



CANADIAN FORCES HEALTH AND PHYSICAL FITNESS STRATEGY



HEALTH AND PHYSICAL FITNESS FOR LIFE



Strategic Level Guidance on
Strengthening the Culture of
Health and Physical Fitness



Canada



"OUR MILITARY PERSONNEL MUST POSSESS THE HEALTH AND PHYSICAL FITNESS TO FUNCTION IN COMPLEX AND DEMANDING ENVIRONMENTS WHERE STRENGTH AND ENDURANCE COULD BE THE DIFFERENCE BETWEEN SUCCESS AND FAILURE OF AN OPERATION."



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INTRODUCTION

The health and physical fitness of our sailors, soldiers, airmen and airwomen are essential and critical components of operational readiness. Military personnel must possess a higher degree of health and fitness than the general Canadian population to function in complex and demanding environments where strength and endurance could be the difference between success and failure of an operation. Put simply, our personnel must be healthy, physically fit, employable and deployable.

It is the responsibility of the Canadian Forces (CF) to develop and sustain a strong, healthy and fit CF. This begins with leaders who are fully committed to a “culture of health and physical fitness”, where people take their health seriously and choose a lifestyle dedicated to eating well, engaging in regular physical fitness activities, maintaining a healthy weight and living an addiction free lifestyle.

This document provides strategic level guidance to generate a Regular and Primary Reserve Force that is fully capable of performing general military, common defence and security duties, as well as meeting the demands of combat. Chapter 1 defines strategic guidance and its importance in moving the CF forward. Chapter 2 presents an overview of the external Canadian health, physical fitness and lifestyle environment shaping and influencing the attitudes and behaviours of CF personnel. Chapter 3 discusses the current health and physical fitness levels of the CF and today’s health and fitness





programs. Chapter 4 details the health and physical fitness strategy necessary to achieve the desired effect of a strong, healthy and fit CF, while Chapter 5 initiates the strategy to action plan.

It is abundantly clear that the adoption and maintenance of a healthy lifestyle by CF personnel is a critical component to success in operations. Through motivation, awareness, facilitation and accountability, the Canadian Forces leadership and every CF member must be fully committed to the implementation of this strategy to action plan to enhance and sustain a fit and healthy fighting Force.



General R.J. Hillier
Chief of the Defence Staff





"A FIT AND HEALTHY FORCE IS AN ESSENTIAL ENabler IN THE DEVELOPMENT AND MAINTENANCE OF A STRONG AND CAPABLE CADRÉ OF SAILORS, SOLDIERS, AIRMEN AND AIRWOMEN, WHO WILL BE SUCCESSFUL IN OPERATIONS AT HOME AND ABROAD."

CHAPTER 1



STRATEGIC LEVEL GUIDANCE

Strategic level guidance provides the overarching vision and commander's intent from which the organisation will develop consistent and aligned policies, programs and plans.

Further, strategic guidance provides the organisation with the necessary direction and framework to ensure a common focus and purpose in order to both explicitly and implicitly identify and align priorities, policies, programs and initiatives. An effective governance structure, as outlined in this document, depends upon the implementation of an authority, responsibility and accountability framework to ensure that strategic guidance is achieved at the strategic, operational and tactical levels across the CF.

Specifically, this guidance articulates the goals, principles, and objectives required to achieve the desired effect of a physically fit and healthy CF capable of operating within a very complex and demanding security environment. Moreover, this strategic guidance provides the way forward in developing and sustaining a CF that is physically, mentally and socially fit. From designating functional authorities at all levels; to institutionalizing performance measures; and incorporating lessons learned into policies, programs and initiatives, the governance structure will enable the CF to strengthen its culture of health and physical fitness.



A fit and healthy force is an essential enabler in the development and maintenance of a strong and capable cadre of sailors, soldiers, airmen and airwomen, who will be successful in operations at home and abroad. Furthermore, a CF culture of health and physical fitness will have dramatic and lasting effects on family members and communities in which the CF operates, perpetuating the message that fitness is a lifestyle, not simply a task.

Beginning with a vision of *providing the ways and means for every CF member to attain and maintain their personal health and physical fitness sufficient to meet CF operational requirements* the guidance offers strategic direction that both identifies and aligns the way ahead.

This strategy will explicitly and implicitly guide all activities in support of maintaining and improving appropriate levels of physical fitness and lifestyle behaviours to meet CF operational requirements while ensuring the highest standards of personal health and fitness.







"GENERAL POPULATION TRENDS IN HEALTH AND PHYSICAL FITNESS LEVELS MAY HAVE A PROFOUND EFFECT ON THE CF AND IT'S ABILITY TO PERFORM ITS MANDATE."

CHAPTER 2



THE EXTERNAL ENVIRONMENT

This chapter highlights current trends in health, physical activity and lifestyle behaviours in Canada¹. These trends are of particular importance to the CF as new personnel are drawn from the general population. Additionally, because CF personnel live within the same Canadian society they may model similar behaviours if they are not presented with alternate approaches to fitness and lifestyle. As a result, trends in Canadian society may have a profound effect on the CF and its ability to perform its mandate. Some of the topics explored are self-reported health, physical activity, obesity, smoking, stress and work, and health promotion.

Self-reported Health

Evidence suggests that individuals with higher levels of self-reported health have lower rates of disease and a lower risk of dying prematurely. In 2005, over 65% of Canadians rated their health as being “excellent” or “very good”, an increase from the 60% reported in 2003, suggesting that a growing number of Canadians believe their health is improving. This positive influence will be enhanced and strengthened by the CF’s strategy to generate a fit and healthy approach to living that will last well past a member’s career in the Forces.

¹ Data Sources: Healthy Canadians, A Federal Report on Comparable Health Indicators, 2006; and Canadian Institute for Health Information: Improving the Health of Canadians 2004, and the Canadian Community Health Survey.



Physical Activity

Levels of physical activity in the general Canadian population have been increasing over recent years. According to the Canadian Community Health Survey (CCHS), in 2005, 51% of Canadians were physically active compared to 39% in 1994/95. While this trend is encouraging, still half of Canadians are not active and the prevalence of other unhealthy behaviours (smoking, low intake of fruits and vegetables, substance abuse, etc.) remains high. This is of particular concern to the CF as it continues to focus on the promotion of positive behaviours through healthy lifestyle choices.

Obesity

While Canadians are increasingly demanding healthier and safer foods, there is evidence that the nutritional habits of Canadians could be improved by eating appropriate amounts of fresh fruit, vegetables and grains each day. The number of obese and overweight people is increasing². In 1979, less than two in ten adults were obese. Today, almost 60% of Canadian adults are above the normal body weight range and 24% are considered obese.

