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## AN INTEGRATED HEALTH AND WELLNESS POLICY: A PRESSING NEED FOR THE CANADIAN ARMED FORCES

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**JCSP 43 DL**

***Exercise Solo Flight***

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## **AN INTEGRATED HEALTH AND WELLNESS POLICY: A PRESSING NEED FOR THE CANADIAN ARMED FORCES**

### **INTRODUCTION**

The Canadian Armed Forces (CAF) is currently facing a significant challenge of ensuring the health and wellness of its members. There are several contributing factors including culture, the military hierarchy, strict rules and regulations, frequent changes in job profile and relocation.<sup>1</sup> Many of the programs designed to improve the health and wellness of CAF members are delivered by multiple organizations, both internally and externally, and often in parallel to each other without coordinated functions. Although these programs and services exist, they are not widely known or utilized amongst the target population. In an effort to mitigate the gap, the Canadian Forces Health Services Group (CFHSG) has developed and implemented the Road to Mental Readiness Program (R2MR), aimed to improve short and long term mental health by augmenting leadership support and increasing resiliency.<sup>2</sup> However, this program is not mandated as policy and only delivered through access to the CFHSG with a focus on mental health rather than total health and wellness.

The importance of maintaining both personal and organizational health and wellness cannot be overstated, it directly contributes to effectiveness, efficiency and a positive workplace culture.<sup>3</sup> Although a requirement in the Queen's Regulations and Orders and often discussed at

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<sup>1</sup> Thériault, F.L., Gabler, K., & Naicker, K. (2016). Health and Lifestyle Information Survey of Canadian Armed Forces Personnel 2013/2014.

<sup>2</sup> Canada. National Defence and the Canadian Armed Forces. "Road to Mental Readiness," last accessed 6 May 2018, from: <http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page>

<sup>3</sup> Martin, Laurie T. et al., "How Cultural Alignment and the use of Incentives can Promote a Culture of Health," (2017), p.23.

varying levels of CAF leadership, health and wellness has never been a national policy.<sup>4</sup> This paper will prove that implementing a national health and wellness policy will improve the well being of military members and the operational readiness and effectiveness of the CAF. In addition, it will demonstrate that health and wellness is a critical improvement factor in organizations that experience cultural challenges and difficulty recruiting and retaining members. In order to achieve it's aim, this paper will discuss the significance of health and wellness, review current CAF initiatives, propose an overarching policy, and identify barriers to implementation.

## **THE SIGNIFICANCE OF HEALTH AND WELLNESS**

Although the terms health and wellness are frequently used within various organizations and groups, I would suggest that the meaning and methods of achievement are often misunderstood. Within the CAF, leaders will repeatedly remind staff about the importance of family and health and wellness prior to leave or weekends but also remind everyone of the increase in operational tempo upon return.<sup>5</sup> Indeed, an organization that embodies duty before self will consistently be challenged to define and attain the health and wellness of its members, usually deferring those responsibilities to the local or regional chain of command.<sup>6</sup> Many hierarchical organizations often associate health and wellness with a medical biological model of

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<sup>4</sup> Pickering, Donna. (2006) *The relationship between work-life conflict/work-life balance and operational effectiveness in the Canadian Forces*. (Toronto: DRDC TR 2006-243, 2006), p.12.

<sup>5</sup> Twomey, Patrick. "Gone but not Forgotten – Rick Hillier" *Canadian Military Family*, July 18 2014.

<sup>6</sup> Canada. Department of National Defence. A-PA-005/AP-004, *Leadership in the Canadian Forces: Conceptual Foundations*. (Kingston: Canadian Defence Academy, 2005), p.114.

health without considering the social, environmental and psychological factors that contribute.<sup>7</sup> As a result, members and the chain of command over-rely on the CFHSG to ensure health and wellness. Health and wellness is best defined as living free of disease and illness while achieving a high level of physical, mental, spiritual and social well being within specific cultural and physical environments.<sup>8</sup> A more subjective and perceived definition is having ones' own needs met in both personal and professional areas of life.<sup>9</sup> Certainly, the modern generation of millennials places far more emphasis on pursuing personal interests and quality family time than previous generations.<sup>10</sup> This would suggest the CAF must shift ideology towards a focus on health and wellness in order to become the employer of choice and retain a skilled workforce.

