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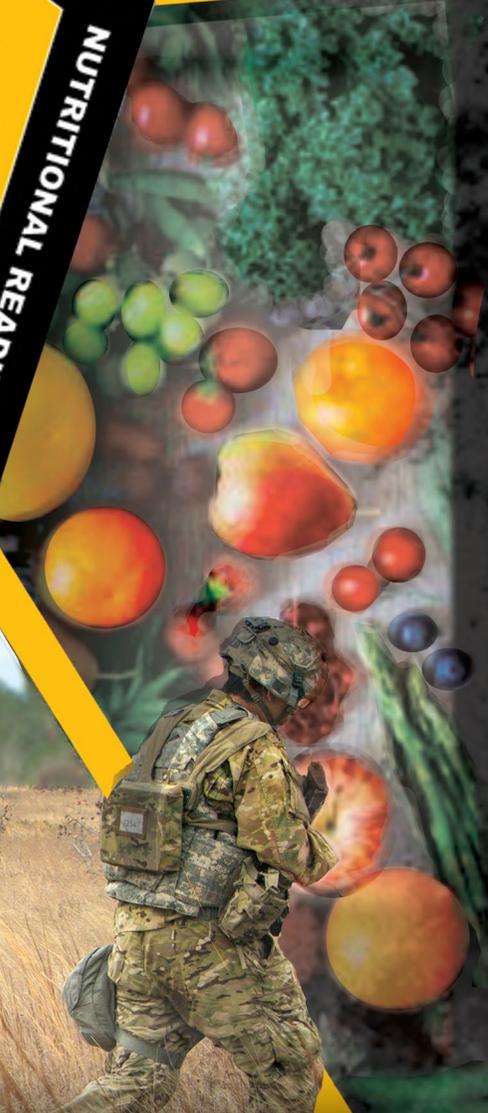
**U.S. ARMY  
H2F**

**HOLISTIC HEALTH  
AND FITNESS**



**SOLDIER  
READINESS SYSTEM**

**PHYSICAL READINESS**



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The Center for Army Lessons Learned leads the Army Lessons Learned Program and delivers timely and relevant information to resolve gaps, enhance readiness, and inform modernization.



## **CONTACT US**

10 Meade Ave.  
Bldg 50  
Fort Leavenworth  
KS 66027

DSN: 552-9533  
913-684-9533



# Center for Army Lessons Learned

---

## **DIRECTOR**

COL Scott Mueller

## **ANALYSTS/AUTHORS**

COL Jason B.  
Faulkenberry  
John Amos  
Mansfield  
Jose Cajina

## **PUBLIC AFFAIRS OFFICER**

Victor M. Guzman

## **INFORMATION DIVISION CHIEF**

Eric Hillner

## **CHIEF EDITOR**

Diana L. Keeler

## **EDITOR**

Michaela Pursley

## **ILLUSTRATOR**

Julie Gunter

## **SECURITY**

Sandra Griffin

## **PHOTO CREDITS**

1st Armored Division  
Sustainment Brigade  
11th Air Defense  
Artillery Brigade  
16th Combat Aviation  
Brigade  
108th Air Defense  
Artillery Brigade  
ADP 5-0, The  
Operations Process  
Defense Visual  
Information Distribution  
Service  
Holistic Health and  
Fitness Directorate  
Holistic Health and  
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## Foreword

This handbook is a compilation of holistic health and fitness (H2F) best practices and lessons learned gathered by the United States Army Center for Initial Military Training (CIMT) based on engagements with H2F-resourced brigades (BDEs) in the active component (AC) to facilitate implementation of the H2F system. H2F began the initial fielding of 28 BDEs in fiscal year (FY) 2021 and will continue to deploy H2F capabilities to a total of 110 AC BDEs through FY 2030. There will be continuous refinements of best practices and lessons learned as the Army seeks and receives feedback from units as they field the H2F system. In the interim, this handbook is the first of a series that will provide commanders (CDRs), leaders, and Soldiers with a valuable resource to incorporate the H2F system at individual and unit levels across the active and reserve components, with or without organic H2F resources in their formations.

The U.S. Army recognizes that the American Soldier is its most prized weapon system to enable dominance in any conflict. However, conditions affecting Army recruiting and retention, compounded by evolving strategic and operational environments, put this dominance at risk. Maintaining Soldier readiness has put a premium on physical and non-physical performance training. To remain mission ready, the Army must significantly increase investment in how it understands, assesses, and improves the H2F of the total Army.

While future challenges are unpredictable, one thing must remain consistent: Soldiers must be ready, resilient, and adaptive to accomplish the mission. The H2F system is the Army's primary investment in Soldier readiness and lethality, with the goals of optimal physical and non-physical performance, reducing injury rates, improving rehabilitation after injury, and increasing overall readiness of the total Army. The system empowers and equips Soldiers to take charge of their health, fitness, and well-being to optimize individual performance while preventing injury and illness.



JOHN D. KLINE  
Major General, U.S. Army  
Commanding  
Center for Initial Military Training

## Acknowledgements

The holistic health and fitness (H2F) integration team (HIT), on behalf of the Center for Initial Military Training (CIMT) and Training and Doctrine Command (TRADOC), would like to thank the hundreds of H2F performance team (HPT) members from the first 28 brigades (BDEs) fielded in 2021 for making this handbook possible. These teams of Soldiers, civilians, and contractors built H2F programs that put people first and dramatically enhanced the readiness of their BDEs.

From receiving the HIT for workshops, to providing direct input and feedback for this document, they have paved the way for the future of the H2F system. These are their lessons learned, and they will shape future doctrine.

All the 2021 HPTs belong to Force Command (FORSCOM) BDEs. The FORSCOM H2F staff and the H2F coordinators at the division level served as vital coordination elements to make these engagements possible.

## Feedback from the Field

“H2F is one of the most important things we do here. Fitness is not just about strength. It also includes range of motion, flexibility, endurance, agility, and all the things our trainers are teaching us. Pay attention to those techniques because they will serve you through life. The Army is doing physical fitness better now than ever before. We are far more advanced, and the science and technology are there so we can take care of our bodies.”

—MG Gregory Anderson, 10th Mountain Division Commander

“H2F serves as my number one change agent for positive behavioral health in 10th Combat Aviation Brigade.”

—COL Travis McIntosh, Commander, 10th Combat Aviation Brigade

“Never before have I seen the Army make such an investment in the individual performance of our Soldiers. Use H2F!”

—LTC Michael Predny, Commander, 3-43 Air Defense Artillery Brigade

“Today, the 82nd Airborne Division, and 2nd Brigade Combat Team in particular, has equipped small unit leadership with the tools to succeed physically like never before. By having holistic health and fitness teams available at the company level, leaders are able to create more efficient and safer physical training plans to maximize the potential of their paratroopers.”

—B Co, 1-325 AIR, 2nd Brigade Combat Team, 82nd Airborne

“This is the first time in my nine-year career where I feel like the Army cares about me as an individual.”

—Noncommissioned officer (Anonymous)

“My unit also is really buying into H2F, and every single change they’ve implemented as a result has been great. H2F is legitimately one of the best things the Army has done in years.”

—Soldier (Anonymous)

“I have had a few health issues since joining the Army over four years ago. The care I was receiving before H2F would only address one issue at a time. Since joining H2F, most of my issues have either been resolved or have improved significantly. In my opinion, if more leaders were to take advantage of the H2F program and implement the training H2F has to offer, we would see reduced service member injuries, a fitter fighting force mentally and physically, and increased morale.”

—Soldier, 1st Dry Support Brigade, 1st Armored Division

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## Introduction

The holistic health and fitness (H2F) system is the Army’s primary investment in Soldier readiness and lethality. It seeks to optimize physical and non-physical performance, reduce injury rates, and improve rehabilitation after injury, ultimately increasing the overall readiness of the total Army. The system empowers and equips Soldiers to take charge of their health, fitness, and well-being to optimize individual performance while preventing injury and disease. H2F is an enterprise-wide readiness system that combines all aspects of physical and non-physical human performance optimization under a single governance structure to enable commanders (CDRs) to improve Soldier health and fitness. This system encompasses five domains:

1. Mental Readiness—The ability to meet the mental demands of combat or duty position.
2. Sleep Readiness—The ability to implement the requisite sleep principles and behaviors to support optimal brain function.
3. Nutritional Readiness—The ability to recognize, select, and consume the requisite food and drink to meet the physical and non-physical demands of any duty or combat.
4. Spiritual Readiness—The development of personal qualities needed to sustain a person in times of stress, hardship, and tragedy.
5. Physical Readiness—The ability to meet the physical demands of any duty or combat and accomplish the mission.<sup>1</sup>

“Winning matters, and People are my number one priority. People are our Soldiers—Regular Army, National Guard and Reserve—their Families, Civilians, and Soldiers for Life—Retirees and Veterans. We win through our people, and people will drive success in our Readiness, Modernization, and Reform priorities. We must take care of our people...”

—General James McConville, 40th Chief of Staff, Army, *Army People Strategy*,  
24 October 2019<sup>2</sup>

The H2F system is built on the foundation of evidence-based best practices from the U.S Special Operations Command (USSOCOM) Preservation of the Force and Family (POTFF) Task Force; U.S. Army Special Operations Command (USASOC) Tactical Human Optimization; Rapid Rehabilitation, and Reconditioning (THOR3) program; and the 75th Ranger Regiment Ranger Athlete Warrior (RAW) program’s success over the last 10 years. This model of using expert performance personnel, far-forward medical care, and performance training approaches originated in elite sport, and the H2F performance teams’ (HPTs’) structure mirrors those found in collegiate, professional, and elite sports organizations. In fact, many of the leaders currently working in H2F have previous experience working in these environments.

In fiscal year (FY) 2021, the Army established 28 brigade-level HPTs. Initial conditions were set in the 4th Quarter (Q4) of FY 2020 with the arrival of military personnel. Over the course of Q1 FY 2021, H2F civilians (GS and contract) began arriving at resourced brigades (BDEs) according to the fielding schedule and reached 80 percent fill in June 2022.

H2F team members have made rapid improvements to Soldiers' lives. Because they are embedded in the units they serve, they have been in position to immediately respond during crises like medical emergencies and self-harm. Furthermore, despite challenges during COVID-19, including lack of facility access, delays in equipment arrival, and other barriers; HPTs established numerous interdisciplinary programs targeting individual BDE requirements based on internal needs assessments. Strong command emphasis on H2F programming increased tactical momentum and consolidated gains within resourced BDEs, leading to increased competition and sharing between H2F units and garnering interest from non-resourced units.

To ensure that H2F is a cohesive, effective, and recognizable system across the Army, U.S. Army Center for Initial Military Training (CIMT) established the H2F integration team (HIT) in the spring of 2020. The HIT was created to replicate the subject matter experts (SMEs) within the HPTs. The HIT consists of a program director (PD), team integration lead, BDE command surgeon, chaplain (CH), athletic trainer (AT), cognitive performance specialist (CPS), occupational therapist (OT), physical therapist (PT), registered dietitian (RD), and strength and conditioning coach (SCC). These SMEs work at the institutional level and manage the development, organization, and operation of the H2F system.

The HIT coordinated integrative workshops with the 28 FY 2021 H2F-resourced BDEs during FY 2022. The initial intent was to provide training and on-boarding of the HPTs through integrative workshops. Because of the evolution of the H2F system, the HIT realized that the intent of the integrative workshops should revolve around collecting lessons learned and potential best practices from these established HPTs. For a year, the HIT observed H2F at the BDE echelon, identified implementation challenges, facilitated interdisciplinary collaboration, provided feedback and support, gathered possible best practices, analyzed lessons learned, and listened to vignettes of personal success stories.

In addition to the HPT, HIT had routine engagements that included commanding generals (CGs) and associated general staff leads; resourced BDE leadership; medical treatment facility leadership; CHs; ready and resilient (R2) staff; Army Morale, Welfare, and Recreation (MWR) staff; and Army Wellness Center (AWC) staff.

The observations and lessons learned during these engagements are captured throughout this handbook in the gray call-out boxes.

Establish the following goals for integration team visits:

- Observe various approaches to H2F integration at the BDE echelon.
- Assess processes to determine efficacy.
- Facilitate interdisciplinary and HPT collaboration.
- Identify barriers to HPT implementation.
- Provide feedback and support to reduce the obstacles and facilitate success.
- Analyze lessons learned for future guidance.
- Gather success stories and demonstrate the positive effect of the H2F system.
- Identify and promulgate best practices.

## CHAPTER 1

# Holistic Health and Fitness is Your Brigade Asset

### Lessons Learned

- The commander’s (CDR’s) intent should drive program priorities.
- Preserve the uniqueness of each brigade’s (BDE’s) identity based on the unit’s mission essential task list (METL), warrior tasks, and battle drills.
- The holistic health and fitness performance team (HPT) is a dedicated staff section for human performance and should be fully used throughout the duty day for effectiveness.
- Holistic health and fitness (H2F) activities should be deliberately planned and integrated into unit training calendars.
- Leaders should decide what metrics are important to them.
- Integrate the unit ministry team (UMT) to support the spiritual readiness domain.

### HOLISTIC HEALTH AND FITNESS PERFORMANCE TEAMS

The H2F system is a performance-based approach to optimizing Soldier readiness and lethality. The HPTs are comprised of subject matter experts (SMEs), including several medical providers, focused on human performance optimization. The H2F system provides training, education, coaching, mentoring, messaging, and outreach to improve, restore, and maintain the readiness, resilience, and performance of the total Army. These teams empower leaders to deliver a Soldier-led, expert-advised approach to Soldier readiness.

“Leader investment is essential to promote, train, prioritize, and improve the readiness of Soldiers and units. Leaders drive cultural change by providing the resources for that change. The success or failure of the H2F system depends upon the quality of its leadership.”

—FM 7-22, *Holistic Health and Fitness*, 1 October 2020, 1-43<sup>3</sup>

Within the H2F system, these HPTs implement an interdisciplinary, holistic approach to the management of the physical and mental health, well-being, and performance of the Soldier. The HPT also integrates the UMT to ensure that the spiritual readiness is included with this holistic approach. A multidisciplinary team is a group of professionals who are members of different skillsets in which each provides specific services to the Soldier. The H2F interdisciplinary team consists of individuals from other specialties working collaboratively (holistic approach) with a common purpose and goal as they provide services for Soldiers.

H2F is putting ‘people first’ in action by establishing a BDE staff section with the primary role of taking care of people. Capabilities that have previously only existed as garrison assets, relying on an appointment-based model that pulls Soldiers out of work and requires them to travel across post, are now organic to the BDE. This has two primary benefits: First, H2F becomes part of Soldiers’ daily environment, surrounding them and becoming part of their lifestyle; second, these health and performance professionals are accessible to the Soldier and can advocate on their behalf.

Incorporating outside experts into the unit is a dramatic and fundamental change for the Army. H2F incorporates various resourcing models supported by doctrine and policy. The successful integration of H2F consists of changes in lifestyles and beliefs at the individual level, reinforced by behaviors at the organizational level. It requires changing the culture of the force. This handbook focuses on the BDE-level implementation of H2F, with the specific resourcing of the BDEs staffed in fiscal year (FY) 2021. These individual programs are one component of the Army-wide system.

Implementation of the H2F system is the Army’s investment to do the following:

- Enhance Soldier personal readiness.
- Optimize physical and non-physical performance.
- Reduce musculoskeletal injury (MSKI) rates.
- Increase the overall effectiveness of the total Army.

When the Army instituted the H2F system, it provided 28 resourced BDE CDRs new interdisciplinary and integrated capabilities within their formation to address the domains that make for total Soldier readiness. H2F is a BDE-centric program, and the HPT reports to the BDE CDR. The CDR establishes the parameters of their H2F program with clear intent and purpose, enabling the HPT to influence domains down to the lowest level of the organization. CDRs receiving these teams should consider the following:

- How will I best employ my HPT to meet organizational needs?
- With whom on my staff should the HPT confer for maximum effectiveness?
- How can I best extend the H2F influence to the Soldiers in my BDE?

The program director (PD) serves as part of the BDE CDRs special staff, working alongside other staff members with a vested interest in H2F. Based on the BDE CDR’s intent and the METL, the HPT provides interdisciplinary training, resources, and programming to the BDE.

**Brigades Create Guidance, Battalions Complete Tasks**

It is easy for a BDE CDR or command sergeant major (CSM) to say, “go and do” to the H2F team. It’s another thing entirely for that to happen with any sort of efficiency at the battalion (BN) level. While the PD sits at the BDE, the H2F staff need to be intimately familiar with BN battle rhythms. Oftentimes, it will be these individuals who are translating operation orders (OPORDs), H2F efforts, taskings, and more for the BN CDRs. The H2F team needs to have solid planning and relationship building with the BN.

Typical HPT services for the BDE include the following:

- Reception and in-processing of new Soldiers
  - Newcomer’s physical readiness training (PRT)
  - Holistic screening
- Injury and sick call
- PRT planning and implementation
  - Recovery PRT
- H2F education courses
- Special conditioning classes
  - Army body composition program (ABCP)
  - Pregnancy and postpartum training (P3T)
  - Reconditioning physical readiness training (RPRT)
  - Army combat fitness test (ACFT) improvement
  - Running technique

### **BRIGADE-LEVEL PROGRAM ANALYSIS**

When Army senior leaders approved H2F, they included a requirement to demonstrate a return on the investment. The H2F team established metrics to evaluate the system’s medical, performance, readiness, and programmatic effects. Notably, these metrics do not require separate data surveillance efforts for resourced units. Instead, identified metrics are tracked through established systems of record (e.g., Digital Training Management System [DTMS], Medical Protection System [MEDPROS], etc.).

The United States Army Research Institute of Environmental Medicine (USARIEM) is tasked with data analysis of the H2F system, comparing resourced BDEs to similar non-resourced control BDEs. These metrics are relevant to Army senior leaders viewing H2F strategically. Many Army strategic metrics are difficult to access and of limited use at the BDE level. These metrics are not relevant for a BDE H2F team attempting to evaluate the effectiveness of their programs. This has created an implied task for BDEs to establish their internal metrics, shaped by the BDE CDR’s intent. At their level, performance measures can track the use of the programs and services, while measures of effectiveness (MOEs) can track the primary outcomes relevant to the CDR.

#### **Understanding Return on Investment Metrics**

Return on investment (ROI) metrics were designed for Army senior leaders to compare H2F-resourced units versus similar non-resourced control units.

Many focus areas within H2F are challenging to measure directly, so several teams use surveys to capture data. Surveys can be a valuable tool when implemented well. Implementing too many survey tools can lead to survey fatigue, and Soldiers are familiar with the slew of disparate surveys routinely emailed to them. H2F teams must be deliberate in streamlining this process and finding a frequency of data collection that supports their efforts and keeps Soldiers engaged.