Obesity has been linked to a multitude of health problems including type 2 diabetes, coronary artery disease, stroke, osteoarthritis and certain types of cancer. The widespread epidemic of obesity in Canada

² Categories of weights are determined by an indicator known as body mass index (BMI), which is the ratio of a person's weight in relation to their height calculated as weight (kilograms) divided by height (metres²). (Underweight (BMI < 18.5), Normal (BMI 18.5-24.9), Overweight (BMI 25-29.9), Obese BMI >=30). Although surveillance of obesity in Canada and most developed countries relies on BMI calculation, waist circumference is also a useful measure of abdominal obesity and predicts future risk of cardiovascular disease. Both the CCHS and the CF Health and Lifestyle Information Survey used self-reported weight and height to estimate BMI. People are known to underestimate their weight and height in surveys, which leads to underestimates of true BMI.





requires mass measures of prevention and intervention to slow current trends. This disturbing trend is the result of a combination of many variables but inactive lifestyles and poor dietary habits are two important factors. Time pressures and busy lifestyles are the main reasons why people report having little time to prepare healthy meals. The demand for ready-to-eat meals is now so high that the majority of Canadians are choosing restaurant meals or take-out foods at least once per week. Many of these meals are not healthy choices and contribute to excessive fat, calories and sodium intake. More than a quarter of Canadians between the ages of 31 and 50 consume more than 35% of their total calories from fat, exceeding the upper limit of recommended fat intake. In addition, the majority of Canadians do not eat enough fruits and vegetables, with fewer than half of adults consuming the recommended level of seven servings of these foods daily.

Snacks contribute a significant proportion of calories to the Canadian diet, with more than 40% of the foods chosen for snacking coming from the “other foods”³ category. However, with increasing awareness of the risks of obesity and inactivity, almost one in three Canadians is trying to lose weight or become healthier. The CF through various awareness campaigns and educational programs must seek to counter any negative influences on lifestyle choices that affect its members.

³ Fats, oils and sweets, which are often high in calories and low in vitamins and minerals.





Smoking

More than three quarters of Canadians do not smoke⁴. Smoking rates are highest among young adults and decrease with age. Trends clearly show a continued decline in smoking and it is becoming increasingly socially unacceptable, in large part as a result of the introduction of widespread population health measures (including municipal, provincial and federal anti-smoking legislation). However smoking continues to be a major risk factor for the development of coronary artery disease, stroke, respiratory disease, certain cancers and other significant health problems.

Stress and Work

Another important health issue for Canadians is stress. Almost a quarter of Canadians say their stress levels are high. More than a third of Canadian workers say they are stressed at work because of poor relationships with their superiors and excessive demands, resulting in poor work-life balance. Stress has the potential to reduce an individual's motivation to be active and increases the likelihood of mental health problems such as anxiety and depression, as well as cardiovascular disease, hypertension, obesity and diabetes.

Depression is the most common mental health condition in Canada and most who suffer from it say it interferes with their ability to work. For the organisation the costs of stress can include increased attrition, absenteeism, reduced productivity, indifference and apathy, and lack of motivation and creativity, all debilitating effects for the

⁴ In 2005, 22% of those 12 and older smoked, down from 26% in 2000, CCHS.



CF⁵⁻⁶. As environments grow in complexity, critical thinking and mental acuity will be increasingly fundamental to mission success. Preventing and alleviating stress and mental illness within the CF will become even more essential.

Health Promotion

Governments are reacting to mitigate the toll of modifiable risk factors affecting the health and physical fitness of Canadians. The establishment of the Public Health Agency of Canada and Provincial offices of health promotion and protection, and the established agencies and institutes for mental health, cardiovascular disease, stroke, diabetes and cancer are putting increasing emphasis on strategies for health promotion and prevention. Programs such as PARTICIPACTION, re-instating physical education into high-school curriculum, food content legislation, etc. are being (re) established as part of a trend to bring healthy living and physical fitness increasingly back into the lives of Canadians. If these commitments continue, future generations of Canadians may lead lives enhanced by better nutrition and increased levels of personal physical fitness and health. This bodes well for future recruits who will enter the CF with a positive attitude towards healthy living, which will continue to be reinforced by the CF stressing the critical importance of living fit and living well.

⁵ *Mental Health at Work*, Canadian Health Network, 1 Oct 06.

⁶ In fact, work-related stress has a direct bearing on the current and long-term productivity of Canadian workers in terms of reduced work activities, disability days and absenteeism, according to Statistics Canada in "Work Stress and Job Performance" *Perspectives on Labour and Income*, December 2007.



“The CF has become an advocate for change with regards to health and physical fitness of its personnel.”

Conclusion

The population in which most CF personnel reside, and from which the CF draws recruits, leads a relatively sedentary life, eats rather poorly and suffers from increasing rates of obesity and stress. The CF’s requirement for health and physical fitness runs counter to some behavioural trends in the general population, suggesting the CF will have to be proactive in shaping and re-shaping the minds and bodies of its personnel and recruits. As part of a society that tends to value leisure and unhealthy lifestyle behaviour over health and physical fitness, the CF has become an advocate for change with regards to health and physical fitness of its personnel. In order to be operationally ready the CF must have personnel whose health and physical fitness contribute to, rather than detract from optimal work performance. CF personnel must be healthy, physically fit, employable and deployable at all times. Awareness programs to educate personnel, daily fitness programs for new recruits and serving members and programs to counter the effects of stress will assist in making this a reality. With awareness, support and health and fitness programs in place the CF can and will enable personnel to continue pursuing a healthy and fit lifestyle both while serving and well into retirement.







"ALL OF PERSONNEL WHO SERVE IN THE REGULAR OR PRIMARY RESERVE FORCE ARE EXPECTED TO BE READY FOR OPERATIONAL DUTY IN THE SERVICE OF THE NATION WHEN REQUIRED."

CHAPTER 3



THE CF TODAY⁷

This chapter describes the current CF health and physical fitness environment, from health promotion programs and policies, to physical fitness assessments. Additionally, aspects of the physical fitness and lifestyle behaviours of CF personnel are examined, including physical activity levels, nutrition, obesity, smoking, alcohol use, and stress.

“Preliminary analyses from the HLIS 2004 show that the main conditions affecting ability to deploy are: injuries, depression, being physically inactive and low job satisfaction.”

All CF personnel who serve in the Regular or Primary Reserve Force⁸ are expected to be ready for operational duty in the service of the nation when required. The inability of CF personnel to do so reduces the capability and flexibility of the CF to mount and sustain operations⁹, making health and fitness critical components of operational readiness.

Self-Reported Health

The vast majority of CF Regular and Reserve Force personnel (65% and 70% respectively) reported very good or excellent health in the 2004 CF Health and Lifestyle Information Survey (HLIS). However, a significant proportion (14%) indicated they had health conditions that would limit their deployability. Preliminary analyses from the HLIS 2004 show that the main conditions affecting ability to deploy are:

⁷ Data from The CF Health and Lifestyle Information Survey 2004 (Regular Force, September 2005 and Reserve Force, December 2006). http://hr.ottawa-hull.mil.ca/health/information/engraph/HLIS_home_e.asp?Lev1=2&Lev2=13&Lev3=3

⁸ This Strategy applies to primary Reservists and Regular Force members including those posted in remote areas as well as outside Canada. Members of the other Reserve sub-components, i.e., Canadian Rangers, Cadet Instructor Cadre (CIC) and Supplementary Reserve, are required to meet the mandatory physical fitness standard on an annual basis if attached, seconded or transferred on consent to the Regular Force or Primary Reserve.