Institutionalized health and wellness policies have demonstrated organizational improvements in areas such as difficulty recruiting and retaining, low morale, inability to effectively meet objectives and process inefficiencies.<sup>11</sup> This is evidence to suggest that a formal health and wellness policy would assist in mitigating the CAF personnel issues and improve effectiveness and efficiency. Operational readiness is not only achieved through physical fitness and health but rather wellness in emotional, spiritual, social and mental aspects of life.<sup>12</sup> Given that members are expected to be relatively mobile, complete deployments, relocate to various places within Canada and often be separated from family, I would argue that health and wellness

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<sup>7</sup> Laverick, G and Labonte, R. *A planning framework for community empowerment goals within health promotion*. Health and Policy Planning 15, 3 (2000), p.256.

<sup>8</sup> Zhigang, Wang. (2008). *Promoting and Sustaining and Healthy and Fit Force*. Defence R&D Canada: Centre for Operational and Analysis. (DRDC CORA TM 2008-058), p.i.

<sup>9</sup> Hall, Rosalie and Rife, Alison. *Work-Life Balance*. (Society for Industrial and Organizational Psychology, 2015). Last accessed on 14 May, 2018 from: <http://www.siop.org/WhitePapers/WorkLifeBalance.pdf>

<sup>10</sup> Bibby, Reginald W. "Canada's Emerging Millennials," *Transition* 39, no. 3 (2009), p.2.

<sup>11</sup> Verm, Anil and Wang, Jing. "Explaining Organizational Responsiveness to Work- life Balance Issues: The Role of Business Strategy and High-Performance Work Systems," *Human Resource Management* 51, no. 3 (2012), p.408.

<sup>12</sup> Zhigang, Wang. (2008). *Promoting and Sustaining and Healthy and Fit Force*. Defence R&D Canada: Centre for Operational Research and Analysis. (DRDC CORA TM 2008-058), p.1.

is more of a requirement within an organization such as the CAF. Indeed, much of the dissatisfaction about military life and associated levels of health and wellness are related to mobility and family separation.<sup>13</sup> Moreover, the Health and Lifestyle Information Survey (HLIS) reported that 42% of CAF members indicated that friends, family and social time were negatively impacted by stress experienced within the organization.<sup>14</sup> In 2013, one in six CAF members reported experiencing at least a major depression, panic disorder, post-traumatic stress disorder or general anxiety.<sup>15</sup> The HLIS also suggests that this lack of health and wellness extends to families of CAF members, citing high numbers of complaints made to the Ombudsman from families.<sup>16</sup>

## **CURRENT CAF INITIATIVES**

Although the CAF does not currently employ a formal Health and Wellness Policy, there are several initiatives that may have some impact on health and wellness but measurable data is difficult to discern. For example, the previously mentioned R2MR program is currently being delivered across the CAF, the Royal Canadian Air Force has implemented a Resiliency Program, Maritime Forces Pacific has begun a Health and Wellness Strategy, the Canadian Army has implemented the Canadian Army Integrated Program Strategy, and the Canadian Forces Morale and Welfare Services continue to deliver Personnel Support Programs such as Strengthening the

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<sup>13</sup> Adams, B., Hall, C. and Thomson, M. (2009). *Military Individual Readiness*, Toronto: Defence Research and Development Canada, p.79.

<sup>14</sup> Canada. Department of National Defence. *Health and Lifestyle Information Survey*, 2016), p.56.

<sup>15</sup> Pearson, Carolyn, Zamorski, Mark and Janz, Teresa. (2014). '*Mental Health of the Canadian Armed Forces*, p.3.

<sup>16</sup> Pierre Daigle, *On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium*, November 2013), p.8.

Forces. However, these programs and strategies are not policy and therefore lack the ability to be enforced and recognized by all members. Furthermore, these programs and strategies often work in silos and lack synchronization with each other, including the input and oversight from the CFHSG. Although much effort and resources have been committed to health promotion and improving the force, insufficient research and analysis has been conducted regarding the foundation or efficacy of these initiatives.<sup>17</sup> The specific Strengthening the Forces Program operates under the paradigm that health is the absence of disease, while the CAF's definition of health includes optimal physical, spiritual, mental and social well being. This is a clear dichotomy with juxtaposed ambitions that are neither mutually supportive nor beneficial to members and the organization. Despite the existence of these programs, key indicators from the HLIS regarding stress consistently trend upwards and CAF attrition continues to rise.<sup>18</sup> The lack of coordination and measurable outcomes is reason to believe that these CAF initiatives lack adequate oversight and policy guidance and would suggest the organization is inefficient with resources and dysfunctional when it comes to health and wellness.<sup>19</sup>

## **PROPOSED POLICY**

A Health and Wellness Policy would ensure the collaboration, integration and informed service delivery of all CAF resources available to members and their families. A policy would not only identify these resources but also amalgamate all providers in collaboration and structure

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<sup>17</sup> Zhigang, Wang. (2008). *Promoting and Sustaining a Healthy and Fit Force*. Defence R&D Canada: Centre for Operational Research and Analysis. (DRDC CORA TM 2008-058), p.iii.

