

THE ARMY PERFORMANCE TRIAD STRATEGY



The Army's Holistic Approach to Enhance Personnel Readiness
and Optimize Human Performance of the Total Army



2016

Professional
**SOLDIER
ATHLETE**
HERE IT'S NOT A GAME

DRAFT: 13 Feb 16

**ARMY
FAMILY**
IS AN UNSTOPPABLE FORCE

Foreword

Over the last 240 years, the Army has successfully protected the United States and its allies at home and abroad. Since 1945, America has enjoyed technological superiority or parity amongst our major competitors. Despite rapid technological advancements from mechanical systems to cyberspace; our historical superiority in these domains are forecasted to diminish as these technologies become cheaper and globally more available. Commercial innovation, virtual connectivity, and social media platforms provide great opportunities for potential adversaries to achieve short-term military advantages, niche capabilities, and unexpected emergent behaviors. To win in these complex environments, our focus must center on enhancement of human performance and sustainment of personnel readiness, and resilience.

Although history has demonstrated that the human dimension is the cornerstone of Landpower's success, competing priorities and fiscal constraints have often hampered the focus on personnel readiness. Available data from every war since 1860 correlates impaired personnel readiness during combat with casualties on the battlefield. Dr. Whitfield East, U.S. Military Academy professor, determined that the "Army's emphasis on physical readiness has followed a sinusoidal pattern of surge and consolidation, through multiple mobilizations and during times of peace." Poor sleep, inadequate or improper activity, and poor nutrition, singularly or in combination, have a dramatic negative impact on readiness, recruitment, retention, and Soldier health.

Soldiers remain our most reliable capability in the human contest of wills. While future challenges to American interests are unpredictable, our Soldiers must maintain a ready and adaptive posture. The Performance Triad (P3) strategy is the Army's investment to enhance personnel health readiness, sustain resilience, and optimize performance of the Total Army (Soldiers, DA-Civilians, Retirees, and our Families). As a readiness strategy, P3 leverages the best sports science in sleep, activity, and nutrition to address the physical, cognitive, and emotional fitness and health requirements to sustain a dominant land force. Investing in the health and wellness of our Soldiers ensures the sustainment of an agile and adaptive Army, ready to protect national interests and win our nation's wars.

MARK A. MILLEY
General, United States Army
Chief of Staff

XXXX X. XXXX
Secretary of the Army

Date

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Introduction

“Readiness to fight and win in ground combat is, and will remain, the United States Army’s No. 1 priority, and there will be no other No. 1. We will always be ready to fight today. We will always prepare to fight tomorrow.”

– GEN Mark A. Milley, 39th Chief of Staff, U.S. Army

Our Nation faces its greatest strategic uncertainty since the end of the Cold War. Adapting in the face of uncertainty demands a new approach. In increasingly challenging environments, materiel solutions alone will not provide the decisive edge against the complex array of threats we face. To answer the challenge of this new paradigm, ***the Army must continue to invest in its most valuable resource: its people.*** The Performance Triad (P3) strongly influences the personal health readiness, resilience, and performance of Soldiers, Retirees, their Family members, and Department of Army (DA) Civilians, the Total Army. P3 is a comprehensive campaign that encompasses coaching, mentoring, messaging, outreach, education, and collaborative partnerships across our installations to improve, restore, and maintain the stamina, resiliency, and health of the Total Army. **The tenets of P3 focus on improving the sleep, activity, and nutrition behaviors of the Total Army. Collectively, these help optimize performance and affirm physical supremacy, cognitive dominance, and emotional resilience to help achieve squad overmatch.** Human performance optimization is required to prevent conflict, shape the environment, and win decisively. The P3 strategy is nested within the *Army Strategic Planning Guidance* and the *Army Operating Concept* in support of maintaining the most dominant global land force.



Performance Triad Holistic Approach to Facilitate Personnel Health Readiness

Studies in Citizenship for Recruits, U.S. Army Training Manual No. 1 (1922), states “No nation has ever survived, and no nation ever will survive, whose people are not physically, mentally, and morally fit for survival.” Today’s battlefield and missions require Soldiers to be tactical athletes capable of physical, mental, and emotional strength, agility, and endurance to meet its complex and uncertain demands. The Soldier’s Creed is a standard by which all United States Army personnel are encouraged to live. The Creed instructs Soldiers to be disciplined, physically and mentally tough, trained and proficient, and to maintain arms, equipment, and most importantly themselves. Fundamentally, there needs to be a cultural change in which Soldiers strive to become Professional Soldier Athletes. Soldiers must view readiness and health as a mandate of being a member of the Profession of Arms. For our DA-Civilians, Retirees, and our Family members, we focus in a similar manner on becoming an “unstoppable force.” The Performance Triad target behaviors are designed to motivate and drive the holistic health behaviors scientifically proven to optimize lifecycle management of personnel health readiness.



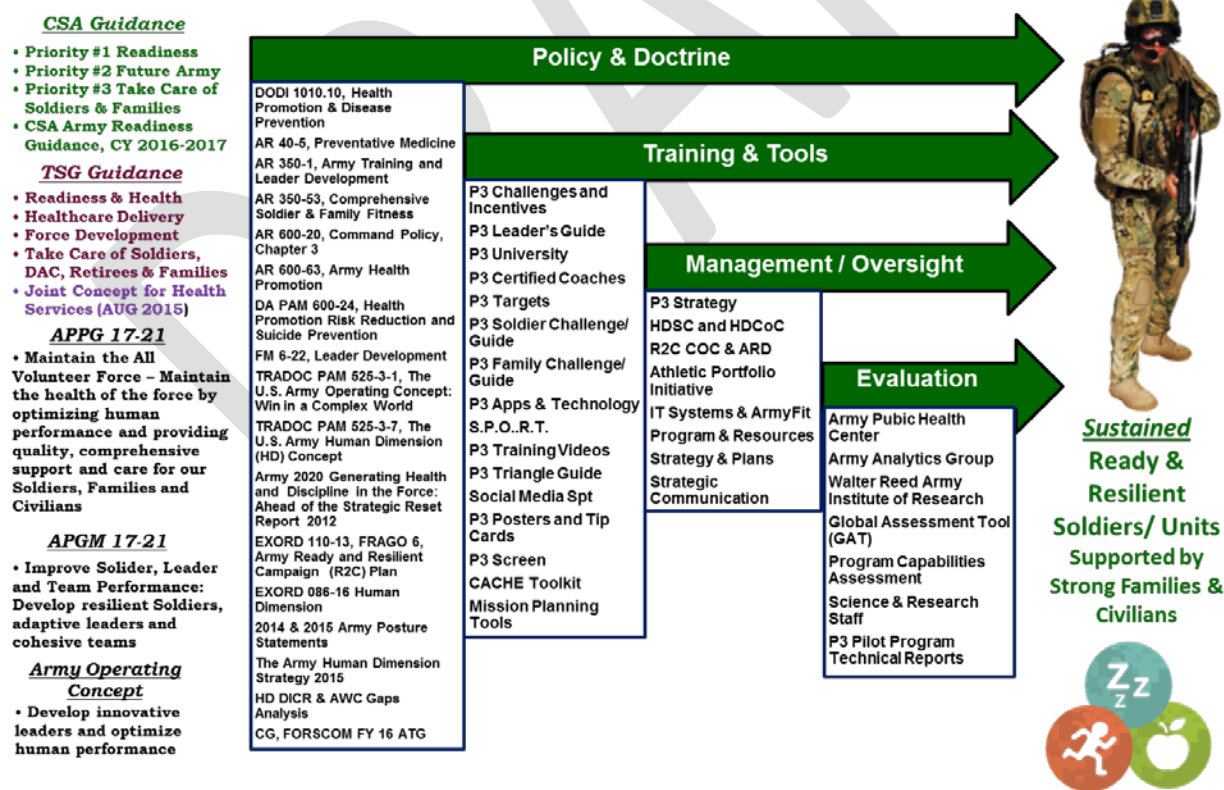
Performance Triad Targets to Facilitate Personal Health Readiness

P3 strategy provides tools for unit and installation leaders that can support their ability to improve the physical, cognitive, emotional fitness, and health of their Soldiers through strategies that optimize sleep, activity, and nutrition. Developing a heightened state of personal health and fitness will assist leader’s ability to maintain the decisive edge and achieve squad overmatch. To facilitate those changes in personal health readiness, the P3 strategy is built on a foundation of coaching, teaching, and mentoring; while expecting leaders to help influence the cultural change and create environments that best facilitate personal and unit readiness. Ultimately, these best practices must be applied to warfighter management and mission planning in tactical environments to optimize performance and sustain readiness.

The P3 initiative is considered a “quick win” for the *Army Human Dimension Strategy* to achieve the vision of optimizing the human performance in every Soldier and Civilian in the

Total Army, and to build cohesive teams of trusted professionals who thrive in ambiguity and chaos. The P3 strategy supports the *Army Human Dimension Strategy* under Line of Effort (LOE) 1.0 (Agile and Adaptive Leaders) and LOE 2.0 (Realistic Training) through a “Holistic Health and Fitness” platform. It also aligns and supports the Human Dimensions’ newly established Athletic Portfolio initiative. Leaders must have the knowledge and resources to influence cultural change and create the environment that best facilitates unit and personal readiness to enhance the human dimension.

The P3 Strategy supports multiple Army fitness efforts and long-standing Army programs. This strategy reframes those efforts within the context of the emerging requirements outlined in the *Army Operating Concept*, *Army Human Dimension Strategy*, and the *Ready and Resilient Campaign*. P3 was recognized as one of the Vice Chief of Staff of the Army’s (VCSA) top eight *Ready and Resilient Campaign* priorities (29 July 2014). The P3 strategy supports the *Ready and Resilient Campaign* LOE 1.0 Sustained Personal Readiness to Meet Operational Requirements. Tenets of P3 underpin the human dimension requirements for the Army to address the 20 Army Warfighting Challenges (See Annexes B-E). The ultimate goal is to enhance personal health readiness, sustain resilience, and optimize performance. This effort strengthens the preparedness of the fighting force in support of the Combatant Commanders’ Landpower requirements to win decisively in Force 2025 and beyond (F2025B).