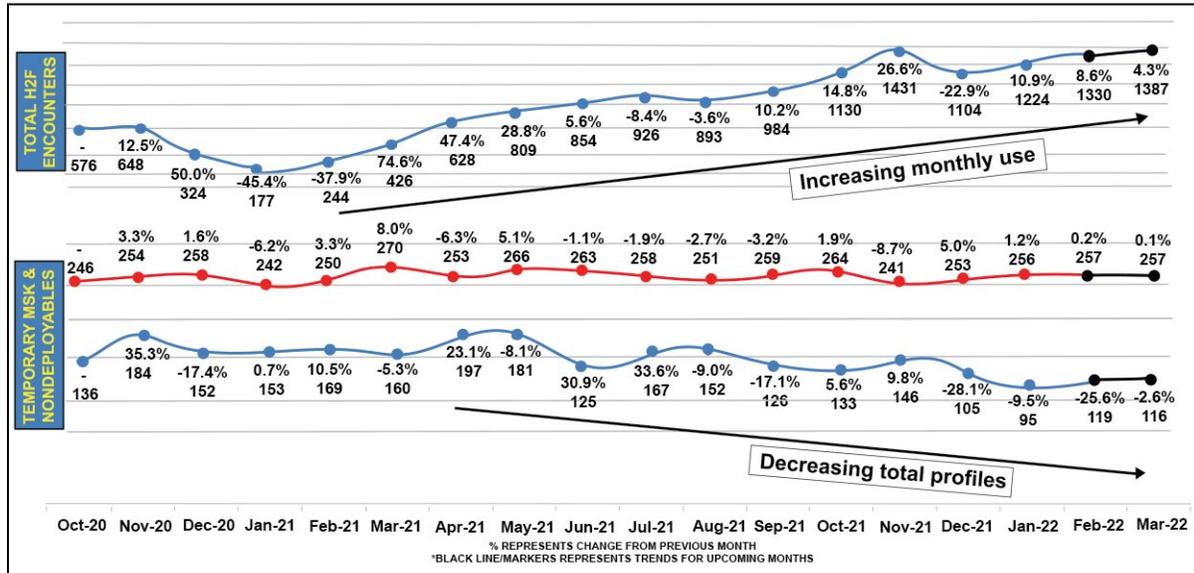


Figure 1-1. Example of BDE-level Tracking of an MOP (use of H2F services) and an MOE (temporary profiles) (108th Air Defense Artillery Brigade)

## CHAPTER 2

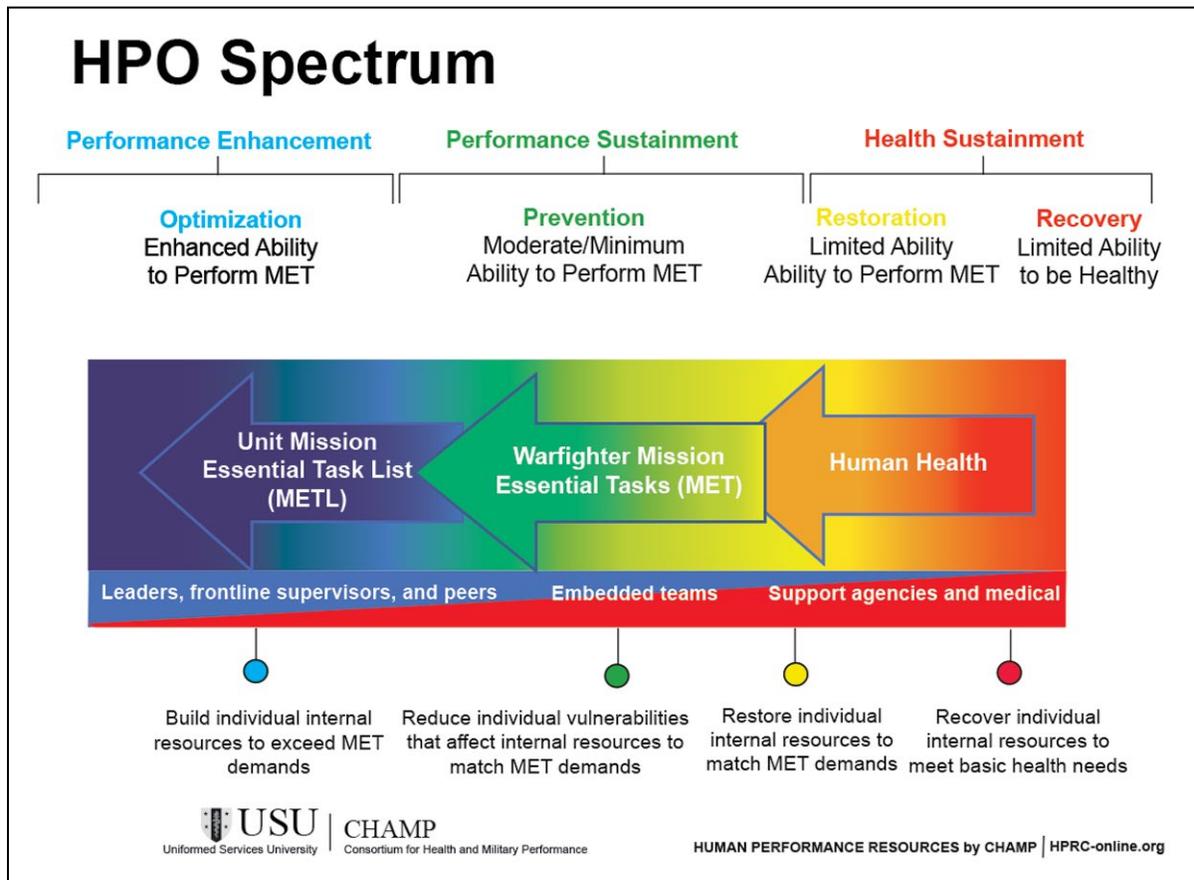
**Integrating Medical Assets in a Performance Team****Lessons Learned**

- Ensure provider time is protected for proactive activities (training, education, and prevention).
- Embed holistic health and fitness (H2F) providers to accelerate access to care.
- Communicate effectively between the H2F performance team (HPT), brigade (BDE) and battalion (BN) medical staff members, and military treatment facility (MTF) staff.
- Use positive profiling (i.e., emphasize what profiled Soldiers *can* do rather than what they cannot do.)

The intersection of H2F and medical care is fluid and dynamic. Both comprise a multi-disciplinary professional team of experts focused on individual performance and health, and both use individuals with a clinical medicine role. The synergy created when medical and H2F assets work together generates exceptional momentum and expands the scope and capability of both entities.

In 2020, the Army conceptualized H2F as an injury and illness prevention tool for use at the BDE commander (CDR) level. Like BDE operational medical assets, H2F brings a variety of training and rehabilitative assets under the BDE CDR's direct control. In addition, H2F is staffed with competent rehabilitation specialists trained to provide exceptional care in various settings. Although capable of providing direct access to clinical care (reactive model), the scope of practice for H2F providers should include an emphasis on training, education, and prevention (proactive model).

Figure 2-1 displays where the unit METL sits in the spectrum of human performance from the Uniform Services University by the Consortium for Health and Military Performance (CHAMP). The CHAMP mission is to optimize warfighter mission performance and family readiness through leadership, community engagement, education, and conducting and translating human performance research. CHAMP is the Department of Defense (DOD) Center of Excellence for integration, translation, and education of all topics related to human performance optimization (HPO) and total force fitness (TFF). It is a collaborative effort among operational, medical, and research communities and policy makers.



**Figure 2-1. “Left of Bang” Model for Embedded Human Performance (Consortium for Health and Military Performance)<sup>4</sup>**

**ACCESS AND ADVOCACY**

The HPT is embedded in the BDE footprint to increase accessibility for Soldiers. This team of subject matter experts (SMEs) is uniquely positioned to observe, listen, and either treat or refer Soldier issues to the proper providers. The HPT is comprised of professionals with the capability to treat many issues within the BDE. They serve as advocates for human performance within the unit footprint, following command guidance and understanding the organization’s mission and direction. The program director (PD) serves as a trusted advisor to the CDR, giving an H2F-focused perspective of the formation and offering recommendations based on access to the Soldiers.

**INTEGRATION WITH ORGANIC BRIGADE MEDICAL ASSETS**

The H2F team must integrate with the organic medical assets at BDE and BN levels to maximize the program effectiveness. H2F assets can operate more efficiently and create tailored care plans for individuals through routine interaction and dialogue. These plans can then be used in the H2F and primary care setting in an interdisciplinary approach to return Soldiers to full capability and prevent injury.



**Figure 2-2. Idaho Army National Guard (IDARNG) Soldiers Evacuate a Casualty During Training (Defense Visual Information Distribution Service, 14 September 2022)<sup>5</sup>**

PDs and H2F domain leads are responsible for participating in BN (and BDE) medical readiness briefings and profile review boards to ensure awareness of individuals with various needs and subsequently assist in developing appropriate care. H2F rehabilitative assets contribute to traditional clinical medical assets through consultation and professional development opportunities. H2F assets should participate in the BDE's existing leader professional development program.

H2F assets continue to demonstrate their benefit to resourced units, especially regarding profiled Soldiers within the MTF operations. Army Regulation (AR) 40-502, *Medical Readiness*, chapter 3-6.a states, "MTF commanders, ARNG (Army National Guard) chief, and state surgeons, and the USAR (United States Army Reserve) command surgeon and Regional Support Command surgeons may designate physicians, dentists, physical therapists, optometrists, podiatrists, audiologists, chiropractors, nurse practitioners, nurse midwives, licensed clinical psychologists, licensed clinical social workers, and physician assistants as profiling officers"<sup>6</sup> with athletic trainers (ATs) receiving profiling authorities. In such settings, H2F assets must work with organic assets to ensure that profiles are written for individuals they deem necessary because of direct interaction. H2F assets are exceptionally valued for their ability to provide positive profiling, translating physical profile limitations into realistic physical training capabilities. Many Soldiers in resourced units have related that they appreciate H2F because H2F tells them what they *can* do rather than what they cannot do.

## **INTEGRATION WITH GARRISON MEDICAL ASSETS**

H2F assets provide the BDE CDR with new and specialized capabilities not previously resourced outside of a typical BDE medical company (i.e., Charlie Med) found in many combat arms BDEs. Resourcing physical therapist (PT), occupational therapist (OT), and registered dietician (RD) assets within a BDE footprint provides CDRs with an asset under their control that can offer precious physical rehabilitative assets and preventative capability. These H2F assets are intended to provide preventative capabilities as their organic mission and not replace rehabilitative installation services. H2F is most efficient and effective when cooperating between the BDE and MTF rehabilitative medical service. H2F resources can increase access to care and proximity for rehabilitative services, allowing MTF assets to refine services and recapture network referrals. H2F capabilities can also provide early entry for rehabilitation for acute injuries, augmenting MTF specialty care. BDE H2F assets should integrate with their partner capabilities at the MTF for shared learning, continuing education opportunities, skill development, and professional fellowship.

## **ELECTRONIC HEALTH RECORDS**

H2F clinical assets must acquire and maintain access to the electronic health records (EHR) for their BDE personnel. EHR is an indispensable tool for operations in H2F-resourced units. An integrated human performance system is one of the most important capabilities H2F provides a CDR and Soldier. H2F assets, integrated with BDE and MTF clinical medical capabilities, offer a cohesive preventative and rehabilitative capability. The H2F clinical assets review all pertinent Soldier medical documentation to collaborate with ongoing medical care and ensure the individual is a proactive participant in their care.

Additionally, it is essential that H2F assets routinely document the care they provide in their daily interactions to provide the patient a holistic health record, share with other providers the care they are providing, and protect the H2F provider as well. Through the H2F peer-review process, H2F providers can identify trends and improve quality of care. Clinical H2F needs to have access to and maintain units' EHRs to properly facilitate a comprehensive, peer-reviewed, and quality controlled approach to determining medical trends, such as injury or successful treatment plans.

Because the EHR is a cloud-based system, HPTs can access records from a variety of settings and locations. Individuals will typically use an Internet web-based address to access the EHR landing page. This connection can be completed through a virtual private network (VPN), but bandwidth limitations make this sub-optimal. Establishing dedicated medical network access (i.e., Medical Community of Interest [MEDCOI] versus Army Network Enterprise Technology Command [NETCOM] network) can improve connectivity in the BDE. In situations where access to the medical network exists or is desired, extra hardware such as laptops are required as a single device cannot be connected to the U.S. Army network and the medical network.

**Special note regarding Medical Health System Genesis:** HPTs are affected by the transition from Armed Forces Health Longitudinal Technology Application (AHLTA) to Medical Health System (MHS) Genesis. Work is ongoing to establish business rules and structure to support H2F operations. Future capabilities are anticipated to include appointing, scheduling, and consulting (internal and external to H2F).

## INTERACTION WITH THE MILITARY TREATMENT FACILITY

The role of the MTF continues to evolve as the transition to Defense Health Agency (DHA) takes place. While the Army is no longer the proponent for healthcare across various installations, the installation MTF CDR continues to have a second responsibility as the installation director of health services. Under this role, the MTF CDR is responsible to the installation CDR for the health and welfare of tenant units and Soldiers. This responsibility also extends to Joint Bases; however, the specific policy may vary depending on the defense department's lead.

## MEDICAL SUPPLY

H2F-resourced units need to ensure that they program funding for related office and medical supplies. Medical supplies are acquired through the MTF using a computer-based system. Defense Medical Logistics Standard Support (DMLSS) Customer Assistance Module (DCAM) is a medical logistics ordering tool that enables operational units to monitor medical supplies (class VIII) and replenish levels when required. Units establish a customer account with the local MTF medical logistics warehouse. The BDE can assist with completing a direct charge work breakdown structure (DRCH WBS), which creates a funding account at the MTF and then use a military interdepartmental purchase request (MIPR) to send funds to that account. The unit will also need to establish a Department of Defense activity address code (DODAAC), which directs where to deliver requested supplies. Units will also need to download the DCAM software, complete security certificate requirements, and download the local ordering catalog before being able to complete purchases.



**Figure 2-3. H2F Soldier Stocking Medical Supplies (Defense Visual Information Distribution Service, 17 October 2018)<sup>7</sup>**

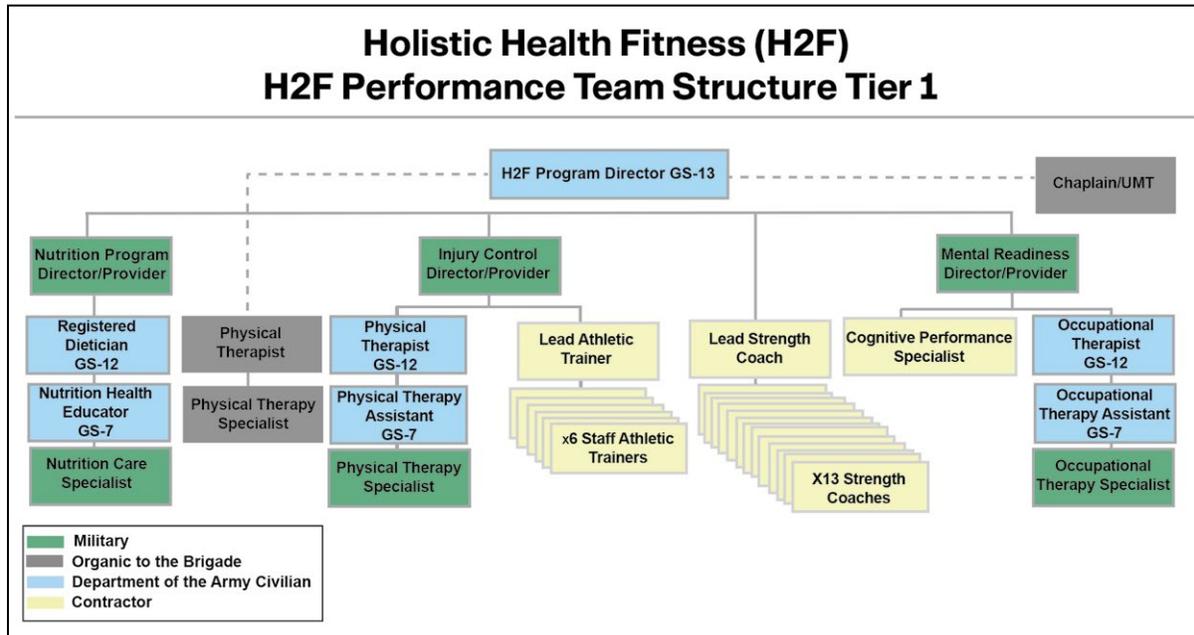
While most units with organic medical operations may already have access to DCAM and established accounts, HPTs should establish their own WBS and DODAAC to ensure that funds allocated to H2F are spent by H2F and not by other BDE medical assets. Some units may also have their own brigade medical supply office (BMSO) that can be used instead of the MTF. In such cases, unit personnel should contact their BMSO for guidance.

## CHAPTER 3

**Holistic Health and Fitness Performance Teams****Lessons Learned**

- Meet the Soldiers where they are: Every specialty needs to consistently get out of the office and with the Soldiers.
- Deliberately on-board specialty personnel to the brigade (BDE) (more detail is provided in the next section).
- Each section (and the team) must develop capabilities briefs. These should be internal (establishing understanding within the holistic health and fitness performance team [HPT]) and external (ensuring the unit knows what the HPT offers).
- Do not work in a silo; every initiative should include collaboration across disciplines.
- An effective noncommissioned officer in charge (NCOIC) can dramatically enhance HPT performance. HPT NCOICs will gain experience leading a team of over 30 personnel, implementing a major Army initiative, and gain a robust knowledge of human performance across all five domains.
- Identify division and corps holistic health and fitness (H2F) action officers to serve as advocates and coordinators.
- Deliberately incorporate the unit ministry team (UMT) as leaders for the spiritual readiness domain.

Effective interdisciplinary H2F operations require collaboration at several levels. The teams for each domain must clearly understand how to work together and refer between domains. Within each domain, several professions have overlapping scopes of practice. Knowing individual capabilities is crucial for a healthy working relationship. Most H2F programs should be delivered as collaborative, interdisciplinary products rather than relying on a single domain. The HPT must be integrated with the BDE they serve, requiring constant messaging of their capabilities and services within the constellation of other existing health and performance services available to service members.



**Figure 3-1. Holistic Health and Fitness Organization Chart (Holistic Health and Fitness Directorate)**

The HPT consists of four subordinate sections: nutrition; injury control; strength and conditioning; and mental readiness. Within the H2F system, these subject matter experts (SMEs) implement an interdisciplinary, holistic approach that addresses all five readiness domains. Sections should be involved across multiple domains rather than being limited to just one. Although the chaplain (CH) remains independent of the HPT, they coordinate closely to support the spiritual readiness domain, and in return, the HPT extends their influence across the BDE. The H2F interdisciplinary team consists of individuals from other specialties (registered dieticians [RDs], behavioral health officer [BHO], occupational therapists [OTs], etc.) working collaboratively (holistic approach) with a common purpose and goal as they provide services for Soldiers.

Incorporating outside experts into the unit is a dramatic change for the Army, but ultimately necessary as H2F is a system that educates leaders to plan for human performance.

