



National
Defence

Défense
nationale

Chief Review Services Chef - Service d'examen

CRS  CS Ex



Audit of CF Health and Physical Fitness Strategy and CF Fitness Program Delivery

August 2014

NP1001 (CRS)



Canada 

Table of Contents

Acronyms and Abbreviations	i
Results in Brief.....	ii
Introduction	1
Background	1
Objectives	2
Scope	2
Methodology.....	2
Statement of Conformance	3
Findings and Recommendations.....	4
CF Health and Physical Fitness Strategy	4
Performance Measurement.....	10
Follow-Up of 2005 Health Promotion Audit	11
Conclusion	12
Annex A—Management Action Plan	A-1
Annex B—Audit Criteria	B-1



Acronyms and Abbreviations

A-PS-110	Morale and Welfare Programs in the Canadian Forces (also known as CFP110)
ADM(IE)	Assistant Deputy Minister (Infrastructure and Environment)
B/W/S	Base/Wing/Station
BP	Business Plan
CAF	Canadian Armed Forces
CDS	Chief of the Defence Staff
CF	Canadian Forces
CFMWS	Canadian Forces Morale and Welfare Services
CMP	Chief Military Personnel
CNA	Community Needs Assessment
CoC	Chain of Command
CRS	Chief Review Services
DAOD	Defence Administrative Orders and Directives
DFIT	Director of Fitness
DFHP	Director Force Health Protection
DGHS	Director General Health Services
DMC	Defence Management Committee
FORCE	Fitness for Operational Requirements of CAF Employment
HLIS	Health and Lifestyle Information Survey
MAP	Management Action Plan
MFRC	Military Family Resource Centre
O&M	Operations and Maintenance
PER	Personnel Evaluation Report
PSP	Personnel Support Programs
SAV	Staff Assistance Visit
SLA	Service Level Agreement
Strategy	Canadian Forces Health and Physical Fitness Strategy



Results in Brief

An audit of the Canadian Forces (CF¹) Health and Physical Fitness Strategy (henceforth, the Strategy) and the CF Health and Physical Fitness Program Delivery was conducted in accordance with the Chief Review Services (CRS) Audit Work Plan (Non-Public Property and Morale and Welfare Services, and Staff of Non-Public Fund Employees) for Fiscal Years 2009/2010 and 2010/2011.

The purpose of the audit was to provide assurance to the Chief of the Defence Staff (CDS) of the effectiveness and adequacy of the Strategy and practices in place for risk management, governance, accountability, and people management. The Strategy was assessed, including its delivery model, to determine whether clear, relevant and measurable objectives were established, including the methods in place to track and monitor progress.

A follow-up was included in this audit to assess whether the management action plan (MAP) developed in response to the Audit of Health Promotion Delivery (completed in 2005) had been successfully implemented.

The audit objectives were to assess the following:

- The Strategy, including the Delivery model, is appropriate and in place.
- Clear, relevant and measurable objectives have been established.
- Effective methods are in place to track and monitor progress.
- The MAP developed in response to the Audit of Health Promotion Delivery has been successfully implemented.

Key Findings

- The Strategy should be updated with a follow-up or revision document.
- The accountability framework within the Strategy needs to be strengthened.
- Baseline funding for the required health and physical fitness programs needs to be stabilized.
- An equipment and facility infrastructure plan is required to outline and maintain standards.

Overall Assessment

In order to achieve the Strategy's goal for CAF personnel to adopt more healthy lifestyles, a revision is required to reflect accomplishments and focus on these critical areas:

- accountability,
- funding/resource requirements, and
- developing needs.

¹ The "CF" has since been renamed "CAF," for the Canadian Armed Forces, and will be referred to as such outside of the context of this report's Strategy and Program.

- A suitable cycle and sample size should be established for the Health and Lifestyle Information Survey (HLIS), and it should be administered as soon as possible.

Note: For a more detailed list of CRS recommendations and management response, please refer to Annex A—Management Action Plan.



Introduction

Background

The CAF has a culture of health and physical fitness that is integral to supporting operational readiness and deployability. To ensure that the CAF continued to maintain its high level of fitness and readiness, in 2007 the CAF developed and implemented a comprehensive strategy that supports the promotion of lasting healthy lifestyles; the CF Health and Physical Fitness Strategy was launched to this end in 2008.