⁹ DAOD 5023-1



injuries, depression, being physically inactive, and low job satisfaction. Increased exercise and an improved diet are the changes most often cited by personnel as actions that would improve their own health. Ninety percent of those who identified diet and activity-related concerns expressed an intent to make lifestyle changes.

CF personnel identified “not having enough time” as a significant obstacle to lifestyle improvement, confirming the requirement that the CF provide time during the workday for fitness activities. Further, Regular Force personnel said they had too many other demands on their time, while Reservists suggested motivation was an obstacle. Clearly there is a desire within the CF to improve lifestyle behaviours, including physical activity levels, suggesting that leadership has an opportunity to impact significantly on the current health and fitness culture within the CF.

Physical Activity

The vast majority of CF personnel understand that exercise and diet are important for weight control, yet physical activity levels remain lower than expected for a population of workers who are younger and healthier than the general Canadian population. While the Canadian population is seeing an increase in physical activity levels, the opposite trend is evident among Regular Force personnel. Between 2000 and 2004, the proportion of personnel who were physically active declined from 48% to 43%. Physical activity levels for Reservists in 2004 were similar with 40% being physically active. Examining work activity levels, in 2004, 81% of Regular force personnel and 74% of





Reservists reported having jobs that required little or no physical activity, highlighting the requirement for dedicated hours during the day for fitness activities.

While it is recognized that CF personnel require higher levels of physical fitness to support operations than the general population, it should be noted that the rate of injuries in the CF is double that of the Canadian population (of the same age and sex). According to the HLIS 2004, 28% of personnel reported having a repetitive strain injury (RSI) and another 26% had an acute injury that affected their duties in the previous 12 months. For both types of injuries more than 50% were attributable to sports or physical training. Similar results were seen in the “Injuries in the CF Study: 1998–2002” where 1/3 of acute injuries were related to sports/physical training and another 20% were due to military training. The HLIS 2004 also showed that CF personnel in the highest activity level were more likely to sustain an acute injury (32%) compared to inactive personnel (21%). For the Reserve Force, 17% reported having an RSI in the previous 12 months and 19% reported an acute injury. As witnessed with Regular Force personnel, the majority of injuries were due to sports, physical training and military training activities.

As the high prevalence of injuries may limit deployability of CF personnel and the majority of injuries are due to sports and physical activity, careful consideration must be given to the methods recommended for enhancing physical fitness. At the same time it is evident that leadership must actively encourage the increase in





fitness activity among personnel in order to sustain operational readiness. Monitoring with the goal of early detection of injury patterns will be important in mitigating and preventing a further rise in the rate of injuries.

Obesity-Dietary Habits

While the majority of CF personnel reported eating well, obesity continues to be an important issue within the CF. Obesity is increasing within the Regular Force, and was recorded at 21% in 2004, up from 19% in 2000. The proportion of personnel who were overweight, however, remained stable at 51%. Conversely, in 2004, 15% of the Reserve Force was considered obese (down from 17% in 2000) while 40% was considered overweight (down from 44% in 2000). It is recognized that highly muscular personnel are included in the overweight and obese categories. Unfortunately, without measurement of waist circumference, the proportion of highly muscular versus obese/overweight personnel cannot be accurately determined.

Regarding key dietary behaviours, less than 15% of the Regular Force would meet the current Canadian guidelines for fruit and vegetable consumption according to the 2004 HLIS data. Obesity and being overweight are incompatible with a Force that is ready and capable of performing military operational requirements. The evidence speaks to the need for a comprehensive approach to strengthening CF culture in the area of nutritional health and physical activity.



Smoking

In 2004, approximately one quarter of CF personnel were smokers (20% daily, 5% occasional), and smoking rates declined by 5% between the year 2000 and 2005. Daily smoking rates in the Reserve Force declined slightly from 20% to 18% between 2000 and 2004. A significant proportion of CF personnel (Regular and Reserve) who ever smoked (11-15%) suggested they began smoking during basic training. While a continued decline in rates of smoking is very good news, the CF must continue advocating for healthy lifestyle choices, beginning with first contact.

Alcohol Consumption

While the vast majority of CF personnel had consumed some alcohol during the year leading up to the health and lifestyle survey, only 56% of Regular Force and 49% of Reservists followed the Low Risk Drinking Guidelines produced by the Centre for Addictions and Mental Health which recommend no more than two alcoholic drinks on any day of the week¹⁰. The CF, through awareness and educational programs must continue to encourage moderation with respect to alcohol consumption.

Stress and Depression

Worry and stress are known to impact on both health and quality of life. A significant component of the Forces (40% Regular and 33% Reserve) indicate that their worry and stress are mainly due to work; a similar

¹⁰ No more than 2 standard drinks on any one day; Women: up to 9 standard drinks a week; Men: up to 14 standard drinks a week; where One Standard Drink =13.6 g of alcohol. *Centre for Addiction and Mental Health*.



number find that stress is attributed equally to work and home issues. The good news is that an overwhelming majority of personnel rated their ability as good-to-excellent in handling day-to-day demands or unexpected and difficult problems. Also, the vast majority of personnel report that they deal with stress in a positive manner.

The prevalence of depression in the Forces remained constant since last surveyed in 2000, (7% Regular and 4% Reserve). The 2002 Canadian Mental Health survey revealed that the one-year prevalence of depression was somewhat higher in the CF population (8%) compared to the general Canadian population (5%). Stress and depression limit capability and deployability, therefore detracting from the CF's ability to sustain operational readiness. Health promotion will continue to play a key role in strengthening the culture of health and fitness within the CF through the provision of services and programs such as the Return to Work program, which facilitates the restoration of the physical and mental health of injured or ill members by helping them reintegrate into the workplace as soon as medically possible.

Health Promotion

The CF recognizes that good health and physical fitness are essential to the well being of personnel and to operational effectiveness. The "Strengthening the Forces"¹¹ program, established to enable CF personnel to increase control over and improve their overall health and well-being, is an example of the CF's success in health

¹¹ The CF's **Strengthening the Forces** health promotion program includes four Core Program Areas: Addictions Awareness and Prevention; Injury Prevention and Active Living; Nutritional Wellness; and Social Wellness.





promotion. The Strengthening the Forces program is evidence-based and consistent with best practices in health promotion. Awareness of the CF health promotion program has increased significantly across both Regular and Primary Reserve Forces since they were initially surveyed in 2000. The program is reaching CF personnel and the “culture of health and physical activity” is spreading.

Fitness Testing

The CF benefits significantly from outstanding fitness facilities, professional physical fitness educators and well-researched physical fitness programs, yet the CF has for too long concentrated almost exclusively on physical fitness testing. The result has been a culture focussed on passing tests, rather than living a healthy and physically fit life. While the CF will continue to have consistent, measurable and scientifically validated fitness standards appropriate for operational requirements for individuals, occupations, units and environments, the emphasis will be on strengthening a culture of health and physical fitness. The Canadian Forces is committed to providing the ways and means for every CF Regular and Primary Reserve member to attain and maintain their personal health and physical fitness sufficient to meet CF operational requirements and in keeping with the principle of universality of service¹², regardless of where they are located. Support will be provided to facilitate and accommodate CF personnel to participate fully in a wide range of fitness activities including CF sports, Soldier On, and extreme sports programs where members

¹² DAOD 5023-0.





can develop health and fitness in a recreational setting. Innovative approaches to physical fitness programs will appeal to a wider population guaranteeing that age, sex and ability or disability will not deter participation.

