programs to sustain well-being shape perceptions that the Army can provide a long-term, fulfilling career for The *Total Army Family*.

Chief Of Staff, United States Army

"The Army's readiness is inextricably linked to the well-being of its people. Our success depends on the whole team – our Soldiers, civilians, veterans, and their family members – all of whom serve the Nation."[4]

Vice Chief of Staff, United States Army

"The Army is people, and Soldiers are the center piece of our formations. The well-being of our people directly affects the institutional strength of The Army and is inextricably linked to combat readiness...The well-being of our Soldiers, civilians, and their families are the responsibility of every leader. I urge every leader to remain actively involved in our well-being initiatives."[5]

Center for Health Promotion & Preventive Medicine

"The tempo and complexity of military operations have continued to increase since the end of the cold war. These operational requirements establish the need for preventive medicine services which optimize human performance. We must document the cost effectiveness of health promotion and preventive medicine, reflecting that they provide commanders with the maximum number of fit and healthy soldiers. We must target our diminishing resources to promote and maintain individual health for the Total Force (military, civilian, and family members).[6]

Army Regulation

"Commanders and other leaders committed to the professional Army ethic promote a positive environment. If leaders show loyalty to their Soldiers, the Army, and the Nation, they earn the loyalty of their Soldiers. If leaders consider their Soldiers' needs and care for their well-being, and if they demonstrate genuine concern, these leaders build a positive command climate."[7]

ASSUMPTIONS

If leaders can be convinced that it is worthwhile to implement well-being programs across the Army, and that it is of critical importance to promote change now, money can be found within current budgets to implement such programs. If leaders support such initiatives, subordinates will form effective, matrixed well-being teams to implement new programs. Parochialism must submit to team work.

BACKGROUND

HEALTH BEHAVIORS IN THE UNITED STATES MILITARY

Under the direction of the Office of the Assistant Secretary of Defense (Health Affairs), health related behaviors of military personnel are surveyed about every three years.8 Many high-risk behaviors have decreased over the years. For example, heavy drinking declined from 20.8% in 1980 to 17.1% in 1995; use of any illicit drugs declined from 27.6% in 1980 to 3.0% in 1995; and cigarette smoking decreased from 51.0% in 1980 to 31.9% in 1995. While these improvements are encouraging, many other behavior targets have been set for the military.

Healthy People 2000[9] objectives for the military include the following.

- Reduce cigarette smoking to a prevalence of no more than 20% (currently 31.9%) among military personnel;
- Reduce overweight to a prevalence of no more than 15% (currently 16.7%) among people under age 20;
- Increase to at least 90% (currently 76.3%) the proportion of adults who regularly check their blood pressure;
- Increase to at least 75% (currently 60%) the proportion of adults who had their blood cholesterol checked within the last 5 years;
- Reduce nonfatal unintentional injuries that require hospitalization to no more than 754 per 100,000 (currently 3,400 per 100,000);

- Increase the use of helmets to at least 80% (currently 71%) of motorcyclists and at least 50% (currently 22.8%) of bicyclists;
- Increase to more than 50% (currently 40%) the proportion of sexually active, unmarried people who used a condom at last sexual intercourse.

The military population meets the Healthy People 2000 goals for overweight for personnel ages 20 and older, strenuous exercise, seat belt use, and Pap smears – all measures that are reinforced by some measure of military regulation.

When comparisons are drawn between the civilian and military populations, controlled for demographic differences, the military has higher rates of heavy alcohol use and cigarette smoking. Heavy alcohol use among young military men is approximately twice the standardized rates for their civilian counterparts.

Mental health, stress, and coping were also measured in the DoD survey. The most frequently identified stressor for both men and women was separation from family. Men were more likely to identify stress from deployments and women were more likely to identify stress that related to changes in the family. More women (20.8%) than men (17.1%) reported depression.

"The three most commonly used strategies for coping with stress were adopting a problem-solving approach, seeking social support, and engaging in health-related behaviors, such as exercise. However, nearly a quarter of military personnel commonly used alcohol to cope with stress, daily pressures, and feelings of depression."[10]

ARMY WELL-BEING MODEL

The Army Well-Being framework (see Figure 1) represents four levels of human needs to achieve well-being. The base of this hierarchy represents the Army's ability to meet an individual's fundamental need to serve others. That is undoubtedly part of the primary reason any soldier would serve in a volunteer Army. The next level of the hierarchy is the need to live. This centers on the physical and material needs related to shelter, food, and safety. These needs must be met before an individual will seek to progress further along the hierarchy of needs. These essential functions are satisfied through the soldiers earning a living and providing for their families.