The Strategy maintains that “the adoption and maintenance of a healthy lifestyle by CF personnel is a critical component to success in operations.”² Accordingly, it set out to establish occupational fitness standards for the Royal Canadian Navy, the Royal Canadian Air Force, the Canadian Army and Special Forces, and to develop and sustain a healthy and fit CAF.

To achieve health and physical fitness awareness and success in raising the physical fitness levels throughout the CAF, the Strategy has four guiding principles:

- Accountability and responsibility (for leaders as well as CAF members);
- Operational focus (by creating standards that reflect operational requirements);
- Measurability (science-based performance measures and standards); and
- Integrated total force—Regular, Reserve and disabled.

Within these principles, the chain of command (CoC) is responsible for promoting a healthy lifestyle and the physical fitness of CAF members, and the members themselves are also held accountable for their own levels. Standards are to reflect demands and conditions of service, and these standards, along with performance measures, are to be science-based.

The Strategy outlines that, through motivation, awareness, support and accountability, the CAF goal to develop and sustain a healthy lifestyle will be achieved. There are seven Lines of Operation that list plans and activities on how to accomplish this goal:

- Shared Ownership (CAF leadership and personnel responsibilities),
- Lifelong lifestyle commitment (motivation to commit and maintain to a healthy lifestyle),
- Regular physical activity (facilitated with time and access),
- Healthy Nutrition (education and provision of healthy options),
- Healthy weight (education),
- Addiction-free lifestyle (education of moderation and coping skills), and
- Effective governance (structure to enable success).

Funding for fitness is a public responsibility. CAF fitness program development and delivery are provided by the Canadian Forces Morale and Welfare Services (CFMWS),

² CF Health and Physical Fitness Strategy, 2008.

through its Personnel Support Programs (PSP) division. Within PSP, the Director of Fitness (DFIT), also develops policy and conducts research to improve programs and services in order to enhance CF operational readiness.

Since 2001, CFMWS and Director General Health Services (DGHS) have partnered in the development and delivery of the CAF Strengthening the Forces Health Promotion programs. The intent of this partnership has been to bring together expert knowledge, program development, and delivery channels. This joint venture has been formalized through a service level agreement (SLA) that outlines the roles and responsibilities of both parties regarding health promotion development and delivery.

Objectives

The objective of this Audit is to assess the Strategy, including the transformed delivery model, to determine whether clear, relevant and measurable objectives were established, including the methods in place to track and monitor progress. The intent is to provide assurance to the CDS of the effectiveness and adequacy of the strategies and practices in place for governance, risk management and accountability. It will also include a follow-up to the Health Promotion Delivery Audit of 2005, to assess whether its MAP has been successfully implemented. The audit criteria are outlined in Annex B.

Scope

The Strategy and the delivery of the health and physical fitness programs by the two key enablers, CFMWS/DFIT and Director Force Health Protection (DFHP), will be assessed.

Although commenced in 2010, this audit was delayed due to funding and program delivery changes resulting from Strategic Review and/or Deficit Reduction Action Plan, and then restarted.

Methodology

The audit team's approach has included the following:

- Preliminary phase meetings with stakeholders, including CFMWS, DFHP, Chief of PSP and DFIT, and National Manager Strengthening the Forces;
- preliminary background review of Strategy documentation, policies, processes and procedures;
- questionnaires via email and phone interviews with PSP Managers, Fitness and Sports Directors/Managers, along with Health Promotion directors/managers, base surgeons, and clinic managers;
- Health Promotion Delivery 2005 Audit follow-up on MAP;
- analysis of the Strategy, SLAs, and DFIT and DFHP program delivery;
- telephone interviews with PSP managers, fitness directors and Health Promotion directors, in lieu of site visits;
- in-briefing for CFMWS and interviews with CFMWS staff and key stakeholders;
- follow-up questions and interviews based on questionnaire results and analyses; and

- periodic audit updates and post-conduct meetings with CFMWS, DFIT, Chief of PSP, DFHP and other appropriate stakeholders.

Statement of Conformance

The audit findings and conclusions contained in this report are based on sufficient and appropriate audit evidence gathered in accordance with procedures that meet the Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing*. The audit thus conforms to the internal auditing standards for the Government of Canada, as supported by the results of the quality assurance and improvement program. The opinions expressed in this report are based on conditions as they existed at the time of the audit, and apply only to the entity examined.