Unless exempt, members of the Regular Force and Primary Reserve are required to meet the mandatory physical fitness standard on an annual basis to ensure they are physically capable of performing basic military duties. Members of the other Reserve sub-components, i.e., Canadian Rangers, Cadet Instructor Cadre (CIC) and Supplementary Reserve, are required to meet the mandatory physical fitness standard on an annual basis if attached, seconded or transferred on consent to the Regular Force or Primary Reserve. Personnel will be expected to perform to the Standard of the Environment in which they currently serve. However, those employed in Groups other than Army, Navy or Air Force (i.e. VCDS, CMP, Fin CS etc), will be expected to perform to the standard of the uniform they wear. The majority (96%) of CF Regular Force personnel who take the annual fitness test pass it. Of those who fail, males are more likely to fail the aerobic component, while females are more likely to fail the push-ups. The capability to accurately track and report fitness levels amongst CF personnel is essential to readiness as those who fail or do not complete the fitness test are considered non-deployable and may face career restrictions.





CONCLUSION

“There is a clear disconnect between what personnel understand to be an active and healthy lifestyle and their actual behaviours.”

It is evident that the CF is facing health and physical fitness challenges that cannot be rectified by simply testing personnel annually. While it is an operational imperative that CF personnel be healthy and fit, the trends indicate increasing levels of obesity and inactivity. There is a clear disconnect between what personnel understand to be an active and healthy lifestyle and their actual behaviours. It is the responsibility of the CF leadership to create, communicate and reinforce a culture of health and physical fitness through consistent policies and programs that educate and encourage all personnel to make positive health and physical fitness choices. While physical fitness testing is necessary for minimum fitness validation, far more is required of the CF to encourage personnel to achieve excellence not just the minimum physical fitness level required for operational readiness. The CF has recognized the value of health and physical fitness by re-energizing health promotion programs, however there is still much work to be done.





"THE HEALTH AND PHYSICAL FITNESS STRATEGY FORMS AN INTEGRAL PART OF GENERATING
A FORCE THAT IS OPERATIONALLY READY."

CHAPTER 4



STRATEGIC FRAMEWORK

A high level of health and physical fitness is essential to an operationally effective military. This strategy provides guidance on the development and maintenance of a culture of health and physical fitness within the CF. The emphasis is centred on providing the ways and means for every CF member to attain and maintain their personal health and physical fitness sufficient to meet CF operational requirements. The notion of operational fitness speaks to more than simply physical fitness. It is a culture where leaders promote, encourage and support personnel to take their health seriously and adopt a healthy lifestyle. That is, a life long standard-of-living committed to eating well, engaging in regular physical fitness and recreation activities, maintaining a healthy weight and living an addiction free lifestyle.

The strategic framework articulates the goals, principles and the lines of operation or more specifically, the desired effects. This strategy will guide all activities in support of maintaining and improving appropriate levels of physical fitness and lifestyle behaviours to meet CF operational requirements while ensuring the highest standards of personal health and fitness.

The health and physical fitness strategy forms an integral part of generating a force that is operationally ready. A healthy and fit force is imperative, and will influence many dimensions of the CF including recruitment, professional development, career progression and leadership.





This chapter presents the strategic goal for a healthy, fit force, the principles necessary to guide the development of plans, the models from which the goal was derived, and the lines of operation for which action plans will be created.

STRATEGIC GOAL

The strategic goal is to raise both awareness and levels of health and physical fitness within the CF to better meet operational requirements. Put simply, our goal is to facilitate the *“adoption of a healthy lifestyle”*.

ADOPTING A HEALTHY LIFESTYLE

The “Battlespace”

The adoption and maintenance of a healthy lifestyle by CF personnel is a critical component to success in operations. Military personnel can be expected to face arduous physically and mentally stressful conditions associated with performing combat tasks, including the requirement to carry heavy loads for long distances, lack of regular rest and meals, analysis and prioritization of vast amounts of complex and conflicting information, a sense of isolation, austere living conditions, prolonged exposure to the extremes of climate and difficult terrain, and the hazards and dangers of the battlespace environment. Military personnel must possess the highest standards





of physical conditioning and coping skills to provide them with the stamina and endurance to successfully perform amid these physically and mentally demanding conditions. Healthy and physically fit sailors, soldiers, airmen and airwomen are less prone to fatigue and injury and are therefore more effective in carrying out their critical mission combat functions and tasks. The requirement to be fit and healthy will continue throughout a member's career with the CF.

"Healthy and physically fit soldiers, sailors, airmen and airwomen are less prone to fatigue and injury and are therefore more effective in carrying out their critical mission combat functions and tasks."

PRINCIPLES

These four principles guide the application of leadership, standards and training to achieve success in raising health and fitness awareness and levels throughout the CF.

1. Accountability & Responsibility

- Leaders at all levels are accountable and responsible for individual and unit health and physical fitness;
- CF personnel are responsible for maintaining a healthy lifestyle and a personal physical fitness regime.

2. Operational Focus

- The CF will establish and maintain appropriate health and physical fitness standards that reflect the demands and set the conditions for success in operations.





3. Measurable

- The CF will establish physical fitness and healthy lifestyle performance measures and standards that are science-based and applied consistently.

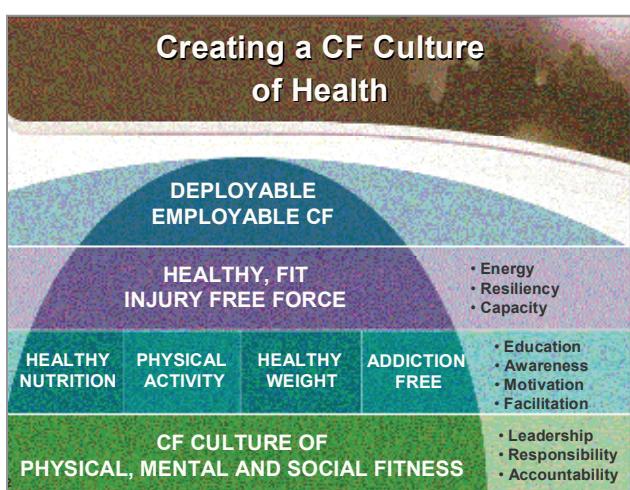
4. Integrated Total Force

- Strengthening the culture of health and physical fitness in the CF applies equally to all military personnel, Regular and Primary Reserve including sailors, soldiers, airmen and airwomen with a disability.

HEALTH AND PHYSICAL FITNESS MODELS

The strategic framework developed in this strategy is based on two models aimed at creating a long term culture of health and

physical fitness within the CF. These models provide the foundation for moving forward, from the CF Health and Physical Fitness strategy to concrete actions.