<sup>18</sup> Barbara Adams, Courtney Hall, Michael Thomson, *Military Individual Readiness* (Toronto: Defence Research and Development Canada, March 2009), p.79.

<sup>19</sup> Emil J. Posavac and Raymond G. Carey, *Program Evaluation: Methods and Case Studies* Prentice-Hall, Inc, 1997), p.40.

so that each CAF member has access to the correct service at the right time. This would delineate the CFHSG as being one of contributors to the policy rather than an unrealistic provider of all health and wellness requirements. Under the auspices of the Health and Wellness Policy, all related programs and strategies would be vertically integrated and therefore report to one chain of command, ensuring access, consistency and quality control across the broader CAF. The aim of the policy would be to create effective public health, facilitate a supportive culture, refocus health services and develop personal resiliency skills; all critical elements of effective and efficient population health.<sup>20</sup> An effective public health approach would identify barriers to health and wellness outside of formal health services delivery and remove those barriers while employing fiscal measures, legislation and culture change. The CFHSG must be reoriented away from the traditional scientific models of health towards the total needs of individuals and organizations. A focus on population health rather than the absence of disease or illness empowers the members to utilize the myriad of available resources in order to achieve total health while maintaining autonomy in a positive culture and environment. Indeed, health and wellness must be purposefully pursued because the absence of harm does not equate health, resources and energy must be aimed toward achieving wellness vice avoiding illness.<sup>21</sup>

Collaboration amongst all stakeholders will be a key component of the policy. Advisors to the policy and staff administering the policy must be a team of various professionals, including representatives from all ranks and diverse families. These stakeholders will be able to provide context and personal experience about what services are needed and concerns over health and wellness issues. Consequently, the policy administrators will gather the necessary

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<sup>20</sup> World Health Organization. (1986). *The Ottawa Charter for Health Promotion*.

<sup>21</sup> Zhigang, Wang. (2008). *Promoting and Sustaining a Healthy and Fit Force*. Defence R&D Canada: Centre for Operational Research and Analysis. (DRDC CORA TM 2008-058), p.4.

information and evidence in order to initiate positive and relevant change. These partnerships and networks across the CAF and available civilian resources are critical to ensuring members are provided with the appropriate services in a timely manner.<sup>22</sup> By means of collaboration, CAF members must be empowered to achieve their own health, moving away from provider-patient relationship to a partnered relationship.<sup>23</sup>

A critical enabler to the policy is leadership, the CAF culture and environment depends largely on a hierarchy that should lead by example and set the expectations. Leadership at the most senior levels must be fully engaged in all elements of the policy in order to ensure execution. Moreover, the Health and Wellness Policy must be led by senior members of the CAF who embody and embrace a culture of health and wellness, their actions will have a direct impact on the aim and outcome of the policy. A Health and Wellness Policy must be accompanied by a demonstrated commitment to change the culture within the CAF into a supportive environment that cultivates health and wellness as a priority. The long-term goal of this policy would be for a benchmarked number of CAF members to achieve total health and wellness while being aware of and utilizing the available resources. By extension, the CAF would experience an overall improvement in operational readiness and effectiveness as an organization. Indeed, the health and wellness of military members has a direct causal relationship with operational effectiveness, an improvement in population health factors leads to an overall increase in individual readiness and operational effectiveness.<sup>24</sup>

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<sup>22</sup> Sibbald, P. (2017). MARPAC mental and social wellness working group end of year report April 2017.

<sup>23</sup> Zhigang, Wang. (2008). *Promoting and Sustaining a Healthy and Fit Force*. Defence R&D Canada: Centre for Operational Research and Analysis. (DRDC CORA TM 2008-058), p.16.