The following sections provide brief overviews of the technical roles played by each member of the HPT. Each of these specialties has unique considerations for operating successfully in this embedded environment. Do not hesitate to get in touch with the H2F integration team (HIT) for more detailed lessons specific to each section and profession.

## PROGRAM DIRECTOR

The H2F program director (PD) is an Army civilian professional (ACP) who is a special staff officer to the BDE commander (CDR). As part of the BDE CDR's staff, the H2F PD leads the HPT. For maximum effectiveness, the PD must collaborate with the other members of the BDE staff, particularly the BDE surgeon and the BDE CH, to ensure meeting the CDR's intent for H2F programming. The PD sets the tone and establishes the HPT's culture based on the CDR's intent and the organizational mission essential task list (METL). As the leader of the HPT, the PD must ensure the team has interdisciplinary collaboration and has a nested mission and vision with the BDE. In addition, the PD works with the BDE staff to integrate H2F activities into the long-range training calendar (LRTC). To facilitate a robust program, the PD may work with installation resources that support H2F domains, including the Army Wellness Center (AWC); Morale, Welfare, and Recreation (MWR); ready and resilient performance centers (R2PCs); behavioral health (BH); and the military treatment facility (MTF). The PD should also have a working relationship with Directorate of Public Works (DPW) and BDE Warrior Restaurants.

### **Program Directors Exist at the Brigade Level**

The ultimate role of the PD is to integrate H2F into the BDE's operations and culture. First and foremost, this means having an understanding of the BDE staff meeting battle rhythm. PDs should know the roles of S-1 (personnel), S-3 (operations), S-4 (logistics), S-6 (signal), and S-8 (financial management) especially and understand where their decisions are made. PDs should clearly communicate with the BDE CDR, command sergeant major (CSM), and executive officer (XO). Understand that no one on the BDE staff will know H2F as well as the PD. Although it may feel right for PDs to seek answers from senior leadership, what leadership is really interested in is hearing about solutions the PD thinks best solves problems.

The PD manages the HPT personnel and budget, working closely with the BDE staff regarding administrative and budgetary issues. They also supervise the ACPs and serve as the contractors' government technical monitor (GTM). As the GTM, the PD works with the contracting officer and contracting officer representative (COR) regarding contractor issues.

Based on the BDE's METL, the HPT accomplishes the CDR's intent by establishing appropriate programming. The CDR's intent is established at the BDE level and directed to the below echelons. The BDE is part of a higher echelon, such as division or corps. It is imperative to protect the BDE asset to accomplish the system's intent.

## **Personnel Mix**

The HPT is comprised of Soldiers, ACPs, and contracted personnel. The PD must determine the best approach to providing direction and oversight to this mix of personnel. Establishing a positive culture, conducting team building, and supporting psychological and physical safety are critical to standing up a high-performing team.

The HPT-contracted personnel are staffed with two different contract vehicles—non-personal and personal service contracts. The strength and conditioning coach (SCC) and the cognitive performance specialist (CPS) requirement is a non-personal service contract, meaning the contracting company must manage and supervise its workforce. It is also a performance-based contract, so the government does not dictate the schedule but monitors the independently working contractors to ensure they are performing the tasks outlined in the performance work statement (PWS) with the number of full-time equivalents (FTEs) in the required staffing plan. The athletic trainer (AT) contract is a personal service contract, meaning these contracted personnel are treated like government employees with an employer-employee relationship. The PD/government can set schedules and exercise relatively continuous supervision and control in alignment with the PWS. Regardless of the type of contract, all BDE personnel must know the specific tasks outlined in the PWS. Assigning tasks outside the PWS is outside the scope of the contract and may result in an unauthorized commitment.

The COR serving these contracts resides at the U.S. Army Center for Initial Military Training (CIMT). The COR works with the contracting officer to monitor, evaluate, and inspect contractor performance. To assist the COR with overseeing contract performance and providing on-the-ground support, HPTs and BDEs must identify GTMs to support the contract requirements. The GTMs monitor and evaluate contractor performance and submit monthly reports to the COR documenting performance. Currently, the PD serves as the BDE GTM for both contract requirements. Sometimes, another GTM acts as the primary H2F lead, such as the division H2F 65X officer. The GTMs will work with the COR to establish a mutually agreed-upon line-of-communication for all correspondence.

## **NUTRITION SECTION (65C, 68M, RD, AND NUTRITION EDUCATOR)**

Nutritional readiness emphasizes fueling for performance in garrison and operational settings. The H2F nutrition team coordinates nutrition education and training programs, providing individual and group performance nutrition counseling and education to enhance the combat performance of Soldiers in training and missions. Within H2F, active-duty RDs (65C) and nutrition care specialists (68M) work alongside civilian RDs and nutrition educators to collectively implement a broad range of programming that addresses nutrition education, eating behavior, and the nutrition environment.

### **Registered Dietitians**

RDs provide individual counseling and group education to improve Soldier fueling for pre-, intra-, and post-activity. This can include fueling guidance for specific events such as competitions or extended field operations. Where appropriate, RDs can also offer nutritional support to manage clinical conditions. Additionally, they can enhance their unit's nutrition environment by collaborating with the Warrior Restaurant, Army and Air Force Exchange Service (AAFES), and workplace food venues to develop healthy workplace policies.

## **MENTAL READINESS SECTION**

The mental readiness section includes active-duty OTs (65A), occupational therapy specialists (68L), civilian OTs, certified occupational therapy assistants (COTAs), and cognitive performance specialists (CPSs). They collaborate on improving cognitive performance and mental, emotional, and interpersonal skills to optimize unit cohesion and performance. The mental readiness section also often assumes primary responsibility for the sleep readiness domain.

### **Relationship with Behavioral Health**

Mental readiness personnel play a vital role in identifying barriers that may impede performance and ultimately influence mission readiness. They develop interventions aimed toward prevention, performance, and recovery. They provide programming within their scope of practice; however, some cases fall outside their scope, requiring referrals to other BH professionals. Ensuring a good handoff of individuals is crucial to ensuring continuity of care. Therefore, mental readiness personnel must maintain open lines-of-communication with external resources, including embedded behavioral health (EBH), UMT, and MTF.

### **Occupational Therapy (65A, 68L, OT, and COTA)**

OTs identify mental barriers to physical performance and assess skills and practices for optimization. This can include education on stress or anger management; normalization of physiologic responses to acute stress; tactical breathing and arousal regulation; team cohesion; performance imagery; visualization; and incorporating learning strategies and techniques to lessen the cognitive load of various military tasks. OTs also possess a particular focus on upper extremity rehabilitation.

### **Cognitive Performance Specialist**

CPSs have considerable education, training, and applied experience in sports and performance psychology. The CPS scope of practice includes mental and emotional skill-building; cognitive appraisal and perception; mental preparation; confidence-building; attention control; emotional self-regulation; energy recovery; goal setting; facilitating injury transitions; group dynamics; and team building. The CPS provides education, tools, and techniques to leverage psycho-physiological processes, enhancing Soldiers' cognitive, emotional, and interpersonal skills.

## **INJURY CONTROL SECTION**

The injury control section is responsible for implementing deliberate approaches to reducing preventable injuries and improving access to medical care for musculoskeletal injuries (MSKI). They also coordinate with the strength and conditioning section to provide reconditioning physical readiness training (RPRT) programs. The injury control section members are the active-duty physical therapists (PTs) (65B), civilian PTs, and athletic trainers (ATs). The injury control team helps rehabilitate Soldiers post-injury. A critical service provided by the injury control section is enhancing medics' MSKI knowledge and receiving referrals from the medics at sick call.

### **Physical Therapy (65B, 68F, Civilian PT, Civilian PTA)**

PTs diagnose and manage movement dysfunction and enhance physical and functional abilities. They serve as an SME, advising the RPRT program and provide MSKI rehabilitation services. They oversee all BDE ATs and 68F/PTAs. In coordination with the BDE surgeon and battalion (BN) physician assistants (PAs), they report on the progress and disposition of Soldiers' MSKI profiles for 90 days and over 180 days at profile review boards (PRB), or as dictated by the unit.

## **Athletic Trainer**

ATs are healthcare providers that are a new component of the Army's medical personnel. ATs have a broad scope of practice that provides them with knowledge from various backgrounds. Their domains of practice include injury prevention; wellness protection; clinical evaluation and diagnosis of general medical conditions and orthopedic injuries; immediate and emergency care; treatment and rehabilitation; and organizational, professional health and well-being. H2F ATs embed alongside medics to enhance MSKI sick call and work closely with SCCs to implement RPRT.

## **STRENGTH AND CONDITIONING SECTION**

The strength and conditioning section generally have the most frequent interaction with the bulk of the unit with their primary focus being on daily PRT integrated at lower echelons. They often serve as a link between the Soldiers and the rest of the HPT. They work with unit leaders to construct a physical training plan that best serves their respective unit. Injury mitigation is a focus of the H2F system, and an organized plan will help achieve this goal. A key element of a successful unit strength and conditioning program is ongoing education to enhance noncommissioned officers' (NCOs') ability to deliver it effectively.

## **Strength and Conditioning Coach**

The SCC is the unit's SME for physical training within the physical readiness domain. They provide proper exercise prescription and programming to optimize performance in accordance with (IAW) warrior tasks and battle drills (WTBDs). These SMEs focus on proper movement patterns and technical mastery of fundamental human movements. They ensure conditioning is consistent with the energy system development necessary to sustain performance.

### **Strength Coaches and Athletic Trainers are the Face of H2F**

The strength coaches and ATs will get more in-person time with Soldiers than all other specialties combined. A good PD will lean into this and give strength coaches plenty of room to maneuver within appropriate guidelines. Most coaches know how to handle several sports teams at once; thus, PDs should feel confident that coaches can manage multiple companies or platoons. Strength coaches should be as embedded in the company battle rhythm as the PD is with the BDE. PDs and SCCs should understand when Army combat fitness tests (ACFTs) are scheduled, when the unit will be in the field, who the first sergeant (1SG) and CDR are, who runs company PRT, etc.

**UNIT MINISTRY TEAM**

The UMT is independent of the HPT but integral to the H2F system as the SMEs for the spiritual domain. Consisting of a CH and a religious affairs specialist, the UMT works directly for the unit CDR to provide religious support and advise the command on all matters pertaining to religion, morals, ethics, and morale within the formation. In a typical brigade combat team (BCT), there are 16 personnel comprising the BDE's UMTs, making them an asset to the PD and HPTs to assist in developing and providing interdisciplinary support that includes spirituality, religion, relationships, and ethics.

All CHs are trained counselors and provide free counseling to Soldiers, families, and authorized ACPs on spiritual, relational, unit-specific, and general life matters. All UMT members provide privileged communication to all whom they counsel, protected by the Uniform Code of Military Justice (UCMJ). UMT members are not mandatory reporters for any issues and are an excellent resource for Soldiers who need to exercise confidentiality.

UMTs provide various types of training that address the spiritual domain. From religious services to prayer breakfasts, UMTs provide this directly to Soldiers or support Soldiers in finding the religious service that meets the Soldier's needs. UMTs provide relationship training for couples, singles, and leaders through the Building Strong and Resilient Teams program. CHs are also the Army's premier trainers on ethics. All training provided by the UMTs within the spiritual domain can easily be adapted to address the multiple dimensions of H2F.

As shown in Figure 3-2, UMTs traditionally conduct spiritual training in conjunction with a physical training event. Throughout the years, CHs used strenuous exercise or a creative venture tied with spiritual principles from various sources to connect Soldiers with their spiritual core.



**Figure 3-2. Spiritual Fitness Event (Flickr, 23 March 2010)<sup>8</sup>**

### **H2F-ASSIGNED NCOIC**

NCOs advise leaders at all echelons across the Army. The H2F table of distribution and allowances (TDA) structure did not identify the noncommissioned officer in charge (NCOIC) position, but this has been identified as a critical need. Many BDEs have found value in assigning an NCOIC for the HPT in the interim. This individual serves several crucial roles listed below:

- Supervises and mentors the enlisted members of the injury control, mental readiness, and nutrition readiness teams.
- Provides administrative and logistical support for the entire H2F team.
- Assists PD with deliberately integrating H2F with the operations of subordinate echelons (primarily BNs and companies).

BDEs must work to ensure that the position is given to the right NCO at the right time. Inappropriate selections for this role can hinder the HPT and that individual's career potential. The NCO chosen should be passionate about H2F and well-suited to serving as a liaison to the company 1SGs and BN CSMs. An effective NCO in this position will gain experience leading a team of more than 30 personnel, implementing a major Army initiative, and gaining a robust knowledge of human performance across all five domains.

## CHAPTER 4

**H2F and Echelons Above Brigade****Lessons Learned**

- An echelons above brigade (EAB) holistic health and fitness (H2F) staff officer requires a full-time table of distribution and allowances (TDA) and table of organization and equipment (TOE) position whose primary responsibility is synchronizing the efforts of the H2F system at echelon.
- For holistic health and fitness performance teams (HPTs) to operate effectively, EAB should ensure the HPTs are protected and used as a brigade (BDE) asset. EABs should develop strategies and courses of action (COAs) for non-resourced units and installation initiatives that will not require taking from the HPTs.
- EABs should work with existing installation resources such as Army Wellness Center (AWC); ready and resilient performance centers (R2PC); and Army Morale, Welfare, and Recreation (MWR) to assist non-resourced units with H2F services.

Although H2F is performed at the BDE level, there is an inherent need for an H2F subject matter expert (SME) or advocate at every echelon in the Army. To address this requirement, some echelons have established augmented TDA positions as H2F SMEs. Force Command (FORSCOM), Training and Doctrine Command (TRADOC), and several divisions have dedicated (not additional duty) H2F staffing at EAB. This has proven critical to synchronizing efforts and messaging across the force and ensures that BDEs are able to leverage H2F teams as their asset. As H2F is fielded across the Army, a crucial responsibility at these higher echelons is to protect the HPTs within the BDEs.

Conversely, with no H2F SMEs at EAB, there is increased difficulty in execution, messaging, standardization, and coordination. Like other significant lines of effort, aligning a dedicated senior staff officer at the division or corps to champion H2F will help assist in oversight, priorities, achievements, optimization, and problem-solving. This staff officer fosters consistent applications of leadership, reporting, professional development, personnel actions, training initiatives, and logistical acumen to meet the demands of a given headquarters (HQs). To bridge the efforts of technical expertise on respective H2F domains, the individual charged with being the H2F higher echelon officer must have intimate knowledge and understanding of all five H2F domains.

Senior leaders who advocate for HPTs increase the effectiveness of HPT personnel and the program. The alignment of a senior staff officer at echelon enhances collaboration and opportunities for broader H2F domain successes and quick wins. This further promotes H2F standards. Failure to consider the above approaches leaves BDEs vulnerable to mission creep and diverted resources, which can dilute or even negate the benefits of this valuable BDE entity.

The higher echelon H2F SME focuses on the synchronization of the BDE H2F mission and the higher command's mission with the Army's H2F vision while enabling and facilitating the BDE's success. The following key lessons should be considered when working with H2F at EAB:

- Develop relationships with key leaders in the unit, installation, and higher HQs.
- Build rapport with the installation medical treatment facility (MTF). H2F providers are credentialed through the MTF and, as such, have specific professional relationships they must maintain.
- Understand and develop relationships with installation resources to benefit the BDE H2F (AWC, R2PC, Army community service [ACS], and pregnancy and postpartum physical training [P3T] program coordinator).

Within the H2F infrastructure, collaboration is key across all domains and units. Many challenges the teams will face are not unique; therefore, creating a means for sharing lessons learned and feedback between them assists in collective success. Additionally, enabling inter and intra-brigade collaboration allows everyone to learn and share best practices. The following provide ways to improve inter and intra-BDE collaboration:

- **Staff meetings with all BDE H2F program directors (PDs).** This provides a direct link to the division and allows for open discussion on the status of H2F in the BDE, division, and Army. This creates a forum for requests for information (RFIs) to and from the BDEs. It gives an opportunity to inform those regarding CG expectations of BDE H2F programs.
- **Monthly domain working groups at division level.** Members of individual H2F domains across the BDEs should meet regularly in a division-led meeting to discuss current initiatives, issues, and day-to-day operations. This allows BDEs to collaborate on similar items across the organization instead of each BDE independently creating their own standards.
- **Division-level H2F situation report (SITREP).** As the EAB, it is important to keep the division commander (CDR) informed of the status, progress, and concerns within the H2F system. H2F is a BDE staff section and needs to function as such. By managing higher-level reporting, the division CDR will allow the BDE PDs and their staff to focus on H2F operations within their units.