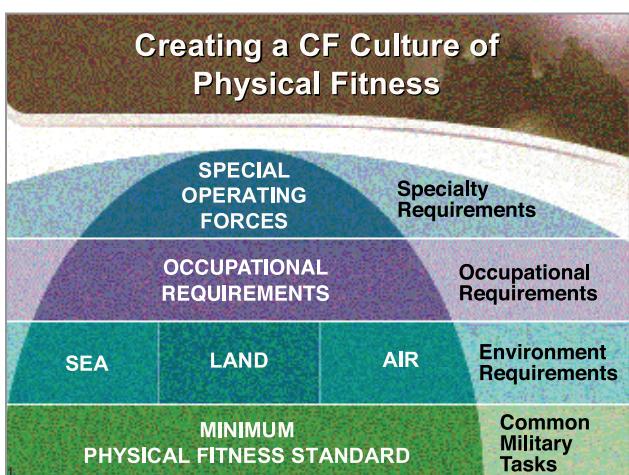


The “Creating a CF Culture of Health” framework demonstrates factors affecting achievement of the ultimate goal of the Health and Physical Fitness strategy (peak of the model), which is maximizing operational strength (a deployable and employable force) by ensuring optimal health



and fitness of CF personnel. A fundamental requirement for mission success is creating a culture of physical, mental and social fitness as shown at the bottom of the model.

This culture change requires responsibility and accountability from CF leaders to “lead by example” and fully support policies and programs aimed at improving the health and fitness of personnel. Resting on this culture of health and fitness are four pillars which are key to achieving a healthy, fit and injury free force - healthy nutrition, physical activity, healthy weight and an addiction free lifestyle. Investing in new and improved health policies and programs along with increasing levels of knowledge (education) and awareness about healthy lifestyles will strengthen the pillars of this model. This framework proposes strategic directions upon which the CF leadership and personnel can collaborate in order to achieve a healthy, and fit deployable force.



The “Creating a CF Culture of Physical Fitness” framework is based on the need for CF personnel to be physically able to perform their duties, be employable and deployable. Those duties may depend on the type of work being accomplished or the environment in which they are being executed. The framework depicts the hierarchical structure of CF physical fitness requirements.



The foundation of the framework is the Minimal Physical Fitness Standard required for all CF personnel and is based on tasks that every sailor, soldier, airman and airwoman should be able complete if required. As those tasks are logically difficult to administer to the entire CF population, a predictive test, the CF Express is utilized as the basic physical fitness evaluation. The second level represents the environmental physical fitness requirement based on operational needs of the Navy, Army and Air Force. These requirements are being re-examined to ensure operational readiness is achieved and/or maintained in all environments.

The third level includes specific occupational requirements for various military occupations such as Firefighters, Search and Rescue Technicians and Divers. At the top of the framework, our Special Operations Forces constitute the most physically demanding job of all.

Every level of the framework is scientifically researched and validated to ensure that men and women serving in various capacities in the CF are physically ready to face the challenges of their work and contribute to the success of every mission in which they participate.





LINES OF OPERATION

Achievement of the strategic goal will be accomplished through the implementation of plans developed in support of seven lines of operation involving leadership and personnel commitment to a lifelong lifestyle of healthy nutrition and weight, regular physical activity and addiction free behaviours. These lines of operation are fundamental and, regardless of future changes in the strategic direction of the organization, are activities that define a culture of health and physical fitness in the CF.

» *Line of Operation 1 Shared Ownership*

Shared ownership is the term used to describe CF leadership and personnel responsibilities in their collective effort to strengthen a culture of health and physical fitness. All CF personnel have a responsibility to maintain a healthy lifestyle as a requirement of service. The CF commits to supporting all military personnel in the achievement of a healthy lifestyle with organizational policies, and by facilitating access to health, fitness and recreation programs, fitness and recreation facilities, professional physical fitness educators and health services with clinical and health promotion staff.

It is the responsibility of CF leadership to lead by example and embrace a healthy lifestyle, to promote optimum levels of health and physical fitness for all CF personnel and to facilitate the achievement of those levels.





» *Line of Operation 2 Lifelong Lifestyle Commitment*

The adoption of a healthy lifestyle is the term used to describe a lifelong commitment to working towards good health and physical fitness. The operational and high tempo environment of the CF requires physically fit and healthy men and women from the time of enrolment and throughout their careers. A long-term focus on a healthy lifestyle program will provide a solid foundation for the CF to strengthen and sustain a healthy and fit Force. For individual CF Regular and Primary Reserve personnel, a commitment to a lifelong healthy lifestyle will improve morale and personal well-being, and facilitate and enhance their contribution to the CF in fulfilling its operational mission and tasks.

The CF will provide programs and support to all CF personnel and their families to foster their interest and motivation for maintaining and sustaining a long-term commitment to a physically fit and healthy, active lifestyle. In addition, to stay relevant and enduring, the CF lifestyle programs will be adaptable and a process for performance measurement and continual improvement will be established. To recognize the lifelong commitment of CF personnel to adopting a healthy lifestyle, the CF will endeavour to provide appropriate programs and support to promote the continued maintenance of a healthy active lifestyle after release.



» Line of Operation 3 Regular Physical Activity

Regular physical activity is a term used to identify fitness as a lifestyle, vice a task. Experts in the field of physical fitness are consistent in their assessment that 60 minutes a day of accumulated light to moderate¹³ physical activity, or 20-30 minutes of vigorous physical activity every other day, is required to attain health benefits for the general population¹⁴. These general fitness guidelines are applicable for CF family members, civilian personnel of the defence team and retired CF members.

The CF, however, is a special population whose requirement to be operationally fit demands higher levels of physical fitness than its civilian counterpart. In general, and where possible, the CF definition of “regular physical fitness activity” encompasses the requirement to engage in physical fitness activity a minimum of one hour per day. However, all CF personnel need to engage in individual and/or unit fitness training and sports programs, in which the proper application of FITT (frequency, intensity, time, type) is evident, such that the unit is physically fit to deploy.

» Line of Operation 4 Healthy Nutrition

Healthy nutrition is a term used to describe the intake of a variety of foods and beverages, which provide the appropriate levels of calories and nutrients to meet individual needs. Canadian guidelines

¹³ Statistics Canada calculates level of activity based on daily energy expenditures (frequency, duration and intensity) of all activities. Respondents are classified as follows: 3.0 kcal/kg/day or more = physically active; 1.5 - 2.9 kcal/kg/day = moderately active; less than 1.5 kcal/Kg/day = inactive.

¹⁴ www.paguide.com - Public Health Agency of Canada.



for healthy eating, international recommendations for sport/performance nutrition and military nutrition requirements provide direction for CF nutrition standards and programs.

Individual food choices and eating behaviors are strongly influenced by knowledge and awareness, the food preferences of others and the available food choices in the community, unit, and immediate family. Nutrition can be enhanced without sacrificing morale with the support of the chain of command through the provision of balanced and healthy food options, highlighting healthier choices in food service facilities, well-trained food preparation staff, and the provision of current and evidence-based information to meet the optimal nutrient, energy, fluid and body composition requirements for optimal performance.

Healthy nutrition is essential to the CF mission to enhance health and immunity, maintain normal body weight and provide the optimal mix of energy components to ensure excellence in physical and mental performance. Whether in garrison or on deployment, military personnel need to consume nutritious foods and beverages to prepare for the physical and mental demands of duty.





