

AIR WAR COLLEGE

AIR UNIVERSITY

**IMPLEMENTING THE SYSTEM FOR HEALTH IN THE US
ARMY RESERVES THROUGH THE PERFORMANCE TRIAD**

by

Marie A. Patti, COL, United States Army Reserves

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Advisor: Col Kathleen A. Hightaian

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Biography

COL Marie A. Patti is assigned to the Air War College, Air University, Maxwell AFB, AL. She enlisted in the Regular Army in 1982 as a Parachute Rigger. She received an ROTC commission in 1988 and graduated from the University of Connecticut in 1989 with a Bachelor of Science in Nutrition. After Officer Basic Course and the Army Dietetic Internship, she served five years in several dietitian positions at Fort Sill, Oklahoma. Since release from active duty in 1995, she has served as Chief, Nutrition Care in several Army Reserve Combat Support Hospitals including deployments in to Kuwait and Iraq, as well as a mobilization to Brooke Army Medical Center. She is currently assigned to the Army Medical Command as the Reserve Component Chief, Nutrition Section, Army Medical Specialist Corps. Her civilian position is as Supervisory Nutritionist in the Child Nutrition Program, Food and Nutrition Service, USDA in Alexandria, Virginia. COL Patti received a Master of Business Administration from the University of New Haven in 2004. Upon graduation from the Air War College, she will take command of the 7304th Medical Training Support Battalion, 3rd Medical Training Brigade in San Antonio, Texas.

Abstract

Strategic parameters such as reducing the portion of the Department of Defense budget needed for healthcare and aligning Army healthcare with military and national priorities have exposed the need for a new paradigm within the Army Medical Department (AMEDD) - the System for Health (S4H). The purpose of this paper is to recommend effective ways to expand the S4H philosophy from the active component (AC) into the Army Reserves (USAR) through its implementation mechanism, the Performance Triad, in an effort to create ready and resilient Soldiers. RAND Corporation and the World Health Organization provide insight through the successful implementation of workplace wellness programs in the private sector. Strategic communication and change theory show how to best engage leaders and Soldiers. Social identity theory where participants identify with a larger group is explored for fostering the inner motivation of USAR Soldiers to adopt initiatives employed by the active (AC). Four studies and a review of the Ready and Resilient Campaign (R2C) expose reserve-specific challenges and provide methods of implementing programs for this population. Recommendations include providing for a USAR Performance Triad Pilot Program; nesting the pilot within the R2C support structure; incorporating strategic communication, change theory, social identity theory and research recommendations into the overarching R2C communications plan; creating an incentives program within established Army guidelines; incorporating Performance Triad tenants into the Global Assessment Tool (GAT); maximizing subject matter experts with IMA and IRR Soldiers and Master Resilience Trainers; and expanding access through the use of technology. Further expansion of the Performance Triad to the Army National Guard, our families and civilians would be the logical next steps in realizing Surgeon General Horoho's vision of "strengthening the health of our Nation by improving the health of our Army."

“The successful transition to a System for Health is vitally important. Not only is it important to the survival of Army Medicine as an affordable, viable entity, but also- I am convinced- to the security of our nation.”¹

LTG Patricia D. Horoho; The Surgeon General of the United States Army

Introduction

In support of the Army Medical Department (AMEDD) vision to “strengthen the health of our nation by improving the health of our Army,” the AMEDD Strategy 2020 describes the vehicle by which it intends to realize that vision: the System for Health (S4H). In contrast to the current Army healthcare system that focuses on *treatment*, the S4H is a cultural shift focusing on the *prevention* of disease, injury and disability.² This difference demonstrates a shift of responsibility from the healthcare system to the individual where we create “a system that enables ready and resilient Soldiers, families and communities.”³ The reasons to move from a focus on treatment to prevention are strategic centering on cost containment and alignment with national and military priorities.

Several strategic parameters have exposed the need for a new paradigm within the AMEDD. The FY12 Department of Defense (DoD) healthcare budget more than doubled since 2001 from \$19 billion to over 52.5 billion, now consuming 10% of DoD’s base budget.⁴ The AMEDD must contain these healthcare costs while simultaneously supporting the larger strategic priorities of the Army Campaign Plan (ACP), the goals of the DoD Military Healthcare System, and the National Prevention Strategy.

The S4H is aligned with The National Prevention Strategy, which provides evidence-based guidance for moving American healthcare from a system of sick care to one based on wellness and prevention.⁵ It also aligns with the Military Health System, which “promotes a fit, healthy and protected force...”⁶ At the service level, the S4H fundamentally meets section IV of

the Army Campaign Plan, which ensures that Army medical systems support the needs of Soldiers during this time of conflict.”⁷ Therefore as part of the AMEDD Strategy 2020, the S4H is fully aligned through the strategic plans of its service, military department and nation. As the S4H is central to the AMEDD Strategy 2020, the Performance Triad (Triad) is at the core of the S4H.