<sup>24</sup> Pickering, Donna. (2006) *The relationship between work-life conflict/work-life balance and operational effectiveness in the Canadian Forces*. (Toronto: DRDC TR 2006-243, 2006), p.13.

## BARRIERS TO IMPLEMENTATION

Organizational culture is a challenge to implementing, sustaining and realizing positive outcomes of a Health and Wellness Policy. As previously discussed, health and wellness are often considered within the CAF but frequently overshadowed by increased operational tempo and mission requirements. Members of the CAF are regularly asked to do more with less resources and those that can do this successfully are rewarded. This culture directly contravenes the promotion of health and wellness and the leadership concept of promoting the welfare of staff.<sup>25</sup> In a comparison to similar occupations within the civilian sector, CAF members work an average of 12 hours more than their civilian counterparts.<sup>26</sup> In order for the policy to be successful, CAF leaders must accept health and wellness over mission excellence and realize that a healthy and well organization will produce better long-term results. Given that leaders change positions often within the CAF, the policy must ensure consistent and quality leaders who are passionate and dedicated to health and wellness. It is noteworthy that associating effective leadership with organizational outcomes vice the wellness of an organization leads to poor culture and only short-term results.<sup>27</sup> From a quality improvement approach, ensuring a culture that will embrace change will require a synergy between leading people and leading the institution.<sup>28</sup>

An additional barrier to implementation is communication to both service providers and CAF members and their families. Vertical integration of such a large number of programs and

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<sup>25</sup> Canada. Department of National Defence. A-PA-005/AP-004, *Leadership in the Canadian Forces: Conceptual Foundations*. (Kingston: Canadian Defence Academy, 2005), p.55.

<sup>26</sup> Daigle, Pierre. (2013). *On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium*, p.8.

<sup>27</sup> Colonel George Reed. "Toxic leadership." *Military Review* 84, no. 4 (2004), p.70.

<sup>28</sup> Canada. Department of National Defence. A-PA-005/AP-004, *Leadership in the Canadian Forces: Conceptual Foundations*. (Kingston: Canadian Defence Academy, 2005), p.48.

providers necessitates frequent and clear communication regarding standards, spectrum of care and accessibility. Delivering services in an integrated and collaborative framework will require cross training and open dialogue around competencies and capabilities. In addition, communication strategies must be developed and disseminated in order to establish who is responsible for each service delivery, outcomes and measures. Given that CAF members are often deployed and relocate frequently, a variety of communication methods must be employed to ensure all members and families are aware of available services regardless of geographical location. An inadequate communication strategy will create service delivery silos and a lack of awareness on behalf of members, families, and leadership.

In order to prove the policy effective, observable outcome measures should be developed with logic models and benchmarked against similar policies and programs. Developing measures and qualitatively defining success of population health is difficult and thus will be a barrier to implementation. While quantitative data would be readily available, it is not a good measure of health and qualitative statistics are challenging from a collection and privacy perspective. Although the HLIS results are analyzed and distributed every four years, they do not include all population health factors and therefore only reflect partial health and wellness. In order to fully implement a Health and Wellness Policy, a robust performance measurement strategy must be developed, including methods to extract the required data. I would suggest that the measurement should not only include population health outcomes but also evaluating culture change within the CAF towards a more supportive and healthy environment.

## **CONCLUSION**

As a result of several contributing factors internal to the military and existing within the organic environment, the CAF and its members are challenged to achieve and maintain total health and wellness. Total health and wellness extends beyond the absence of illness, injury or disease and must include all aspects of physical, mental, social and spiritual well being. In order for the CAF to improve as an organization and realize operational objectives, it must achieve population health at the individual and organizational level. Although several CAF initiatives and strategies attempt to improve the readiness and fitness of the military force, they fail to produce measurable positive results towards attaining health and wellness for the target population. An integrated Health and Wellness Policy would ensure all resources assessing and contributing to the health and wellness of members would be communicated and accessible across the CAF. In addition, the vertically integrated policy would ensure quality control, quality improvement and measurable outcomes. In pursuit of implementing and improving a Health and Wellness Policy, the CAF must employ strategies in order to overcome several potential barriers including changing the military culture, creating and executing a communication plan and developing methods to measure effectiveness and efficiency.

## **EPILOGUE**

Ref. Email dated 15 May 2018 from Capt (N) Costello, "FW: Support for Total Health and Wellness Strategy Development.