Findings and Recommendations

CF Health and Physical Fitness Strategy

A follow-up to the Strategy or a revision/supplementary document is now required to reflect accomplishments, identify resource restrictions and emphasize where the future efforts should be focused.

Assessment of the Strategy

The vision of the Strategy is to “provide the ways and means for every CF member to attain and maintain their personal health and physical fitness sufficient to meet CF operational requirements”³—and physical fitness and health programs are key enablers to such operational readiness and deployability.

These are the four primary issues or concerns observed with the Strategy as it was written in 2008:

- i. the creation of unrealistic expectations;
- ii. the lack of accountability mechanisms;
- iii. the absence of mental health requirements; and
- iv. not recognizing that behaviour change is an ongoing, long-term process.

Unrealistic expectations are created in the Strategy, and these cannot be met with present day resources. The Strategy states that programs and services will be provided to regular, reserve, and retired members and their families. While it is recognized that including families may foster interest, raise motivation, and increase the success rate of sustaining a long-term commitment, current resources do not make it feasible to fund all programs. The programs would also be beneficial to retired members, but resources, again, are not supportive of this endeavor. Whenever possible, families, reserves and retired members are accommodated on CAF base/wing/station (b/w/s) but this is not so if it is at the expense of a serving member utilizing and benefiting from a program. At the time the Strategy was issued, there were neither the resources nor the supporting infrastructure to serve such individuals, and cuts to the PSP budget over the past five years have eroded the situation even further.

The Strategy’s implementation is intended to be leadership-driven, yet there are no accountability mechanisms to support this. Some b/w/s commanders have been supportive of the initiative, although if the local leadership is confronted with pressing operational priorities or other issues, there is nothing in place to ensure the adoption of principles to better support and follow the Strategy. PSP managers across the country reported varying degrees of leadership involvement, direction and support. A number of leaders appear to have neither adopted nor accepted responsibility for the health and physical fitness of their troops. For example, some, but not all, local leaders have set policy or guidelines ensuring time for both unit and individual physical fitness training.

³ CF Health and Physical Fitness Strategy, 2008.

In the absence of a consistent, transparent CoC commitment, CAF member buy-in may be negatively affected.

Mental health was not included in the Strategy, but it is a priority for both the CAF and the Government of Canada. The priority of the Rx2000⁴ Mental Health initiative from the DND Reports on Plans and Priorities 2008–09 was to work towards consistent and all-inclusive mental health practices, policies and procedures. The mental health priorities in the current Reports on Plans and Priorities 2013–14 are to enhance the support to both the ill and the injured, and their families.

Since the Strategy's launch in 2008, many significant initiatives (e.g., the Fitness for Operational Requirements of CAF Employment (FORCE) Project, the Fitness Prescription Website, and the Health and Lifestyle Information Survey) have been implemented. However, behavior change requires continual dedication, support and commitment from both leadership and members, and normally is not achievable in the short term. There is a significant risk of leaders and members assuming that, given the roll-out of initiatives, the Strategy objectives have been accomplished—which would thereby not acknowledge that a cultural shift or behavior change is required for sustainability. The Strategy has to be viewed as an ongoing plan.

Over time, another element from the Strategy document has evolved and is no longer required, namely, the Health and Physical Fitness Advisory Committee. Key stakeholders have noted that the purpose of this Committee has eroded significantly, thus diminishing its role and effectiveness. The inclusion of the Committee in the Strategy needs to be reassessed.

CRS Recommendation

1. A follow-up or revision document supporting the Strategy should be developed and disseminated, recognizing the progress to date and focusing/emphasizing the efforts still needed. The new document should include mechanisms for accountability, timelines, funding and support and should also clarify the extent to which families and retired members will be included in programming.

OPI: CMP

Authority and Accountability

The Strategy is intended to be leadership driven. As noted in the previous section, CAF leaders are identified as responsible for creating, communicating and reinforcing a culture of health and physical fitness. The CAF leaders are instructed to embrace a healthy lifestyle and lead by example in order to promote and facilitate their troops in achieving optimum levels of health and physical fitness. The CDS Guidance to Commanding Officers 2012 stresses that the requirement for fitness training at least five times a week

⁴ The Rx2000 was a DND initiative launched in 2000 to ensure a high standard of health care for the CAF members—anywhere, anytime. It is a proactive, multi-faceted reform that aims at making the CAF health care system patient-focused, accessible, and capable of meeting the needs of the member and operational CoCs at home and abroad while at the same time respecting the principles of the *Canada Health Act*. Source: Canadian Forces Health Services.

be respected and applied. Evidence suggests that this requirement has not been universally embraced. A mechanism for accountability should be in place.