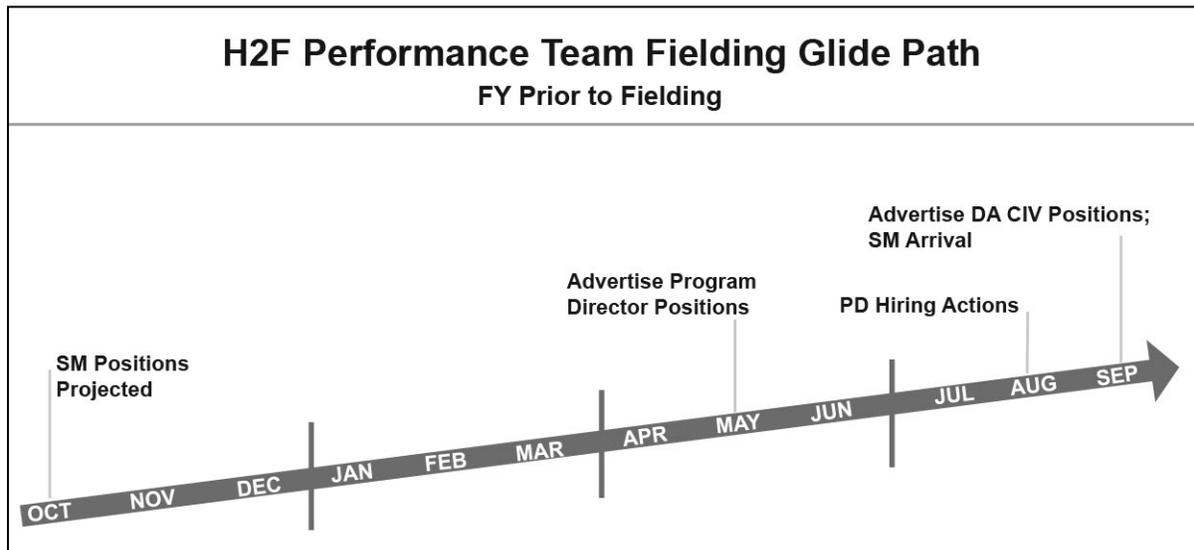
CHAPTER 5

**Welcoming the Holistic Health and Fitness Performance Team**

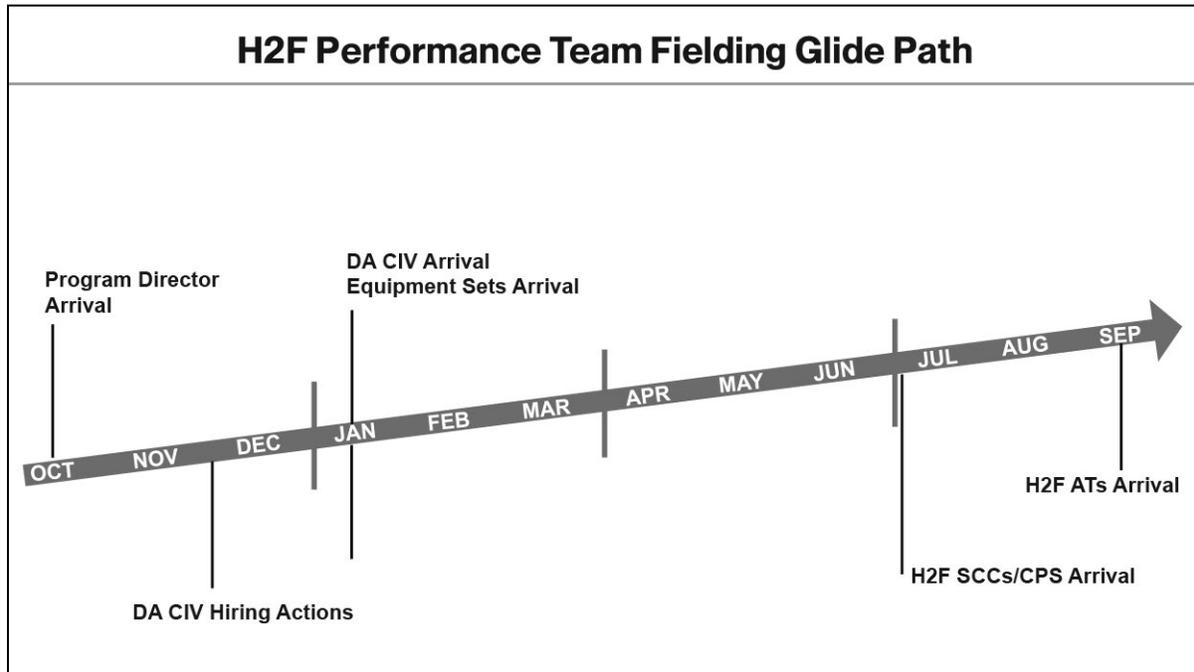
How a team receives and integrates new members is crucial to the success of every team and organization. The Army is no different, and commanders (CDRs) recognize the value of receiving new personnel in a way that connects them to the organization and its mission. With the introduction of H2F as the Army’s system for total Soldier fitness, the brigade (BDE) must quickly and intentionally integrate new holistic health and fitness performance team (HPT) personnel into the unit. Ensuring this occurs seamlessly gives holistic health and fitness (H2F) professionals a positive introduction to the unit’s culture, customs, and mission, preparing them to offer the human performance expertise Soldiers deserve. This section highlights considerations for CDRs, staffs, and H2F program directors (PDs) as they formulate the on-boarding for their teams.

**H2F PERFORMANCE TEAM MEMBER ON-BOARDING**

As a PD develops their BDE-specific on-boarding processes, it is important to consider the typical fielding glide path as HPTs are initially established. Figures 5-1a and 5-1b show the proposed phased fielding approach of personnel and equipment for the fiscal year (FY) preceding H2F resourcing and the first year the BDE is resourced.



**Figure 5-1a: Recommended Timeline in the FY Before HPT Fielding (Holistic Health and Fitness Integration Team)**



**Figure 5-1b: Recommended Timeline in the FY of HPT Fielding (Holistic Health and Fitness Integration Team)**

HPT projections and fielding is currently a two-year process. In the FY before their fielding, the BDE and Human Resources Command (HRC) projects and lists the Army Medical Specialist Corps (SP Corps) officers in their marketplace, with arrival on station generally occurring in the first quarter (Q1) of the next FY. Advertisement on USA Jobs for new PD positions occurs in the Q3 of the first FY (target month: May). This allows CDRs to receive and review applications, interview, and finalize hiring actions while leaving enough lead time to complete all required pre-employment requirements, enabling the PD to arrive on 1 October of the next FY.

Army civilian personnel (ACP) position announcements should occur during the Q4 of the first year (target month: September). This permits applications to be ready for the PD upon their arrival, enabling the PD to start to build their team. BDEs can expect these personnel to arrive around the beginning of Q2. The final members of the team, contracted strength and conditioning coaches (SCCs) and a cognitive performance specialist (CPS), should begin arriving in late Q3 or early Q4. Athletic trainers (ATs), generally arrive in late Q4 based on the current contract structure.

All HPT members are required to complete installation or unit in-processing. Local policies will dictate the duration and requirements for this process. PDs should engage with the S-1 (personnel) to gain a better understanding of local policy.

PDs are critical in ensuring their teams can get off to a good start and bring their collective expertise to bear on the organization's needs. PDs do this best by doing the following:

- Communicating with CDRs and staff sections on arrival timelines and anticipated needs.
- Ensuring key contact numbers are current for ease of on-boarding.
- Providing installation maps and resources to the new team as needed.
- Securing and preparing a workspace for the team.
- Creating a formal on-boarding checklist to help facilitate and simplify the on-boarding process of incoming HPT members (e.g., 1 Brigade Combat Team [BCT], 82nd Airborne [ABN] Division checklist [shown below]).
  - Obtain installation access.
  - Receive on-boarding packet.
  - Acquire Common Access Card (CAC) and email account.
  - Obtain Non-Secure Internet Protocol Router (NIPR) access.
  - Verify credentials through military treatment facility (MTF).
  - Complete cyber awareness and other Joint Knowledge Online (JKO) training.
  - Complete Medical Health System (MHS) Genesis training.

## **Contractors**

The contracting company will complete contractors' vetting and hiring processes, but the PD will play a critical role in on-boarding the employee. This process requires careful coordination with the contracting officer representative (COR), the contracting company, and the individual.

Most contractors will not have installation access on their start date. The PD should meet the contractor at the installation visitor center to assist with obtaining visitor access for as long as is permitted by installation policy (e.g., 30-day pass). This will allow the contractor to access the installation until they can obtain a CAC.

To obtain a CAC, the PD will sponsor the contracted team member as the trusted agent in the Trusted Associate Sponsorship System (TASS). To gain access to TASS, the PD must complete the required training before being assigned a trusted agent security manager (TASM). The COR will coordinate this process. Once TASS access is granted, the PD can sponsor the contractor to obtain a CAC.

Contractors working under the H2F contract vehicles require a Tier 1 suitability security investigation. Suitability investigations are the responsibility of the government, not the contractor. Therefore, the PD will complete the investigation once the contractor is hired. Additionally, the suitability process is an integrated process between the S-1 and the S-2 (intelligence). Therefore, before the contractor's arrival, the PD must work with the BCT, S-1, and S-2 to establish procedures to determine the BDE workflow of this process to expedite the process.

### **Credentials and Privileging**

HPT members that are healthcare providers under Defense Health Agency policy (registered dietitians [RDs], physical therapists [PTs], occupational therapists [OTs], ATs, etc.) must complete the credentials process at the local MTF. PDs are advised to build rapport with MTF credentials office personnel to determine local workflow. It is beneficial to build relationships with the chief of nutrition, PT, and OT as these individuals play a role in approving and supporting credentials. From these relationships, the PD should develop a checklist following local MTF guidance to provide to the incoming personnel to expedite the credential approval process.

The H2F integration team (HIT) includes a clinical integration lead. For specific questions or issues regarding credentials and privileging, HPTs are encouraged to reach out to the HIT.

## CHAPTER 6

### HPT: Team Building

The secret of a successful holistic health and fitness (H2F) program is building the H2F performance team (HPT) around a shared vision and goal. The preface to Field Manual (FM) 7-22, *Holistic Health and Fitness*, clearly spells out the purpose of the H2F system, “The H2F system aims to build physical lethality and mental toughness to win quickly and return home healthy.”<sup>9</sup>

Program directors (PDs) should ensure team building is part of their internal battle rhythm to achieve that purpose. The Center for Army Lessons Learned (CALL) handbook titled *Building Cohesive Teams* (available digitally, in print, and as an audiobook) discusses team building in detail, including leader and team member responsibilities.

#### **TEAM BUILDING: ENSURING INTERDISCIPLINARY INTEGRATION**

Each HPT is comprised of practitioners in various disciplines who work together in a collaborative way to deliver the highest quality services for Soldiers in their respective brigades (BDEs). To do so, each practitioner on an HPT should provide a capability brief to their teammates. Providing a brief on one’s background, education, applied experience, and areas of expertise allows each team member to gain insight into a subject matter expert’s (SME’s) skillset and how to best leverage their unique skill set. This exchange of individual information increases confidence in teammates’ abilities and trust in their unique talents.

There will often be some overlap in capabilities, providing an opportunity to share responsibilities. For example, occupational therapists (OTs) and cognitive performance specialists (CPSs) can leverage each other’s capabilities to provide services in the mental readiness and sleep readiness domains based on each other’s strengths, interests, and expertise. Or physical therapists (PTs) can work with athletic trainers (ATs) as part of an effective injury control team. It is paramount that practitioners do not believe that they “own” any individual domain and they do not cause conflict with other practitioners. The H2F system supports the SMEs on HPTs to respect each other and find unique and creative ways for interdisciplinary collaboration—all for the benefit of the Soldiers and BDE leadership. Providing periodic capabilities briefs when there is a change in personnel helps to ensure continuity and cohesion with new team members (contractors, Army civilian professionals [ACPs], and Army personnel).

In addition to providing internal capabilities briefs to H2F teammates, Center for Initial Military Training (CIMT) recommends that the SME’s provide external briefs to BDE and BN leadership. This enhances BDE leadership’s awareness that H2F is a resource they own, staffed with expert practitioners who help to achieve unit goals and objectives, such as preventing musculoskeletal injuries (MSKI), facilitating transitions back to active duty, and improving Soldier mental readiness and performance.

Providing capabilities briefs fosters quality interpersonal interactions, strengthens cross-collaborative teamwork, and avoids operating apart from everyone else. Most importantly, leveraging the skills and abilities of the entire HPT best addresses the wants and needs of Soldiers and BDE leadership.

## TEAM BUILDING: WE ARE IN THIS TOGETHER

Team building is turning a group of individual contributing employees into a cohesive team with a shared goal. It is a group of people organized to work together to meet the needs of their customers. For HPTs and Soldiers, the customer is the American public, who rely on the U.S. Army to be an effective team that accomplishes its mission.

Current research in team building indicates that a critical component of team cohesion and higher-level team performance is the level of psychological safety within the team. Psychological safety is defined as “having the confidence to take risks knowing your leadership and your team support you in trying new things, potentially failing, and generally showing vulnerability.” (Edmondson, Amy C., *Teaming: How Organizations Learn, Innovate, and Compete in the Knowledge Economy*, Jossey-Bass, 2012)

“My biggest concern as a leader is that I will allow the best idea in the room to go unexpressed because someone did not feel comfortable enough to express it.”

—Stephanie C. Hill, VP and GM Lockheed Martin, 2014, *Scientific American Magazine*<sup>10</sup>

Having the confidence that you can safely take risks within a group provides a myriad of benefits for individuals and teams in the following ways:

- Encourages speaking up
- Enables clarity of thought
- Supports productive conflict
- Mitigates failure
- Promotes innovation
- Removes obstacles to pursuing goals
- Increases accountability

A lack of psychological safety can lead to teams that have the following traits and characteristics that drive down cohesion, team unity, and performance:

- Static thinking
- Lack of creativity and idea generation
- Lack of communication and collaboration
- Judgment and criticism of teammates
- Lack of individual expressiveness
- Lack of candor

Psychological safety is a crucial ingredient to enhanced communication and higher-level performance. HPTs must work together as a cohesive unit to perform at peak levels for Soldiers. No individual practitioner can do it alone. It takes a unified, holistic, psychologically safe team to provide elite performance, fitness, and wellness services. A good example is the HPT at Fort Polk, Louisiana, which regularly implements team-building activities that promote psychological safety, mutual trust, and an open exchange of thoughts and perspectives. Figure 6-1 shows an example of an activity that promotes psychological safety to create more agile, productive, and resilient employees.



**Figure 6-1. HPT at Fort Polk demonstrating the Marshmallow Tower Challenge as a Team-Building tool (Holistic Health and Fitness Integration Team)**

### **TEAM-BUILDING TOOLBOX**

An excellent way for HPTs to enhance team unity and cohesion is to create a “team-building toolbox.” The H2F integration team (HIT) has a library of team building and psychological safety exercises available.

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## CHAPTER 7

**Holistic Health and Fitness Facilities and Equipment****Lessons Learned**

- Facilities can enhance holistic health and fitness (H2F) operations, but the H2F system is much more than a facility.
- H2F performance teams (HPTs) should be creative about acquiring and using existing spaces.
- Early coordination with Directorate of Public Works (DPW) is crucial for any necessary facility modifications. Coordinate with Network Enterprise Center (NEC) for network accessibility.

Facilities and equipment are essential parts of the H2F system. As such, the Army plans to construct new or convert existing facilities into Soldier Performance Readiness Centers (SPRCs). In the interim, many companies across the formation received Gym in a Box (GIB) and other equipment solutions to accomplish H2F objectives. Upon completion, the SPRC will function as a brigade (BDE)-owned asset, enabling the HPT to deliver a comprehensive training experience for Soldiers. The SPRC is designed to house the HPT offices, classrooms for education, a rehabilitation area, and physical training equipment for physical readiness training (PRT).

Because construction of the SPRC takes time, HPTs must use creativity to secure facilities and obtain equipment to build their H2F programs. Each H2F program reflects the command emphasis, intent, and organizational culture. Facilities and equipment are not currently equitable across the Army. This challenge forces HPTs to innovate, adapt, and overcome while developing their plans to provide holistic care to their formations.

Although the SPRC is not designed to include a dedicated Category 5XXX clinical space on site (military treatment facility [MTF] with capabilities such as electrical systems, equipment, a treatment area, safety stations, etc.), many of the clinical tools used by H2F providers are found in the physical training domain. They do not require a specified clinical workspace typical to MTF-style clinical operations. Facilities where Category 5XXX standards are not met, but healthcare is delivered in some form, are required to meet life/safety (LS) and environment of care (EC) standards. LS and EC standards particularly relate to facility cleaning, security, fire alarms, and handwashing facilities. The SPRC design is LS and EC compliant.

## H2F FACILITIES CONVERSION

The 17th Field Artillery Brigade (FAB) at Joint Base Lewis-McChord (JBLM) converted a company operating facility (COF) to use as their H2F facility. The BDE transformed the main floor of a readiness bay (RB) into an area with training equipment; field turf; a rehabilitation and reconditioning area; an athletic training room; and a pseudo fueling station. The mezzanine area also contains cardio equipment, a pregnancy and postpartum training (P3T) area, and classroom space. They did this by capitalizing on current policies, allowing them to meet their commander's intent. A Soldier Center Medical Home (SCMH) is in an adjacent RB. The SCMH also has space for embedded behavioral health (EBH) and a chiropractor. H2F staff use offices throughout the interior of the COF for sick call, office space, and a counseling area for the unit ministry teams (UMTs).



**Figure 7-1. Physical Readiness Training in 17 Field Artillery Brigade Readiness Bay (Holistic Health and Fitness Integration Team)**

16th Combat Aviation Brigade (CAB) at JBLM obtained and outfitted an empty hanger, placing floor covering over the concrete. In another hangar area, the HPT developed dedicated spaces for musculoskeletal injury (MSKI) sick call and rehabilitation, office space, and conference rooms.

Installation Management Command (IMCOM) requires H2F-fielded BDEs to consider facility conversions before looking to new construction. The garrison and DPW owns the space and must approve any acquisitions and conversions when looking to convert space permanently. In many cases, DPW is unwilling to allow permanent conversions of COFs as there is a large deficit of COF space across the Army. However, interim diversions of space are acceptable. Many DPWs have a master planner dedicated to H2F planning. Staff should work with this planner based on the needs of the team and unit.

SPRC facility projects must be submitted on the facility investment plan (FIP). The FIP is used to prioritize and centrally fund construction projects of all magnitudes. While SPRCs do not compete well with barracks and dining facilities, being on the FIP allows IMCOM and higher headquarters (HQs) to see and plan for each SPRC project, whether as a separate priority or set-aside funding. SPRC projects may also be submitted as unfunded requests (UFRs) to BDEs, divisions, and higher echelons. Ensure the H2F engineer validates the project before UFR submission to expedite the process. Although facilities are not currently uniform across the Army, much of the equipment is. Garrison equipment sets are issued centrally from the Center for Initial Military Training (CIMT). SPRC equipment sets are standardized with the facilities. Equipment standardization assists with sustainment, which is currently being reviewed and programmed into future HQs' budgets.

HPTs must use everything at their disposal to construct and execute programs that challenge and strengthen their Soldiers across all domains. Because Soldiers often find themselves in environments where a clean, fully functioning facility is not available, HPTs must remember that facilities do not make the H2F program. Creativity and innovation are the keys to training Soldiers and maximizing the effectiveness of the HPT.



**Figure 7-2. 10th Combat Aviation Brigade Physical Readiness Training (Holistic Health and Fitness Integration Team)**

## **H2F EQUIPMENT SOLUTIONS**

H2F equipment is more standardized than the current facilities. Many units received GIBs when the Army began transitioning to the Army combat fitness test (ACFT). HPTs will also receive an H2F integration team (HIT), garrison, and deployable equipment set to train and treat Soldiers fully.

The following are facility recommendations:

- Have BDE leadership and H2F HPT perform a facility and equipment needs analysis.
- Evaluate improvement needs for current facilities and equipment (renovations, new or more equipment, etc.).
- Meet with installation assets (DPW) to identify possible facilities.

GIB equipment mirrors the equipment a unit needs to conduct the ACFT while offering multiple weights and sizes of equipment for progressive training. GIBs are also mobile and can be moved around a BDE footprint (including indoors) to enable leaders to find the best locations for Soldiers to train.



**GIB Standard Equipment\***

Medicine Balls	Squat Stations
Kettlebells	Leg Tuck Station
Olympic Bars	Rope Climb
Bumper Plates	Climbing Wing
Adjustable Benches	Pull up Bar
Hex Bars	Dip Bars
Landmine Attachment	Agility Cones
Battle Ropes	Jump Ropes
Lacrosse Balls	Drag Sleds

**Description:** EQUIPMENT SET, H2F GIB  
**MCN:** 654501C966883  
**NSLIN:** NA45A5  
**Nomenclature:** EQUIPMENT SET, H2F GARRISON  
**NIIN:** 01C966883

**Figure 7-3. Gym in a Box (Holistic Health and Fitness Integration Team)**

**Note:** The equipment shown in Figure 7-3 is the same equipment set units already have from the ACFT equipment fielding.

### Equipment Sets

CIMT has provided initial equipment fielding, including information technology (IT) equipment, garrison equipment, and deployable medical equipment sets. Following the fielding schedule for establishing HPTs, the HIT will establish communication with BDE representatives to set expectations for equipment fielding. BDEs must establish a plan for how it will be used or stored.