» *Line of Operation 5 Healthy Weight*

Healthy weight is the term used to describe the optimal weight at which people feel fit, flexible, healthy and energetic, and have a lower risk of health problems such as osteoarthritis, diabetes and cardiovascular disease. A healthy body weight is essentially a weight range and distribution of fat (body fat around the abdomen has a more negative impact on health) that is appropriate for a particular height and body build. Regular physical activity and proper nutrition are key to maintaining an acceptable body weight and a healthy life. Current Canadian guidelines recommend measuring the Body Mass Index (Weight kg/Height m²) together with the waist circumference. These two measures take into account the distribution of body fat as well as body weight, which are both important in terms of achieving optimal health.

» *Line of Operation 6 Addiction Free Lifestyle*

Addiction-free is a term used to describe a lifestyle that does not compromise health and performance with behaviours such as alcohol abuse, illicit drug use, problem gambling and tobacco use. Certain behaviours such as alcohol intake, are amenable to the principle of moderation, a term used to describe a behaviour that is within reasonable limits and not excessive or extreme. The Low Risk Drinking Guidelines set alcohol use patterns and limits for minimal negative health impact. However, for some lifestyle behaviours like smoking, and illicit drug use, the scientific evidence is abundantly





clear that that there are no safe levels of exposure. Optimal health can be enhanced by development of effective coping skills to manage daily stress and adoption of an addiction-free lifestyle, which, in turn, may lead to improved psychological and physical resiliency, which are fundamental to operational effectiveness.

» *Line of Operation 7 Effective Governance*

Effective governance is a term used to describe an authority, responsibility and accountability framework in place to ensure strategic guidance is implemented at the strategic, operational and tactical levels across the CF. From designating functional authorities at all levels, to institutionalizing performance measures and incorporating lessons learned into policies, programs and initiatives, the governance structure will enable the CF to strengthen its culture of health and physical fitness.



“Success will be measured by our capacity to implement a “culture of health and physical fitness” and by ensuring that the CF is: ‘Healthy And Fit For Life’.”

CONCLUSION

Transforming the physical activity patterns and lifestyle behaviours of CF personnel in order to achieve the required health and performance benefits will take some time and effort. There are no short-term solutions that will produce a lasting impact. The CF requirement for health and physical fitness is not about fitness testing and standards; it is about helping to set the conditions for success in operations. Adherence to a healthy lifestyle and physical fitness or sports program will not only increase strength, energy and endurance, but also improve an individual’s ability to cope with mental and emotional stresses. Success will be measured by our capacity to implement a “culture of health and physical fitness” and by ensuring that the CF is: “Healthy And Fit For Life”.





"ACCOUNTABILITY RESTS WITH BOTH LEADERSHIP AND INDIVIDUAL MEMBERS TO MAINTAIN HEALTH AND FITNESS LEVELS SUFFICIENT TO MEET OPERATIONAL REQUIREMENTS, AT ALL TIMES."

CHAPTER 5



STRATEGY TO ACTION

» *Line of Operation 1 Shared Ownership*

1. The CF will hold the Chain of Command responsible for ensuring widespread support of healthy lifestyle behaviour and physical fitness;
 - a. Ensure accountability through:
 - i. CDS' direction on Health and Physical Fitness to COs in CDS' Guidance document (OPI: DFHP, DFit), April 2008;
 - ii. A CF Annual Report on Health and Physical Fitness (OPI: DFit, DFHP), 1 April 2009;
 - iii. A health and fitness component in the business planning process (OPI: CMP), 1 April 2009.
 - b. Expect the leadership to lead by example – CDS and L1 direction to COs (OPI: CMP), 1 April 2008;
 - c. Establish CF Champion of Health and Physical Fitness (OPI: CMP), 1 April 2008;
 - d. Provide the time, resources and programs to support the Chain of Command and CF personnel to adopt a healthy lifestyle and be physically fit regardless of where they are located. (OPI: CMP), 1 April 2008;



- e. Link Base/Wing program funding to the promotion of health and physical fitness activities (OPI: CMP), 1 April 09;
- f. Provide the time, resources and programs (such as Soldier On) to support and facilitate any soldier with a disability to participate fully in CF Health and Physical Fitness programs, (OPI: CMP, DFit), 1 April 08;
- g. Encourage Veterans Affairs to embrace health and physical fitness programs, and align its policies and programs to support veterans (OPI: CMP), January 2009;
- h. Incorporate healthy lifestyle practices (health, physical fitness, drugs, alcohol, nutrition, stress etc.) into the individual training and education components of the CF (OPI: CDA), R&D 08/09, implementation 2010;
- i. Expand the physical fitness data collection system (HRMS/ WebEXPRES) to reflect a more precise CF physical fitness status (OPI: CMP), 2010;
- j. Develop an accurate and timely injury surveillance system to monitor changes in injuries over time and also possible mitigating factors, in keeping with the Occupational Environmental Health Safety Council Working Group (OPI: CMP), 1 April 2010.

2. The CF will hold personnel accountable for their healthy lifestyle and physical fitness:



- a. Ensure CF personnel recognize that they are responsible and will be held accountable through the provision of an awareness program (OPI: ECS', DPGP), April 2008;
- b. The CFPAS and all Boards will incorporate physical fitness in the merit and selection process (OPI: CMP, DPGP), 1 April 2008;
- c. Personnel who are unsuccessful in achieving the appropriate fitness standard will be subject to the applicable remedial measures procedures (OPI: CMP, DPGP), 1 April 2008.

» *Line of Operation 2 Lifelong Lifestyle Commitment*

- 1. Adopting a healthy lifestyle is a lifelong commitment by CF personnel. The CF will facilitate this by:
 - a. Ensuring that CF Health Promotion and Fitness programs are adaptable and readily incorporate new techniques, through the establishment of health and physical fitness core research capabilities (OPI: DFit, DFHPI), 1 April 2008;
 - b. Developing injury prevention and physical fitness training programs that recognize the gender and age of CF personnel, to enable them to meet the CF standard throughout their career (OPI: DFit, DFHPI), April 2008;
 - c. Providing the families of CF Regular and Primary Reserve personnel with access to appropriate programs (OPI: CMP), 1 April 2008;





- d. Recognizing the contribution of CF personnel who have retired by providing them with access to the appropriate elements of the Health Promotion and Fitness programs (OPI: CMP, VAC), January 2008.
2. To ensure that CF Health Promotion and Fitness programs are sustainable on a long term basis, the following actions will be undertaken:
 - a. Establish an awareness program (OPI: DFit, DFHP), 31 March 2008;
 - b. Work with VAC, Canadian Legions, Commissionaires and associations (OPI: CMP), January 2008;
 - c. Establish a CF Health and Fitness committee to be co-chaired by Director Fitness and Director Force Health Protection (OPI: CMP), 1 April 2008;
 - d. Conduct the Healthy Lifestyle Information Survey every second year (OPI: DFHP), June 2008;
 - e. Incorporate a component on health and fitness into the CF Exit survey (OPI: DMPORA), 1 April 08.