CAF members should share ownership with CAF leadership in the effort to strengthen a culture of health and physical fitness. Individuals have their physical fitness testing results (pass or fail) recorded on their Personnel Evaluation Report (PER) and without satisfactory results they are not eligible for advancement, i.e. the results affect their possibility for progression. There is however, no associated leadership accountability specified.

One senior leader responding to this audit suggested that there should be mandatory reporting of the fitness status for every b/w/s by rank, annually, and that it should be tabled before the Defence Management Committee (DMC) for review and action. It was also suggested that the number of CF members not tested, and failures for each location should be included in this reporting. Ensuring that the CoC is aware of the fitness status for each location would enable direction of required action to support the Strategy.

CRS Recommendations

2. Base Commanders/Commanding Officers should receive annual reports showing the testing results for all of their personnel, for their review and action.

OPI: CFMWS/DFIT

3. The fitness status for every base/wing/station, by rank, should be tabled annually before the CAF DMC for CDS review and action.

OPI: B/W/S Commanders and CDS

Health and Lifestyle Information Survey

The Health and Lifestyle Information Survey (HLIS) is the only anonymous population health survey of CAF members. Statistics Canada conducts similar surveys of the general population in Canada every two years, although CAF members living on b/w/s are specifically excluded. The information gleaned from the HLIS is used to plan health promotion, disease control, and health care delivery programs in the CAF. The HLIS was conducted in 2000, 2004 and 2008, and was scheduled to go out in 2012, but was put on hold due to budgetary constraints; however, plans are in progress to distribute the survey in 2013/14. The results from the 2008 survey form the baseline for measurement going forward with the Strategy.

The HLIS also provides senior leadership with the evidence to support health-related decision-making. The 2004 HLIS identified an injury rate among CAF members twice that of the Canadian population; when compared equally by age and sex; this evidence led to initiatives to identify the more common injuries, and to ensure that the CAF is doing all it can in the area of prevention. Results from the survey also support reinvestment or reprioritization of resources to needed areas.

Effectiveness

The effectiveness of HLIS is dependent on appropriate distribution size and frequency.

The Strategy calls for the HLIS to be completed every two years, although stakeholders in DFIT and DFHS have suggested that two years doesn't allow enough time for behaviors to change and trends to be identified. These stakeholders have suggested that four years is the minimum time needed to reflect changes in behavior, and that the survey process would be more efficient and effective with this timeframe.

The intent for the 2012 HLIS was to distribute it to a larger sample than in the past, so that results could be tabulated for each element (Royal Canadian Navy, Royal Canadian Air Force and Canadian Army) and for each b/w/s—that is, in ways that provide enough information for comparison and analysis. The information obtained would be crucial for identifying the programs and locations that are succeeding and those that require changes or improvements. The results of the expanded survey could also be reported to the DMC.

CRS Recommendation

4. The 2012 HLIS should be administered as soon as possible, and a suitable cycle and sample size should be established to obtain the information required for decision-making and performance measurements.

OPI: DGHS

Resources and Programming

Since the release of the Strategy, cuts to the associated budgets have happened each and every year. The lack of stability in the budget allocation is having adverse effects on the program, namely, on its planning and delivery, staffing, etc. This has resulted in increasing pressure on those responsible for fulfilling the objectives of the Strategy.

Central funding, provided by the Chief Military Personnel (CMP), is intended to provide for the core/standard programming, as stipulated in the SLA (between CFMWS and each b/w/s), and in the A-PS-110 (Morale and Welfare Programs in the Canadian Forces, also known as the CFP110). Central funding, however, has not proven sufficient for core/standard program deliverables at every b/w/s. For example, it is only covering a percentage of the salaries of fitness staff delivering the core programs. While there is an annual allocation provided through the CFMWS-PSP Level 2 business planning process, additional local funding is required to meet CAF programming requirements. In 2011–2012, approximately thirty-eight percent of all fitness instructor positions were locally funded, although bases without operations and maintenance (O&M) budget flexibility cannot provide needed local funds to offset central funding gaps. As a consequence, CFMWS-PSP is unable to provide a standard or equitable level of programming and services at all b/w/s.