The next level of the hierarchy is described as the need to connect. This is based on acceptance, contribution, and social interaction. "Individuals want to be accepted as valued individuals, contribute to a winning team, and perform meaningful work. Individuals derive a sense of 'belonging' that is satisfied through work as well as family and membership in various

types of organizations."[11] The Army Well-Being model calls this a defining function. The highest level of the hierarchy in the model is the need to grow. This addresses the mental and spiritual needs. It includes the need to be creative and productive. The model views this level as the enhancing function in well-being.

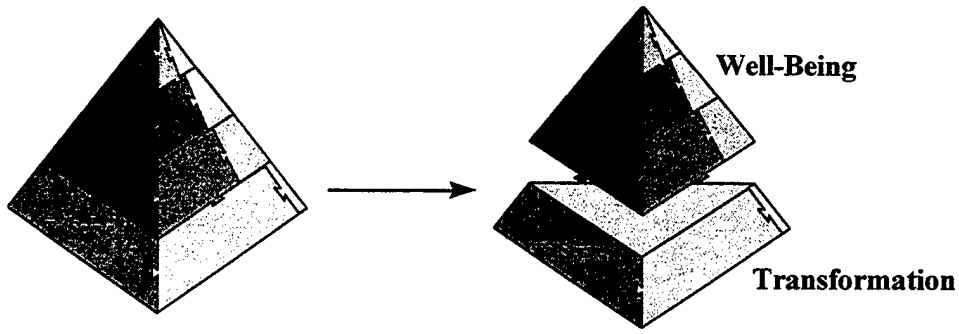

FIGURE 1. INSTITUTIONAL STRENGTH OF THE ARMY

This model is integrated and synchronized in that each level builds on the previous one. An individual cannot aspire to meet loftier needs when the more basic needs are left unmet. All of the levels in the model form a system that functions together to help individuals maximize their well-being potential. The wellness center described later meets many of the needs identified in the well-being pyramid. When combined with other community resources, on a well-being team, practically the entire system of human needs can be addressed.

LIFESTYLE SYSTEMS THEORY

Another method of portraying the hierarchy of needs as an integrated and holistic phenomenon is through the use of the Lifestyle Systems model (see Figure 2).[12] This theory supports the notion that health behaviors are multidimensional and work in a system; each component effected by another. Any health behavior is accompanied and supported by a pattern of other behaviors. The components of this pattern are linked together in such a way that a change in one will have an effect throughout the system, and will change other behaviors. Behavioral change in the system will affect the overall health of the person.

This model was tested on a random sample of Health Risk Appraisals completed by over 3700 soldiers between 1989 and 1993. The analysis detected some significant and often neglected aspects of preventive health behaviors as well as several of the expected influences from the variables: socioeconomic status (SES), age, gender, race, stress, and previous