### Equipment Supply

Acquisition of H2F equipment and supplies requires close coordination with BDE staff (S-4 [supply], S-8 [financial management]) and their higher echelon counterparts. Budgeting and purchasing processes can vary between organizations, and program directors (PDs) should familiarize themselves with local policies as thoroughly as possible.

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## CHAPTER 8

**Introducing Soldiers to the H2F Team****Lessons Learned**

- Soldiers need to know that their brigade (BDE) has holistic health and fitness (H2F) resources and what that means for their training as well as how they can access these services.
- Formal new Soldier H2F in-processing and reception should be implemented to ensure that Soldiers understand the H2F system includes training, education, and direct access to medical care.

When Soldiers transition to a new duty station, the reception they receive will either set the Soldier up for success or increase the stressful challenges that transition brings. Presenting the H2F personnel and program to a newly arrived Soldier gives them resources from experts across the five domains who are present to assist in building the Soldier holistically. Ensuring that this occurs early can reinforce the unit's culture, customs, and mission and introduces the holistic health and fitness performance team (HPT) to the Soldier, creating ease of access and an opportunity for instant connection. This section highlights considerations for commanders (CDRs), staffs, and the H2F program director (PD) as they welcome newcomers and build in-processing procedures for receiving new Soldiers to the BDE. Staff should ask themselves the following questions:

- How are we integrating new arrivals?
- Are they welcomed as members immediately or treated (initially) as outsiders?
- Does our newcomer's program promote the BDE's and H2F's values?

**NEW SOLDIER H2F IN-PROCESSING AND RECEPTION**

As Soldiers arrive at the BDE, one of the first priorities of leadership at all levels is to ensure a rapid and comprehensive introduction to the organization's leaders, standards, and opportunities. Every newly assigned Soldier has a sponsor. The sponsor typically shows the new Soldier all the facilities on the installation and within the battalion (BN) or BDE area they will need to use while stationed there, such as the aid station, S-1 (personnel), motor pool, H2F facilities, etc. Most H2F-resourced BDEs use this time to introduce the H2F system and the specific programming for these new Soldiers.

**Best practice:** BDEs must ensure the H2F facilities are added to the list of facilities for Soldier in-processing.

This section identifies the best practices among the fiscal year (FY) 2021 H2F-resourced BDEs as they introduced H2F to their respective populations.

In-processing occurs at all levels, from installation down to the company and battery. Effective H2F in-processing capitalizes on how the inherent qualities of the system can help Soldiers improve their performance. First, because H2F is a system implemented at the BDE level, HPTs can use the opportunity to share their brand and message with the new Soldiers. Because this will be most Soldiers' first interaction with an HPT, it is vital that the HPT educates and encourages Soldiers about the potential H2F provides the individual. Secondly, H2F is a hands-on system, best demonstrated through tactile, practical activities versus a PowerPoint introduction. Successful HPT in-processing demonstrates inter-domain activities instead of lecturing. Soldiers will believe in the H2F program if they are shown the results of improving H2F in Soldiers. Command emphasis is a must. Using these philosophical underpinnings, the Army's current HPTs assist CDRs in evolving the traditional in-processing methods of just information into a process that drives Soldier performance throughout their time in the organization.

An effective H2F in-processing system begins by examining the organization's operational tempo (OPTEMPO). How much time will the mission and tasks allow? What is the CDR's intent for H2F in-processing? How can the HPT best use the time allowed to set their Soldiers up for future HPT interaction? Based on the answers to questions like these, a PD can maximize the opportunity presented during in-processing to educate and prepare Soldiers for a positive experience with the HPT. While in-processing times vary from one day to one month, the best solution is based on the CDR's intent, observed needs, and time allotted for the BDE.

## GREEN PLATOON

<b>1AD DSB GREEN PLATOON AGENDA</b>			
<b>Course Location:</b> H2F Complex: 20165 Kasserine Way		<b>Course Dates:</b> 05 July 2022-15 July 2022	
<b>Week 1 Day 1: 04 July 2022 DONSA</b>			
Start Time	Topic	Instructor	Uniform
ALL DAY	DONSA		
<b>Week 1 Day 2: 05 July 2022</b>			
Start Time	Topic	Instructor	Uniform
0630-0800	Strength & Conditioning	Strength Coaches	APFU
0800-0930	Breakfast/Personal Hygiene	---	---
0930-1000	Intro to Green PLT	H2F Team	OCP
1000-1100	Personal Growth	Mental Readiness Team	OCP
1100-1200	Facility Tours	H2F Team	OCP
1200-1300	Lunch	---	---
1300-1400	SHARP	BDE Staff	OCP
1400-1430	Chaplain	Unit Ministry Team	OCP
1430-UTC	MFLC	BDE Staff	OCP
1500-UTC	BOSS	BDE/BN Staff	OCP
<b>Week 1 Day 3: 06 July 2022</b>			
Start Time	Topic	Instructor	Uniform
0630-0800	PRT (Junior Enlisted Soldiers)	H2F Team	APFU
	Tape Cert (NCOs & Officers ONLY)	Nutrition Team	APFU
0800-0900	Breakfast/Personal Hygiene	---	---
0930-1000	SRB Class	H2F Team	APFU
1000-1130	POSE Running	Injury Control Team	APFU
1130-1300	Lunch	---	---
1300-1400	Effective Communication	Mental Readiness Team	OCP
1400-UTC	Nutrition 101	Nutrition Team	OCP
<b>Week 1 Day 4: 07 July 2022</b>			
Start Time	Topic	Instructor	Uniform
0630-0800	PRT: ACFT Orientation	Strength Coaches	OCP
0800-0900	Breakfast/Personal Hygiene	---	---
0930-1030	Performance Nutrition	Nutrition Team	OCP
1030-1130	Master Resilience Training	H2F SSGs	OCP
1200-1300	Lunch	---	---
1300-UTC	EO Mandatory Training	BDE EO	OCP
<b>Week 1 Day 5: 08 July 2022</b>			
Start Time	Topic	Instructor	Uniform
0600-0800	ACFT	DTSB Cadre	APFU
0800-0930	Breakfast/Personal Hygiene	---	---
0930-1030	Sleep Readiness	Mental Readiness Team	OCP
1030-1130	Ethical Leadership	Unit Ministry Team	OCP
1200-1300	Lunch	---	---
1300-1400	Tactical PT Prep	H2F Team	OCP
1400-1500	Tactical Fueling	Nutrition Team	OCP

1st Armored Division (1AD) Sustainment BDE provides a Green Platoon orientation for incoming Soldiers. Soldiers receive in-depth H2F training from the Muleskinner HPT. Each Soldier learns the values and customs of the Muleskinner BDE while experiencing the interdisciplinary training provided by the subject matter experts (SMEs) of the HPT. Green platoon establishes an H2F baseline for each Soldier and ensures that leaders and the Soldiers themselves set attainable goals for their time with the 1AD Sustainment BDE.

**Figure 8-1. 1st Armored Division Sustainment Brigade Green Platoon  
(1st Armored Division Sustainment Brigade H2F)**

Regardless of the time allocated for in-processing, the H2F team should emphasize several areas. HPTs should consider screening across the domains, conducting a capabilities and resources brief, and H2F facility orientation for their in-processing. The HPT can meet each Soldier personally and establish the rapport necessary for a good provider-to-Soldier relationship during the screening. Considerations for screening include questions about exercise; dietary and sleep habits; spiritual connection; and community and personal goals for the Soldier. HPTs may also screen for movement patterns and musculoskeletal injuries (MSKI), using the analysis shown in Figure 8-2 to assist the Soldier in building an individual plan for holistic readiness.

### H2F NEWCOMER TRANSITION SCREENING

As part of BDE in-processing, the HPT at the 16th Aviation Brigade, Joint Base Lewis-McChord (JBLM), uses the Soldier Transition Assessment Tool (START) for each incoming Soldier. The START asks a series of questions across the mental and spiritual domains, seeking to gauge the individual's stress level and coping mechanisms upon arrival. The START is a great tool that enables the Soldier to see themselves and discuss with an H2F provider the difficulties transitions bring to the service member.

**Welcome to the Raptor Brigade!**

These questions will let us get to know you better and help identify ways we can help you. This worksheet will be used only to guide discussion with your provider and will not be retained in any medical record.

1. My overall level of stress is:  
Very Low 0 1 2 3 4 5 6 7 8 9 10 Very High
2. Over the past month, how often have you been bothered by the following problems?  
*(0) Not at all | (1) Several days | (2) More than half the days | (3) Nearly every day*  
 Feeling nervous, anxious or on edge       Feeling down, depressed or hopeless  
 Not being able to stop or control worrying       Little interest or pleasure in doing things  
 Feeling like a burden to others
3. Over the past year, what major life stressors have you experienced?  
 Legal    Work    Relationship(s)    Finances    Pain or Medical    Other \_\_\_\_\_
4. What activity do you enjoy doing?  
\_\_\_\_\_
5. Rate the overall difficulty in doing the activity you enjoy:  
Very Low 0 1 2 3 4 5 6 7 8 9 10 Very High
6. Rate your overall satisfaction in doing the activity you enjoy:  
Very Low 0 1 2 3 4 5 6 7 8 9 10 Very High
7. I have core beliefs, ethics, and values that give my life a sense of meaning and purpose  
 Strongly Agree (5)    Agree (4)    Neutral (3)    Disagree (2)    Strongly Disagree (1)
8. I am able to find meaning and purpose in my everyday experiences  
 Strongly Agree (5)    Agree (4)    Neutral (3)    Disagree (2)    Strongly Disagree (1)
9.  Strongly Agree (5)    Agree (4)    Neutral (3)    Disagree (2)    Strongly Disagree (1)
10. When life challenges arise I feel I am able to confront such challenges or rely on a support system to get through them  
 Strongly Agree (5)    Agree (4)    Neutral (3)    Disagree (2)    Strongly Disagree (1)
11. In general, I would say my overall sense of being connected to others is (Circle):  
Very Low 0 1 2 3 4 5 6 7 8 9 10 Very High
12. How long does it take you to sleep in a typical night? \_\_\_\_ (Hrs/Min)
13. How long does it take you to fall asleep? \_\_\_\_ (Hrs/Min)
14. Thinking of a standard drink as the amount of alcohol in a single shot, a small glass of wine, or a standard beer.  
**Females:** when you drink alcohol do you have more than 6 drinks in one day?  Yes  No  
**Males:** when you drink alcohol, do you have more than 8 drinks in one day?  Yes  No
15. Has a relative, friend, doctor, or other provider been concerned about your drinking or suggested that you cut down?  
 No    Yes, but not in the last year    Yes, during the last year

Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Unit \_\_\_\_\_

Email \_\_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

START (Soldier Transition Assessment Tool) UFGATED 02/2022 OF questions

**Figure 8-2. 16th Combat Aviation Brigade In-Processing Screening (16th Combat Aviation Brigade H2F)**

Many Soldiers will meet the professionals of an HPT for the first time when they arrive at the BDE. Providing familiarity with the physical therapists (PTs) and occupational therapists (OTs), cognitive performance specialists, or any of the other professionals of an HPT should be a primary goal of the PD and their team. Capability briefs best address the educational piece of H2F in-processing for the Soldiers. Allowing each member of the HPT to introduce themselves and explain the role played on the team gives the new Soldiers a clear understanding of what the team provides and, more importantly, how the Soldier can use the HPT to its full potential. H2F in-processing should provide an orientation that includes (but is not limited to) a facilities walkthrough, contact information, and other installation resources that support the H2F mission.

Integrating people and building trust within the team is vital to the success of any endeavor. Because H2F addresses Soldier performance and unit readiness, ensuring that both Soldiers and HPTs are welcomed to the organization, educated on the resources available, and placed in the best position to maximize their expertise and efforts requires CDRs and PDs to intentionally plan and execute reception and integration. On-boarding the HPT and in-processing Soldiers offers a BDE an excellent opportunity to indoctrinate newcomers with the organization's culture and challenge everyone to maximize their performance.

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## CHAPTER 9

**Holistic Health and Fitness Program Scheduling****Lessons Learned**

- Holistic health and fitness performance teams (HPTs) should work with the brigade (BDE) staff to ensure holistic health and fitness (H2F) activities are on the training calendar and based on the commander's (CDR's) intent and unit mission essential task list (METL).
- HPTs should provide creative solutions to allow for physical readiness training (PRT) to be performed throughout the duty day.
- HPTs should incorporate training within warrior tasks and battle drills (WTBDs), not just the classroom.

**TRAINING CALENDAR**

BDE H2F events must be on the unit's long-range training calendar (LRTC) to maximize participation. The calendar projects and locks in training for the organization weeks before each event. The HPT must be present and involved with unit training planning to build a program that nests with the unit's mission and battle rhythm. Program directors (PDs) should consider unit events that leverage existing unit training events when possible.

Units build training calendars from the company level up. Companies typically hold weekly training meetings to discuss the current calendar and discuss planning. These company calendars feed the battalion's (BNs) training plan and calendar after approval from the BN commander (CDR). H2F teams must engage company CDRs and first sergeants (1SGs) early to maintain awareness of H2F training opportunities and gain support for proposed H2F plans.

Physical training in the Army traditionally occurs from 0630-0800 five days a week. While the H2F has many PRT resources, they are not equipped to support the entire BDE during traditional PRT hours. Unit flexibility allowing groups to do PRT outside of the traditional hours listed above is critical in maximizing the effectiveness of the HPT. This enables more of the unit to take advantage of the limited resources. Collaborating with the command team and operations section to annotate the PRT schedule on the LRTC is a great method to schedule and safeguard PRT time blocks and schedule group H2F education and H2F extender courses. Units have successfully executed physical training outside the 0630-0800 window without negatively affecting day-to-day operations or mission completion.

Army Regulation (AR) 350-1, *Army Training and Leader Development*, Appendix F, paragraph F-5.i., states, "Personnel in the RA, ARNG, and USAR will take part in either collective or individual physical readiness training programs year-round per FM 7-22. Regular Army units, individuals, and Reserve Component Soldiers on active duty will conduct regularly scheduled PRT four to five times per week for 60 to 90 minutes. Commanders are encouraged to structure the duty day so they can conduct physical readiness training at a time and location that is most effective in eliciting the desired fitness outcomes. PRT at 0630 is authorized but not required."<sup>11</sup>



**Figure 9-1. Soldiers and Strength and Conditioning Coaches Prepare for a Physical Training Session at Fort Bliss (Holistic Health and Fitness Integration Team)**

**Best practice:** Embed SCCs and athletic trainers (ATs) down to the BN level. H2F is a BDE program nested at the BNs and empowered and executed at the company level.

HPTs can assist units with their PRT program design to meet the unit's needs. BDE leadership should ensure that noncommissioned officers (NCOs) understand their role in coaching and leading Soldiers through these programs.

### **HPT BRIGADE-LEVEL TRAINING AND CLASSES**

HPTs can assist with unit training in physical readiness and other areas, such as resiliency, medical, and other topics.

#### **Lessons Learned**

- Develop BDE-level training to certify personnel to meet the requirements in FM 7-22 and AR 350-1. In addition, these trained personnel should collaborate with HPTs to maximize program effectiveness.
- Continue education provided by the HPT.
- Provide incentives for engaging in H2F behaviors, for example, awarding a certificate of achievement and promotion points for completing an H2F extender course.

A BDE HPT may consist of 25 to 37 performance-based professionals. These experts assist the CDR in providing for the overall well-being and performance of 1,500 to 5,000 Soldiers. The HPTs develop relationships with individuals organic to the BDE to optimize their reach. These organic elements may consist of master fitness trainers (MFTs), NCOs, master resilience trainers (MRTs), and medics (68W). The MFTs and NCOs oversee the PRT; the MRTs work with mental readiness; and the medics manage acute trauma, musculoskeletal injuries (MSKI), and triage. In addition, the HPT developed Soldier extender courses to enhance the knowledge and versatility of the service members.



**Figure 9-2. Soldiers Training Deadlift Technique  
(Defense Visual Information Distribution Service, 13 December 2019)<sup>12</sup>**

### **Army Master Fitness Trainers**

The MFT course is an Army course scheduled through Army Training Requirements and Resource System (ATRRS). Most MFT graduates are not afforded the opportunity to implement what they learned at the MFT course because they do not serve as the unit MFT. Too often, they are tasked to perform other duties and are not provided the opportunity to use their new skill set.

## **H2F SOLDIER EXTENDER COURSES**

To compensate for the limited numbers of MFTs and the challenges with maximizing their utility, the SCCs created train-the-trainer, also known as H2F extender courses. These courses educate NCOs and MFTs on program design, proper lifting techniques, progressions and regressions, and exercise selection as well as providing additional subject matter experts (SMEs) for the unit.

The following are benefits of H2F extender classes:

- CDRs can identify and task those NCOs that have an interest.
- NCOs take more accountability for their Soldiers.
- Classes improve relationships with HPT and participants.
- Classes become extensions of the SCC and help educate other Soldiers.
- Classes encourage Soldiers to go through MFT and H2F extender training.
- Classes prepare Soldiers to sit for tactical strength and conditioning facilitator (TSAC-F), which can be paid for by the BDE.
- Classes improve the knowledge of the Soldier and encourages the continuation of their education.

Figure 9-3 contains information about the 44 Med H2F trainer course.



- 1 Week/40-hour course
- Soldiers can sign up via a website
- Content includes the following:

Programming warm-ups, strength, and endurance	Multiple choice exam and practical test
Lifting mechanics	P3T/ABCP/WAR
Nutrition	Sleep and mental readiness
Mental skills	

**Figure 9-3. Soldier Conducts ACFT deadlift (Defense Visual Information Distribution Service, 25 October 2019)<sup>13</sup>**

To the H2F coaches,

I wanted to provide feedback on the basic fitness leader (BFL) certificate course I recently completed. The course had so much good information. I loved that all the coaches took the time to explain and demonstrate everything in detail.

I wish this course could be implemented in basic training and advanced individual training (AIT) schools. I feel it could prevent so many injuries from the start of every Soldier entering the Army. I never knew to engage my lat muscles (latissimus dorsi) during push-ups, pull-ups, deadlifting, and squats to create the pressure needed in your core. I never knew I was a heel striker until you guys pointed it out and introduced me to the pose method. I loved that there was meditation and nutrition information. This course was very beneficial to me. It gave me the confidence and the knowledge to help other Soldiers.

I hope this feedback helps spread the word about the H2F program and courses. I appreciate everything you did for me. It was an awesome course.

—NCO, 44th MED BDE

## **ARMY MASTER RESILIENCY TRAINING**

### **Lesson Learned**

Continuing education for MRT-qualified NCOs provided by the HPT has proven to be valuable in enhancing their skills and comfort level with the material.

The Master Resiliency Training Course (MRTC) is also an ATRRS course. It consists of 10-days of training, teaching the attendees to develop themselves and others in the 6 MRT competency areas: self-awareness, self-regulation, optimism, mental agility, strengths of character, and connection. Figure 9-4 contains information about the 11th ADA MRT course.