Eighty-three percent of the PSP managers interviewed for this audit indicated that they received local funding to support the delivery of programs. However, local funding is also not stable—it is dependent on the Base/Wing Commander and their own O&M budget flexibility, which may change from one year to the next as local commitments and priorities shift. Resource instability has adverse effects on fitness staffing levels, and, ultimately, on the delivery of fitness programs.

Public reductions to O&M budgets, notably C109—a departmental program budget for delivery of Morale and Welfare Programs for the CAF, including Military Fitness—have and will continue to result in reductions to employees of the Staff of the Non Public Funds and other program areas. Determination of where cuts will be made, and to which programs and services, has fallen on those delivering said programs, rather than to the organization funding the program, CMP.

CRS Recommendation

5. Minimum health and physical fitness program deliverables required to support the Strategy, and the associated baseline funding, should be determined and clearly articulated to all stakeholders.

OPI: CMP

Infrastructure and Equipment

Fitness facilities are maintained with public funds pursuant to the A-PS-110,⁵ and are generally maintained to specific safety standards. During the 1990s, some b/w/s benefitted from recapitalization efforts aimed at modernizing fitness and sport facilities. Despite this injection of funds, many b/w/s are now faced with crumbling infrastructure and facilities due to inadequate maintenance and repairs.

Equipment should be on a lifecycle maintenance plan, but the reality is that usage of equipment is extended as long as possible and replaced only when budgets permit. Using retired equipment for spare parts to prolong the life of remaining equipment allows for temporary cost savings, although gym capacity is sacrificed and increased budgets may be necessary to replace these machines in future. Acquiring new equipment as needed could be more efficient in the long run, given warranties and the associated reduction in maintenance costs.

To support the Strategy, adequate facilities and equipment are needed to deliver core programs and services. The CF definition of “regular physical fitness activity” encompasses the requirement to engage in physical fitness activity a minimum of one hour per day⁶; to maintain this level of physical fitness, facilities and equipment need to be of appropriate quality and available. An equipment and facility infrastructure plan is required to outline and maintain standards—including maintenance, repairs, replacement and improvements or upgrades. In the absence of such a plan, the risks of not having requisite facilities and/or equipment include: military members being unable to maintain their physical fitness and, therefore, their operational readiness; closures of facilities; declining levels of service; health and safety issues; and possible injuries to CAF members due to the use of inadequately-maintained equipment.

⁵ The full name of this document is: A-PS-110/AG-002 Volume 1—Public Support for Morale and Welfare and Non-Public Property Programs and Activities.

⁶ CF Health and Physical Fitness Strategy, 2008.



Facility closures and unserviceable equipment compromise the ability of CAF members to meet universality of service, and constitute an impediment to being able to administer CAF fitness testing and training, which can have negative career implications.

CRS Recommendation

6. A central budget and plan should be developed for equipment and facility infrastructure to maintain standards including maintenance, repairs, replacement and improvements.

OPI: CMP/ADM(IE)

Programs, Services and New Initiatives

The FORCE Project is the new CAF fitness program, replacing the CF EXPRES test. The FORCE program was approved by Armed Forces Council in December 2012, and officially launched April 1, 2013, on a trial basis; it will become the official CAF fitness standard on April 1, 2014. Since this is a new program, no observations have yet been made, however; the program will be assessed in any follow-up action to this audit.

The online fitness prescription program, at www.dfit.ca, is an interactive, operational fitness tool launched in 2012, and is available to regular CAF members; it was designed to help personnel plan, monitor and enhance their physical fitness training. This tool has been tailored to the needs of all CF members, wherever they are situated—within Canada, abroad, or on deployment—and to assist those without easy and regular access to a PSP fitness facility.

The 2012-2013 Non-Public Property Annual Report, cites that the Force Program website has received more than 27,000 hits, and that over 20,000 members have joined www.dfit.ca.

Community Needs Assessment

Community Needs Assessments (CNAs) are surveys used to engage the military and their families in assessing the programs and services being delivered, and gaining their input as to which are needed, in an effort to maximize value with available resources.

CNAs are currently being completed by local Military Family Resource Centres (MFRCs) and CFMWS' PSP Community Recreation Programs. The DFIT Human Performance Team also plans to conduct a CNA. To avoid survey fatigue and to make more efficient use of limited resources, a collaborative CNA should be considered. The survey could be completed at each b/w/s, with common questions to illustrate results locally, by element, as well as nationally.