The Triad as a component of the broader Ready and Resilient Campaign (R2C) is the enabler for the transformation to a S4H and serves as the framework from which we can lead cultural change. Its goal is to optimize performance and resilience by affecting attitudes and behaviors. Since the average patient spends only 100 minutes annually in the Army’s healthcare system, their decisions over the remaining 525,000 minutes significantly affect their health.⁸ Wise choices in the triad of sleep, activity, and nutrition by all Soldiers, including reservists, are necessary to promote health, resilience, readiness and performance.⁹

Realizing LTG Horoho’s vision to be a model for the nation, however, would suggest that implementation in the active component is not enough. Simultaneously integrating concepts of the Triad into the “DNA” of Army Reserve (USAR) Soldiers would be a prudent next step. Army reservists are a community-based force comprised of 205,000 Soldiers nationwide.¹⁰ In the 113th Congress, eight members of the House of Representatives and one Senator are in the Reserves.¹¹ Winning advocates from this broad base of Soldiers with influence in the private sector could go a long way toward achieving the AMEDD vision. Differences between the active and reserve components, however, reveal that modifications to the Triad will be necessary to successfully implement it in the USAR. Limitations in time and funding combined with the lack of centralized resources found on active duty military bases may reduce Triad effectiveness

in its current design. The USAR must mitigate these variables, gain commander support and instill Soldier ownership of Triad tenants in order to realize the Surgeon General's vision.

This paper will 1) provide an overview of the Performance Triad pilot program, 2) assess it for compatibility in the USAR, 3) examine strategies for successful workplace wellness programs, 4) consider social identity theory as a means to motivate reservists to adopt the Triad, 5) review past efforts to initiate programs and promote health in the USAR, and 6) provide recommendations for advancing the S4H in the USAR through the Performance Triad.

The Performance Triad Pilot Program

Approximately 1800 Soldiers from three battalions will participate in the six-month Performance Triad pilot at three installations starting in late Summer 2013 (See Appendix A).¹² It's the first program of the comprehensive R2C, which leverages public health initiatives, promotes Soldier education and engages leadership.¹³ The mission of the pilot is to "optimize performance and improve resilience through changes in willpower and behaviors related to sleep, activity, and nutrition."¹⁴ The commander's intent is to assess pilot effectiveness for implementation across the total force with an end state of advancing both unit and individual health in order to improve Soldier performance, unit readiness, overall health, and ultimately reduce health care cost.¹⁵

The pilot is implemented along three lines of effort (LOE) and across three implementation phases to incorporate training, education, technology, and practical application to improve performance (see Appendix B)¹⁶. All three LOEs utilize proven methods to educate Soldiers and target interventions toward at-risk populations. If necessary, Soldiers with injuries, nutrition-related diagnoses or sleep difficulties are referred to professionals. The outcomes seek

to create an environment where risks are mitigated by providing information and strategies that are modeled, promoted and not only adopted, but internalized for long-term behavioral change.

The Triad is nested at three levels: unit, installation and Department of the Army (See Appendix C).¹⁷ The National Prevention Strategy with Army-specific policy establishes the authority from which installations implement health promotion operations. Military installations have several support agencies and programs for units to draw from when implementing the Triad (See Appendix C).¹⁸ The primary effort of the Triad, however, resides at the unit level with support from its Master Resilience Trainers (MRTs).

MRTs are the Triad administrators, but their agents are squad leaders. MRTs train these leaders in predicting injury risk, enhancing physical training, and minimizing barriers to behavioral change. Leaders train their Soldiers in weekly modules over 24 weeks, which focus on sleep, activity, nutrition, and goal support. For each lesson in the Leader's Guide there is a topic summary, several talking points to address with Soldiers, and a calendar of tasks to accomplish throughout the week. The Soldier's Guide contains 38 pages of information on the triad components followed by a weekly planner to set/track goals and take notes on each lesson. Upon completion of the pilot, the Center for AMEDD Strategic Studies (CASS) will analyze data in order to validate it and inform the full roll out of the Triad to the Army.

Although the active duty pilot evaluation won't be complete until August, 2014, implementing the Triad in the USAR should begin now. Identifying what could be adopted "off the shelf," and what may need to be revised or eliminated will guide future decisions regarding the Triad implementation in the USAR.

Assessment of the Performance Triad for the Army Reserves

Analyzing the Triad's current design against the USAR's operational and support structures will help determine what modifications will be necessary for successful USAR implementation.¹⁹ Although the USAR begins this effort with an existing program to work from, implementing the Triad depends on thoughtful consideration of how to meet the unique needs of reserve units and Soldiers without diluting the effectiveness of the program.