- An Occupational Therapist (OT) and a certified OT Assistant attended an MRT course to learn the 14 MRT skills.
- Located all MRTs within 11th ADA BDE.
- Learned battle rhythm for each BN (best time for MRT Training).
  - Co-teach skills with MRT (Soldier led, the expert advised).
  - “Turf talk” MRT skills at morning PRT formations.
  - Implementing skills within PRT.
  - May go to the field to assist in teaching skills.
- MRT skills covered.

Sleep	Energy management
Tactical (box, diaphragmatic) breathing	Mental imagery
Unproductive thinking	Mindset (growth vs. fixed)
Goal setting	Positive self-talk

**Figure 9-4. OT and COTA from 11th ADA Provides Cognitive Training for 1-43 BN (11th Air Defense Artillery Brigade)**

## H2F Medic MSKI Training (68W)

Primary medic training is focused on acute trauma and triage. ATs manage acute care, MSKI, triage and work in collaboration with the 68W. HPT PT and AT provide education on the evaluation and management of MSKI. Primary medic training is focused on acute trauma and triage, as shown in Figure 9-5.



**Figure 9-5. Soldiers Load Simulated Casualty During Training (Defense Visual Information Distribution Service, 13 June 2018)<sup>14</sup>**

**Best Practice:** Divide morning sick call into sick call for illnesses and MSKI sick call. ATs manage MSKI sick call with assistance from the medics.

ATs manage acute care, MSKI, triage and work in collaboration with the 68W. HPT PT and AT provide education on the evaluation and management of MSKI. With this advanced knowledge, the medics will have an additional skill set that will assist them in their future success, especially during deployment where the ATs will not be present. Figure 9-6 shows MSKI examination and evaluation classes.

### 20th Engineer Brigade Technique

Medic/AT runs MSKI sick call within the battalion aid station. Illnesses would see the physician assistant (PA), and all MSKI would see the AT and medic. Any injury the AT believed needed further attention, they would consult with the PA. This collaboration enhanced efficiency and access for the Soldiers



**Figure 9-6. Musculoskeletal Examination or Evaluation Classes (Defense Visual Information Distribution Service)**

Building a relationship between the HPT, Soldiers and the unit offers universal benefits across the Army. The extender courses enhance the Soldiers’ knowledge and skill sets and optimize the HPT’s outreach. The more Soldiers that can be affected by H2F, the better the BDEs will be as a unit. The HPTs also offer various group classes, including talks on nutrition, sleep, cognitive performance, pain, and mental health. These courses are provided upon request of the BDE leadership.

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## CHAPTER 10

**H2F and Nutritional Readiness****Lessons Learned**

- Soldiers are more likely to adopt healthy nutrition behaviors when their unit leadership and holistic health and fitness performance team (HPT) display healthy behaviors.
- Warrior Restaurant use can be improved by providing meal preps (multiple meals that can be picked up to go) and fueling stations or food kiosks located within the holistic health and fitness (H2F) operational area, in Soldier barracks, or near the Soldier's physical training facility.
- The H2F nutrition team can partner with the food venue managers to help them implement their existing healthy food promotion initiatives.
- The H2F nutrition team can assist unit leaders in creating a healthy worksite policy to promote healthy food and beverage choices in the work environment.
- It is helpful to provide nutrition handouts and education integrated with other H2F domains (e.g., nutrition to improve sleep and nutrition for soft-tissue injuries) to reinforce nutrition messaging across domains.

A Soldier's nutritional readiness is primarily based on their eating habits. A Soldier's food choices and eating behaviors go beyond their physiological needs. Long-term eating patterns are influenced more strongly by the food environment than by an individual's willpower to follow a preferred diet. Other major determinants of eating behavior include policies governing food availability and advertising, the location and operating hours of food outlets, food placement within working and living environments, and individual variables such as social and psychological factors. The H2F nutrition team can enhance the nutritional readiness of Soldiers by influencing the nutrition environment to make healthy eating patterns easier to follow.

**TOOLS AND PROGRAMS TO ASSESS AND IMPROVE THE NUTRITION ENVIRONMENT**

The U.S. Army has multiple tools and programs already in place that the H2F nutrition team can use to assess and improve the nutrition environment on installations. The H2F team uses these programs to promote dialogue and develop action plans to implement health promotion initiatives. They can also foster collaboration and assistance from the brigade (BDE) ready and resilient performance center (R2PC) teams and the senior commander's ready and resilient council (CR2C). Many of these programs have free resources online. Listed below are two such programs:

1. **Military Nutrition Environment Assessment Tool (m-NEAT)** is a checklist assessment of a military installation's nutrition environment and policies promoting and supporting healthy eating. This assessment evaluates Warrior Restaurants, Express, and Grab-n-Go stores, local restaurants, vending options, workplace food exposure, and other food options.

2. **Go for Green (G4G)** is a joint service performance-nutrition initiative that improves the food environment where military service members live and work. G4G promotes better food and beverage selections (primarily in Warrior Restaurants) to optimize performance, readiness, and health.

### **Appropriated Fund Food Venues**

Food venues that use appropriated funds include Commissaries, Warrior Restaurants, Culinary Outpost food trucks, and kiosks. These venues are typically integrated with installation operations and policies and have healthy eating initiatives and councils that provide the H2F nutrition team opportunities to collaborate. Commissary managers generally support the H2F nutrition team by providing Commissary tours and in-store cooking demonstrations. The registered dietician (RD) can promote the Commissary's dietitian-approved thumb (DAT), a label on shelves and marketing materials to help customers identify nutrient-dense, high-performance foods.

The RD can build rapport with their local Warrior Restaurant by providing its personnel with their required annual G4G training. The H2F nutrition team can also offer menu and recipe recommendations to the Warrior Restaurant to help them achieve the required G4G menu standards. Convenience is a significant component of food decisions. Many Soldiers opt for meals outside the Warrior Restaurant because of location, limited operational hours, or a lack of grab-and-go options.

Installations can improve Warrior Restaurant use by providing meal preps (multiple meals that can be picked up to go) and fueling stations or food kiosks located within the H2F operational area, in Soldier barracks, or near the Soldier's physical training facility.

### **Installation Food Culture and Environment**

Building a positive food culture that normalizes healthy eating behaviors and optimal fueling for performance is essential. Soldiers may find it challenging to adopt healthier eating behaviors when the food advertisement environment and the convenient food options are counterproductive to health and performance. It is even more complicated when their leadership and fellow Soldiers endorse poor food choices and fail to encourage healthier eating. Soldiers are more likely to adopt healthy nutrition behaviors when their unit leadership and HPT display healthy behaviors.

The H2F nutrition team can influence the food environment by providing consistent messaging about eating to improve health and performance. For example, they can regularly provide one to five-minute talks that include nutrition tips at the end of PRT sessions and ensure the H2F nutrition team is visible during PRT sessions. These promote education through informal conversations, which Soldiers often prefer to formal nutrition consultation appointments. Additionally, display nutrition-related flyers or TVs with digital nutrition resources throughout the H2F operational environment, the brigade (BDE), and the barracks. This is shown in Figure 10-1.

**Digital Messaging**

The U.S. Army Physical Fitness School (USAPFS) provides consistent messaging using monitors in their physical training center to display health-promoting materials. The messages change every few minutes and Soldiers are exposed to them daily, allowing for passive education and the opportunity to engage the HPT if there are any questions.



**Figure 10-1. U.S. Army Physical Fitness School Digital Content Display (Holistic Health and Fitness Integration Team)**

A positive food environment focuses on Soldier performance, readiness, and health, which helps change the culture by reducing weight discrimination and removes the stigma of being overweight and dieting. An environment that is openly harsh toward weight issues may result in Soldiers not seeking appropriate weight management assistance and instead using dangerous and extreme weight loss diets or dietary supplements. Those Soldiers are also at an increased risk for behavioral and mental health issues. H2F personnel should encourage unit leaders to use respectful language like “Soldier with obesity” or “individual with excess body fat” rather than negative and unprofessional language such as “fat bodies.”

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## CHAPTER 11

**H2F and Physical Training**

When developing physical training plans, the strength and conditioning coach (SCC) and unit noncommissioned officers (NCOs) work together to create the best plan and program for their respective unit. The SCC brings knowledge of proper periodization, exercise techniques, and coaching expertise to the unit. The SCC staff can train large groups and determine the logistics requirements to ensure the workout has a good pace. The SCC can build trust with the Soldiers through multiple touchpoints each week. This makes the Soldier comfortable communicating with the SCC. The SCC works much like a consultant with the NCOs. They bring the knowledge and experience to put together a physical readiness training (PRT) plan and adjust it to the ever-changing tactical strength and conditioning schedule. The SCC must build relationships with the NCOs, command team, and all other domain leads amongst the human performance team. Physical training with an SCC is shown in Figure 11-1.



**Figure 11-1. Physical Training with Strength and Conditioning Coach at 1-82nd, Fort Bragg North Carolina (Holistic Health and Fitness Integration Team)**

“At first, I was against H2F. I believed it took away from the NCOs and was not enough for my Soldiers. However, after conducting a full quarter with H2F, I realized you must start small with everything you do until you get the hang of it and gradually get heavier. After going through the quarter, H2F was put back on the NCOs, allowing us to continue leading while conducting proper training. I am now 100 percent for H2F and utilize it every day.”

—NCO, 108 ADA FCKY

Soldiers have a wide range of physical abilities. The SCC must work with unit NCOs to scale exercises and workouts to meet these individual differences. Additionally, each brigade (BDE) has differing facilities and equipment and vary in size. These circumstances will determine how an SCC structures a workout and plan. Successful SCCs can structure a weekly plan that accommodates the equipment provided and the many traits a Soldier needs. Figure 11-2 shows SCCs leading a warm-up during PRT at 108th Air Defense Artillery Brigade.

“It is OK to do physical training outside the 0630-0800 window. Poor training management means I have to stick with a 0630 schedule because I cannot plan past tomorrow. I think that is where our units are failing.”

—SMA Grinston, 2022 H2F Industry Day

## **SPECIAL PROGRAMS**

The SCCs can create special PRT programs for Soldiers attending competitions or schools, such as Pre-Ranger, Ranger, or Sapper school. These are physically demanding endeavors and the SCCs have considered that in building special physical training programs. The SCCs have also overseen programming for best Ranger and best Sapper competitions.

## **ADDITIONAL CLASSES**

Additional classes are for those Soldiers who want more focused attention on a specific exercise or movement. The following additional classes commonly occur during the 1130-1300 lunch hour:

- Barbell class (squat, bench, and deadlift): Teach proper technique.
- Army combat fitness test (ACFT) prep class: SCCs give tips and tricks to improve ACFT-specific tests.
- Movement class: Teach appropriate movement patterns and increase mobility and flexibility (squat, hinge, push, pull, and single leg).
- Kettlebell movement: Proper uses of the kettlebell and variations of exercises that can be done with a kettlebell.

**Measure Effectiveness, Not Performance:** There is a tendency to focus tremendous effort on creating detailed class material and polished PowerPoint slides rather than the knowledge a company actually needs. Effectiveness should be measured in how many Soldiers actually attend lectures. Classes serve a purpose, but only insofar as the request for the class emerges from the needs of a company, not the other way around. Find measurables within the program that truly show effectiveness and avoid metrics that simply show performance.

## H2F AND SPECIAL CONDITIONING

### Lesson Learned

Soldiers with physical profiles should be integrated into the unit's physical training under the supervision of unit-level leadership, holistic health and fitness performance teams (HPTs), and master fitness personnel.

Soldiers who are having difficulty meeting Army standards are part of special conditioning programs. The purpose is to build readiness so that Soldiers return to full duty and deploy in support of any mission. They include ACFT improvement, Army Body Composition Program (ABCP), reconditioning while rehabilitating from an injury or illness (RPRT), and pregnancy and postpartum physical training (P3T).

**Note:** H2F is not the proponent for P3T, but it has been identified across numerous H2F BDEs that the subject matter experts (SMEs) within the HPT are well-equipped to enhance the P3T program.

HPT serves the following roles and benefits:

- H2F personnel can assist the primary executors of the unit's special conditioning programs. Reconditioning drills and exercise provide a standard for Soldiers and units to follow no matter their circumstances. Units can individualize their reconditioning programs.
- The HPT can provide early identification and treatment of injuries and prevent injuries, in addition to reducing Soldier self-management of injuries.

Leaders should anticipate an initial increase in injury rate with the implementation of the H2F system because of the early identification of injuries and Soldiers having easier access to the HPTs to report any concerns. With proper conditioning, programming, and early access to treatment, the unit controls the number of injuries at lower rates and reduces chronic or more serious injuries from developing. In accordance with (IAW) Army Regulation (AR) 350-1, Soldiers must participate in collective or individual PRT at least 3 times a week. In the H2F system, optimal participation increases to 5 to 7 hours per Soldier per week and includes both physical and non-physical training.

## ARMY BODY COMPOSITION PROGRAM

### Lessons Learned

- BDEs should adopt a policy that requires Soldiers to use the H2F registered dietitian (RD) and HPT for initial and ongoing support for those enrolled in the ABCP.
- The RD should provide initial nutrition counseling for Soldiers newly enrolled in the ABCP and as a recurring group session or series of classes to facilitate Soldier attendance and accountability while expanding the RD's availability to assist other Soldiers.
- The most effective ABCP programs implement a multi-domain, interdisciplinary approach that incorporates all members of the HPT.
- Unit PRT and remedial PRT can be designed to reduce the risk of weight-related injuries by integrating non-impact cardiovascular training modalities such as aquatic exercise, cycling, and rowing.
- The most effective remedial PRT for Soldiers enrolled in ABCP is designed to provide additional conditioning without causing overtraining and weight-related injuries. Unit leaders should consult with HPT members if they want to design and implement additional PRT sessions.
- Units can reduce weight stigma and increase Soldier trust by using terminology that focuses more on performance-based nutrition and by implementing remedial exercise sessions to focus on general conditioning and performance rather than explicitly for weight loss.
- Units can reduce ABCP enrollment by using H2F to proactively provide supportive education and resources in the unit footprint to Soldiers who are currently meeting but struggling to maintain their body fat standard.
- Data quality and access to ABCP data presented issues across most H2F-resourced installations. BDE policy should be to regularly review ABCP enrollment data (e.g., verifying Digital Training Management System [DTMS] versus Integrated Personnel and Pay System-Army [IPPS-A] enrollment data) to ensure Soldiers who should be enrolled in ABCP are receiving necessary assistance from the HPT.

Body composition is one indicator of physical readiness associated with an individual's fitness, endurance, and overall health. Individuals with desirable body fat percentages generally exhibit increased muscular strength and endurance, are less likely to sustain injury from weight-bearing activity and are more likely to perform at an optimal level. The ABCP screening identifies Soldiers that may struggle to achieve and maintain body composition standards for optimal well-being and performance. AR 600-9, *The Army Body Composition Program*, provides the policy and procedures for screening and enrollment in the ABCP. The ABCP is a commander's (CDR's) program, and administration of the ABCP is at the discretion of the unit CDR. The H2F nutrition team can assist the CDR with implementing the ABCP by using all H2F domain resources.

**ABCP Nutrition Counseling Classes**

The 11th ADA BDE provides the required initial nutrition counseling as a single class with individual follow-up appointments. Other BDE H2F teams implement a multi-class series before individual appointments. These approaches encourage consistent messaging and a community approach and reduce the time burden on the H2F nutrition team.



**Figure 11-2. 11th Air Defense Artillery Brigade Body Composition Counseling (Holistic Health and Fitness Integration Team)**

**RECONDITIONING PHYSICAL READINESS TRAINING**

**Lessons Learned**

- Reconditioning physical readiness training (RPRT) coordinated by the HPT allows for interdisciplinary collaboration and will provide optimal return to duty without further complications.
- RPRT programs focused on basic movement, poor movement, injury risk reduction, and pain secondary to movement dysfunction.
- Use of musculoskeletal injury (MSKI) triage assists with determining if collaboration with an occupational therapist (OT) is necessary.
- Creating a standard operating procedure (SOP) that requires Soldiers to RPRT with H2F, two H2F facilitators (H2F-F), and an SCC in each battalion (BN) improves compliance.
- Deployed H2F personnel will triage injured Soldiers, and the civilian and contracted members of the HPT can perform virtual video health (V2H) meetings for those who do not need direct care.
- The best way to track profiles through Medical Protection System (MEDPROS) is to obtain access to senior command portal and administrative portal.

Reconditioning is a unit-driven and unit-run physical readiness training program for Soldiers on profile. The profile may be because of illness or injury, newer Soldier, or because of deployment or other circumstances. RPRT allows Soldiers who are rehabilitating the ability to transition into a controlled readiness program safely. Figure 11-4 shows an example of low-impact training.



**Figure 11-3. Soldiers Rowing as a Low-Impact Alternative to Running (Defense Visual Information Distribution Service, 2 April 2021)<sup>15</sup>**

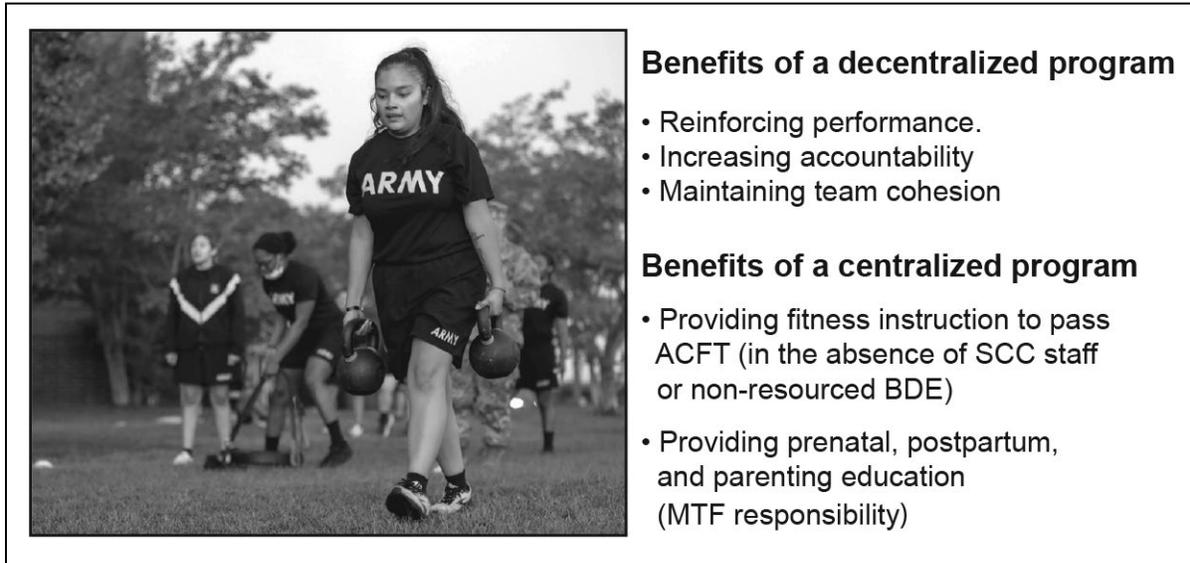
Injury profiles are divided into three categories based on severity. Category 1—severe restrictions (red); category 2—moderate (amber) lower body restrictions and moderate upper body restrictions; and category 3—minimum restrictions (green). FM 7-22, *Holistic Health and Fitness*, provides charts of physical skills criteria necessary to complete before moving into the next phase.