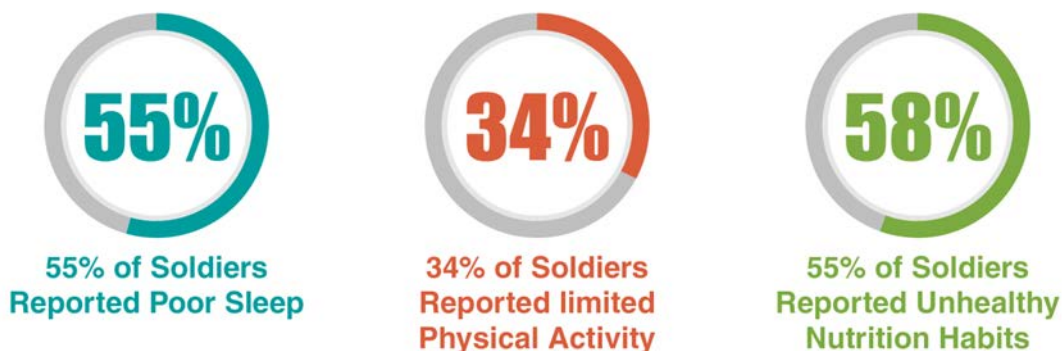
Performance Triad Directly Supports Army Strategic Directives

Strategic Environment

“All three elements of the Performance Triad are equal in importance. The command emphasis on nutrition and sleep must match the emphasis on physical training. Central to emphasizing the entire triad will be command involvement with installation wellness centers, dining facilities, and other activities which influence our Soldiers’ readiness.

*-FORSCOM Command Training Guidance, 19 October 2015,
General Robert B. Abrams, Commander, U.S. Forces Command, U. S. Army*

The Nation will continue to face rapid and unexpected challenges that test the strength and resolve of our military. Historically, our Soldiers have been called into action to support combat missions and various non-combat missions to include: infectious disease outbreaks, natural disasters, humanitarian and refugee assistance, training global military partners, and providing security in destabilized regions. The roles and responsibilities of Soldiers are ever expanding and require a display of cognitive, emotional, and physical dominance in every situation to meet each mission’s unique complexity. Despite strong scientific evidence that links appropriate sleep, activity, and nutrition to personal readiness; Soldiers and leaders have not leveraged these simple behaviors to optimize their performance. In a 2014 survey of 176K Soldiers, 55.2% reported poor sleep behaviors, 34.2% reported limited physical activity while 57.5% reported unhealthy nutrition habits; all of which increases their risks for readiness problems.

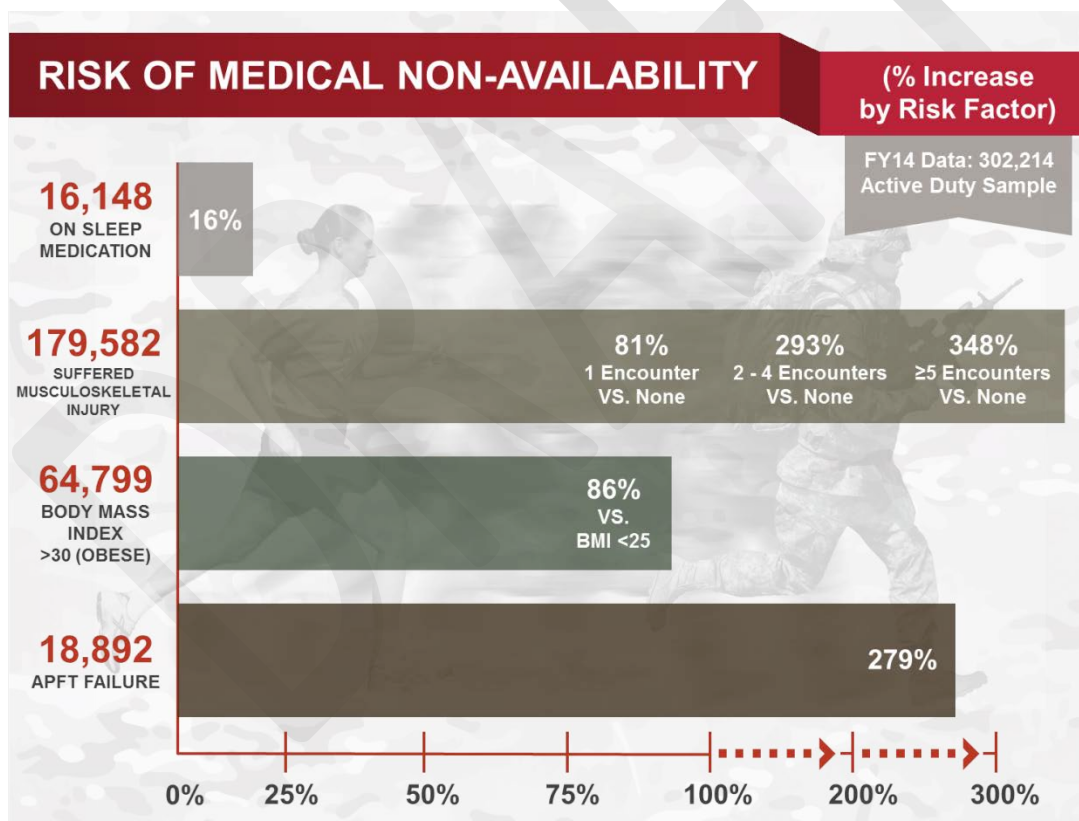


As Tactical Athletes, Soldiers Struggle Getting Optimal Sleep, Activity, and Nutrition

The goal of Army-wide P3 implementation is to enhance personal health readiness, sustain resilience, and optimize performance. The reality is that poor sleep, inadequate or improper activity, and poor nutrition, singularly or in combination, have a dramatic negative impact on readiness. To date, we know 43,000 active duty Soldiers (about 12 Brigade Combat Teams) are not available for duty due to their non-available status. The medically non-available rate for active duty Soldiers is approximately 4% (20,820 Soldiers; equivalent to roughly six brigades) with another 5% (26,168 Soldiers; equivalent to roughly 7.5 brigades) having limited

duty profiles. In addition to the associated medical costs, the cost of salaries for Soldiers who cannot deploy is approximately \$3 billion annually.

Despite the Army's physical fitness, body composition, and medical standards, 1 in 20 Soldiers fail their Army Physical Fitness Test (APFT); these same Soldiers are 279% more likely to be medically non-available for deployment. As troubling, nearly 13% of all Soldiers were classified as obese. These Soldiers are 48% more likely to sustain an injury; and have an increased risk of being non-available by 86%. Musculoskeletal injuries effect close to 55% of Soldiers annually and result in 10 million limited duty days. Additionally, musculoskeletal injuries account for 76% of the medical non-available population. Many of these injuries are preventable and result from sports and physical training. Musculoskeletal injuries increase the risk of non-available status from 81% to 348%, based on injury severity. In a Brigade deployed to Afghanistan, obese service members were 40% more likely to experience an injury than those with a healthy weight, and slower runners were 49% more likely to be injured than faster runners.



Risk of Being Medically Non-Available
Data analyzed by the Medical Readiness Assessment Tool (MRAT)

Chronic sleep deprivation, fatigue, and insomnia are associated (co-morbid) with mental illnesses/injuries that contribute to a Soldier's medical non-available status. Sleep deprivation,

five or less hours of sleep over five days, or one day without sleep, correlates to a 20% decrease in one's cognitive ability (vigilance, memory, and decision-making). According to the 2015 RAND study, sleep deprivation is a major issue among our rank and file. One in 20 active duty Soldiers require prescription sleep aids and these Soldiers are 16% less likely to be ready to deploy.

Poor sleep, inadequate or improper activity, and poor nutrition, singularly or in combination, have a dramatic negative impact on the future force. The health of America's youth greatly impacts readiness and military costs. Overweight trainees are 47% more likely to become injured and they use 49% more healthcare resources during their first 90 days in the military. Physical performance among Army trainees has also declined over time. Using a standardized scoring system, first time failure rates on the modified fitness test during Army initial military training (IMT) increased from 4% to 40% for males and from 12% to 54% for females from FY 2000 to FY 2010. During the first 90 days of IMT, 31% of Soldiers who failed a pre-accession fitness test became injured. Poor health and fitness levels among America's youth also impair recruitment efforts and generate financial costs. Premature attrition rates across the services range from 10% at 90 and 180 days and nearly 20% at two years of service. The associated FY 2005 cost to recruit and train a Soldier through Army's IMT was \$57,500 per trainee. Based on 60,000 Army trainees, a 10% attrition rate at 180 days would cost the Army \$345M annually in replacement costs. Although there would be additional training and salary costs accumulated after graduating from IMT, using the conservative estimate of \$57,500 per Soldier; the replacement costs associated with a Soldier discharged between one to two years of service would be \$690 million.