The Army Reserves is a force of over 200,000 Soldiers across the fifty states and around the world.²⁰ While containing a similar organizational structure, there are inherent limitations to implementing initiatives in the reserves. One limitation is the lack of installation assets. Most reservists conduct training at Army Reserve Centers, which may not be located near a military installation. Even if close to an installation, nine of the twelve installation assets supporting the triad are not available to reservists (see Appendix C)²¹. Another limitation is the physical distance between units. Not only are higher commands commonly located a significant distance away, but the same unit may be split across two or three states. Reservists also have less training days available than the active duty, so rigid training schedules are needed to meet training requirements.

The standard training year for a reserve unit consists of only 38 duty days, which is about 16% of what is available to the active component (AC).²² As an operational force, reservists are expected to be as ready for war as the active component. It follows, therefore, that annual training (AT) and battle assembly (BA) training schedules are replete with high-priority training requirements. This is a zero-sum game, where the addition of a new initiative necessitates the removal of something else that may be considered as important. If the Triad is conducted during the hour dedicated to monthly professional development, for example, no other professional

development topics could be presented. Except for the Triad's initial launch, expecting to dedicate time for the Triad would be setting the program up for failure. Competing priorities will prohibit consistency, so like the active duty model, Triad implementation will depend on first line leader (FLL) to Soldier interaction. Unlike the active duty model, however, reservists are not available for day-to-day, face-to-face communication, so a different means to communicate toward the same end will be necessary.

Some of the specific parts of the Triad execution phase that would require modification are the 24-week schedule, the amount of one-on-one time with individual Soldiers, and the format by which training is provided and tracked. First, since reservists are only on official duty for two days monthly, the Triad's weekly schedule would have to be modified. Second, there would need to be a way to ensure that the triad concept is modeled and implemented without dedicated time on the training schedule. Finally, the training format would have to be modified from the more casual means of getting the information to/from Soldiers during the duty day/week to a less personal means of communication at an acceptable interval between BAs.

A planned approach is needed for this program to work in the USAR. Implementing the triad on a monthly basis instead of a weekly basis would take four times as long or two years to model and communicate all content. Reducing the timeline would require either more sessions per month or eliminating some of the program's content. Since the triad components are meant to work together synergistically to maximize results, every effort should be made to keep most, if not all program content. In addition to timeline and content modification, however, a planned approach to implementing the Triad in the USAR will require strategies to inspire leaders and their Soldiers to embrace the shift of responsibility from the healthcare system to their own S4H.

Strategies for Successful Workplace Wellness Programs

The Army's attempt to maximize strategic results through wellness is similar to workplace wellness programs in the private sector. The RAND Corporation and the World Health Organization (WHO) conducted research on workplace wellness programs and provided insight on how to successfully implement them. Strategic communication and leader engagement were important contributors to wellness program success. The Army's strategic communication handbook and Kotter's "Eight-Stage Process of Creating Major Change" can also provide guidance on how to gain leader and Soldier support for the Triad in the USAR.²³

RAND completed a research project in 2013 that encompassed a literature review, a 50-employer survey, case studies of existing wellness programs in five organizations, and a statistical analysis of medical data from the Care Continuum Alliance (CCA) database to determine wellness program characteristics, impact, key facilitators, and the role incentives play in program success.²⁴ Two key facilitators for successful wellness programs were 1) effective communication strategies with broad outreach and clear messaging; and 2) the opportunity for employees to engage by making activities convenient and accessible.²⁵ Most employers target lifestyle management behaviors, such as nutrition/weight, smoking, and fitness.²⁶ Using the CCA database, RAND determined that improvements in exercise frequency and weight control were significant and that the use of incentives for health risk assessment completion greatly improved participation in both areas of lifestyle management.²⁷ Incentives most often included a financial benefit of some kind and played a major role in employee participation rates.²⁸

While there weren't any significant cost reductions evident in the RAND study, the World Health Organization (WHO) estimates that there is a 1:2.5-4.8 return on investment (ROI) due to reduced absenteeism and a 1:2.3-5.9 ROI in medical costs when wellness is a priority to

employers.²⁹ Three of the five WHO recommendations for effective workplace wellness programs that could be useful in implementing the Triad in the USAR include 1) leadership engagement based on core values, 2) employee involvement, and 3) program sustainment by ensuring it is part of the organization's business plan.³⁰

According to the pre-doctrinal strategic communications handbook, strategic communication is "...efforts to understand and engage key audiences to create, strengthen, or preserve conditions favorable for the advancement of (US) interests, policies, and objectives through the use of coordinated programs, plans, themes, messages, and products..."³¹ The Triad is a coordinated program that requires that we as leaders engage our Soldiers to embrace our health promotion objectives in order to advance our readiness for our nation's missions, but what is the most effective way to do this? In a long-term study (Mortenius et.al, 2012), in "creating a willingness to change work practices" among primary care hospital staff, strategic communication was successfully used to change behavior.³² In this longitudinal study of 846 cohort primary staff members that assessed behavioral changes after seven and twelve years, it was determined that "communication that is planned and implemented on a continuous basis with the aim of facilitating a willingness to change contributes to a cultural shift and lays the foundation for the implementation..."³³ Subject matter experts called "R&D ambassadors" were available to communicate the latest and best work practices, facilitated new thinking toward adopting new ideas and prepared the way for a shift in the organization's culture.³⁴ The study concludes that long-term strategic communication may lead to a more evenly distributed commitment of all staff to promote high-quality patient care.³⁵ It also found that the use of R&D ambassadors should be planned for the long-term to create a "distinctive image for themselves, gain status within the organization and enable a permanent change of attitude."³⁶