**PREGNANCY AND POSTPARTUM PHYSICAL TRAINING****Lessons Learned**

- Decentralized programs with exercise training designed by the SCC staff have been better received by Soldiers.
- Soldiers reported the following:
  - Better structure and continuity with training developed by SCCs.
  - Noticeable improvements in return to activity post-partum.
  - Fewer complications during pregnancy.
  - Feeling encouraged and supported by other Soldiers in the program, as well as SCCs.
- Programs with proper personnel, facilities, equipment, and proper qualified supervision are highly recommended.
- Cozean Pelvic Dysfunction Screening tools should be used with all back pain and pelvic health patients, especially pregnant and postpartum patients.
- A clear understanding of the Soldier's profile is imperative to avoid complications.

P3T is an Army-mandated physical fitness program with the primary goal of maintaining unit readiness and morale by giving Soldiers a PRT program that meets their needs related to pregnancy and postpartum recovery. This is accomplished through assisting pregnant and postpartum Soldiers in learning and performing exercises to improve fetal and maternal health and providing prenatal and postnatal education.

The program provides postpartum fitness instruction designed to assist Soldiers in meeting Army weight standards and passing the ACFT. It also provides the benefits of lower rates of pregnancy complications, increases the number of favorable deliveries and pregnancy outcomes, and lowers health care costs. P3T programs are either centralized or decentralized. Centralized programs service all units on the installation in a consolidated program using a specific location (often Morale, Welfare, and Recreation [MWR] gym facilities) designated by the installation and managed by individuals appointed by the senior installation CDR. P3T cadre are comprised of service members from multiple units with medical oversight coming from the MTF. Decentralized programs are established within the specific BDEs and only service their BDE Soldiers. In H2F-resourced units, HPT staff have proven effective in augmenting their unit's BDE P3T program. HPTs are best used as advisors working alongside P3T cadre. Figure 11-5 shows P3T group training.



**Benefits of a decentralized program**

- Reinforcing performance.
- Increasing accountability
- Maintaining team cohesion

**Benefits of a centralized program**

- Providing fitness instruction to pass ACFT (in the absence of SCC staff or non-resourced BDE)
- Providing prenatal, postpartum, and parenting education (MTF responsibility)

**Figure 11-4. P3T Group Conducting Sprint Drag Carry Training (Defense Visual Information Distribution Service, 29 October 2021)<sup>16</sup>**

Please review the American College of Obstetricians and Gynecologists pregnancy exercise recommendations found at the following web address: <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Physical-Activity-and-Exercise-During-Pregnancy-and-the-Postpartum-Period>.

**Note:** The U.S. Army has extended the time for Soldiers who give birth to meet body weight standards from 180 to 365 days postpartum. The new policy also prevents people postpartum from being admitted to the ABCP for one year after they’ve given birth.

Soldiers who were active before pregnancy may be cleared by medical providers to maintain their fitness and workouts well into their pregnancy. It is safe for Soldiers to continue or start most exercise programs during a normal, uncomplicated pregnancy after checking with their physician. The benefits of exercise during pregnancy include:

- Decreased back pain.
- Improved maintenance of overall physical readiness and health.
- Reduced risk of pregnancy-related medical complications.
- Healthy weight gain during pregnancy and healthy weight loss afterward.
- Avoid exhaustion and overheating.

**Note:** The goal is maintenance; it is not the time to start new activities.

Figure 11-6 shows P3T aquatic training and ACFT practice.



**Figure 11-5. P3T Aquatic Training and ACFT Practice<sup>17</sup>**

**SUMMARY**

Implementing H2F and developing human performance teams took time and presented many obstacles, as any new endeavors do. Starting with a pilot study at several BNs helped with planning the resourcing of BDEs, but actual completion at a larger scale took time and patience. The Army created an H2F integration team (HIT) to evaluate the execution of the H2F system within the BDEs. The HIT set out to learn about barriers to success, provide feedback and support, develop possible best practices, and discover lessons necessary to continue the growth of the H2F system. As a result, within its short existence, the H2F system demonstrated success and had a valuable effect on the readiness and resiliency of the Army’s Soldiers, demonstrating their commitment to putting “People First!”

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## APPENDIX A

### **H2F Performance Team Programmatic Checklist**

The checklist shown in Table A-1 was developed to provide holistic health and fitness (H2F) program directors (PDs) with a framework for assessing the state of their H2F performance team (HPT). It can be used at any phase, from guiding early establishment of a program to evaluating steady state operations. During initial implementation, leaders will need to prioritize these items as well as what relationships to establish for effective coordination. Once the team is established, this checklist serves as a quality assurance tool to assess team performance.

This document is a reference guide and does not supersede any local command guidance.

Additional specific checklists are available for each domain and specialization within the HPT. These are available from the respective member of the H2F integration team.

This checklist can be used by units without HPTs. Although some of the elements may not be relevant, it provides guidelines for how to implement H2F principles.

**Table A-1. H2F Team Programmatic Checklist (Center for Initial Military Training)**

H2F Performance Team Programmatic Checklist					
Task	Current Status				Notes
Staff On-Boarding		Major delays getting CACs, NIPR accounts.	CACs and NIPR accounts provisioned, limited credentialing and documentation access.	Personnel have access to all necessary systems, know each others' capabilities, and have completed all appropriate local requirements.	Efficiently on-boarding new civilians and contractors, including getting them the appropriate accesses, is crucial to maximizing the effectiveness of the team.
Internal and External Capabilities Brief		No capabilities briefs prepared.	Briefs developed but not routinely delivered.	HPT capabilities brief and specific capabilities briefs for each specialty are established, rehearsed, and routinely delivered.	Many of H2F's capabilities are unfamiliar for the Army. Having a clear capabilities brief available for leaders and formations facilitates integration and engagement. Staff must be familiar with each others' capabilities.
Team Building		No team building efforts.	Occasional ad hoc team building.	Team building is a recurring part of HPT operations.	Deliberate approaches to team building are crucial for effective collaboration across disciplines.
Commander's Intent, Unit METL		H2F leaders have not engaged with the command team, no clear intent established.	H2F leaders have met with the brigade command team, but guidance is vague.	H2F leaders have strong relationship with command team, and are executing a clearly defined commander's intent.	Commanders may have significantly different priorities based on unit type, mission, location, etc. For example, training units should have clear guidance on cadre versus trainee services.
Preventive versus Reactive		H2F operations are almost entirely reactive, leadership views it as a medical program, performance is measured by access to care.	H2F providers are engaged in sporadic performance and education activities, but their time is still consumed by patient care.	H2F operations include a blend of reactive and preventive efforts, performance is measure based on outcomes identified in commander's intent.	Many HPTs initially find themselves overwhelmed by patient care requirements. Deliberately blocking off time for preventive activities, education, etc., is necessary to finding a more appropriate balance.

**Table A-1. H2F Team Programmatic Checklist (Center for Initial Military Training)**

<b>H2F Performance Team Programmatic Checklist</b>					
<b>Task</b>	<b>Current Status</b>				<b>Notes</b>
<b>Battalion Integration</b>		H2F centralized at BDE.	H2F training at BNs.	H2F personnel embedded in BNs.	Although H2F is staffed at the BDE level, it needs to be integrated down to the lowest possible level to be effective.
<b>New Soldier In-Processing</b>		No H2F component of in-processing.	Newcomers aware of H2F.	Majority of unit understands what H2F offers across all domains.	Introducing members of the BDE to what H2F offers is necessary to drive use.
<b>H2F Extender Course</b>		No structured H2F education.	Extender course established.	Extenders used, continuous leader professional development.	While the length, curriculum, scope, etc., vary between BDEs, HPTs universally find that a course to train "extenders" improves the effectiveness of their programs.
<b>Special Conditioning</b>		No organized special conditioning programs, affected Soldiers separated from unit but without structured training.	Organized special conditioning but performed without HPT involvement.	Fully functioning special conditioning with HPT involvement to return Soldiers to full duty.	Units should have established special conditioning protocols that allow for individualized return to duty progression. Efforts should be made to keep Soldiers as integrated with their unit as possible.
<b>Staff Professional Development</b>		No continuing education opportunities for H2F staff.	Some continuing education available	Funded continuing education, hosting courses and summits on location.	Staff members must have access to continuing education opportunities. Installations with a significant human performance presence should host summits to drive collaboration.

**Table A-1. H2F Team Programmatic Checklist (Center for Initial Military Training)**

H2F Performance Team Programmatic Checklist					
Task	Current Status				Notes
<b>Operations Integration</b>		H2F operations not coordinated with unit.	H2F operations coordinated with S-3, events are on training calendar.	H2F actively involved in planning of unit training, long-range training calendar development includes H2F input.	As a component of the BDE staff, the HPT must be involved in the planning and execution of all training.
<b>Tasking outside unit/EAB</b>		External requirements enforced on the HPT are severely detracting from H2F support to BDE.	Occasional external requirements, minimal impact to operations.	External engagements are only supported when they enhance BDE H2F operations.	External requirements can quickly overwhelm HPTs, but well-managed integration can be mutually beneficial, particularly at installations with significant populations lacking access to H2F staff.
<b>Medical Integration</b>		H2F medical providers lack access to necessary systems, unable to refer patients to higher-level care.	Access to systems established, inconsistent communication and collaboration with MTF, referrals are ad hoc.	H2F medical providers have all appropriate system accesses, working relationships with the MTF are established, referral processes are standardized.	While H2F is not a medical program, it does incorporate medical professionals who need to be able to practice, document, refer, etc. This requires integration with the local MTF.
<b>Credentialing and Privileges</b>		Credentialing and privileging process unclear, requires multiple months.	Credentialing and privileging process established, requires less than six weeks for new providers.	Credentialing and privileging process running smoothly, complete for new providers in less than three weeks.	Providers require credentialing and privileging as appropriate. These requirements need to be achieved in a timely manner for new hires.
<b>Local Policy and Procedure</b>		No installation health support plan in place.	H2F assets not included in local installation health support plan.	H2F assets included in installation health support plan.	Review local policy and procedures for installation medical support, if none present contact senior unit medical asset and consider establishment of installation health support plan. Review local MTF rehab facility policies for awareness.
<b>MHS Genesis Training</b>		Providers not trained on MHS Genesis.	Training available but delays preventing timely adoption.	Providers trained routinely, MHS Genesis is an established part of workflows.	As MHS Genesis is rolled out Army-wide, H2F providers need to be included in the training required.

**Table A-1. H2F Team Programmatic Checklist (Center for Initial Military Training)**

<b>H2F Performance Team Programmatic Checklist</b>					
<b>Task</b>	<b>Current Status</b>				<b>Notes</b>
<b>Interdisciplinary Integration</b>		H2F program neglects one or more domains.	Some domains are only addressed occasionally, and their activities are frequently separated	ll domains operate as fully integrated members of the HPT.	Ideal H2F operations should be integrated rather than separated by domain, and a deliberate approach should be implemented to achieve this. Historically, the spiritual domain is most at risk of being excluded.
<b>Army 101</b>		No deliberate process for integrating new civilians and contractors into Army culture.	Some products provided, mostly self-guided process.	Deliberate process established to ensure new civilians and contractors learn fundamentals of Army and unit culture, language, etc.	Although civilian H2F professionals bring competence within their specialties, many are new to the Army environment. A deliberate process of teaching and exposing them to how the unit operates is crucial to full integration.
<b>Emergency Action Planning</b>		No EAP in place.	Written EAPs have been developed and distributed but not rehearsed. Equipment accessibility and serviceability is not verified.	An EAP has been developed, socialized, and rehearsed for each facility. Equipment is readily accessible and routinely tested.	The HPT should coordinate with their unit to establish and rehearse response plans to foreseeable emergencies. Plans should account for training at all locations (facility, outdoor, field environment, specific high risk operations, etc.), and should include mental health EAP.
<b>H2F Messaging/ Marketing</b>		No established brand, limited awareness of H2F across the BDE.	Most of the BDE is aware of the HPT and knows how to get in touch.	BDE H2F brand is established and visible throughout the footprint, entire BDE is familiar with H2F.	H2F brand identity and deliberate messaging to the BDE are crucial to establishing a culture and driving engagement.
<b>Civilian Professional Development</b>		No structured plan for developing DA civilians, employees not aware of basic requirements.	Minimal annual requirements (evaluations, etc.) are completed.	Development plans are in place, time is allotted for courses to make employees eligible for advancement.	Civilian professional development includes CES courses, DPMP, supervisor training, evaluations, etc.

**Table A-1. H2F Team Programmatic Checklist (Center for Initial Military Training)**

H2F Performance Team Programmatic Checklist					
Task	Current Status				Notes
Facilities/DPW		Facilities insufficient for basic operations.	Office space, minimal training space.	Effective training space in unit footprint(s).	Effective H2F operations require sufficient office space, clinical space, and training space. If space is lacking, coordination must be established with DPW/garrison.
Equipment		Lacking basic equipment for H2F professionals to function.	Baseline equipment available for medical care and rudimentary performance training, no sustainment plan.	HPT is fully equipped for both medical care and performance training, sustainment is planned for.	While resourcing situations vary between units, a baseline level of equipment and supplies is necessary for H2F professionals to provide basic services to their BDE. It is crucial to budget for both sustainment and additional purchases to enhance programs.
Sanitation and Safety		Facility has no plan to address sanitation and safety.	Facility has a plan but does not meet standards set in plan.	Facility has a plan in place and meets the standard expressed in the plan.	H2F facilities are not health-care-designated facilities, but must adhere to sanitation and infection control and safety standards. Programs should use the guidance in TB MED 531 as well as NFPA 101 Environment of Care and Life Safety standards.
Installation Wide Integration		H2F professionals have limited communication outside their BDE.	H2F professionals are communicating with their peers in other organizations.	H2F professionals have ongoing collaboration with their peers in other organizations. H2F leaders are included in CR2C and similar initiatives.	Many installations are home to multiple HPTs that can enhance operations by collaborating and sharing lessons learned. Installation-level initiatives like CR2C offer additional opportunities for engagement.

**Table A-1. H2F Team Programmatic Checklist (Center for Initial Military Training)**

H2F Performance Team Programmatic Checklist					
Task	Current Status				Notes
NCOIC		No H2F NCOIC.	H2F NCOIC is assigned, but their effectiveness is limited.	H2F NCOIC is viewed as a desirable position, attracting knowledgeable and passionate NCOs.	Although it is not yet formally authorized, many BDEs have found significant value in assigning a BDE H2F NCOIC to assist with coordination and integration.
Use		H2F use is sporadic, and it is only embraced by specific subordinate units.	H2F has some involvement across all subordinate units but engagement is inconsistent and many programs operate without H2F involvement or awareness.	H2F is involved in planning and delivery of routine training across the BDE, including regular PRT and special populations.	H2F must influence training across the BDE to maximize its effectiveness. Multiple domains can contribute to enhancing regular PRT and special populations training, including RPRT, P3T, ABCP, etc.
Data Monitoring		HPT is does not have an established process for collecting or using data.	Data is collected but relies heavily on manual processes.	HPT is leveraging systems of record and automations to consistently monitor trends in outcomes (MED-PROS, use rates, recovery times, frequent injury types, etc.)	Tracking use of H2F services and performance and injury trends is crucial to optimizing H2F. At a strategic level, the Army has limited data fidelity. Within BDEs, significantly more detail and context can be achieved.

**BRIGADE INTERNAL RESOURCES FOR H2F SUPPORT**

While the brigade (BDE) commander (CDR) and command sergeant major (CSM) are the key decision-makers for the BDE, they are assisted by a diverse staff with special roles and responsibilities. To read more about staff sections, refer to Field Manual (FM) 6-0, *Commander and Staff Organization and Operations*.

**Brigade Commander**

The CDR is responsible for establishing leadership climate of the unit and developing disciplined and cohesive units. This sets the parameters within which command will be exercised and, therefore, sets the tone for social and duty relationships within the command. CDRs are also responsible for the professional development of their Soldiers. At every echelon, the CDR is entrusted with ultimate responsibility for everything the unit does and fails to do. The rest of the staff, including the HPT, serve as advisors to the CDR.

### **Command Sergeant Major**

CSMs are the senior noncommissioned officers (NCOs) at echelons from battalion (BN) and up. They serve as an advisor to the CDR. They are the main link between the CDR and the enlisted service members under their charge. They advise the CDR on all issues with a particular focus on the welfare of the Soldiers.

### **Chief of Staff or Executive Officer**

The chief of staff (CoS) or executive officer (XO) is the direct assistant to the CDR and typically manages the staff daily. They typically coordinate command-level meetings and often host routine staff meetings in which the PD should participate. The CoS or XO is a key resource to receive planning guidance from the CDR and someone with whom the PD should interact routinely.

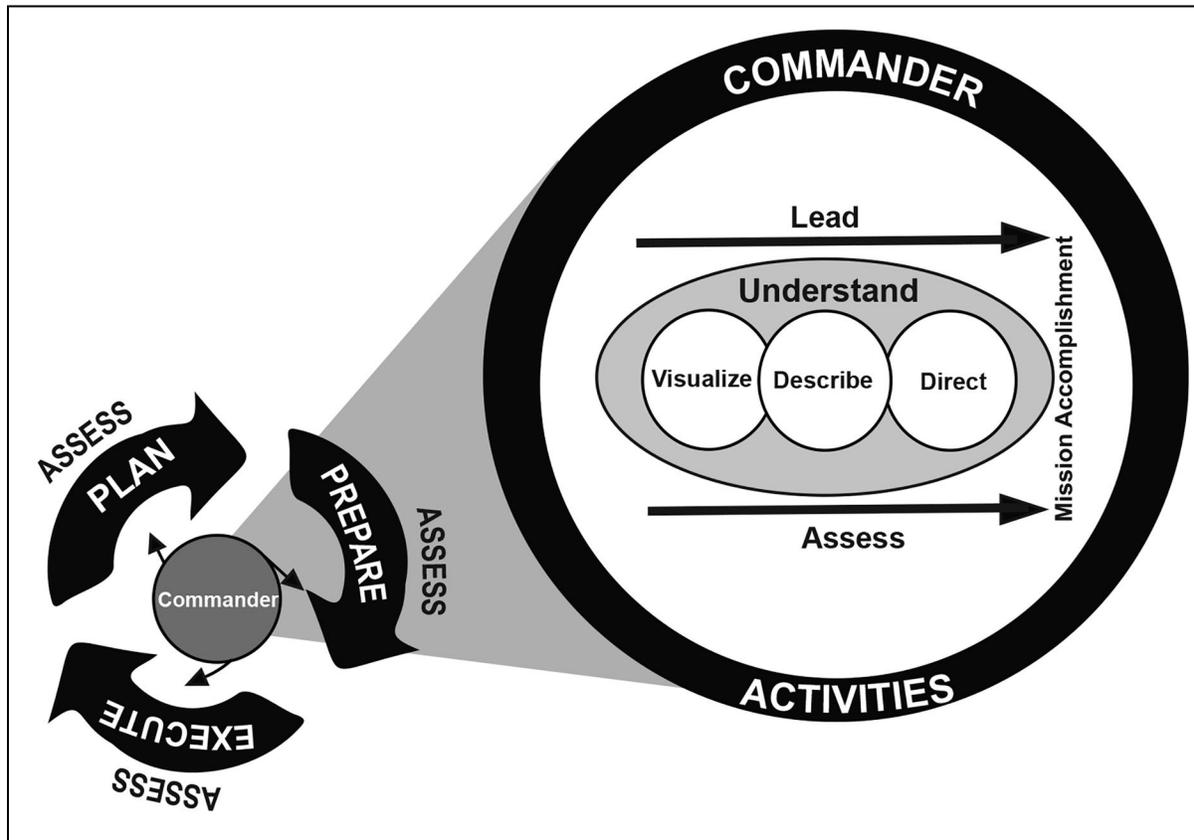
**Note:** There are a variety of BDE staff sections that performance teams will interact with on a routine basis for a variety of needs.