The Army's P3 strategy provides an opportunity to obtain a "return on readiness." For example, a 10% reduction in musculoskeletal injuries would improve mission capability and add a full Brigade Combat Team worth of Soldiers to the battlefield. A 10% reduction in overweight Soldiers enables FORSCOM to reach a 90% deployable force. A 1% reduction in the non-available Force is equivalent to adding a battalion sized ready Force, and a \$30 million dollars in cost avoidance in non-mission capable assets. Retaining 1% of the at-risk Soldiers would result in a cost savings/avoidance of approximately \$62M per year; with the overall savings to possibly exceed \$4.5B. The scientific principles of sleep, activity, and nutrition are building blocks for readiness which enable Soldiers, leaders, and units to improve their performance to fulfill the requirements for F2025B. Ultimately, the P3 strategy provides the foundation for a healthier and ready force; which impacts the human and fiscal cost to the U.S. Army. (Note: additional information on the cost of poor sleep, activity, and nutrition on physical, cognitive, and emotional health is available in the *System for Health Playbook* and the *2015 Health of the Force* report.)

Army Readiness Priority "Improve personnel readiness by significantly reducing medical and administrative non-available Soldiers to maximize our Army's combat power."

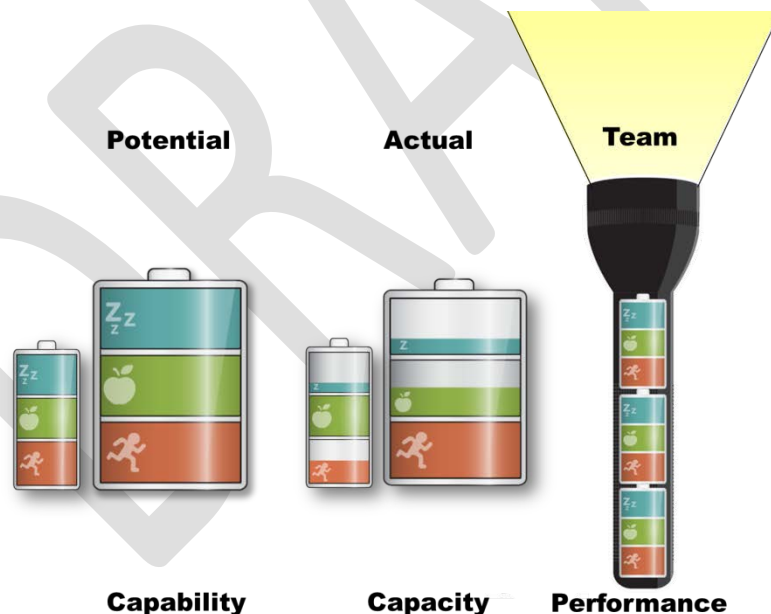
– GEN Mark A. Milley, 39th Chief of Staff, U.S. Army

Vision

“First, the Army must optimize human performance of every Soldier and Army Civilian in the Total Force.”

-Army Human Dimension Strategy, 2015

The Army’s future as the dominant global land force rests on its ability to recognize and adapt to internal and external threats, exploit the decisive edge, achieve small unit overmatch, and win the Nation’s wars. Emerging sports science demonstrates the importance of sleep, activity, and nutrition as required building blocks for the physical, cognitive, and emotional health and fitness required to meet these warfighting challenges. The P3 vision is to strengthen the health readiness of the Total Army. It will accomplish this by focusing on personal health readiness and accountability, enabling leaders who champion personal health readiness, create communities that enable readiness, and ultimately integration in tactical environments to optimize performance. The Army’s P3 mission is to enhance operational readiness through strengthening personal health readiness of the Total Army.



Sleep, Activity, and Nutrition are the Fundamental Building Blocks to Enhance Personal Capability, Capacity, and Team Performance

To meet the vision outlined by F2025B and the *Army Operating Concept*, the P3 strategy builds both the underlying capability and capacity within the human dimension. Similar to professional athletes, Soldier tactical athletes can build capability (i.e. their performance potential) by becoming stronger, faster, and fitter from a physical, cognitive, and emotional

perspective. While in garrison, pre-deployment, and recovery phases, the Army P3 strategy can provide methods to employ sleep tactics, integrate optimal physical training programs, and establish better food environments; all of which build the fundamental capabilities that serve as a foundation for ready units and assist with squad overmatch. While the Army's physical training programs serve as a foundation for building capability, the P3 strategy focuses more holistically using an evidenced-based, whole-of-Army approach.

Building readiness capability through P3 provides a foundation for human performance and resilience, but does not ensure it. During sustained and tactical operations, the capacity of Soldier tactical athletes to actually perform and remain resilient is influenced by choices made in the previous 24-72 hours. Ambiguous and chaotic environments demand vigilance, rapid decision-making, expert marksmanship, quick reaction times, and minimal judgment errors which are all influenced by personal health choices. We have to acknowledge the personal health choices leading up to engagements influence the mission. Ideally, to maintain advantage over adversaries, the Total Army must maintain a capacity for performance that is as close to its capability. Integration of P3 tenets into warfighter management and mission planning will help the Army create and maintain cohesive team whose performance thrives in chaotic environment.

The capability and capacity of the Total Army on today's battlefield is threatened by poor health readiness. The P3 strategy is built to enhance the personnel readiness of the Army by improving knowledge, attitudes, and behaviors related to sleep, activity, and nutrition. P3 is the mechanism to enhance personal health readiness, sustain resilience, and optimize performance by impacting medical non-available profiles associated with obesity, musculoskeletal injury, and sleep deprivation-related cognitive injuries and illnesses that continue to significantly threaten military readiness.

"Man is the fundamental instrument in battle."

- Colonel Ardant du Picq
(1821 – 1870)

Ends

2016-7 Army Readiness Guidance: "Readiness determines our ability to fight and win our Nation's wars. More specifically, it is the capability of our forces to conduct a full range of military operations to defeat all enemies regardless of the threat they pose. While the violent and skillful application of land power is the way in which these ends are achieved, ready units, units that are properly manned, trained, equipped, and led, are the means by which the Army generates this capability.""

– GEN Mark A. Milley, 39th Chief of Staff, U.S. Army

The P3 strategy seeks to enhance personal health readiness, sustain resilience, and optimize performance of the Total Army by leveraging the best of sports science in sleep, activity, and performance nutrition. P3 provides a scalable and systematic portfolio of initiatives that reinforce existing programs and addresses capability gaps. Engaged leadership is the most important component of P3. Leader investment is critical to promoting, training, prioritizing, and improving the health readiness of Soldiers and units. Leaders serve as change agents of the built environment. Leaders can drive and accelerate culture change and provide resources to facilitate personal readiness. The incorporation of P3 at all levels of leadership will yield the cultural changes required to achieve the F2025B vision.

To accomplish this, P3 Strategy identifies four strategic objectives focused on individuals, leaders, communities, and operational and tactical strategies that improve the health readiness of the Total Army.

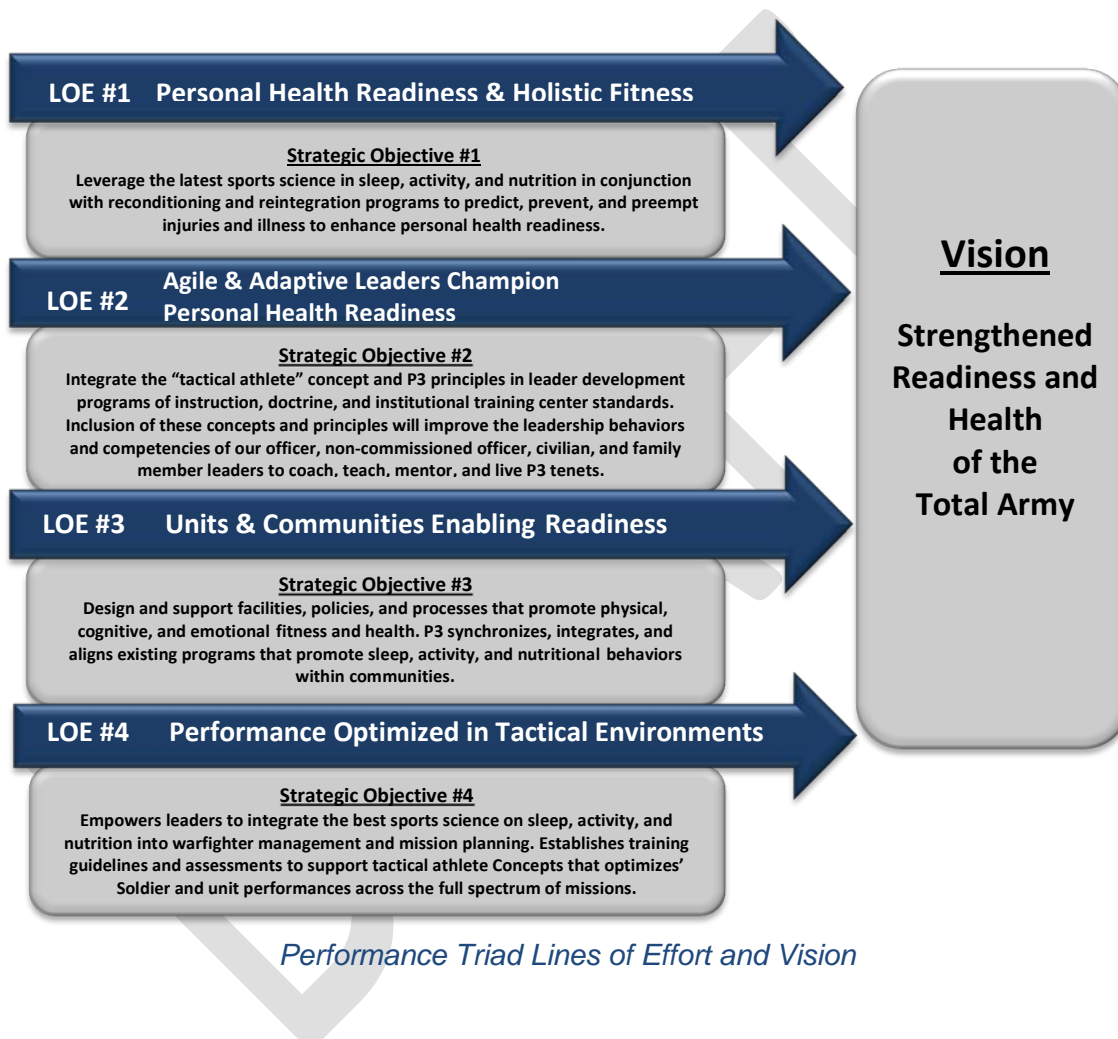
Strategic Objective #1 (CS1): Optimize Personal Physical, Cognitive, and Emotional Fitness and Personal Health Readiness. The Army will achieve objective #1 by educating and training the Total Army on the latest sports science in sleep, activity, and nutrition in conjunction with reconditioning and reintegration programs, this objective focuses on the ability to predict, prevent, and preempt, injuries and illness to enhance personal health readiness.