» *Line of Operation 3 Regular Physical Fitness Activity*

1. To ensure regular physical fitness activity the CF will:
 - a. Build physical fitness activities into the work routine of CF Regular and Primary Reserve members. (OPI: L1's), 1 April 2008;
 - b. Incorporate physical education and injury prevention theory elements related to fitness and health at all levels of training (i.e. BMQ, PLQ, ILQ, SLQ, RMC/CMR) (OPI: CDA, CF Health and Fitness Cmte.), April 2009 R&D, implementation 2010;
 - c. Provide a physical fitness program for OUTCAN and remote posting members, that provides an applicable range of opportunities for members to be healthy and fit and transition to operations, including appropriate access to fitness facilities, the provision of distance training, if required, and health and fitness information via the internet (OPI: DFit), January 2008;
 - d. Fully develop a "Train the trainer" model to aid in the delivery of fitness evaluations, exercise prescriptions and programs wherever possible (OPI: DFit), R&D January 2008, implementation 2010;
 - e. Develop a social marketing campaign promoting healthy lifestyle through physical activity and minimization of injuries (OPI: DFit, DFHP), 1 April 2009;
 - f. Develop an extreme sports program to support those motivated by intense physical fitness type activities (OPI: DFit), January 2008;

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- g. Develop a fitness training program for new recruits to ensure they meet the CF fitness standards from the beginning of service (OPI: DFit), January 2008;
- h. Maintain and expand the base, regional, national and international sports program (OPI: DSRM), 1 April 2008;
- i. Maintain and expand a diverse recreation program for CF members and their families, (OPI: DSRM), 1 April 2008.

2. Programs and standards in support of regular physical fitness activity will include:

- a. A conceptual framework that includes fitness standards developed from the job (bona fide occupational requirement - BFOR), common tasks, environmental and specialty requirements based on health and fitness norms to derive the best possible outcomes for the CF (OPI: DFit), December 07;
- b. Principles of injury prevention (OPI: DFHP), April 2009;
- c. An Entry level physical fitness requirement based on common military tasks (MPFS 1988 or 2000) that serves to define the standard requirement for graduation from basic training in the CF (OPI: CDA, DFit), December 07;
- d. Development of environmental standards based on BFORs for all four elements of the CF (Army, Navy, Air Force and CANSOFCOM) (OPI: DFit), 1 April 09;



- e. Development of a fitness program dedicated to physical fitness while on operations, (OPI: DFit), 1 April 09;
- f. Continued development of scientifically validated occupation specific fitness testing and programs where deemed an operational requirement, i.e. clearance divers, CSOR, etc. (OPI: DFit), ongoing;
- g. Introduction of an annual CDS' Physical Fitness Challenge that allows the CF to recognize and celebrate the high calibre of fitness of CF personnel at all levels (OPI: DFit), 1 April 08;
- h. Development of an improved capacity for remedial and/or fitness development training by placing more emphasis on this task within the DFit professional fitness cadre (i.e. allocation of personal trainers and/or self-help programs where required.) (OPI: DFit, Environmental Advisors), R&D April 08, implementation 2010;
- i. Delivery of updated CF fitness prescriptions to the field. Maximize web-based delivery of programs and prescription tools (OPI: DFit), 1 April 09;
- j. Promote and support CF sports and gym programs available to military personnel inside and outside of Canada, with particular attention paid to areas where programs are not readily available (OPI: DFit), 1 April 08;



- k. Evaluation of the status of infrastructure and equipment to ensure fitness programs are in place and available across the country (OPI: DFit), April 08.
3. Provide on-going and accurate CF population monitoring and feedback of physical activity through:

 - a. Developing and implementing on-going, valid and timely tracking systems to monitor rates of physical fitness in the CF (OPI: CMP), 2010;
 - b. Developing and implementing tracking systems that determine fitness factors affecting deployability (OPI: CMP), 2010.

» *Line of Operation 4 Healthy Nutrition*

The CF will:

1. Hold the chain of command responsible for promoting healthy nutrition and raising awareness about the contribution of proper nutrition to overall fitness and health through:

 - a. The promotion of healthy lifestyle and nutrition policies and programs (OPI: DFHP), 1 April 08;
 - b. Including nutrition education as part of Commanding Officer objectives and annual training plans for their command (OPI: DFHP), 1 April 08;



- c. Providing policies and guidance for creation and support of a healthier food environment in Canada and abroad, particularly in theatre where food provision is often a multi-national responsibility (OPI: DFHP), 1 April 2009;
- d. Providing awareness and education to leadership regarding the benefits of healthy nutrition, operational effectiveness and their role in supporting healthy eating practices of their subordinates (OPI: DFHP), 1 April 2009;
- e. Developing recommendations and guidelines for the availability and use of nutritional or dietary supplements (OPI: DFHP), 1 April 2009.

2. Support CF personnel to increase their nutrition knowledge and awareness:

- a. Provide the time, resources and programs to increase awareness, knowledge and skills of CF personnel with respect to the key behaviors for healthy eating and nutrition in support the CF mission, (OPI DFHP) 1 April 08;
- i. Include nutrition information in pre-deployment training as well as part of BMQ, PLQ, ILQ, ALQ, BOTC, RMC/CMR, Air Force Human Performance and Army Training Centre curricula (OPI: CDA, DFHP) R&D 08/09, implementation 2010.





- b. Develop a social marketing campaign promoting healthy lifestyle and healthy nutrition (OPI: DFHP), 1 April 2009;
- c. Provide point-of-choice nutritional guidance in CF food establishments regarding healthy choices and the nutritional content of foods (OPI: DFHP), 1 April 09.

3. Increase the proportion and availability of healthy food choices provided to CF personnel in Canada and abroad:
 - a. Develop guidelines and policies for healthy nutrition for the CF to ensure a substantial proportion of healthy food and beverage choices in all catering, contracting and CF Food Services for meal service, hospitality, vending machines, between meal entitlements, snack selections and fresh and hard rations in Canada and abroad (OPI: DFHP), R&D 08/09, implementation 2010;
 - b. Educate food service personnel about the provision of food choices that meet mission-specific nutritional requirements (OPI: DFHP), 1 April 09.

» *Line of Operation 5 Healthy Weight*

The CF will:

1. Hold the chain of command responsible for promoting healthy weights and raising awareness about the contribution of healthy weights to overall fitness and health through:





- a. Developing a social marketing campaign promoting healthy lifestyle and healthy weights (OPI: DFHP), 1 June 2010;
- b. Educating CF leaders and personnel (at the time of recruiting and throughout their careers) regarding the importance of healthy weights and the relationship between healthy lifestyles and operational effectiveness (OPI: DFHP), 1 June 2010.

2. Hold the chain of command responsible for developing and implementing policies and programs to support healthy weight that address:
 - a. Providing personnel with necessary tools (training facilities, time, funding) to support daily physical activity (OPI: DFit), 1 April 08;
 - b. Providing personnel and their family who are overweight or obese access to evidence-based, multi-disciplinary weight reduction programs and counselling, and allowing members protected time to participate in these programs (OPI: DGHS, DFHP), R&D 1 June 08, implementation 2010;
 - c. Providing CF personnel incentives to maintain or achieve a healthy weight (OPI: CMP, DFHP), June 2010.
3. Provide on-going and accurate CF population monitoring and feedback of weight and important behavioural factors (physical activity, diet, smoking, injuries, stress) through:



- a. Developing and implementing on-going, valid and timely tracking systems to monitor rates of obesity and other lifestyle behaviours (physical activity level, eating habits, injuries, stress) in the CF (OPI: CMP, DFHP), 1 April 09;
- b. Developing and implementing tracking systems that determine factors (health, fitness, other) affecting deployability (OPI: CMP), 1 April 09.

