

Command Self-Assessment Guide

Please use this tool as a guide in assessing your Command's Health Promotion Program. As you fill out the items you will obtain a better idea of what has been done and what remains to be accomplished for a stellar Health Promotion Program. There may be questions that do not apply to your Command just leave those blank.

1. Date: _____
2. Name of Command: _____
3. Command Address: _____

4. Command Phone #: Commercial: _____
 DSN: _____
5. Command FAX #: _____
6. Name: _____
 Rate/Rank (if military): _____
 Title: _____
 Department/Division: _____
 Telephone #: Commercial: _____
 DSN: _____
 FAX: _____
 E-MAIL: _____

	Yes	No
7. Does your command have an active Health Promotion Program ? If yes, how long has it been in existence? _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the Program have a designated location within the commands organizational structure? If yes, where is it located? _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a written Health Promotion Instruction ?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<p>10. Does the program have a designated Budget/Resources? What is the \$ amount _____</p> <p>How much is contributed by the command? _____</p> <p>How much comes from outside the command? _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. What is the total eligible target group population for your Command Health Promotion Program? (Please include all targeted beneficiaries who are eligible for your Health Promotion programs and activities).</p> <p>Active-Duty Military: _____</p> <p>DoD Civilian Staff: _____</p> <p>Retirees: _____</p> <p>Others Beneficiaries: _____</p> <p>TOTAL: _____</p>		
<p>12. Is there Top leadership support and commitment such as leadership participation in programs and activities as well as verbal support? <input type="checkbox"/></p> <p>Do Active Duty have time to exercise during work hours? Do Civilians have time to exercise during work hours?</p>		<input type="checkbox"/>
<p>13. Is there a Command Strategic, Plan present having Health Promotion, wellness, prevention or readiness as a major focus or goal in the organization?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Has a Health Promotion Coordinator been appointed in writing? How many full time Staff? _____ How many part-time or collateral duty staff? _____ Total # of full time equivalents? _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>15. Are there Health Promotion Resources in the command? Ex. Books, resource manuals,, videos, Health Promotion Starter Kit, programs, etc.</p>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
16. <input type="checkbox"/> Is there a Functioning Command Health Promotion Committee with membership comprised of representatives of departments and/or divisions throughout the command?		
17. Have staff completed Health Promotion Training such as: *NEHC Health Promotion Director & Semper Fit Coordinator Training and Certification Course _____ *Health Promotion Basics Course (formerly Health Promotion at the Deck/Plates) _____ *NEHC Annual Health Promotion Workshop _____ *Health Promotion from the Mess Decks _____ *Monthly HIV Instructor Training _____ *AFP Training _____ *Tobacco Cessation _____ *Other _____		
18. Has the Command completed a Needs Assessment to determine the needs and interests of your population? Have you looked at demographics? Have you used surveys, focus groups, HRA/HEAR, PRT results, medical/injury records, policy review?		
19. <input type="checkbox"/> Is Health Promotion Program effectiveness being determined? By Needs Assessment By Health Risk Appraisals With Cost Reductions/Savings Healthy People 2010 Objectives Individual Program Evaluation Satisfaction Surveys Other _____		
20. Is there a Marketing Plan for promoting and communicating the Health Promotion message, activities, programs and services ?		

	YES	NO
<p>21. Does the Command have a Comprehensive Business Plan/Operating Plan?</p> <p>If yes does it contain :</p> <ul style="list-style-type: none"> A Mission/Vision Statement A Needs Statement A Goal Statement Measurable Objectives Implementation Plan An Evaluation Plan with 	<input type="checkbox"/>	<input type="checkbox"/>
<p>22. Has the Command developed Partnerships with other <input type="checkbox"/>/community agencies to expand the effectiveness of the program?</p> <p>(MWR, MTF's/DTF's, Family Services, EPMU's, Reserves, local community agencies, AHA, ACS, Health Depts. etc.)</p>		
<p>23 <input type="checkbox"/> s the Program Population Based?</p> <p>Is the Health Promotion Program available to individuals?</p> <p>Are Worksite Programs available?</p> <p>Is the program available to the entire community such as family members, or open to the entire base?</p>		
<p>24 Does the Command have a Supportive Environment that encourages a healthy lifestyle?</p> <p>(changes in physical setting, workout areas, healthy food choices, policies, and culture change)</p>		

	YES	NO
<p>25. Programs, Strategies and Methods</p> <p><input type="checkbox"/> Are there programs in each of the Navy Health Promotion Priority Areas?</p> <ul style="list-style-type: none"> Physical Activity Injury Prevention Nutrition/5A Day Weight Management Alcohol and Other Drugs Tobacco Cessation Stress Management Suicide Prevention STD/HIV and Sexual Responsibility Put Prevention Into Practice (PPIP) and Self Care Hypertension Control <p>b) Have strategies for these areas been organized into an Annual Calendar of Health Promotion Activities, Programs and Services planned on a monthly or quarterly basis?</p> <p><input type="checkbox"/></p> <p>c) Has the “WAVE” approach of programming levels been implemented?</p> <p><input type="checkbox"/></p> <ul style="list-style-type: none"> Awareness Activities Education and Motivation Activities Intervention Activities <p>d) Is Readiness for Change being identified using the <input type="checkbox"/> Stages of Change Model?</p>		