Strategic Objective #2 (CS2): Agile and Adaptive Leaders Champion Personal Health Readiness. The Army will achieve objective #2 by integrating the "Tactical Athlete" concept and P3 principles into leader development programs of instruction, doctrine, and institutional training center standards. Inclusion of these concepts and principles will improve the leadership behaviors and competencies of our officer, non-commissioned officer, civilian, and Family member leaders to coach, teach, mentor, and live P3 tenets. This objective also incorporates tools and resources to allow leaders the ability to better manage their personnel resources to help maximize readiness.

Strategic Objective #3 (CS3): Build Units and Communities that Best Enable Readiness. The Army will achieve objective #3 by designing and supporting facilities, policies, and processes that promote physical, cognitive, and emotional fitness and health. P3 synchronizes,

integrates, and aligns existing programs that promote sleep, activity, and nutritional behaviors within communities.

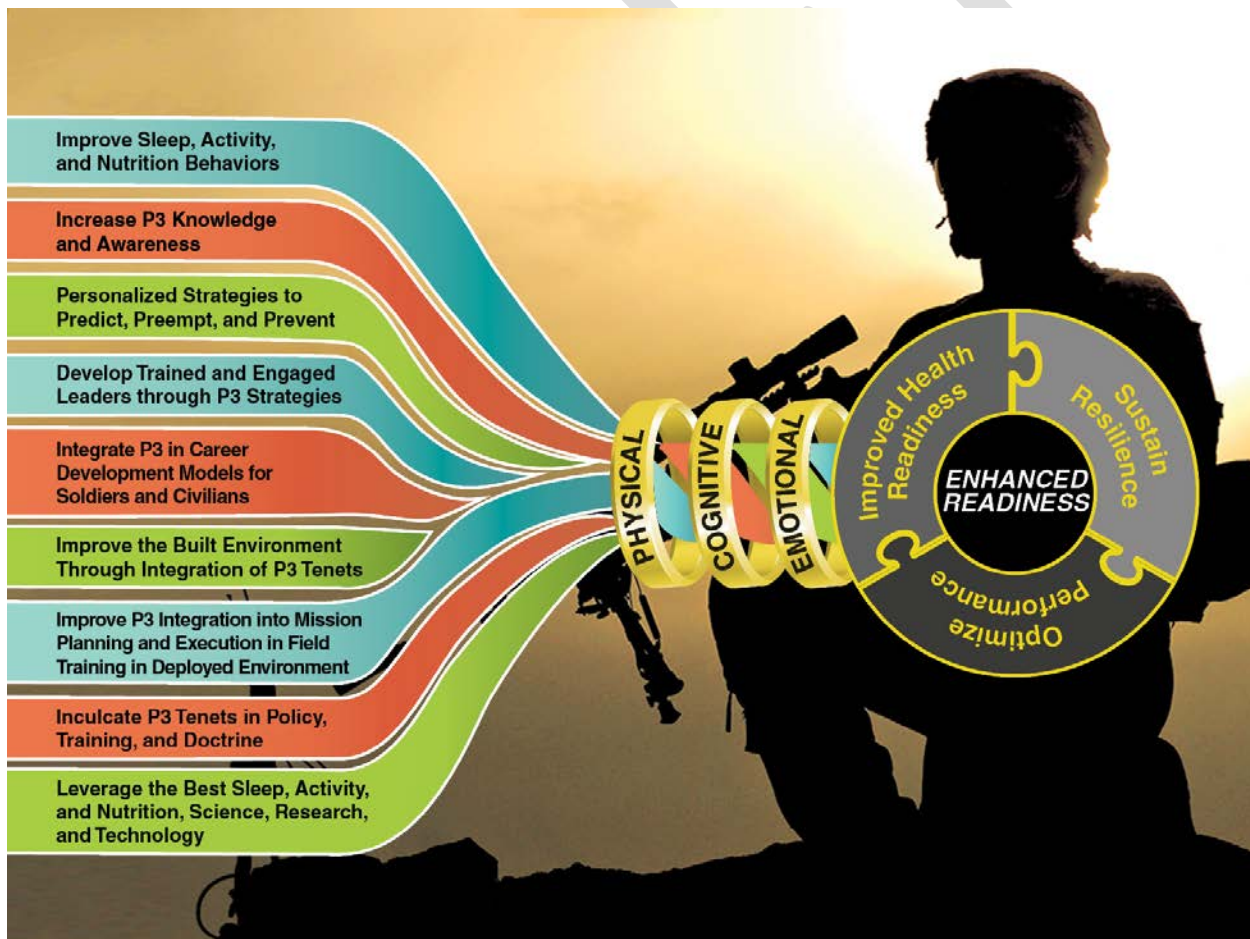
Strategic Objective #4 (CS4): Performance Optimization in Tactical Environments. The Army will achieve objective #4 by empowering leaders to integrate the best sports science on sleep, activity, and nutrition into warfighter management and mission planning. P3 establishes training guidelines and assessments to support tactical athlete concepts that optimizes' Soldier and unit performances across the full spectrum of missions.



Achieving these objectives requires leader engagement and commitment, as well as building partnerships across commands, programs, and initiatives to optimize readiness and human performance (additional details provided in section on means). In achieving these strategic objectives, P3 directly supports the *Army Operating Concept*, the *Army Human Dimension Strategy*, and the *Army's Ready and Resilient Campaign* which describes the need to seek innovative approaches to investing in human capital. Investing in P3 enables supports creating the decisive edge and building trusted teams of professionals that have cognitive, physical, and social capability and capacity to thrive in ambiguous and chaotic environments.

WAYS

P3 provides methodologies to the Total Army to enhance personal health readiness, sustain resilience, and optimize performance by leveraging the best sports science in sleep, activity, and nutrition. The P3 strategic approach is delineated into four overarching lines of effort (LOEs) with strategic objectives that supports key customers and stakeholders. The P3 Strategy Map (Annex A) outlines 9 ways to reach the end state of enhanced operational readiness through personal health readiness. The strategic approach organizes the LOEs by purpose and links 18 supporting objectives with 47 key tasks listed in Annexes A-E. The supporting objectives define outcomes that are necessary and relevant to achieve the strategic objectives and thus, the desired end state. The key tasks are the specific efforts identified as most likely to produce the desired outcomes. The following supporting objectives will provide the way P3 will accomplishment the vision to strengthen health readiness of the Total Army.



Nine Performance Triad Ways to Enhance Readiness

LOE #1. Personal Health Readiness (CS1). Personal health readiness increases the overall preparedness and deployability of individual Soldiers. The Army optimizes personal physical, cognitive, and emotional fitness and health readiness by teaching and training individuals on how to leverage the best sports science in sleep, activity, and nutrition in conjunction with programs to predict, prevent, and preempt injuries and illness. This includes rehabilitation and reconditioning programs to improve recovery. **LOE#1 focuses on improving the individual** through tools, technology, team challenges, and competitions. The Personal Health Readiness LOE has five supporting objectives. See Annex B for LOE#1 key tasks.

Supporting Objective #1.1 (IP1): *Improve Sleep, Activity, and Nutrition Behaviors.* Develop and implement innovative programs designed to improve personal health readiness through leveraging tools, technology, and team challenges to enhance personal health readiness, sustain resilience, and optimize performance of the Total Army. Improvements in health readiness knowledge, small changes in sleep, activity, and nutrition targets, combined with peer support, confidence to coach, teach, mentor, goal setting, and leveraging self-monitoring technology tools facilitate the adoption of healthy behaviors and make a big difference in the holistic health of the force. This supporting objective promotes personal views of readiness and health as a mandate of being a member of the Profession of Arms.

Supporting Objective #1.2 (IP2): *Integrate Personalized Strategies to Predict, Prevent, and Preempt Musculoskeletal Injuries and Illness.* Proactively predict members of the Total Army who are at risk for becoming medically non-available due to poor sleep, inadequate or improper activity, and poor nutrition behaviors and provide customized interventions to enhance holistic health and fitness. This includes augmenting programs that facilitate reconditioning and reintegration after musculoskeletal injury or illness.

Supporting Objective #1.3 (IP7): *Increase Knowledge and Awareness of Health Readiness.* Leverage multiple platforms and venues to increase knowledge and awareness about health readiness through P3 messaging, programs, tools, and resources. In support of LOE #1 this cross-cutting concept leverages technology and social media to help make the healthy choice the easy choice and to facilitate adoption of behaviors that promote personal health readiness and holistic fitness.

Supporting Objective #1.4 (IP8): *Inculcate P3 Tenets in Policy, Training, and Doctrine.* Institutionalize P3 tenets into all Army policies, training, and doctrine to promote personal health readiness and holistic fitness.

Supporting Objective #1.5 (IP9): *Leverage the Best Sleep, Activity, and Nutrition Science, Research and Technology.* Rigorously apply the best science and technology of sleep, activity, and nutrition within and outside the DoD to inform P3 strategy. This process will also identify key gaps in knowledge in order to guide research and development for DoD and non-DoD partners.