### **Personnel (S-1)**

The S-1 is the principal staff officer for all matters concerning human resources (HR), both military and civilian, and is typically the senior adjutant general officer in the command. The S-1 exists at the BN and all higher echelons. The S-1 is a key staff section for the HPT to assist with all personnel issues, including evaluations, pay, awards, leave, and other personnel affairs.

### **Operations (S-3)**

The S-3 is responsible for training, operations, and plans. While the CoS or XO directs the entire staff's efforts, the operations officer ensures the synchronization of current operations (CUOPs) and future operations (FUOPs). The PD and their staff will coordinate with the S-3 staff to program resources and training and ensure synchronization of H2F programming into the unit training plan. Figure A-1 highlights the Army planning process. The HPT can provide valuable input to the plan, prepare, and execute cycle through contributions with the S-3.



**Figure A-1: The Operations Process (ADP 5-0, The Operations Process)<sup>18</sup>**

**Logistics (S-4)**

The S-4 is the chief of the sustainment warfighting function (WfF) and the principal staff officer for sustainment plans and operations, supply, maintenance, transportation, and services. The S-4 staff is responsible for assessing the logistics required for achieving the CDR’s objectives and ensuring that these support requirements are met. The S-4 manages all manner of supplies from office supplies to ammunition, apart from medical supplies, which is handled by the medical section. The S-4 section can help HPTs acquire various equipment when needed. In field environments, the S-4 is also responsible for ensuring field feeding requirements are met and is a good resource for the nutrition leads to coordinate with.

**Signal (S-6)**

The S-6 is the principal staff officer for all matters concerning communications within the unit. For HPTs, the S-6 will assist with computer network access, troubleshooting, and telephone communications. The S-6 often manages computers and peripherals; however, the S-4 may also manage these assets from a property-book standpoint. The S-6 is not directly responsible for medical network access and connections but can provide assistance. Individuals who need access to the electronic health records should work with the military treatment facility (MTF) for network access. The electronic health record system can be accessed through virtual private network (VPN) connections, but special software may need to be installed by the user or a representative of the S-6. It is also possible to install “hardline” medical network access points into non-medical facilities and PDs should work with the MTF and their local S-6 to accomplish this if desired.

## **Brigade and Battalion Medical Sections**

Organic medical sections are an indispensable resource for HPTs. Typical BN and BDE assets include medical planners, medical operations officers, medical logisticians, combat medics, and a variety of primary and specialty care clinicians. These professionals can guide new HPTs on how to navigate staff sections, how to acquire resources, integrate into unit planning and programming, as well as provide healthcare operations guidance. Medical sections are also key assets to provide comprehensive interdisciplinary treatment plans for Soldiers. H2F and medical assets should routinely interact to ensure that both assets track individuals with specific programming needs, such as injured, profiled, or post-operative individuals, for example. Unit medics can provide valuable insights, particularly for strength and conditioning coaches (SCCs) and athletic trainers (ATs), who typically have routine interaction at the company level. These medics typically know their Soldiers well and spend a lot of time with their companies during garrison and field training operations and can highlight individuals who may need special attention from the HPT.

## **BRIGADE EXTERNAL RESOURCES FOR H2F SUPPORT**

Using existing installation resources can assist HPTs in providing the highest quality performance, readiness, and wellness-based services for Soldiers and units.

## **Division or Higher Headquarters Surgeon**

Most units report to a higher headquarters (HQs), which have their own surgeon and staff. These surgeon cells within the HQs can provide valuable support and coordination resources, helping HPTs acquire resources and manage challenges. These surgeon staffs typically also contain medical planners and logisticians who can assist if needed.

## **Ready and Resilient Performance Centers**

There are over 30 ready and resilient performance centers (R2PCs) at Army installations across the country. If there is an R2PC on your post, reach out to their master resilience trainer—performance experts (MRT-PEs). Perhaps there will be opportunities to work together (on the range, in the classroom, etc.) to enhance performance and readiness for Soldiers and units. MRT-PEs have similar education and training as cognitive performance specialists (CPSs).

## **Army Wellness Centers**

Army Wellness Centers (AWCs) are another installation asset that Soldiers can leverage to enhance performance and achieve fitness goals, such as improving scores on the Army combat fitness test (ACFT). One of the main tools at AWCs is the “Bod Pod,” which is considered the gold standard measurement for body composition (fat mass and lean mass). AWC practitioners are highly trained health and human performance professionals who provide services in stress management, tobacco education, healthy lifestyle habits, nutrition, fitness, and wellness coaching. They also have exercise testing focusing on VO<sub>2</sub> MAX, a tactical athlete’s maximum oxygen consumption rate.

## **Morale, Welfare, and Recreation**

Morale, Welfare, and Recreation (MWR) is a quality-of-life program that directly supports readiness by providing a variety of community, Soldier, and family support programs, activities, and services. It serves as an integral part of the Army's mission by providing comprehensive and quality recreation, family support, and community enhancement programs that improve morale, build self-reliance, and foster a sense of community. Programs offered by MWR range from fitness and sports to leisure activities and youth programs, as well as services such as childcare, housing, and financial counseling. Most major fitness facilities on Army installations are operated by MWR.

## **Installation Religious Support Operations**

Every installation has chaplains (CHs), religious affairs specialists, and a director for religious education who support religious operations at the garrison. Capable of providing classes, training, and services, these religious professionals augment unit-level unit ministry teams (UMTs) to ensure that the senior CDR's master religious support program is completed. Like the BDE and BN UMTs, garrison personnel also possess confidentiality and provide Soldiers, families, and Army career professionals (ACPs) spiritual and religious support, pastoral counseling, spiritual core development, and general life guidance. UMTs provide relationship skill training through programs such as 'building strong and resilient teams.' With all these efforts, UMTs play an active role in enhancing the mental and spiritual readiness domains of the H2F system.

## **Behavioral Health**

It is important for HPTs to develop a relationship with behavioral health officers (BHOs) in the BDE for a two-way referral process. Soldiers experiencing mental health issues, such as depression, should be referred to the BHOs, who are customarily social workers and clinical psychologists. And they, in turn, can refer to H2F "sub-clinical" cases such as pre-performance anxiety, self-doubt, sub-optimal sleep, and stress management.

**Note:** Remember to err on the side of caution. If you think there is psychopathology and are considering referring to a trained clinician or BH practitioner, that is when you should do so.

## **Military Treatment Facility**

A strong working relationship with the local MTF can help ensure that Soldiers receive the expert health services they deserve, including rehabilitation and recovery, pain management, and effective management of chronic conditions. It is essential for occupational therapists (OTs) and certified occupational therapists (COTAs) to build relationships with their counterparts at the MTF, including physical therapists (PTs), physician assistants, and surgeons.

**Note:** If an installation does not have an MTF, they may have a clinic to provide health and wellness services.

## **Sexual Harassment, Assault Response, and Prevention**

The Army's sexual harassment, assault response, and prevention (SHARP) program is the Army's proactive effort to prevent sexual harassment, sexual assault, and associated retaliatory behaviors. Furthermore, SHARP promotes and advocates for cultural change across the Army in which Soldiers respect each other, protect each other, and have zero tolerance for sexual harassment and sexual assault.

### **Marriage and Family Life Counselors**

Marriage and family life counselors (MFLAC) assist service members and their families across the military life cycle. Specifically, they provide critical support on a range of issues, including deployment stress, reintegration, relocation adjustment, coping with separation, anger management, conflict resolution, parent/child communication, homesickness, and grief and loss.

### **Army Community Service**

The mission of Army community service (ACS) is to facilitate CDRs' ability to provide comprehensive, coordinated, and responsive services that support the readiness of Soldiers, civilian employees, and their families. ACS accomplishes this mission by providing a myriad of educational programs and services, including the Army Family Action Plan, Army Family Team Building, Army Volunteer Corps, Employment Readiness Program, and Financial Readiness.

## APPENDIX B

**Frequently Asked Questions**

The following is not a comprehensive list of questions, and the handbook provides significantly more context on many of these issues. For a broader overview of holistic health and fitness (H2F), please review the *Holistic Health and Fitness Operating Concept* and FM 7-22.

**Q: My brigade (BDE) is scheduled to receive an H2F performance team (HPT), what do we need to do to prepare?**

A: Key benchmarks in the process of establishing your HPT are scheduling your pre-deployment site survey with the H2F integration team (HIT), executing hiring actions for your civilian positions, and establishing training and administrative spaces. Understanding the contents of this handbook will significantly assist with this process. Other important references are the *Holistic Health and Fitness Operating Concept*, FM 7-22, and any guidance prepared by your higher headquarters (HQs). Assigning an action officer to coordinate this process has proven effective. Establish deliberate on-boarding processes for new hires.

**Q: Can my unit “do H2F” without an HPT?**

A: Yes. H2F is the Army’s total force system for Soldier readiness. Units are encouraged to implement H2F principles regardless of resourcing status, including assigning an action officer. FM 7-22 is actionable regardless of resourcing status, and organic assets like master fitness trainers (MTFs) and unit ministry teams (UMTs) can assist in these efforts. This handbook will be helpful for units with and without dedicated HPTs. Local resources outside the unit available to support H2F may include Army Wellness Centers (AWCs); ready and resilience performance centers (R2PCs); and Morale, Welfare, and Recreation (MWR).

**Q: What are the facilities and equipment requirements for an HPT?**

A: The long-term solution is a dedicated Soldier Performance Readiness Center (SPRC). For details on the specifications and timeline for SPRC construction, contact the H2F engineer. In the interim, providing office space with connectivity for the team’s administrative duties is vital, and any space that can be used as a training facility will enhance their potential effect. Basics like computers and peripherals (monitor, keyboards, printers), garrison medical equipment sets, and deployable medical equipment sets will all be provided via Training and Doctrine Command (TRADOC) and Center for Initial Military Training (CIMT). For local facilities guidance contact Directorate of Public Works (DPW).

**Q: What resources are units provided for HPTs?**

A: Fielding of HPTs includes a garrison equipment set (GES), deployable medical equipment set (MES), information technology (IT) package (computers, peripherals, and printers), and the actual staffing (military, civilian, and contractor). Other than sustainment associated with these packages, further resourcing is up to the units.

**Q: How do we spend money on H2F resources?**

A: Consult with your S-8 (financial management) and G-8 (deputy chief of staff) for local guidance on establishing a budget and making purchases.

**Q: What is the rating scheme for the HPT members?**

A: Rating schemes are established locally by S-1s (personnel) and commanders (CDRs). Guidance has been provided by Force Command (FORSCOM) for their BDEs. Contact the HIT for further details and examples.

**Q: I am unfamiliar with managing contractors, where can I learn more?**

A: Government technical monitors (GTMs) are required to take several training courses from Defense Acquisition University (DAU) and Defense Health Agency (DHA). Specific guidance is disseminated through Department of the Army (DA) executive orders (EXORDs), or you can contact the contracting officer representatives (CORs) at CIMT.

**Q: How do we address contract-related issues or requests for information?**

A: The contracts for strength and conditioning coaches (SCCs), athletic trainers (ATs), and cognitive performance specialists (CPSs) are all administered by TRADOC and CIMT with the program directors (PDs) acting as GTMs at the respective units. Questions and concerns about the contracts should be addressed to the HIT, who can route them to the appropriate officials.

**Q: I am a new H2F civilian. Where can I learn more about working in the Army?**

A: Take the Civilian Education System (CES) Foundations course, and subsequent courses as appropriate for your professional development plan. Consult with your PD or Civilian Personnel Advisory Center (CPAC) representative for further guidance.

**Q: Should H2F data be collected at the BDE level? If so, what should be tracked?**

A: The Army is collecting strategic-level data from existing databases. At the unit level, you may find it valuable to record more detailed information based on your CDR's intent. Common examples include tracking use of H2F services and various performance and health outcomes.

**Q: Is H2F responsible for pregnancy and postpartum training?**

A: While H2F is not officially responsible for pregnancy and postpartum training (P3T), some unit CDRs have used their HPTs to enhance their P3T programs.

**Q: My unit is deploying. What does this mean for the HPT?**

A: Military members of the HPT are deployable. Civilians and contractors are not deployable but may support deployed formations through telehealth and remote delivery of programs. Any H2F personnel that do not deploy can provide services to rear detachment Soldiers. Deployments greater than 45 days are the only authorized situation where contractor personnel can be used to provide services to other units. Installation GTMs can provide further guidance.

**Q: I can't find the answer to my question(s) in this handbook, where can I go to learn more?**

A: Contact the HIT and consult the HPT resources page on MS Teams. Resources include examples of solutions other teams have found for various problems. CIMT also hosts quarterly domain deep dives and an annual H2F symposium. Attendance at these events is encouraged for anyone who wants to learn more about the H2F system.

**End Notes.**

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## GLOSSARY

### ACRONYMS AND ABBREVIATIONS

1AD	1st Armored Division
AAFES	Army Air Force Exchange Services
ABCP	Army body composition program
ABN	Airborne
AC	active component
ACFT	Army combat fitness test
ACP	Army civilian professional
ADA	Air Defense Artillery Brigade
AHLTA	Armed Forces Health Longitudinal Technology Application
AIT	advanced individual training
AR	Army Regulation
AT	athletic trainer
ATTRS	Army Training Requirements and Resource System
AWC	Army Wellness Center
BCT	brigade combat team
BDE	brigade
BFL	basic fitness leader
BH	behavioral health
BHO	behavioral health officer
BN	battalion
CAB	Combat Aviation Brigade
CAC	common access card
CALL	Center for Army Lessons Learned
CDR	commander
CH	chaplain
CHAMP	Consortium for Health and Military Performance
CIMT	Center for Initial Military Training
COA	course of action
COF	company operating facility
COR	contracting officer representative
COTA	certified occupational therapy assistant
CPS	cognitive performance specialist
CSM	command sergeant major
DA	Department of the Army
DAT	dietitian-approved thumb

DCAM	Defense Medical Logistics Standard Support Customer Assistance Module
DHA	Defense Health Agency
DMLSS	Defense Medical Logistics Standard Support
DOD	Department of Defense
DODAAC	Department of Defense activity address code
DPW	Directorate of Public Works
DRCH WBS	direct charge work breakdown structure
DSB	division sustainment brigade
DTMS	Digital Training Management System
EAB	echelon above brigade
EBH	embedded behavioral health
EC	environment of care
EHR	electronic health records
EXORD	executive order
FAB	Field Artillery Brigade
FIP	facility investment plan
FM	Field Manual
FORSCOM	Force Command
FTE	full-time equivalents
FY	fiscal year
G4G	Go for Green
GES	garrison equipment set
GIB	Gym in a Box
GTM	Government technical monitors
H2F	holistic health and fitness
H2F-F	holistic health and fitness facilitator
HIT	holistic health and fitness integration team
HPO	human performance optimization
HPT	holistic health and fitness performance team
HQs	headquarters
HR	human resources
HRC	Human Resources Command
IAW	in accordance with
IDARNG	Idaho Army National Guard
IMCOM	Installation Management Command
IT	information technology
JBLM	Joint Base Lewis-McChord
JKO	Joint Knowledge Online

LRTC	long-range training calendar
LS	life/safety
MEDCOI	Medical Community of Interest
MEDPROS	Medical Protection System
MES	medical equipment set
METL	mission essential task list
MFLAC	marriage and family life counselors
MHS	Medical Health System
MIPR	military interdepartmental purchase request
m-NEAT	military nutrition environment assessment tool
MOE	measure of effectiveness
MOP	measure of performance
MRTC	Master Resiliency Training Course
MRT-PE	master resilience trainer-performance experts
MSKI	musculoskeletal injury
MTF	military treatment facility
MWR	Morale, Welfare, and Recreation
NCO	noncommissioned officer
NCOIC	noncommissioned officer in charge
NEC	Network Enterprise Center
NETCOM	Army Network Enterprise Technology Command
NIPR	Non-Secure Internet Protocol Router
OPORD	operation order
OPTEMPO	operation tempo
OT	occupational therapist
P3T	pregnancy and postpartum training
PA	physician assistant
PD	program director
POTFF	Preservation of the Force and Family
PRB	profile review boards
PRT	physical readiness training
PT	physical therapist
PTA	physical therapist assistant
PWS	performance work statement
R2	ready and resilient
R2PC	ready and resilient performance centers
RAW	75th Ranger Regiment Ranger Athlete Warrior
RB	readiness bay
RD	registered dietitian

RFI	request for information
ROI	return on investment
RPRT	reconditioning physical readiness training
SCC	strength and conditioning coach
SCMH	Soldier Center Medical Home
SHARP	sexual harassment, assault response, and prevention
SITREP	situation report
SME	subject matter expert
SPRC	Soldier Performance Readiness Centers
START	Soldier Transition Assessment Tool
TASM	trusted agent security manager
TASS	Trusted Associate Sponsorship System
TFF	total force fitness
THOR3	rapid rehabilitation and reconditioning
TRADOC	Training and Doctrine Command
TSAC-F	tactical strength and conditioning facilitator
UCMJ	Uniform Code of Military Justice
UFR	unfunded request
UMT	unit ministry team
USAPFS	U.S. Army Physical Fitness School
USAR	U.S. Army Reserve
USARIEM	U.S. Army Research Institute of Environmental Medicine
USASOC	U.S. Army Special Operations Command
USSOCOM	U.S. Special Operations Command
V2H	virtual video health
VPN	virtual private network
WTBD	warrior tasks and battle drills
XO	executive officer

**TERMS**

Class VIII	medical supplies
S-1	personnel
S-2	intelligence
S-3	operations
S-4	logistics
S-6	signal
S-8	financial management
SP Corps	Army Medical Specialists Corps

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**No. 23-06 (784)  
June 2023**

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