» *Line of Operation 6 Addiction Free Lifestyle*

The CF will:

- 1. Hold the chain of command responsible for increasing awareness among CF personnel regarding the importance of effective coping skills and choosing a lifestyle that is within reasonable limits, not too excessive or extreme and that includes avoidance of harmful substances in order to optimize health, fitness and operational effectiveness. This will be done through:
 - a. Educating CF leaders and all personnel (at the time of recruiting and throughout their careers) regarding the importance of effective coping skills and of having an addiction free healthy lifestyle (OPI: DFHP, CDA), R&D 08/09, implementation 2010.
- 2. Develop, implement and enforce policies that support the concept of moderation and avoidance of excessive or harmful behaviours. This would include policies and programs that support limiting



palcohol intake, prevention of illicit drug use and problem gambling, stress management, and cessation of smoking (OPI: DFHP, DPGP), 1 April 08.

3. Provide CF personnel with the necessary tools (stress management, impulse control and coping skills, and behavioural counselling, etc.) to maintain a healthy and addiction-free lifestyle (OPI: DGHS, DFHP), 1 April 08.
4. Develop a social marketing campaign promoting an addiction free, healthy lifestyle (OPI: DFHP), 1 April 2008.
5. Develop and implement on-going, valid and timely systems to monitor addiction related, high risk behaviours such as smoking rates, alcohol and illicit drug use, gambling as well as stress and depression in the CF (OPI: DFHP, CMP), 1 April 09.

» *Line of Operation 7 Effective Governance Framework*

1. Effective Governance will ensure the implementation of the CF Health and Fitness strategy through:
 - a. The implementation of an Accountability, Responsibility and Authority Framework for Health and Fitness (OPI: CMP), 1 April 08;
 - b. Designation of CMP as functional authority for CF health and physical fitness at the strategic level. Technical authorities are DG Personnel Support (Director Fitness) and DG Health Services





(Director Force Health Protection). The Chain of Command is the authority at the operational and tactical levels (OPI: CMP), 1 April 08;

- c. Establishment of key documents guiding the oversight, implementation and reporting of the Health and Physical Fitness strategy (OPI: CMP), 1 April 08;
- d. Development of a Health and Physical Fitness Committee, with representation from all CF/DND stakeholders, which will oversee and report on the implementation of the Health and Physical Fitness Strategy (OPI: CMP), 1 April 08;
- e. Development of a communications plan (internal and external) through work with VAC, Canadian Legions, Commissionaires and associations, in addition to establishing an internal awareness program with required educational components at all levels of training (OPI: CMP), 1 April 08;
- f. Accurate and timely oversight and monitoring with expanded health and physical fitness data collection processes to better reflect CF health and physical fitness status (OPI: CMP), 1 April 08;
- g. Establishment of institutional performance measurement benchmarks, measuring success and incorporating lessons learned (OPI: CMP), 1 April 08.



CONCLUSION

Military personnel must possess the health and physical fitness needed to function in complex and demanding environments and this document provides a plan that paves the way towards generating a Force that is healthy and fit to fight. This strategic level guidance document profiles the Canadian population health and physical fitness environment as well as that of the CF. The strategic lines of operation provide guidance and direction to the development of policies and programs in support of enhancing a culture of health and physical fitness within the CF. The plan identifies both leadership and individual motivation and accountability, as well as awareness and facilitation as the key pillars in developing and further enhancing a culture of fit and healthy sailors, soldiers, airmen and airwomen, a plan that the Canadian Forces is committed to carrying out.

>

GLOSSARY

1. ALQ
Advanced Leadership Qualification.

2. ARA
Accountability, Responsibility and Authority.

3. BFOR
Bona Fide Occupational Requirement.

4. BMI
Body Mass Index (see footnote 2).

5. BMQ
Basic Military Qualification.

6. BOTC
Basic Officer Training Course.

7. BRT
Basic Recruit Training.

8. Cardiovascular disease
The class of diseases that involve the heart or blood vessels (arteries and veins).

9. CDA
Canadian Defence Academy.

10. CDS
Chief of Defence Staff.

11. CFPAS
Canadian Forces Performance Appraisal System.

12. CMP
Chief Military Personnel.

13. CMR
Collège Militaire Royal.

14. CoC
Chain of Command.

15. Culture
Generally refers to patterns of human activity and the symbolic structures that give such activities significance and importance.

16. Coronary Artery disease
The end result of the accumulation of atherosomatous plaques within the walls of the arteries that supply the myocardium (the muscle of the heart) with oxygen and nutrients.

17. CSOR
Canadian Special Operations Regiment.

18. Depression
A general lowering or reduction, of mood, activity, or functionality.

19. DFit
Director of Fitness.

20. DFHP
Director Force Health Protection.

21. DGHS
Director General Health Services.

22. Diabetes (type 2)
A metabolic disorder that is primarily characterized by insulin resistance, relative insulin deficiency and hyperglycemia. It is often managed by engaging in exercise and modifying one's diet.

23. DPGP
Director Personnel Generation Policy.

24. DSRM
Director Sports Recreation and Messes.

25. ECS
Environmental Chief of Staff.

26. Functional Authority
Due to the complexity and size of the CF, the CDS and Deputy Minister have delegated management responsibility for specific functions to various Level 1s. This delegation of authority over the various functions is done through the assignment of Functional Authority (FA) for each area.

27. HRMS
Human Resources Management System.

28. Hypertension
A medical condition in which the blood pressure is chronically elevated.

29. ILQ
Intermediate Leadership Qualification.

30. L1
Level one leadership, includes Army, Navy Air Force Environmental Commanders, Assistant Deputy Ministers, etc.

31. MPFS
Minimum physical fitness standard.

32. Obesity
Body Mass Index greater than 30 (see footnote 2).

33. OPI
Office of Primary Interest.

34. Osteoarthritis
Low-grade inflammation resulting in joint pain, caused by abnormal wearing of the cartilage that covers and acts as a cushion inside joints and destruction or decrease of synovial fluid that lubricates those joints.

35. OUTCAN
Canadian Forces members posted outside of Canada.

36. PLQ
Primary Leadership Qualification.

37. Prevalence
(Medical) The total number of cases of a disease/symptom in a given population at a specific time.

38. PSP
Personnel Support Programs.

39. Respiratory disease
An umbrella term for diseases of the lung, bronchial tubes, trachea and throat.

40. RMC
Royal Military College.

41. SLO
Senior Leadership Qualification.

42. Stroke
Loss of brain functions due to a disturbance in the blood vessels supplying blood to the brain.

43. Train the Trainers model
Approach where individuals are trained to deliver a service to others.

44. VAC
Veteran's Affairs Canada.