LOE #2. Agile and Adaptive Leaders (CS2). Agile and adaptive leaders must champion personal health readiness to enhance operational readiness by promoting and influencing a culture of trust and accountability and demonstrating personal health readiness. Leaders utilize

the most effective tools and resources as they coach, teach, and mentor P3 tenets. The agile and adaptive leader LOE has five supporting objectives. See Annex C for the LOE #2 key tasks.

Supporting Objective #2.1 (IP3): *Develop Trained and Engaged Leaders through P3 Strategies.* Develop competent and accountable leaders who fully embrace and exemplify personal (health) readiness; who drive culture change by living, promoting, and championing personal readiness through the best science and practice in sleep, activity, and nutrition. Ensure leaders are trained and have the dashboards, tools, and resources to lead, coach, teach, mentor, and promote personal health readiness of the Total Army. Train, develop and certify P3 Coaches, Master Resilience Trainers (MRTs), and Master Fitness Trainers (MFTs) in P3 tenets.

Supporting Objective #2.2 (IP4): *Incorporate P3 into Career Development Models for Soldiers and DA Civilians.* Incorporate P3 tenets in training and education of Soldiers and DA Civilians that support both career and individual development. Integration of P3 tenets in professional and functional education and training, from initial entry through senior leader development, will lead, reinforce, and sustain cultural change in the Army.

Supporting Objective #2.3 (IP7): *Increase P3 Knowledge and Awareness.* Leverage multiple platforms to increase knowledge and awareness of P3 messaging, programs, tools, and resources to serve as catalysts for behavior change and establish a Total Army culture that adopts P3 tenets. In support of LOE #2 this cross-cutting concept leverages technology and social media to help ensure leaders have the tools and resources required to lead, coach, teach, and mentor P3 in their organizations. This includes dashboards and tools to help leaders identify Soldiers with increased risk of becoming medically non-available.

Supporting Objective #2.4 (IP8): *Inculcate P3 tenets in Policy, Training, and Doctrine.* Institutionalize P3 tenets into all Army policies, training, and doctrine in order to develop and sustain agile and adaptive leaders who are able to lead, coach, teach, and mentor P3 tenets to enhance readiness, resilience, and human performance.

Supporting Objective #2.5 (IP9): *Leverage the Best Sleep, Activity, and Nutrition Science, Research and Technology.* Improve training and performance of leaders to enhance readiness, resilience, and human performance through continuous research, assessment and implementation of training methods, technologies, and team dynamics with P3 tenets.

LOE #3. Units and Communities that Best Enable Readiness (CS3). Units and communities encompass facilities, policies, and processes incorporating P3 tenets to promote readiness making healthy behaviors easy and sustainable. The Units and communities LOE has four supporting objectives. See Annex D for LOE#3 key tasks.

Supporting Objective #3.1 (IP5): *Improve the Built Environment through Integration of P3 Tenets.* Integrate P3 tenets into policies, systems, designs, and operations to promote physical, cognitive, emotional, medical, and behavioral fitness. The built environment is defined as the entire physical infrastructure within a community that comprises where we live, work, and play. This includes synchronizing, integrating, and aligning existing programs and resources to

facilitate readiness. It requires the development and implementation of tools and resources to assess and improve unit and community resources.

Supporting Objective #3.2 (IP7): *Increase P3 Knowledge and Awareness.* Leverage multiple platforms and venues to increase knowledge and awareness of P3 messaging, programs, tools, and resources to change behavior and establish a Total Army culture that adopts P3 tenets. In support of LOE #3 this cross-cutting concept leverages multiple platforms to educate the Total Army on how to enhance their built environment to make the healthy choice the easy choice.

Supporting Objective #3.3 (IP8): *Integrate P3 Tenets in Policy, Training, and Doctrine.* Institutionalize P3 tenets into all Army policies, training, and doctrine to facilitate units and communities designing, providing, and supporting the physical, mental, and social environments to promote the healthy choice as the easy and expected choice.

Supporting Objective #3.4 (IP9): *Leverage the Best Sleep, Activity, and Nutrition Science, Research and Technology.* Improve units and communities for the Total Army that provide a foundation for readiness, resilience, and human performance through continuous research and assessment of the optimal ways to design, provide, and support healthy environments.

LOE #4. P3 Integration into Tactical Environments to Optimize Performance (CS4). Integrating the best sports science on sleep, activity, and nutrition into the tactical environment, warfighter management, and mission planning supports squad overmatch. The Integration into Tactical Environments LOE has four supporting objectives which improve the human dimension. See Annex E for LOE #4 key tasks.

Supporting Objective #4.1 (IP6): *Improve P3 integration into Mission Planning and Execution in Field Training and Deployed Environments.* Develop, implement, and assess Tactics, Techniques, and Procedures (TTPs) that optimize performance of Army professionals who can improve and thrive in ambiguous, complex, and challenging situations by integrating proven principles in sleep, activity, and nutrition to enhance physical, cognitive, and emotional capability and capacity.

Supporting Objective #4.2 (IP7): *Increase P3 Knowledge and Awareness.* Leverage multiple platforms and venues to increase knowledge and awareness of P3 messaging, programs, tools, and resources to change behavior and establish a Total Army culture that adopts P3 tenets. In support of LOE #4 this cross-cutting concept leverages multiple platforms to educate Army Professionals on how to use P3 to accomplish missions and sustain readiness in field training and deployed environments.

Supporting Objective #4.3 (IP8): *Inculcate P3 Tenets in Policy, Training, and Doctrine.* Institutionalize P3 tenets into all Army policies, training, and doctrine, where Soldiers are viewed as tactical athletes in garrison training, pre-deployment activities, and field and deployed environments. This integration will help optimize performance and facilitate squad overmatch while ensuring sleep, activity, and nutrition serve as the foundation for guiding Warfighter Management. Consequently, these P3 tenets will be integrated into the mission planning

processes to guide resourcing, tactical planning, and leader/Soldier monitoring to accomplish the mission and sustain readiness.

Supporting Objective #4.4 (IP9): Leverage the Best Sleep, Activity, and Nutrition Science, Research and Technology. Advance the Army's ability to leverage the best sports science in sleep, activity, and nutrition to optimize performance and resilience of Army teams in field training, deployed environments, and sustained operations through continuous research and assessment of training, methods, and technologies to augment squad overmatch.

MEANS

Five important concepts serve as the means for the P3 Strategy LOEs and impact all aspects of the strategic approach. They are the Organizational Capability (OC) and Financial Support (FS) objectives. For example, OCs include people, training, talent management, cultural change and resiliency.

OC1: Improve the Culture of Personal Health Readiness. Create a positive culture through vertical and horizontal leader influence that improves health readiness, resilience, and holistic fitness through adoption of P3 tenets.

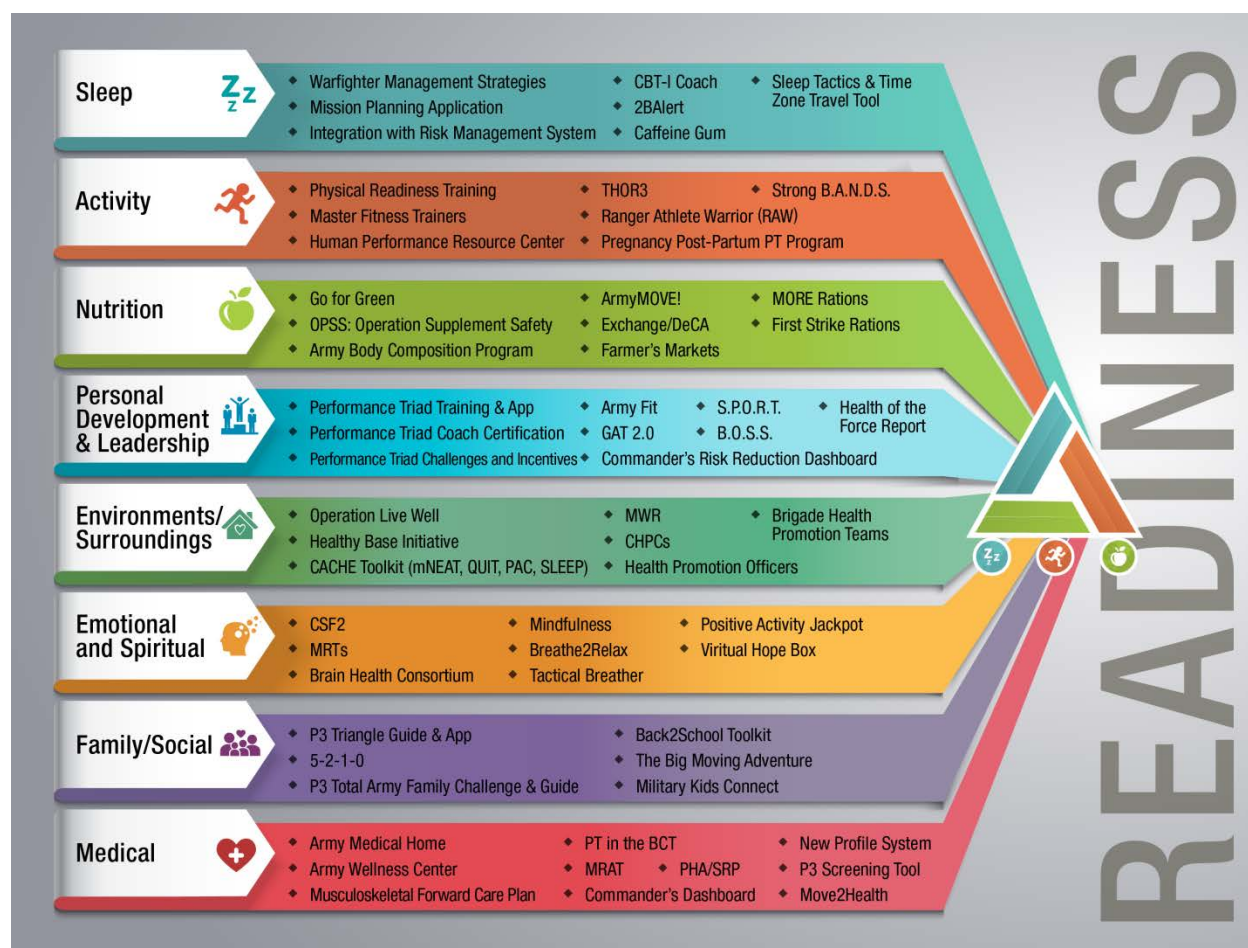
OC2: Synchronize and Align Skilled Personnel to Support Personal Readiness. Identify, select, and develop talented personnel, leveraging their ability to coach, teach, and mentor P3 tenets in any environment.

