

INFORMATION PAPER

ATCG-H2F
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SUBJECT: Holistic Health and Fitness System Overview

1. Background.

a. TRADOC CIMT is Army proponent for Holistic Health & Fitness (H2F).

b. H2F is a comprehensive, integrated, and immersive health and fitness “System” of governance, personnel, equipment/facilities, programming, and education that generates lethal Soldiers who are physically fit and mentally tough to engage with and overmatch the enemy in Multi-Domain Operations. H2F is the framework that encompasses all aspects of human performance (physical and non-physical (sleep, nutritional, spiritual, and mental) readiness) to optimize Soldier personal readiness, reduce injury rates, improve rehabilitation after injury, and increase the overall effectiveness of the Total Army. H2F represents a cultural shift in the way commanders train, develop, and care for our most important weapon system, our Soldiers.

c. H2F is based on the evidence-based knowledge and best practices of USASOC Tactical Human Optimization, Rapid Rehabilitation, and Reconditioning (THOR3) program’s success over the last 10 years and builds upon Performance Triad.

d. HQDA EXORD 149-19 established the H2F System. H2F is an element of Strategic Line of Effort #1 Build Readiness, in Army Campaign Plan 19-25+ to reduce non-deployable rates by improving the health, fitness, and personal readiness of the force. H2F is nested within the Department of Defense Total Force Fitness (TFF) framework.

2. Facts.

a. As of February 2019, ~56K Soldiers were non-deployable (equivalent to 13 Brigade Combat Teams (BCT)), with ~21K on Temporary Profile and ~15.5K on Permanent Profile. In 2018, 56% of Soldiers were injured annually, 71% of which were lower extremity micro-traumatic musculoskeletal “overuse” injuries. Injury is a significant contributor to the Army’s healthcare burden, impacting medical readiness and Soldier health. Musculoskeletal injuries accounted for approximately \$557M in patient care costs among active duty Soldiers.

b. The 2018 Health of the Force Report categorized 17% of active duty Soldiers as obese. These Soldiers are 48% more likely to sustain an injury, and have an 86% increased risk of being non-available.

c. Chronic sleep deprivation, fatigue, and insomnia are associated with mental illnesses/injuries that contribute to medically non-available status. The 2019 Drill Sergeant Well-being Report noted that more than 50% of U.S. Army Drill Sergeants sleep less than 5 hours per night. According to the 2018 Health of the Force Report, 12% of Soldiers had a sleep disorder (prevalence ranging from 5.8% to 21% across installations).

d. The health and fitness of America’s youth greatly impacts readiness and recruitment. Factors including poor sleep, inadequate physical activity, poor nutrition, and suboptimal coping skills, singularly or in combination, have a dramatic negative impact on the future force. From FY00 to FY10, first-time failure rates on the modified physical fitness during U.S. Army Initial Entry Training (IET) increased from 4% to 40% for males and from 12% to 54% for females. During the first 90 days of IET, 31% of Soldiers who failed their initial pre-accession Occupational Physical Assessment Test (OPAT) became injured.

e. Premature attrition rates across the services range from 10% at 90 and 180 days, to nearly 20% at two years of service. A 10% attrition rate in IET costs the Army approximately \$470M in annual replacement costs. This does not include the short-term cost of unemployment (~\$100M for Army) or the long-term cost to the Veterans Administration (potentially greater than \$1M per Soldier) for disability compensation.

3. H2F System.

a. DOTMLPF-P analysis identified non-materiel and materiel requirements necessary to fill existing capability gaps caused by decreased physical and non-physical performance and increased injury rates.

b. FM 7-22 *Physical Readiness Training* will be rewritten as FM 7-22 *Holistic Health and Fitness*, incorporating evidence-based knowledge and best practices for physical, sleep, nutritional, mental, and spiritual programming.

c. Human Performance Teams (Physical Therapist (PT), Registered Dietitian (RD), Occupational Therapist (OT), Athletic Trainers Certified (ATC), Cognitive Performance Experts, and contracted Strength & Conditioning Coaches), will support brigade-sized elements, providing far-forward medical care and performance expertise.

d. H2F equipment will include unit physical and non-physical training equipment, deployable physical training equipment, and medical equipment sets to support PT, RD, ATC, and OT.

e. H2F will consolidate the tenets of various Army health promotion and wellness campaigns and programs (e.g., Performance Triad, Go For Green, Soldier Fueling Initiative, Ready and Resilient Training Centers, Global Assessment Tool, Army Center for Enhanced Performance, Army Wellness Centers) under a single governance structure to better integrate, synchronize, message, and execute across the enterprise.

f. H2F education will be integrated throughout Army's institutional training domains.

g. H2F training facilities, established for brigade-size elements, will be exclusively dedicated to holistic physical and non-physical training and programming for Soldiers.

4. H2F provides an opportunity to obtain a "return on readiness". For example, a 10% system-generated reduction in musculoskeletal injury would add a full BCT to the battlefield. An H2F-driven 10% reduction in Soldiers who do not meet ABCP standards enables FORSCOM to achieve a 90% deployable rate. A 1% reduction in the non-available rate adds a battalion-sized ready force and \$30M in cost avoidance in non-mission capable assets.

5. H2F, similar to previous force-wide modernization efforts like digitalization, must be deployed by unit as a complete system. Piecemeal implementation of selected components will not yield the synergistic effect or achieve the desired end state. Deployment to a single or selected divisions, rather than partial elements across the entire force, will best validate the H2F System proof of concept.

6. Additional detailed information available in the H2F System Operating Concept document.

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