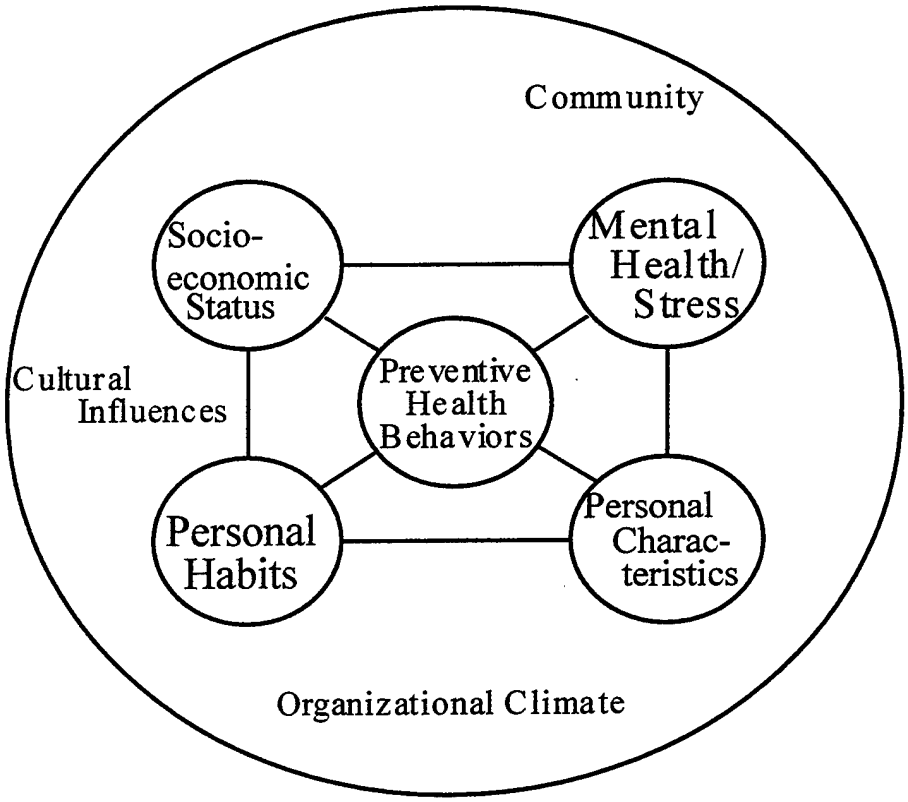

FIGURE 2. LIFESTYLE SYSTEM OF HEALTH BEHAVIOR

behavior. Stress had the most significant influence on health behaviors. It was negative which indicates that increased levels of stress were reflected in poor health behaviors. The influence of SES was direct and positive. In the military, SES equates to rank, which means that the higher the SES/rank, the better health behaviors demonstrated. The soldiers also reported less stress as SES/rank increased. Think of the second and third order effects pictured here: lower ranked soldier reports higher stress levels, poorer health behaviors, and probably financial worries. This soldier will not be helped with a unidimensional approach to stress management if financial management never improves.

The Lifestyle System Theory is the basis for the proposed well-being implementation plan presented here due to its "systems thinking" approach.[13] The essence of systems thinking is interconnectedness and holism. The basic principle of systems thinking is that structures influence behavior. Human behavior can be viewed from a "systems" approach. From human behavior and lifestyle practices come levels of well-being.

COST EFFECTIVENESS OF WELL-BEING PROGRAMS

The Army Well-Being Strategic Plan includes identification of resourcing needs and ways to meet these needs. Through the PPBES process for appropriated funds and the MWR BOD process for non-appropriated funds, the needs can be prioritized and funded. Many may still wonder how cost-effective the programs are that effect change in health behavior and therefore in overall well-being of soldiers. Several example programs have been studied that demonstrate a payback from dollars spent on improving lifestyles and behaviors.

The University of Michigan Health Management Research Center (HMRC) is a faculty research laboratory that analyzes the effectiveness of health promotion programs in society and quantifies the effect. Their mission is "to 'study lifestyle behaviors and how they influence one's health, quality of life, vitality and healthcare utilization throughout a lifetime.' Our goal is to evaluate, enhance and maintain total well-being of individuals and organizations. In this effort, our research group evaluates the impact of health costs and utilization on the individual, employer, provider and insurer – all partners in managing health."[14] The center has analyzed the impact of programs on over 2,000,000 individuals since its establishment in 1976.

Several key conclusions have been drawn from this research.

- High-risk persons have higher medical claims. Significant findings are seen both with individual risk behaviors and cumulative risk behaviors.
- Absenteeism and productivity show the same relationships with risks as medical costs.
- Changes in costs follow changes in risks; as high-risk behavior decreases, so do medical costs.

HMRC has also found that low-risk maintenance programs are key to lowering costs. Most often, health promotion and risk reduction programs focus on only the high-risk individuals. By planning programs that include attention to the low-risk people, we help them to maintain that status and avoid developing further risks.

Corporate America is calling for better coordinated, comprehensive health promotion programs. Technology will likely be used more often to promote healthier lifestyles. Interest is shifting to individualization of programs to meet the needs of employees. Goals for private sector health promotion programs are, ranked in order, "cost containment, productivity and morale improvement, health improvement, staff retention and corporate image."[15] Similar goals are reflected in the Army Well-Being Strategic Plan. The Army has yet another opportunity to set the standard for wellness activities for its "employees."