OC3: Synchronize, Integrate, and Align Existing Programs and Resources to Support Personal Readiness. Acknowledging the many existing programs, initiatives, and tools that promote health readiness across the Total Army; the P3 strategy tries to be incorporated with or integrate as part of existing resources with the ultimate goal of easier access and dissemination for the end-users. For example, ArmyFit and the Global Assessment Tool (GAT 2.0) from the Army Resilience Directorate, provide foundational tools and resources for P3 to succeed. While at the same time, P3 has integrated tools such as the Human Performance Resource Center, Operational Supplement Safety, and smartphone applications from National Center for Telehealth and Technology to encourage wider dissemination of these resources to promote readiness.

OC4: Optimize Partnerships to Promote Readiness. P3 is a strategy that directly supports the *Army Human Dimension Strategy*, its newly established Athletic Performance Initiative, and the *Ready and Resilient Campaign*. By design, P3 supports and does not have oversight of other programs and initiatives across the DoD. Therefore, P3 leverages and develops relationships with internal and external agencies to cooperatively achieve mutual goals in optimizing physical, cognitive, emotional, social, family and spiritual fitness to improve personal readiness. For example, the Ranger Athlete Warrior (RAW) and the Tactical Human Optimization Rapid Rehabilitation and Reconditioning (THOR3) programs are very successful programs that support the Rangers and the U.S. Special Operations Command. However, these

programs are resource intensive and have been difficult to scale across the Total Army. Best practices from these programs have been incorporated into P3 curriculum to help ensure wider dissemination across the Total Army.

FS: Optimize Financial Resources. Forecast, secure, prioritize, and effectively use financial resources to best deliver P3 values, foster a culture of stewardship, accountability, and optimize return on investment for the Army.



Performance Triad Builds Partnerships across Commands, Programs, and Initiatives to Help Ensure Existing Tools and Resources are Easily Accessible for the End-Users across the Total Army

Risks

“[I hope] that we will not again fall into the habit of slighting the body as we were on the point of doing when the war forced us to realize its importance as the basis of our national strength.”

-Newton B. Baker, Secretary of War, End of World War I

Similar to the Army Human Dimension Strategy, the P3 Strategy has three major risks to successful implementation of P3. First, there may be a lack of shared understanding and a common operating picture of the significance of integrating P3 tenets as a foundation of personnel readiness. This could result in the development of redundant programs or programs that do not contribute to the systematic infrastructure required to achieve the P3 objectives in support of the *Army Human Dimension Strategy* and the *Ready and Resilient Campaign*. A main focus of the P3 strategy is to build strategic partnerships across commands, organizations, programs, and initiatives to ensure P3 is aligned and integrated to mitigate this risk.

Second, cultural resistance and a lack of unity of effort could delay the adoption of P3 tenets. Although the science is strong on how to enhance personal readiness and health through optimizing sleep, activity, and nutrition, some of these changes require cultural change. To mitigate this risk, there is a strategic focus on generating and sustaining leader buy-in for P3 tenets. However, there must be a sense of urgency to create this cultural change. As stated in the Army Human Dimension Strategy, “the Army must take full advantage of the time it has to prepare for future conflicts, especially to prepare Soldiers and Army Civilians who must improve and thrive in ambiguity and chaos.” To help mitigate this risk the P3 strategy has a robust program evaluation and assessment program designed to ensure the Army can measure its return on investment. In addition to the P3 scientific and evaluation staff, the P3 strategy is evaluated using both Army Medicine’s Campaign Synchronization Working Group, and the Army Resilience Directorate’s Program Capabilities Assessment. The Army Public Health Center, the Army Analytics Group, and Walter Reed Army Institute of Research support and provide assessments of P3 outcomes for dissemination to Army leaders. Key metrics of the P3 from multiple databases will be entered into the Army’s Strategic Management System (SMS) to facilitate dissemination and transparency of P3 data to help drive action.

Finally, “a lack of proper governance and non-materiel capability development could lead to insufficient funding for human dimension efforts and a bias toward materiel solutions, degrading the Total Army’s ability to adapt to future strategic environments” (Army Human Dimension Strategy, 2015). To mitigate this risk, P3 supports and reports to the Army Human Dimension Steering Committee, Human Dimension Council of Colonels, and the Ready and Resilient Campaign’s Council of Colonels. These committees and councils will help ensure the P3 strategy is aligned with their overarching strategic objectives. At each installation, oversight will be provided by integrating P3 execution within the Brigade Health Promotion Teams (BHPTs). Results from the BHPTs will be reported to the installation’s Physical Working Group,

and ultimately to the Senior Mission Commander via the Community Health Promotion Council (CHPC). Local oversight of P3 implementation will help ensure P3 is meeting the local needs of commanders. Ensuring P3 has both strategic and local oversight will help ensure the P3 strategy is effective and efficient in supporting personnel readiness.

Conclusion

“Successfully operating in the future requires the Army...to optimize the human performance of every Soldier and Army Civilian in the Total Force...Emerging advances in science and technology provide the Army the opportunity to improve training, education, leader development, and talent management in pursuit of optimal performance.”

-The Army Human Dimension Strategy (2015)

The Army's P3 strategy recognizes that the foundation of combat readiness is personnel health readiness and readiness begins with Soldiers. The health of the Total Army and its readiness are mutually dependent. The Army's P3 Total Army strategy accomplishes this by focusing on: 1) optimizing personal physical, cognitive, and emotional fitness and health readiness; 2) developing leaders that champion personal health readiness as the foundation of unit readiness; 3) planning communities that best enable readiness; and 4) integrating the best sports science in sleep, activity, and nutrition into tactical planning to optimize performance in field settings.

Achieving the objectives outlined in this strategy will produce individuals within the Total Army with the fundamental capability and the capacity to implement the vision outlined in the *Army Operating Concept*. This strategy outlines the scope of investment and the effort needed to produce a Total Army that has a strong foundation of personal health readiness and a fit force that allows the Army to adapt and win in the complex world of 2025.

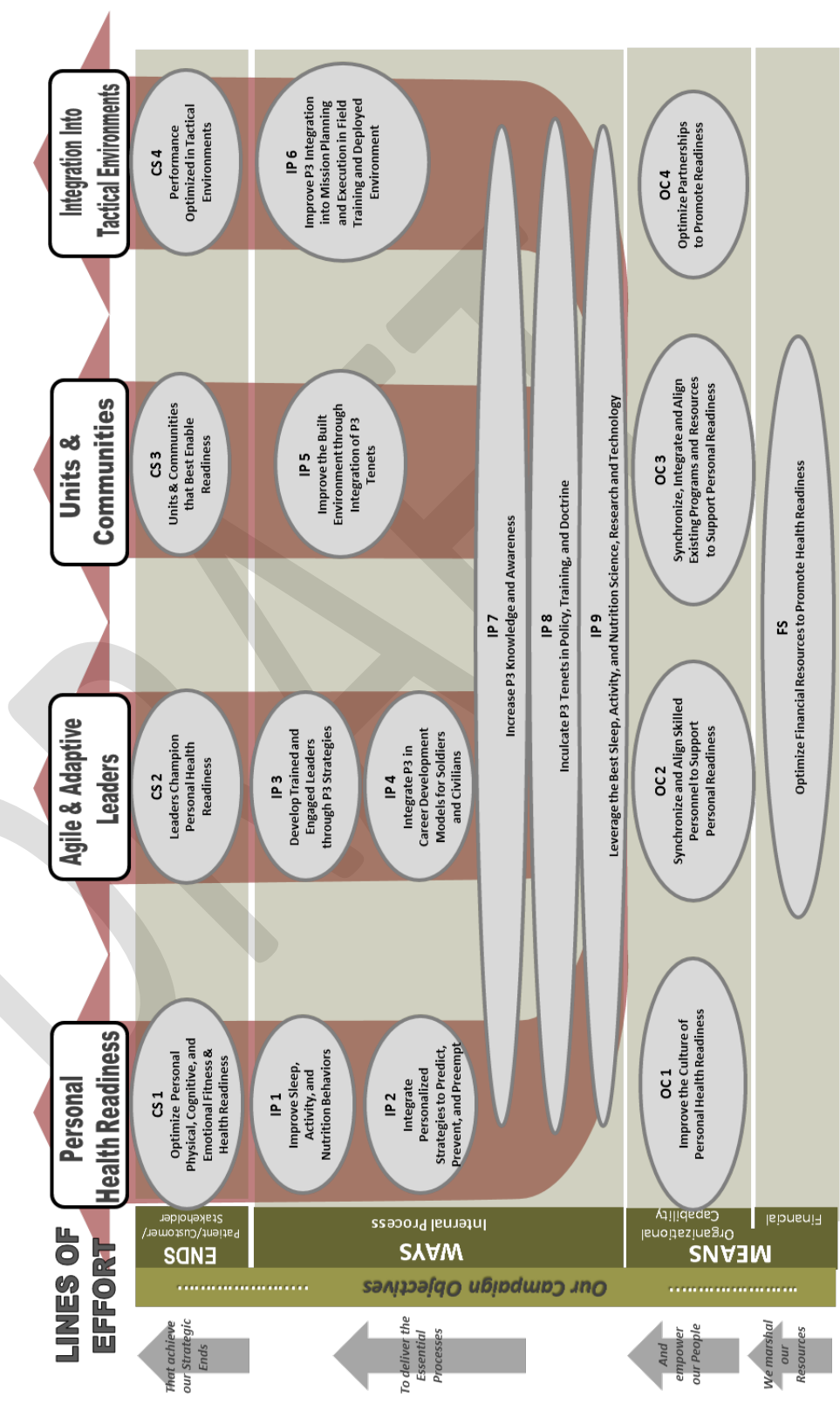
The Performance Triad (P3) Strategy seeks to produce the physical, cognitive, and emotional fitness and health required for a Total Army that can adapt and win in the complex world of 2025.