Recognizing that change is a process, John Kotter's "Eight-Stage Process of Creating Major Change" includes several requirements to communicate in a planned and deliberate manner resulting in a change in culture.³⁷ Specific to the cultural change required for the Triad to be successful, there's a need to create a sense of urgency, develop and communicate a vision, and articulate the links between new behaviors and organizational success. To create the internal drive to accept radical change, however, a more personal impetus may be necessary. According to social identity theory, identification with an "in-group" may promote the loyalty and commitment necessary to shift the culture of an institution-driven healthcare system to a Soldier-driven S4H.

Identification with the Total Force as a Strategy to Implement the Triad

Basic social identity theory proposes that when acting in groups, individuals define themselves as members of that group and seek to have that group valued positively relative to other groups. This theory helps to explain how some "out-groups" are devalued by the "in-groups," as when some minorities have been devalued by majority groups within societies.³⁸ Derived from social identity theory, team identification helps to explain how team members attach value and emotion to their membership in the workplace, as well as how their identity as part of the group enhances loyalty, increases satisfaction, improves performance and consequently maximizes team effectiveness.³⁹ When "rolling out" an initiative in the USAR, communications and actions that assist reservists to identify with the total force (Army) will enhance loyalty and ultimately improve readiness as they become more effective team members. Despite the many initiatives that have been launched from the AC to the USAR, there is very little data on best practices to accomplish this complicated task. Four studies and/or articles

related to affecting change in the USAR, however, may provide some insight on a successful launch of the Triad in the USAR.

Review of Efforts to Initiate Programs and Promote Health in the USAR

In his 2007 Army War College strategic research paper, LTC Jim Ruf investigated how to apply the Chief of Staff of the Army's (CSA) model of officers as multi-tasked "pentathletes" to the reserve component (RC) officer in order to better prepare them to operate in today's changing environment.⁴⁰ Several insights on how to maximize and modify USAR systems in order to affect the same outcome for USAR officers could be applied to implementing other initiatives. Gaining Office of the Chief, Army Reserve (OCAR) support, leveraging AC initiatives, expanding USAR timelines, utilizing distance learning venues, and offering incentives could be considered for the Triad.⁴¹ Expanding the scope of an office already dedicated to a related mission, recruiting subject matter experts (SMEs) to serve as advisors, and making better use of the Individual Mobilization Augmentee (IMA) and Individual Ready Reserve (IRR) programs could also be considered for implementing the Triad for reservists⁴².

Newton, et al. conducted another USAR-specific study regarding the efficacy of a pilot internet-based weight management program.⁴³ It found that 1) field coordinators responsible to maintain communication with the USAR Soldiers were spread too thin (two coordinators for 51 units in 30 facilities across 6 states), 2) eliminating the public affairs office that communicated program information to reservists and maintained the program website negatively affected program effectiveness, 3) future interventions should involve the means to maintain a website that can promote the program and prompt Soldiers to participate through newsletters, emails or text messages, and 4) higher website utilization was associated with greater weight changes.⁴⁴

In 2004, COL Wynd and LTC Ryan-Wenger conducted a descriptive study to identify self-motivation, social support and organizational workplace factors associated with health-promoting behaviors in Army reservists compared with civilian and active duty personnel.⁴⁵ The study used the Health Promoting Lifestyle Profile II, the Health Motivation Assessment Inventory, Tiden's Interpersonal Relations Inventory and the Competing Values Organizational Culture Instrument to assess motivation, social support and organizational culture.⁴⁶ For reservists, they found that 1) a person with a high degree of self-motivation will commit to seven health-promoting behaviors (including nutrition and physical activity), 2) social support at work is a factor for enhancing healthier employee behaviors as co-workers and supervisors offer advice, encouragement and behavior reinforcement, and 3) organizational culture, especially a hierarchical culture, only predicted health-promoting behaviors in the AC Soldier.⁴⁷ Social support and motivation were two concepts that worked separately and synergistically toward health-promotion outcomes in reservists.