CRS Recommendation

7. Military Family Services and CFMWS's Recreation and Fitness organizations should consider a collaborative effort for the CNA, at appropriate intervals at each b/w/s, with appropriate questions that could meet the "needs assessment" of each organization and also feed into performance measurement regimes.

OPI: CFMWS/Senior Vice President PSP

Performance Measurement

Several processes are currently in place to track and monitor the new initiatives outlined in, or resulting from, the Strategy.

Tracking and Monitoring Progress

Monitoring and tracking activities are conducted on program delivery in both fitness and health promotion. Feedback is gathered from both facilitators and participants, locally and nationally, through various mechanisms including: attendance-taking/participation counts; Book King (an online facility and service scheduling program) reports; staff assistance visits (SAVs); client feedback and program evaluation forms; feedback from working groups; completed PSP Matrix reports; EXPRES Test results (which has been replaced by FORCE). This information is used by DFIT and DFHP to monitor and assess where changes must be made.

Staff Assistance Visits

Programs and services are developed and delivered in accordance with the Strategy, and performance measures are captured on the Health Promotion quarterly reports, the PSP Managers' monthly reports, and completed SAV reports. The key risk areas are identified on the SAV template, observations recorded, recommendations made, and follow-ups completed to rectify and/or mitigate future issues. This process is similar to the MAP format used by CRS to document and track management responses to audits and evaluations. PSP's plan was to complete SAVs at four locations each year, and at any problem locations; this has not always been possible due to travel budget constraints. If SAVs are to be a key mechanism for program assessment and feedback, priority for funding these activities should be confirmed and funds set aside.

CRS Recommendation

8. Management should assess the risk associated with not conducting SAVs or other feedback mechanisms, and then document whether they wish to accept the risk of not doing so.

OPI: CFMWS



Performance Measurement Reporting

Success and failure of CAF fitness testing is measured and reported from year to year in the DFIT Business Plan and Business Plan Report. Data from HLIS and Human Resource Management System also provide information for comparative analysis and reporting on program user information. Performance reviews are done annually for all PSP staff.

Feedback

PSP headquarters uses SharePoint (a tracking program with a discussion board), the monthly PSP Matrix reporting, teleconferences, working groups and an open-door policy to obtain feedback from the PSP staff in the field. PSP Managers are required to forward their monthly Matrix (which outlines all the PSP events and programs taking place at their location) to the National PSP Manager for compilation and review. Although some monthly PSP reports are more detailed than others, they serve as a method for keeping headquarters informed on delivery of fitness programs in the field; if these forms were standardized they could also act as a resource for other bases looking for ideas or best practices.

Client feedback is sought from users of both health promotion and fitness programs in the form of program evaluation forms, and verbal and/or written comments, with a view to their being assessed by management.

Remedial Training

The onus for addressing an unsuccessful fitness test result rests with the individual; however some local PSP staff has been proactive in identifying and developing remedial programming. In some cases, both Fitness and Health Promotion staff were involved by tracking the progress of individuals. Since the PER only reflects a Pass or Fail, and is not indicative of the number of attempts made or how many years the individual failed the first attempt, the risk is that unmotivated individuals may drain scarce resources if they are placed on remedial training year after year. Tracking failures may encourage consistent physical fitness training.

CRS Recommendation

9. Track and assess the need for remedial training and implement when required.

OPI: CFMWS/DFIT

Follow-Up of 2005 Health Promotion Audit

The Service Level Agreement needs to be refined.

All of the issues identified in the MAP, other than the SLA and the reporting framework, have been addressed sufficiently and are no longer of concern nor relevant.

Service Level Agreement

The current SLA between CFMWS and DGHS was signed in 2012. Although this SLA has addressed most of the outstanding issues noted in the 2005 audit, the Annex of this document needs to be refined. The body of the SLA refers to an Annex for staffing numbers at each of the Health Promotion offices across the country; however, the Annex is not titled, dated, nor definitive on the number of positions at each location. Although it is not specified in the SLA, the expectation of DGHS on CFMWS is that when there is insufficient budget provided by DGHS, (e.g., after a cost-of-living raise), positions will not be backfilled immediately to allow for the coverage of budget shortfalls. Financially, this may allow Health Promotion to operate within its prescribed budget, although in actual practice it may mean that some locations are disadvantaged due to staff shortages, and may be unable to provide all the programs outlined in the SLA.