DISCUSSION

CURRENT EFFORTS

The Secretary of Defense established the Prevention Safety and Health Promotion Council (PSHPC) in 1999. The purpose of the council is to "advance health and safety promotion and injury/illness prevention policy initiatives that are consistent with Department of Defense readiness requirements and the Military Health System Strategic Plan goal of 'A Constantly Fit and Ready Force; and Healthy Communities at Home and Abroad, in Peacetime and in Conflict.'"[16] Per this charter, the PSHPC provides much of the guidance that is required for an effective well-being program for the Army family. They are to recommend uniform, comprehensive policies and programs to be implemented consistently throughout DoD. These programs are to measurably improve the health and safety status of individuals and populations.

It is interesting to note that the charter calls for medical, line, and community leaders to create a wellness culture throughout DoD. This author suggests that creating a culture of wellness is not sufficient. All of these leaders must work together and provide the resources required creating a comprehensive matrix of well-being programs and services. Current well-being efforts and activities are common at many posts, but these are usually stove-piped activities, protected by tradition, regulation, and parochialism. The molds of tradition must be shattered and partners in well-being must see the value of teamwork. They each must take a role of responsibility to make the effort successful.

WHY CHANGE?

As presented in the background materials, providing programs that help individuals maintain low-risk behavior tends to control healthcare costs in the future. Reducing high-risk behaviors reduces medical claims. Improved well-being supports the improvement of the entire person, from the foundation of the need to serve, to the need to live, to the need to connect, and finally, to the need to grow. A healthier soldier reflects a healthier work attitude. Knowing that family members are cared for increases the soldier's ability to focus on the mission. Seeing that the Army continues to care for retirees and family reflects an organization that values well-being of its people.

A comprehensive well-being program attracts quality recruits and retains well-trained soldiers. It can help restore balance to both individuals and families when they experience the stress of high OPTEMPOs or multiple requirements of their time. A balanced, self-reliant, healthy person lives a happier life and is better able to make sound decisions. A first class well-

being community structure makes the Army a fun, healthy, and wholesome place to work and live.

HOW TO IMPLEMENT WELL-BEING

One way to implement new programs and coordinating services is to write doctrine and guidance first. Another way is to look at successful models and write the programming documentation second—test the idea before implementing it. Fort Carson, Colorado has had such a model sight for nearly three years. Opening in 1998, the Family Readiness Center offered many of the pieces of the well-being framework all under one roof. They accomplished this successful venture by forming the best of teams with a vision for meeting the needs of the entire Army Family. No new directorates were formed; rather members of the team worked together and achieved a synergy and sharing of information and talents.

Consider the follow newspaper article announcing the grand opening:

> What's the next best thing to having a solution to your problem? It's preventing the problem before it occurs. That's being prepared. That's thinking ahead. That's taking responsibility for your actions. It's also about using the resources available in your Army community to help you prevent (or solve) problems.
>
> Building 1526, just north of the Commissary has become a 'one-stop for prevention, education, and assistance.' The Family Readiness Center strives to prevent problems before they occur – problems like family stressors, financial woes, fitness shortfalls, spiritual and mental health needs – many of life's 'problem' issues can be addressed by the professionals gathered in building 1526. They can give you the tools you need to help prevent problems before they occur.
>
> Army Community Services (ACS) is still located on the first floor. They continue to provide their many helpful programs such as Family Advocacy, Community Outreach, Financial Counseling, Army Emergency Relief, Family Member Employment, Exceptional Family Member Program, Relocation, Information and Referral, and Installation Volunteer Coordinator. Additionally, all of the installation's Unit Service Coordinators work out of building 1526 to support unit commanders and their Family Support Groups.
>
> The Mountain Post Wellness Center (MPWC) is a community joint venture designed to promote healthy behaviors, increase readiness, and improve quality of life on Fort Carson. It provides a comprehensive, coordinated wellness program that identifies the needs of all beneficiaries, grouped by target cohorts and presented with individual attention, to effect health behaviors and wellness status, in a measurable way.
>
> The Center provides counseling, fitness evaluations, exercise prescriptions, health education, smoking cessation, stress management, cooking classes, self-care classes, and a resource library. Physical training programs are

evaluated and PT instructors are trained with the latest in effective exercise programs. Many of the services are delivered directly to the units and worksites.