In Part I of a four-part series on Total Force Fitness (TFF), Bates et al. use the Military Demand-Resource Model (MD-RM) as the framework to highlight the interactions between unit demands and resources on fitness outcomes (See Appendix D).⁴⁸ The purpose of the MD-RM model is to 1) conceptualize TFF at the unit level, 2) operationalize TFF concepts using evidence-based measures, 3) validate the model, and 4) serve as a practical guide for unit commanders to assess and address gaps in fitness within the unit.⁴⁹ It shows how a multitude of demands work against internal, external and individual resources to affect 11 unit fitness outcomes within two outcome categories: performance and resilience. Two of the author's conclusions are that 1) the MD-RM can be used to increase awareness of general unit TFF factors, and 2) the model can inform the ability to measure TFF in units.⁵⁰ Since USAR

members participated in MR-DM breakout sessions at the 2012 Warrior Resilience Conference (one reserve-unique demand was identified), the model was created considering USAR challenges.⁵¹ With some clarification of the demands, resources and outcomes in terms that speak to reserve units, this model may assist USAR commanders to better implement an initiative such as the Triad.

Since the Triad has been placed under the overarching R2C, which clearly includes the USAR in its scope, examining the campaign's plan for reserve-specific implementation guidance is prudent. The plan recognizes that there are challenges unique to the USAR that must be recognized and addressed when standardizing best practices.⁵² The plan advises USAR leaders to know what kinds of support systems are available in the community for their Soldiers and to encourage them to seek assistance from community help centers or private employer benefit programs, while recognizing that external systems may limit a commander's situational awareness of Soldier well-being.⁵³ The R2C Dashboard is a tracking system that consolidates and balances information at the USAR's regional level to enable commanders to visualize and assess the overall health of their units and trends in resilience. The plan recognizes that this dashboard will have to be modified for the USAR to ensure that it is integrated into their existing community-based support programs.⁵⁴ It also recognizes that while face-to-face communication is essential for leaders to truly know their Soldiers and for Soldiers to truly trust their leaders, alternate communication methods may be necessary – even if those methods (email, social media, etc.) are associated with greater isolation from others.⁵⁵

Recommendations

It is the Office of the Surgeon General's intent to incorporate the System for Health and Performance Triad into Department of the Army policy either through Chief of Staff of the Army

approval (See Appendix A)⁵⁶, or revisions of publications requiring medical guidance.⁵⁷ Since training follows policy, USAR Soldiers attending initial and subsequent leadership schools will become familiar with the Triad. This together with established OCAR support of the Triad as part of the established R2C sets the stage to implement this initiative in the USAR beginning with a reserve pilot.⁵⁸ Tasks that should be completed within the next year include all that is necessary to plan and conduct a Triad pilot program for the reserves using both existing materials and best practices from the active component pilot and reserve-specific ideas presented in this paper. After the pilot, efforts to examine the data collected from it, as well as methods to better utilize technology to promote Triad tenants for reserve populations would be logical next steps for expanding the Triad into the entire USAR and beyond.

The Triad pilot for the reserves should be nested within the office(s) responsible for R2C with at least one additional officer to serve as both the lead for the pilot and liaison officer to the AC. Since the funding and infrastructure for implementing R2C in the reserves are established, adding Triad-specific staff members to the R2C team would be more efficient than establishing separate teams and products.

The R2C communications plan could promote the Triad as a tool for R2C goals while reinforcing the vision for a System for Health. This plan should provide broad, clear messaging and utilize team identification methods as a means to motivate reservists to embrace the culture change proposed by the Triad as members of the total force. Any communications plan should create a sense of urgency to affect force readiness, clearly state the vision or desired end state of a ready and resilient Soldier, link desired behaviors with organizational success, and emphasize convenience and accessibility to the reservist. Prior to the pilot and full USAR roll out of the Triad, public affairs offices should be utilized to the greatest extent possible to promote the Triad

ensuring that a variety of communication outlets are used, such as social media, email and text messaging.

Since employee input and incentives were important to workplace wellness program success, there should be a means of getting Soldier feedback and providing incentives for active participation. One method for feedback may be to add Triad-specific questions to the established Comprehensive Soldier Fitness Global Assessment Tool (GAT).⁵⁹ The Army already has a variety of incentive programs to reward certain behaviors, such as a high score on the physical fitness test or for expertise with weapons. Incentives such as patches, certificates, awards, positive comments on evaluations, etc., enhance the professional Soldier's advancement opportunities. Although not directly financial in nature as with the private sector, these incentives for both individuals and units can be very effective in motivating Soldier behavior.

When selecting units for the pilot, battalions from one command led by a champion for R2C should enhance subordinate commanders' motivation to implement the Triad and conserve resources. The selected command may utilize the Total Force Fitness (TFF) MD-RM model to select subordinate units for the pilot, because those with the greatest positive outcomes may be most successful in the pilot. Selected units should have Master Fitness Trainers (MRTs) willing to adopt the Triad as part of R2C. Units should also be willing to enlist more Soldiers to assist the MRTs, so other R2C efforts are not thwarted and to prevent the MRTs from being spread too thin. MRTs should be trained (and then train FLLs) how to model, train and encourage self-motivation techniques, as well as what internal and external social support systems are available to their Soldiers. To provide SME guidance for MRTs, the Triad lead should consider recruiting IMA or IRR officers with skills in Triad principles. For a comparison of outcomes, choosing some units close to a military installation that will allow reservists to utilize their services may

help determine if these agencies are more effective than those available to reservists through their employer or local communities.