Annex A: Performance Triad Strategy Map: The strategy map aligns the ends, ways, and means to achieve the P3 vision to strengthen the health readiness of the Total Army

Mission: Army Performance Triad provides capabilities to the Total Army to enable leaders to create an environment to achieve and sustain personal readiness and optimize human performance by leveraging the best sports science in sleep, activity, and nutrition

Vision: Strengthened health readiness of the Total Army

End State: Enhanced operational readiness through personal health readiness



Annex B: Personal Health Readiness and Holistic Fitness: Optimize Personal, Physical, Cognitive, and Emotional Fitness and Health Readiness

1. Concept. Combat readiness is built about a foundation of health readiness. The Personal Health Readiness Line of Effort (LOE) describes those objectives and tasks that increase the overall preparedness and deployability of individuals. The Army will optimize physical, cognitive, and emotional fitness and health readiness by leveraging the best of sports science in sleep, activity, and nutrition in conjunction with programs to predict, prevent, and preempt injuries and illness. This includes rehabilitation and reconditioning programs to improve recovery. The Personal Health Readiness LOE has 12 key tasks for its five supporting objectives.

2. Army Warfighting Challenges. The Personal Health Readiness LOE supports the following AWfC: AWfC 1: Develop Situational Understanding; AWfC 8: Enhance Training; AWfC 9: Improve Soldier, Leader and Team Performance; AWfC 10: Develop Agile and Adaptive Leaders, and AWfC 19: Exercise Mission Command.

3. Key Tasks

a. Key Task 1A: Soldiers. Implement evidence based P3 curriculum focused on improving sleep, activity, and nutrition challenges of Soldiers. This task includes unique initiatives for single Soldiers.

b. Key Task 1B: Total Army. Implement evidence based P3 curriculum focused on improving sleep, activity, and nutrition challenges of Family Members, DA-Civilians, and Retirees.

c. Key Task 1C: ARNG, USAR, and Geo-Dispersed. Implement evidence based P3 curriculum to ARNG, USAR, and geographically dispersed Soldiers by developing blended learning capabilities.

d. Key Task 1D: Future Force. Implement evidence based P3 curriculum into blended learning capabilities for U.S. Army Recruiting Command, U.S. Cadet Command, and Service Academies.

e. Key Task 1E: Leveraging Technology, Tools, and Resources. Leverage technology, tools, and resources that facilitate goal setting, self-monitoring, and behavior change that promote health readiness.

f. Key Task 1F: Establish and Leverage Team Challenges. Create, conduct, compete, and incentivize team challenges to promote enhanced personal health readiness, sustained resilience, and optimized performance.

g. Key Task 1G: P3 Screening to Predict, Preempt, and Prevent. Optimize screening tools that predict, preempt, and prevent musculoskeletal injuries and illness (P3 screening tool, PHA, GAT, SRP, MRAT, list not inclusive) across all environments. Develop, implement, and integrate P3 tenets into all IMT to foster personal readiness and optimize performance.

h. Key Task 1H: Reconditioning and Reintegration Programs. Optimize, standardize, and support scalable reconditioning and reintegration programs that facilitate full

return to duty after sustaining a musculoskeletal injury or a prolonged illness using the best sports science.

i. Key Task 1I: Health Readiness Awareness. Leverage multiple platforms (social media, tools, and resources) and venues to increase knowledge and awareness of health readiness using the best of sports science in sleep, activity, and nutrition to promote the adoption of healthy behaviors.

j. Key Task 1J: Self Awareness. Leverage technology and scientific research to provide relevant knowledge and self-assessment data that enable real-time personal corrective actions, growth, development and continuous improvement.

k. Key Task 1K: Policy, Training, and Doctrine Development. Inculcate the P3 tenets in Army policy, training, and doctrine in support of the *Army Operating Concept*.

l. Key Task 1L: Science and Technology. Apply the best of sports science in sleep, activity, and nutrition to optimize health readiness through physical, cognitive, and emotional fitness and health. Identify research gaps in sleep, activity, and nutrition to continuously advance the promotion of health readiness.



A Sample of Performance Triad Tools and Resources

1. **Concept.** Agile and Adaptive Leaders LOE focuses on developing *leaders who champion personal health readiness*. The Army will achieve LOE #2 by developing competent and accountable leaders who fully embrace and exemplify personal readiness and drive cultural change by, promoting, and championing the P3 tenets. P3 tools and techniques enable leaders to coach, teach, mentor, and model behaviors that support the best sports science and practice in sleep, activity, and nutrition. The Agile and Adaptive Leader LOE has seven key tasks for its five supporting objectives.

2. **Army Warfighting Challenges.** The Agile and Adaptive Leaders LOE supports the following AWfC: AWfC 1: Develop Situational Understanding; AWfC 4: Adapt the Institutional Army; AWfC 8: Enhance Training; AWfC 9: Improve Soldier, Leader and Team Performance; AWfC 10: Develop Agile and Adaptive Leaders; AWfC 19: Exercise Mission Command.

3. Key Tasks

a. **Key Task 2A: Train Leaders.** Establish, develop, and implement P3 curriculum for Non-Commissioned Officer Education School, Officer Education School, Civilian Education System, and Family member leader development curriculum to build knowledge, skills, and ability to lead, coach, teach, and mentor.

b. **Key Task 2B: Professional Military Education (PME) and Training.** Develop, implement, and integrate P3 tenets into all PME and training to foster personal readiness and optimize performance.

c. **Key Task 2C: Readiness Tools.** Provide tools to commanders and appropriate unit leaders to facilitate decision-making that optimizes personal and unit readiness. This includes the Medical Readiness Assessment Tool (MRAT), the new profile system, and the Commander's Dashboard.

d. **Key Task 2D: P3 Education, Training and Certification.** Develop and disseminate education and training standards and certification for P3 trainers, coaches, and subject matter experts.

e. **Key Task 2E: P3 Integration and Certification.** Incorporate P3 in all comprehensive Soldier and Family fitness and specialty training programs. Develop standards and implementation strategies to establish pathways to professional education, training, and certification to include qualification for higher education and professional certifications.

f. **Key Task 2F: Policy, Training, and Doctrine.** Inculcate P3 tenets in Army policy, training, and doctrine to promote agile and adaptive leaders who are able to lead, coach, teach, and mentor P3 to enhance readiness, resilience, and human performance.

g. **Key Task 2G: Science and Technology.** Improve training and performance of leaders to enhance readiness, resilience, and human performance through continuous research and assessment of training methods, technologies, and team dynamics.

Annex D: Units & Communities that Best Enable Readiness

1. **Concept.** Units and communities that best enable readiness make the healthy choice the easy choice. The Army will achieve LOE #3 by optimizing environments that promote healthy sleep, activity, and nutrition behaviors. This requires designing, providing, and supporting an environment that helps to achieve optimal readiness. The Unit and Communities LOE has six tasks and five subordinate tasks to support the four supporting objectives.

2. **Army Warfighting Challenges.** The Units and Communities LOE supports the following AWfC: AWfC 4: Adapt the Institutional Army; AWfC 9: Improve Soldier, Leader and Team Performance; AWfC 10: Develop Agile and Adaptive Leaders; AWfC 20: Develop Capable Formations.

3. Key Tasks

a. **Key Task 3A: Health Promotion Councils.** Integrate tenets of P3 into the Community Health Promotion Councils (CHPC) and the Brigade Health Promotion Councils (BHPC) on each installation or Geo-dispersed command to enhance strategic and leadership operations.

b. **Key Task 3B: Facilitate Education of First Line Leaders.** Synchronize, integrate and align existing installations programs and resources to ensure first line supervisors facilitate optimal utilization of these resources.

c. **Key Task 3C: Environmental Assessment.** Standardize and implement the installation and unit assessments of their built environment through the Creating Active Communities and Healthy Environments (CACHE) toolkit and DoD Go for Green toolkit.

(1) **Key Task 3C.1: Unit Level Assessments.** Scale and implement CACHE Tool Kit to facilitate unit environment level assessments to facilitate policy and processes that promote health readiness.

(2) **Key Task 3C.2: Sleep Environmental Evaluation Plan (SIEEP).** Develop and implement the SIEEP as the newest tool in the CACHE toolkit to facilitate improved sleep environments for Soldiers and Family members across Army installations in support of sleep health and optimal performance.

(3) **Key Task 3C.3: Promoting Physical Activity (PAC).** Scale and implement PAC assessments across military installations to facilitate built environments in support of policy and processes that promote health readiness.