CRS Recommendation

10. The Annex to the SLA should be formalized—with title, date, etc., and definitive numbers of staff for each location specified, even if it is necessary to specify optimum and minimum levels.

OPI: CFMWS and DGHS

Conclusion

In order to achieve the goal for CAF personnel to adopt more healthy lifestyles, the Strategy should be updated with a follow-up or revision document. That revision should include accountability, funding and resource requirements, and developing needs.

Annex A—Management Action Plan

Assessment of the Strategy

CRS Recommendation

1. A follow-up or revision document supporting the Strategy should be developed and disseminated, recognizing the progress to date and focusing/emphasizing the efforts still needed. The new document should include mechanisms for accountability, timelines, funding and support and should also clarify the extent to which families and retired members will be included in programming.

Management Action

Agree. The Strategy launched in 2008 will be revised to reflect present-day CAF priorities and fiscal realities. Lessons learned will be incorporated, and accountability mechanisms/program deliverables clarified.

OPI: CMP

Target Date: December 2014

Authority and Accountability

CRS Recommendation

2. Base Commanders/Commanding Officers should receive annual reports showing the testing results for all of their personnel, for their review and action.

Management Action

Agree. With the implementation of the FORCE Evaluation in the 2013/14 Fiscal Year, DFIT has implemented a scannable FORCE Evaluation Form that allows DFIT to tabulate results and report on individual test components (a process currently not available within the Human Resources Management System's Fitness Panel). This increased reporting capability will permit DFIT to report on and track physical fitness results in terms of individuals, units, bases/wings and commands. Local PSP fitness staff will also be in a position to provide further base/wing-specific results to local commanders.

OPI: CFMWS/DFIT

Target Date: Data collection currently underway. Report generation by April 2015



CRS Recommendation

3. The fitness status for every b/w/s, by rank, should be tabled annually before the CAF DMC for CDS review and action.

Management Action

Partly Agree. An annual CAF fitness report will be tabled to either Armed Forces Council or Canadian Forces Personnel Management Council with CMP as the OPI. Report will focus on fitness in the Strategy updates.

OPI: B/w/s Commanders and CDS

Target Date: May 2014

Health and Lifestyle Information Survey

CRS Recommendation

4. The 2012 HLIS should be administered as soon as possible, and a suitable cycle and sample size should be established to obtain the information required for decision-making and performance measurements.

Management Action

Agree. The current iteration of HLIS is underway with the final surveys due in March of 2014. Analysis and Report will follow.

OPI: DGHS

Target Date: December 2014

Resources and Infrastructure

CRS Recommendation

5. Minimum health and fitness program deliverables required to support the Strategy, and the associated baseline funding, should be determined and clearly articulated to all stakeholders.

Management Action

Agree. A revised Strategy (Recommendation 1) will include clear and measurable deliverables and be communicated to all support and stakeholder organizations. Health

and Physical Fitness will continue to be considered CMP priority program areas, and associated baseline funding will be provided to support high-priority activities.

OPI: CMP

Target Date: Ongoing

CRS Recommendation

6. A central budget and plan should be developed for equipment and facility infrastructure to maintain standards including maintenance, repairs, replacement and improvements.

Management Action

Partly Agree. While infrastructure and fitness equipment maintenance are largely Assistant Deputy Minister (Infrastructure and Environment) (ADM(IE)) and Environmental Chiefs' responsibilities, CFMWS does administer, on behalf of CMP, the Physical Fitness Maintenance Grant. This Grant allocates funding for the purpose of providing physical fitness equipment for a base, wing or unit. The Grant's Queen's Regulations and Orders will be reviewed by CFMWS, and recommendations will be made to the Assistant Deputy Minister (Finance and Corporate Services).

OPI: CMP

Target Date: September 2014

Deteriorating infrastructure is an issue across the entire DND/CAF Real Property Portfolio. As centralization of real property management progresses, ADM(IE) as the portfolio manager and future single custodian will conduct strategic asset assessments for the various asset types, including fitness-related facilities. These assessments will inform the investment decisions that will be implemented by ADM(IE).

