

# Community Health Promotion Council

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## Overview



- **Program Objective:** Integrate, synchronize, and increase the effectiveness of public health programs at the installation level
- **MTF:** Currently councils exist at 28 different Army sites (expanding to 43 sites)
- **Implementation Dates:** 1986 – Present
- **To reach local point of contacts, visit [Military Installations](#)**
- **Total Force Fitness Domains:** Social, Physical, Environmental, Medical and Dental, Spiritual, Nutritional, Physiological, Behavioral

## Program Description



- A council for integrating and synchronizing health-promoting activities at the installation level; the Community Health Promotion Council (CHPC) sets public health priorities, champions the base's health programs, identifies program gaps and overlap, and measures program impact
- A standardized CHPC is chaired by the Senior Commander (SC) and facilitated by a dedicated Health Promotion Officer (HPO); together, they work with council members – key health stakeholders on the installation – to facilitate integration across medical, mission and garrison operations
- The US Army Public Health Center (Provisional) developed the CHPC model and manages CHPCs model across nearly 30 Army installations

## Evidence of Program Effectiveness



- HPOs submit an impact tracker and program status report each quarter to USAPHC;
- Maturity assessment tool results show that **CHPCs chaired by USAPHC-HPOs are more mature than those at other installations**
- Evidence of **increased perception that CHPC effectively coordinates the public health system** (CHPC effectiveness scores exceed program minimum standards in the following areas: facilitates relationships and networking between garrison, medical and tactical assets; uses data to identify needs; identifies gaps in existing resources; develops action plans for identified priorities; CHPC identifies overlaps in existing resources)

## Costs and Required Resources



- Salary for HPO (GS-12 equivalent) and Health Promotion Research Assistant (HPRA) (GS-7/9 equivalent)
- Participation of key health stakeholders on base
- Additional program costs minimal

## Lessons Learned



- Alignment of HPO and CHPC with Senior Commander is vital for integration and synchronization of programs across mission, medical and garrison
- **Engaged Senior Commander** is vital to CHPC success
- USAPHC centralized management of HPOs provides standardized processes and assessment, leading to more mature and successful CHPCs
- Effective HPOs have background in **strategic planning, facilitation, and program management**, as well as ability to liaison across complex organizations to build successful teams