The Center is outcomes driven and data analysis provides a measure of progress for the individual and/or group. Applied research is conducted to quantify the effect of the programs. MPWC offers a readiness-oriented, health enhancement program for soldiers, and programs that enhance the quality of life for family members, retirees, and civilian employees working towards holistic wellness.

All resources are shared and coordinated between various units on Post. For example, personnel are assigned for duty at MPWC from MEDDAC (primarily), 10CSH (for training), and Garrison. The annual budget is shared between post and MEDDAC to support supplies, new equipment and programs. When helping agencies work together to provide services, there is less duplication of efforts and better utilization of critical resources. The group of services brought together in Building 1526 provide new programs when necessary. Classes on CPR, safety, effective parenting, low fat cooking, stress management, self-care, and so forth emphasize that wellness is more than physical fitness.

The Chaplain's Family Life Training Center is also located on the second floor. The Family Life Chaplain conducts training and counseling for marriage and family issues. A chaplain is also assigned to the wellness center to offer counseling and classes on spiritual health. The American Red Cross is there, as well, and will continue to offer many valuable services and classes.

There are four great classrooms that can hold 30-100 people. Not only are all of the classes mentioned above held here, this is the new home of the Army Family Team Building Program. These rooms are for the entire community to use – day or evening – support groups or meetings.

Another unique service, the Family Readiness Operations Center, allows family members to communicate with their deployed spouses through video-conferencing or electronic mail. Family Support Groups are encouraged to use these facilities for their meetings, and even arrange to "talk" to their loved ones with 24-hour VTC capabilities. Additionally, on-site childcare is available for family support groups, appointments, counseling, or volunteer time.

The services united here build self-reliance and self-empowerment for every member of the Total Army Family. They build confidence, improve communication skills, enhance relationships and teamwork, and help our community members take positive, proactive roles in their communities and in their own lives.

By co-locating all of these organizations, Fort Carson is (once again) the first and only place in the Army that offers this approach to prevention. Services are coordinated and improved, convenient and accessible to our beneficiaries. A 'systematic' team-based approach is more effective at assessing and identifying issues from a holistic point of view than are individual, stove-piped efforts.

The Family Readiness Center was created rather serendipitously—the right people, the right support, the right vision, and the right time. Thus, a model was formed for others to use. Army posts do not have to "reinvent the wheel" if they use other people's experiences from which to learn. The entire community, *The Total Army Family*, continues to use the Fort Carson Family Readiness Center today. It has improved the well-being of the entire community.

The author has developed an implementation guide to help action officers implement similar programs. It discusses how to create a post-wide team to share the ownership of the program; how to write a business and marketing plan; how to develop outcomes to measure effectiveness; which resources need to be gathered – people and equipment- and where to find them, how to account for workload; and which services might be provided. These concepts and plans could be used at any post, with local modifications. Well-being does not need to be confined to theory – it can become a reality.

Following is an excerpt from the implementation guide.

Getting Started

1. Form a team of Wellness Champions. You might begin with word of mouth, a message in the local electronic mail system, or posters. When you start with the most energetic and talented wellness professionals, the process is much smoother. This is the synergy discussed earlier. Ideas are generated easily in meetings.

When you have your committee together, follow these steps to form a good, sound plan.

- Brainstorm.
- Evaluate ideas.
- Set goals and objectives.
- Prioritize.
- Assign responsibilities.
- Plan evaluations before you begin.

2. Objectively sense the environment. Define your customers. Are they internal customers who will use the services or external customers who may or may not support your efforts? Ask yourself, why do your customers use your wellness center? Additionally, determine who your competition is. How many soldiers pay for memberships in fitness centers off-post, and why? Be sure to view the post fitness centers as allies, not competitors. There is much to be gained from this partnership.

3. Analyze the information you've gathered. Define your target audience. Conduct a needs assessment to better understand what your target wants for programs and services. Ask them in areas that they frequent, such as the PX or commissary. Send questionnaires out to commanders. Ask the commanders to question their soldiers. Form focus groups to have more detailed discussions about your target's desires. Too often, health promoters assume to know what the customers wants and "we miss the boat."