As per reference, DGMP is considering developing a CAF wide Total Health and Wellness Strategy and is seeking input from several bases. Although this seems very timely given the subject of my paper, this is the first time I've been made aware of this initiative. I have been involved on the periphery with our MARPAC Health and Wellness Strategy (as referenced in this paper) but nothing on the national level or from a policy perspective. However, this is encouraging news and very much required.

## BIBLIOGRAPHY

- Adams, B., Hall, C. and Thomson, M. (2009). *Military Individual Readiness*. Toronto: Defence Research and Development Canada.
- Bibby, Reginald, W. "Canada's Emerging Millennials". *Transition* 39, no. 3 (Fall, 2009), 2-6.
- Burton, Joan (2010). *WHO Healthy Workplace Framework and Model: Background and Supporting Literature and Practice*. Submitted to Evelyn Kortum, WHO Headquarters, Geneva, Switzerland.
- Canada. Department of National Defence. A-PA-005/AP-004. *Leadership in the Canadian Forces: Conceptual Foundations*. Kingston: Canadian Defence Academy, 2005.
- Canada. National Defence and the Canadian Armed Forces. "Road to Mental Readiness," last accessed 6 May 2018, from: <http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page>
- Daigle, Pierre. (2013). *On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium*.
- Hall, Rosalie and Rife, Alison. *Work-Life Balance*. (Society for Industrial and Organizational Psychology, 2015). Last accessed on 14 May, 2018 from: <http://www.siop.org/WhitePapers/WorkLifeBalance.pdf>
- Health Canada (2000). *Best Advice on Stress Risk Management in the Workplace*. Minister Of Public Works and Government Services Canada. ISBN 0-662-29236-7.
- Laverick, G and Labonte, R. *A planning framework for community empowerment goals within health promotion*. *Health and Policy Planning* 15, 3(2000): 255-262.
- Kotter, John P., Lengacher, D., Hurst, D., Carini, G., Dunn, M., Goswami, S., Belette, S., Brennan, L. and Triplett, T. "Leading Change when Disruption is the Norm: Interaction." *Harvard Business Review* 91, no. 1 (Jan, 2013).
- Murphy, Major Peter J. and Major Kelly MJ Farley. "Morale, Cohesion, and Confidence in Leadership." In *The Human in Command*, Springer 2000: 311-331.
- Pearson, Carolyn, Zamorski, Mark and Janz, Teresa. (2014). 'Mental Health of the Canadian Armed Forces'. Statistics Canada. ISSN 1925-6493.

- Pickering, Donna L. (2006). *The relationship between work-life conflict/work-life balance and operational effectiveness in the Canadian Forces*. (Toronto: DRDC TR 2006-243, 2006).
- Reed, George E. Toxic Leadership." *Military Review* 84, no. 4, 2004.
- Samra, J., Gilbert, M., Shain, M., & Bilsket, D. (2012). *Psychosocial Factors*. Centre for Applied Research in Mental Health and Addiction.
- Sibbald, P. MARPAC mental and social wellness working group end of year report April 2017. [Document obtained from Mental and Social Wellness Working Group at Canadian Forces Base Esquimalt]. Accessed May 2018.
- Thériault, F.L., Gabler, K., & Naicker, K. (2016). Health and Lifestyle Information Survey of Canadian Armed Forces Personnel 2013/2014. Ottawa, Canada: Department of National Defence.
- Twomey, Patrick. "Gone but not Forgotten – Rick Hillier" *Canadian Military Family*, July 18 2014, last accessed on 14 May, 2018 from: [http://cmfmag.ca/duty\\_calls/gone-but-not-forgotten-rick-hillier/](http://cmfmag.ca/duty_calls/gone-but-not-forgotten-rick-hillier/)
- Verma, Anil and Wang, Jing. "Explaining Organizational Responsiveness to Work-Life Balance Issues: The Role of Business Strategy and High-Performance Systems." *Human Resource Management* 51, no. 3 (2012), 407-432.
- World Health Organization. (1948). Constitution of WHO: principles. Retrieved from <http://who.int/about/mission/en/>
- World Health Organization. (1986). *The Ottawa Charter for Health Promotion*. Retrieved from <http://www.phac-aspc.gc.ca/ph-sp/docs/charter-chartre/index-eng.php>
- Zhigang, Wang. (2008). *Promoting and Sustaining and Healthy and Fit Force*. Defence R&D Canada: Centre for Operational Research and Analysis. (DRDC CORA TM 2008-058).