Recommendations regarding the program itself include expanding the timeframe to complete the Triad to one year by cutting the number of topics covered in one month by half. In this way, no topics are eliminated and the efforts are more realistic for time available to reservists. While the Triad should be introduced to Soldiers at a BA and perhaps launched at AT, regular communication between FLLs during and between BAs should be the primary means of implementation. Soldiers should be motivated to participate by identifying themselves with the total force's need for ready and resilient members. Just as Soldiers are motivated to prepare for their fitness tests on their own time to meet Army standards, they should be encouraged to utilize Triad resources to maintain other standards of physical and mental readiness. Perhaps the most critical element of Triad success in the reserves is the relationship between FLLs and their Soldiers. Efforts to strengthen this bond and to reduce the disconnectedness that USAR Soldiers often feel will go a long way to successfully implement the Triad.

After the pilot is conducted, data is evaluated, and the Triad is revised to better serve all Soldiers, it will be important to reinforce strategic communication, seek appropriate technological means (interactive website, regular messaging, distance learning, etc.) to promote and continue Triad efforts. The Triad lead should ensure that Triad components of the R2C dashboard are modified for the USAR to enable appropriate comparisons and trend analysis by commanders. Finally, since the Triad is part of R2C, consideration should be given to add a Triad component to the GAT. The ability to track global trends in attitudes and behaviors should allow strategic leaders to see progress toward the S4H culture. Since the GAT provides valuable

links for more information on a variety of topics identified as pertinent to the Soldier, including Triad components in the GAT further assists each Soldier to get information specific to their individual needs.

Conclusion

The Army Surgeon General's vision for a S4H as a model for the nation should start with an expansion to the USAR through its implementation tool - the Performance Triad. When assessed for implementation in the reserves, the active duty pilot of the Triad exposes the need for some modifications. Expanding the timeline from six months to one year and enabling FLLs to properly model, encourage and motivate their Soldiers to adopt Triad principles using creative communication methods are examples. Strategic communication was consistently found to be important to both implementing wellness programs and successfully transforming the culture of an organization. A communication plan should create a sense of urgency, develop and communicate a vision, link new behaviors with organizational success, and show how change is possible for the reservist when information is made convenient and accessible. It should also link the reservist's identity to that of the total force (Army), which is adopting Triad principles in policy and practice.

When reviewing efforts to implement programs into the USAR, several concepts were presented that could be adopted with the Triad. The USAR should leverage active component initiatives with expanded timelines, expand the scope of existing offices working on related projects, utilize existing military incentive programs for Triad-related achievement, and maximize the IMA and IRR programs to provide necessary skill sets. Master Resilience Trainers (MRTs) serve as what researchers have called SMEs, "ambassadors" or field coordinators, which are the primary sources of information to the unit, key to program success and should not be

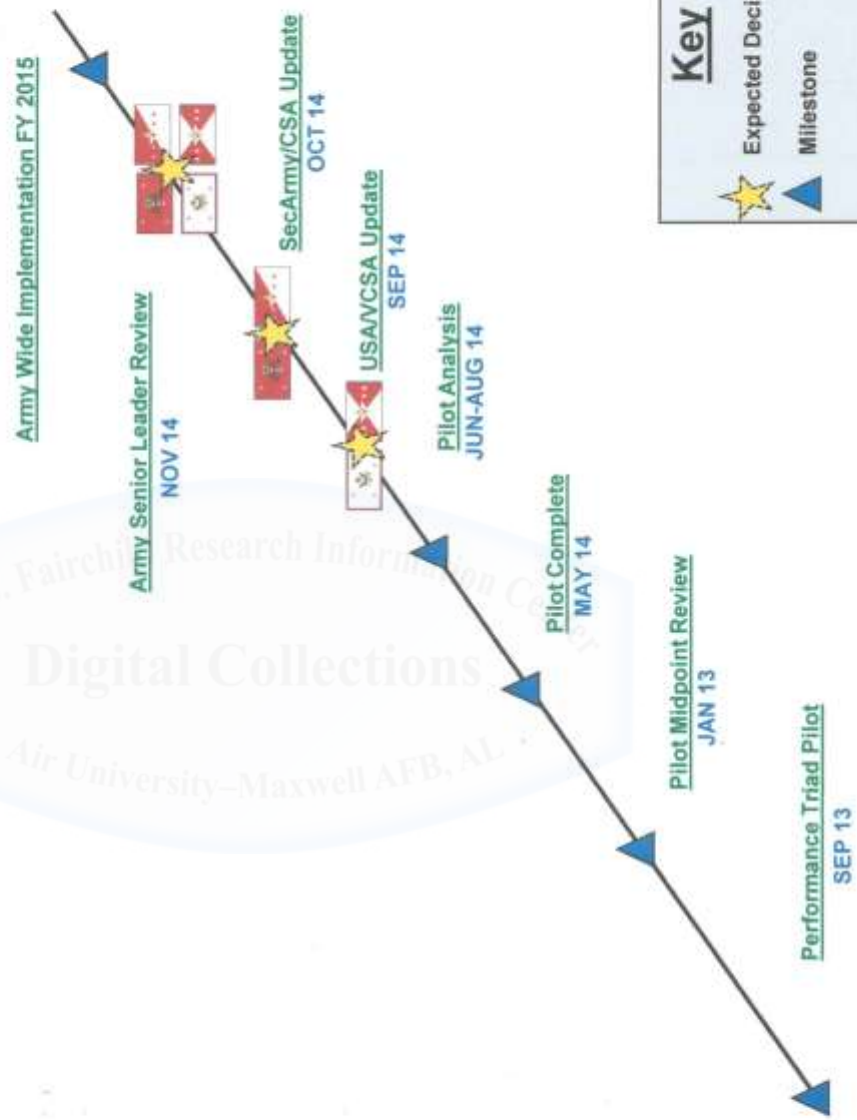
responsible for too large of an operational area. They should also be trained on ways to connect Soldiers to social support structures available to them, as well as how to create self-motivated Soldiers who are more likely to adopt health-promoting behaviors. Strong public affairs efforts are also needed to communicate programs to reservists, as well as create websites and electronic communication venues to connect reservists when face-to-face communication is not possible.