4. Identify the resources are in your community. Are there health promotion efforts already in place? What about injury prevention programs? Is there a Safety Council that collects population data? MP blotter reports can show trends. Seek out Wellness Champions to support your efforts.

5. Conduct a SWOT analyses. SWOT stands for Strengths, Weaknesses, Opportunities, and Threats. Only when you take time to define all of these do you identify where your business plan should take you. Set a goal and a road to get you there.

6. Communicate your plan with post and MTF commanders. Gain their support early on because it is invaluable to a successful wellness center. They not only approve the resources that are provided to the wellness center, they promote your services in command briefings. When subordinates want to follow their leader, they will support what the leader supports.

The Army Strategic Well-Being Strategic Plan was released on 05 January 2001. It describes five strategic goals of well-being and a well-being program as described here would help commanders meet at least two of these goals. Goal One is to implement a comprehensive strategy that integrates well-being initiatives – met. Goal Four is to provide an environment that allows Soldiers, civilians, and their families to enrich their personal life by achieving their individual aspirations – met. Throughout the description of goals, words such as healthy lifestyles, family programs, human relations programs and positive command climate appear. The group of well-being "champions" described here have those goals at the heart of their mission statements.

FUTURE IMPLICATIONS

Opening high-quality, effective wellness centers on Army posts worldwide, is only the beginning. Wellness centers as described here identify and meet many of the needs of mind, body, and spirit. Other agencies on post exist to meet additional needs. For example, financial counseling, which could be the first need identified by many soldiers, is usually provided by unit finance NCOs; education centers and libraries can meet intellectual needs that needed by others. Army Community Services (ACS) always provide a wide-array of helping programs. Re-location, Family Member Employment, volunteer opportunities, Family Advocacy, Army Family Team Building are examples of programs offered at ACS which easily dovetail with

programs at wellness centers. Morale, Welfare, and Recreation, as well as Outdoor Recreation may want to contribute to the team effort of improving the well-being of the Army Family. These various agencies do not have to merge, but they must cooperate and share resources and ideas. By combining the efforts of every constituent, the entire well-being of the *Total Army Family* can be met.

CONCLUSION

Implementing well-being centers, such as the one found at Fort Carson, solidifies the verbiage often used by the Army of the need for wellness programs and improved soldier's quality of life. It demonstrates the concern the Army has for its people. It preserves and promotes low-risk behavior. Senior leaders have emphasized well being. It is time to implement such programs and services.

When behaviors are viewed from a "lifestyles systems" approach, attempts to identify and improve poor habits must consider second and third order effects. Connections are drawn between the components, for example, stress levels and exercise. Small changes in one may create a synergistic improvement in many others. Similarly, when the Army takes care of a family member, there may be an unexpected improvement in the readiness of the service member.

Well-being efforts can no longer be stove-piped. The Army must break the old molds and traditions and form effective teams to care for the entire Army family. By working together, helping organizations share the burdens and they share the benefits – healthier soldiers and their families, retirees, and civilian workers.

The Army Strategic Well-Being Strategic Plan was released on 05 January 2001. It describes five strategic goals of well-being Leaders are challenged to implement these plans on other installations. In this time of transformation, the Army must remember to transform the manner in which it cares for the members of the *Total Army Family.*

WORD COUNT = 5092

ENDNOTES

[1] Department of the Army, Army Well-Being Strategic Plan, (Washington D.C.: U.S. Department of the Army, 5 January 2001), 1.

[2] Louis Caldera and Eric K. Shinseki, A Statement on the Posture of the United States Army Fiscal Year 2001, Posture Statement presented to the 106th Cong., 2d sess. (Washington, D.C.: U.S. Department of the Army, 2000), xv.

[3] Ibid., xvii.

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GLOSSARY

Well-Being: "the personal-physical, material, mental, and spiritual- state of Soldiers, retirees, veterans, civilian employees, and their families that contributes to their preparedness to perform The Army's mission."[17]

Health Risk Appraisal: A method for describing an individual's chances of developing diseases an/or dying within a specified amount of time.

Preventive Health Behaviors: A medically recommended action, voluntarily undertaken by an asymptomatic individual who believes him or herself to be healthy, that tends to prevent disease.

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