OPI: ADM(IE)

Target Date: July 2016

Community Needs Assessment

CRS Recommendation

7. Military Family Services and CFMWS's Recreation and Fitness organizations should consider a collaborative effort for the CNA, at appropriate intervals at each b/w/s, with appropriate questions that could meet the "needs assessment" of each organization and also feed into performance measurement regimes.

Management Action

Partially Agree. While amalgamating the Fitness Needs Assessment with Recreation/Military Family Services, CNAs may seem intuitive, it would present unique challenges to the organization given the difference in the respective program areas. Stratification requirements for the fitness CNA requires a representative sample of military participants (Physical activity level, body weight, Non-Commissioned Members, Officers etc.), which in turn would require an increase in the survey sample size if both the Recreation/MFS CNAs are to be amalgamated. With the current Fitness CNA underway, an amalgamation of CNAs would not likely be completed until 2016. However, further consultation with both Director Military Family Services and Recreation will be undertaken and a recommendation submitted by DFIT to both Senior Vice President PSP and Director General Morale and Welfare Services.

OPI: CFMWS/Senior Vice President PSP

Target Date: March 2016

Staff-Assisted Visits

CRS Recommendation

8. Management should assess the risk associated with not conducting SAVs or other feedback mechanisms, and then document whether they wish to accept the risk of not doing so.

Management Action

Agree. Within the current funding envelope, an SAV plan continues to be included in the DFIT Operational Plan. Three SAVs are scheduled for Fiscal Year 2013/14 (Halifax, Shilo, and Borden).

OPI: CFMWS

Target Date: Completed

Remedial Training

CRS Recommendation

9. Track and assess the need for remedial training and implement when required.

Management Action

Agree. Revisions have been proposed within Defence Administrative Orders and Directives (DAOD) 5023-2 to shorten the remedial training period for those who fail the FORCE evaluation. DAOD 5023-2 also includes the remedial process and both CoC and PSP responsibilities. DFIT will share base and wing best practices for remedial training reporting in a communiqué to base or wing PSP staff, and continue to emphasize DAOD 5023-2 requirements during future SAVs.

OPI: CFMWS/DFIT

Target Date: April 2014

Follow-Up of 2005 Health Promotion Audit

Service Level Agreement

CRS Recommendation

10. The Annex to the SLA should be formalized—with title, date, etc., and definitive numbers of staff for each location specified, even if it is necessary to specify optimum and minimum levels.

Management Action

Agree. Annex A was amended to reflect the revised PSP Health Promotion Staffing Levels. A separate letter was sent by DFIT to PSP Managers and impacted base/wing commanders on July 7, 2013, which clarified the revised Health Promotion Delivery Staffing Levels and CFMWS approach to attaining these levels.

OPI: CFMWS and DFHS

Target Date: June 2014

Annex B—Audit Criteria

Objective

1. The Strategy, including its delivery model, is appropriate and in place.

Criteria

- The Strategy is complete.
 - The current Health and Physical Fitness SLAs ensure authority and accountability of DFHP and CFMWS PSP staff.
 - Roles and responsibilities are clear, communicated, understood and adequate to provide effective oversight.
 - Policies and procedures have been established and are well-communicated.
 - Adequate (appropriate and sufficient) resources have been allocated to ensure Strategy objectives are met.
 - The staff possesses the necessary competencies to fulfill the objectives outlined in the Strategy and in accordance with policies and legislation.
-

Objective

2. Clear, relevant and measurable objectives have been established.

Criteria

- Established objectives in the Strategy are clear, relevant and measurable.
 - Objectives are clearly communicated.
 - Programs and services being delivered are in line with the objectives.
 - Performance indicators and standards are relevant to objectives and effective.
 - Quality control/standardization measures are in place.
 - Identifiable risks are recognized, understood, quantified and appropriately managed.
-

Objective

3. Effective methods are in place to track and monitor progress.

Criteria

- There is a system in place for routine tracking and monitoring.
 - There is a means of performance measurement and reporting.
 - Feedback from PSP staff is adequate and reliable in providing management with timely, accurate, and relevant information for decision-making.
 - Feedback from CAF clients is assessed and used in future decision-making.
 - Responsibilities for monitoring performance are clear and communicated.
 - Continuous improvements are being made.
-

Objective

4. The management action plan developed in response to the Audit of Health Promotion Delivery has been successfully implemented.

Criteria

- Management response has been actioned and implemented.
-