Recommendations were provided as a starting point for implementing the Triad in the USAR, but more will be required to see the System for Health realized. For example, the Army National Guard could simultaneously and perhaps collaboratively adopt these recommendations. Since our families and civilian staff are key to Soldier readiness and resilience, next steps should consider the Performance Triad for these populations. These steps would further reduce the cost of healthcare and align the entire Army with military and national priorities. Thus, a successful transition to the System for Health, which LTG Horoho sees as vitally important to national security, will be an evolving, long-term process.

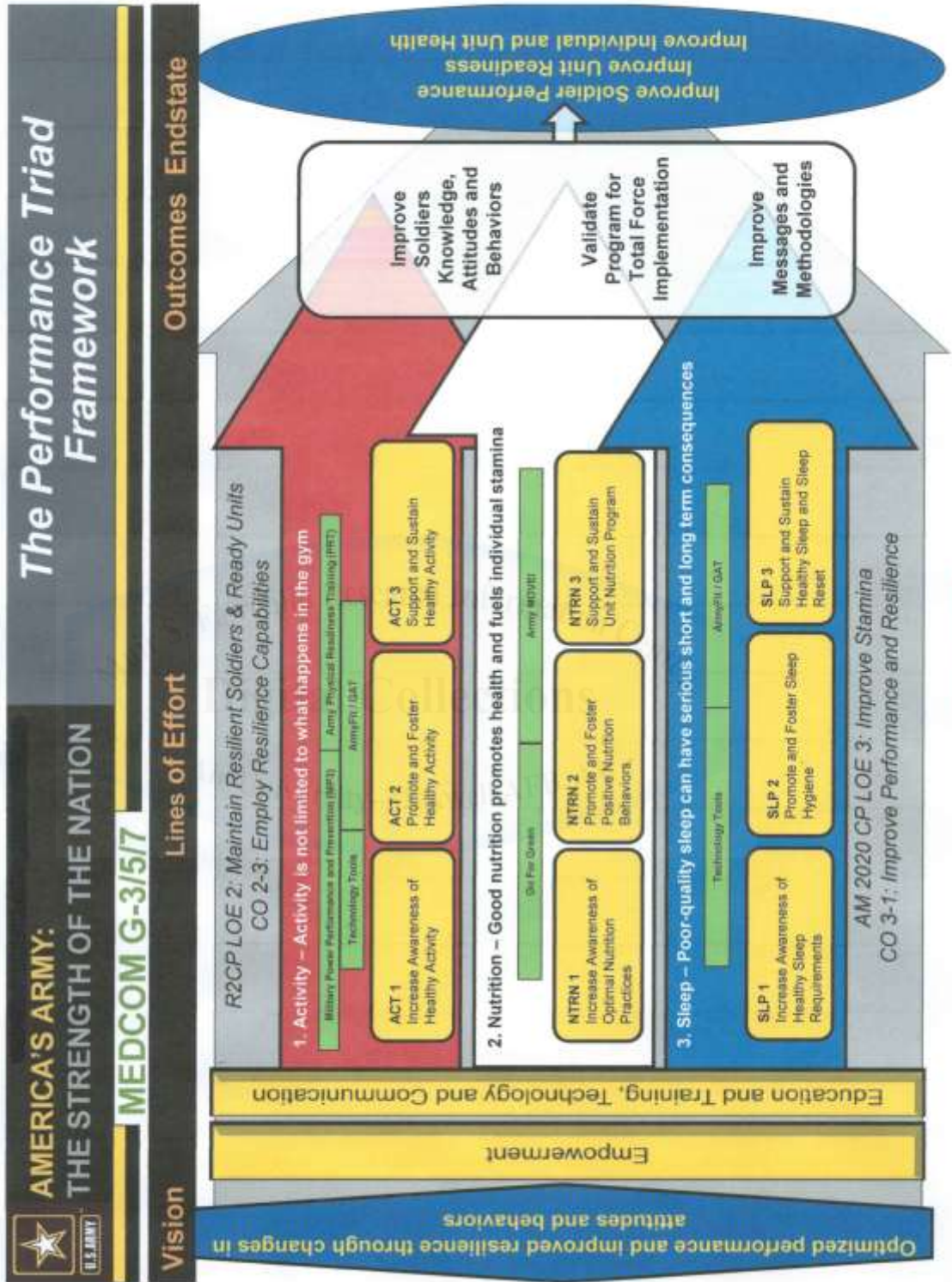
AMERICA'S ARMY:
THE STRENGTH OF THE NATION

MEDCOM G-3/5/7

**Performance Triad
Timeline**



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APPENDIX B

AMERICA'S ARMY:
THE STRENGTH OF THE NATION

MEDCOM G-3/5/7

The Performance Triad Nesting

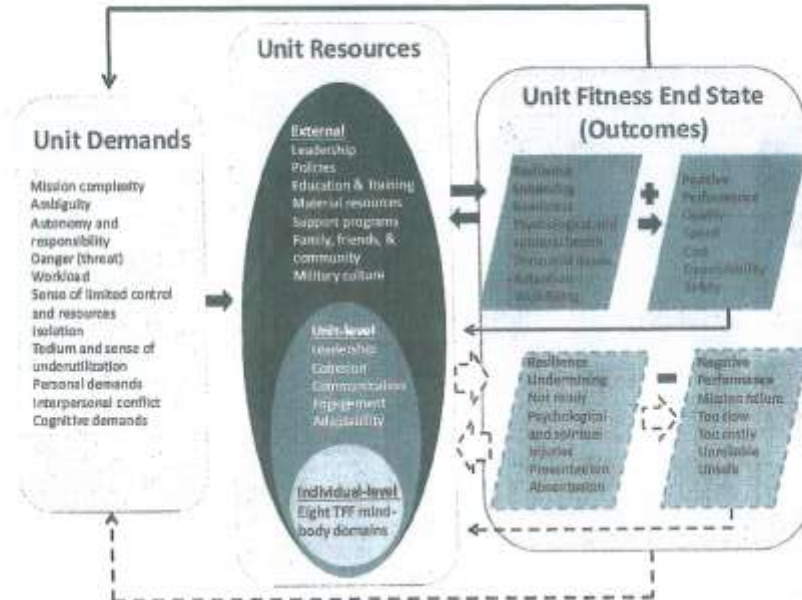
Unit Level Action

Installation Assets

Dept of the Army

Leader Development	Health Promotion Council	IMCOM	CSF2/GAT Army Flt
SGT's Time Training	Healthy Base Initiative	ACS	Operation Supplement Safety
Injury Prediction	Army Wellness Centers	MWR	Operation Live Well
MRT	Sleep Physicians	Installation Menu Board	Healthy People 2020
MFT	Dietitians	Go For Green	National Prevention Strategy
Technology	Physical Therapy	m-Neat	Army Weight Control Program

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APPENDIX D

Notes

¹ LTG Patricia D. Horoho, “A System for Health: An Essential Element of National Security,” *The United States Army Medical Department Journal*, (October-December 2013): 4, <http://www.cs.amedd.army.mil/FileDownloadpublic.aspx?docid=565febfe-b26e-4922-8f82-0e9373b5f01a>.

² Ibid, 4.

³ LTC Edward L. Bryan, “Strategic Context and Concepts and Operationalization of the Army Medicine 2020 Campaign Plan (AM2020CP),” (PowerPoint presentation, MEDCOM, Joint Base San Antonio, Fort Sam Houston, TX, 9 September 2013), 4.

⁴ U.S. Army Medical Command, *AMEDD Strategy 2020 White Paper: Transformation to a System of Health*, White Paper, (Joint Base San Antonio, TX: MEDCOM, 8 August 2012), 2; and U.S. Congressional Budget Office, *Long-term implications of the 2013 Future years Defense Program* (Washington, DC: U.S. Congressional Budget Office, July 2012), 20. http://www.cbo.gov/sites/default/files/cbofiles/attachments/07-11-12-FYDP_forPosting_0.pdf (accessed January 27, 2014).

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