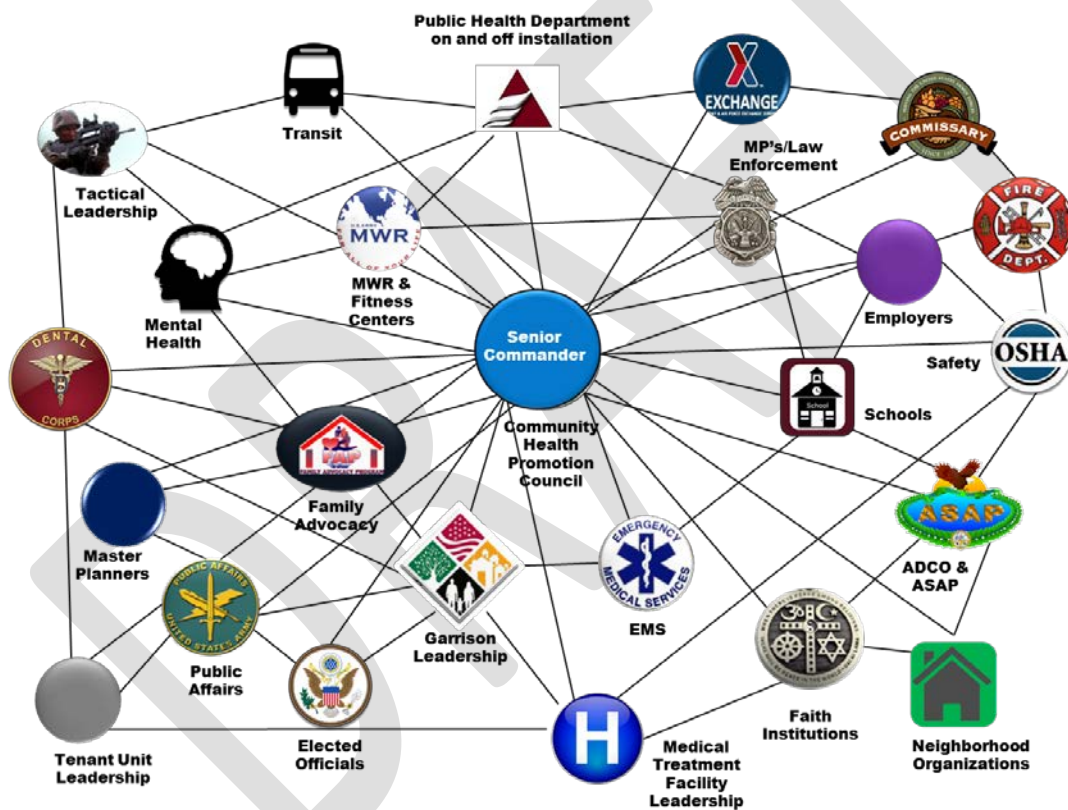
(4) **Key Task 3C.4. Military Nutrition Environmental Assessment Tool (mNEAT).** Scale and implement mNEAT to assess policy and processes that promote health readiness across military installations in support of environments that facilitate access and availability to health eating.

(5). **Key Task 3C.5. Quantitative Indicators for Tobacco System (QITS).** Scale and implement QITS assessments across military installations to facilitate built environments in support of policy and process that promote health readiness.

d. Key Task 3D: P3 Knowledge and Awareness. Leverage multiple platforms and venues to integrate knowledge and awareness of P3 tenets into the built environment to help make the healthy behaviors easy and sustainable at home and throughout the installation.

e. Key Task 3E: Policies, Training, and Doctrine. Develop and influence policies and doctrine to integrate best practices for resourcing, upkeep, and master planning process of the built environment within the Assistant Chief of Staff for Installation Management (ACSIM), Installation Command (IMCOM) and Health Facility Planning Agency (HFPA).

f. Key Task 3F: Science and Technology. Capture installation best practices and leverage latest research to design, provide, and support healthy built environments.



The Community Health Promotion Council Provides a Venue to Facilitate Personal Readiness

1. Concept. Ultimately, embracing the P3 tenets will optimize performance in tactical environments. Winning in a complex world requires optimal performance across the human dimension. The Army will achieve LOE #4 by ensuring Soldiers develop, maintain, and execute physical, cognitive, and emotional fitness and health across the full spectrum of tactical environments. Our Leaders must personally and collectively ensure that P3 tenets are incorporated into tactical environments. Leaders will drive personal health readiness and optimize Soldier performance by integrating the best sport science of sleep, activity, and nutrition into warfighter management and mission planning to help achieve squad overmatch. P3 Integration into Tactical Environments LOE has seven key tasks for its four supporting objectives.

2. Army Warfighting Challenges. The P3 Integration into Operational Environments LOE supports the following AWfC: AWfC 1: Develop Situational Understanding; AWfC 4: Adapt the Institutional Army; AWfC 8: Enhance Training; AWfC 9: Improve Soldier, Leader and Team Performance; AWfC 10: Develop Agile and Adaptive Leaders; AWfC 19: Exercise Mission Command; AWfC 20: Develop Capable Formations.

3. Key Tasks

a. Key Task 4A: Tactical Integration. Develop, implement, and assess Tactics, Techniques and Procedures (TTP) that optimize performance by integrating proven principles of sleep, activity, and nutrition to enhance physical, cognitive, and emotional capability and capacity in field and deployed environments.

b. Key Task 4B: Senior Leader Guidance. Include P3 tenets in Commander's Guidance at Army Command (ACOM), Forces Command (FORSCOM), Training Command (TRADOC), ASC (Army Service Component), Direct Reporting Unit (DRU), and Department of Army Military Operations –Requirements/Training (DAMO-RT), by leveraging Command Surgeon and Health Promotion Officer (HPO) leaders.

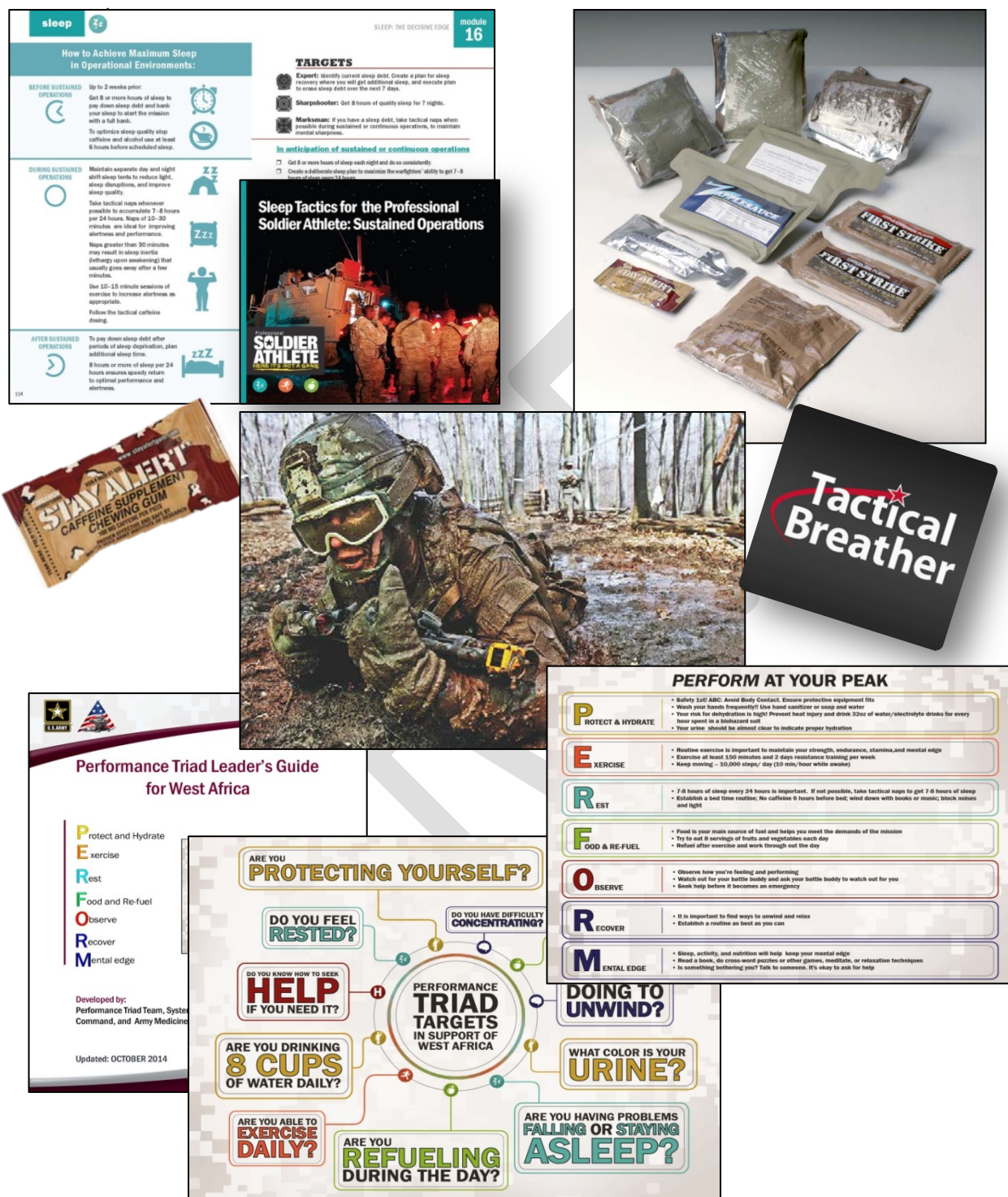
c. Key Task 4C: CTC Integration. Incorporate P3 tenets in Combat Training Centers (CTC) scenarios, observer/controller evaluations, and unit After Action Reports (AAR) to ensure Warfighter Management, risk assessments, and mission planning incorporates P3 tenets to optimize performance and sustained readiness.

d. Key Task 4D: Built Tactical Environment. Integrate P3 in eBOS (Built Community in Deployed Environment) to ensure sustainment of peak performance throughout deployed operations.

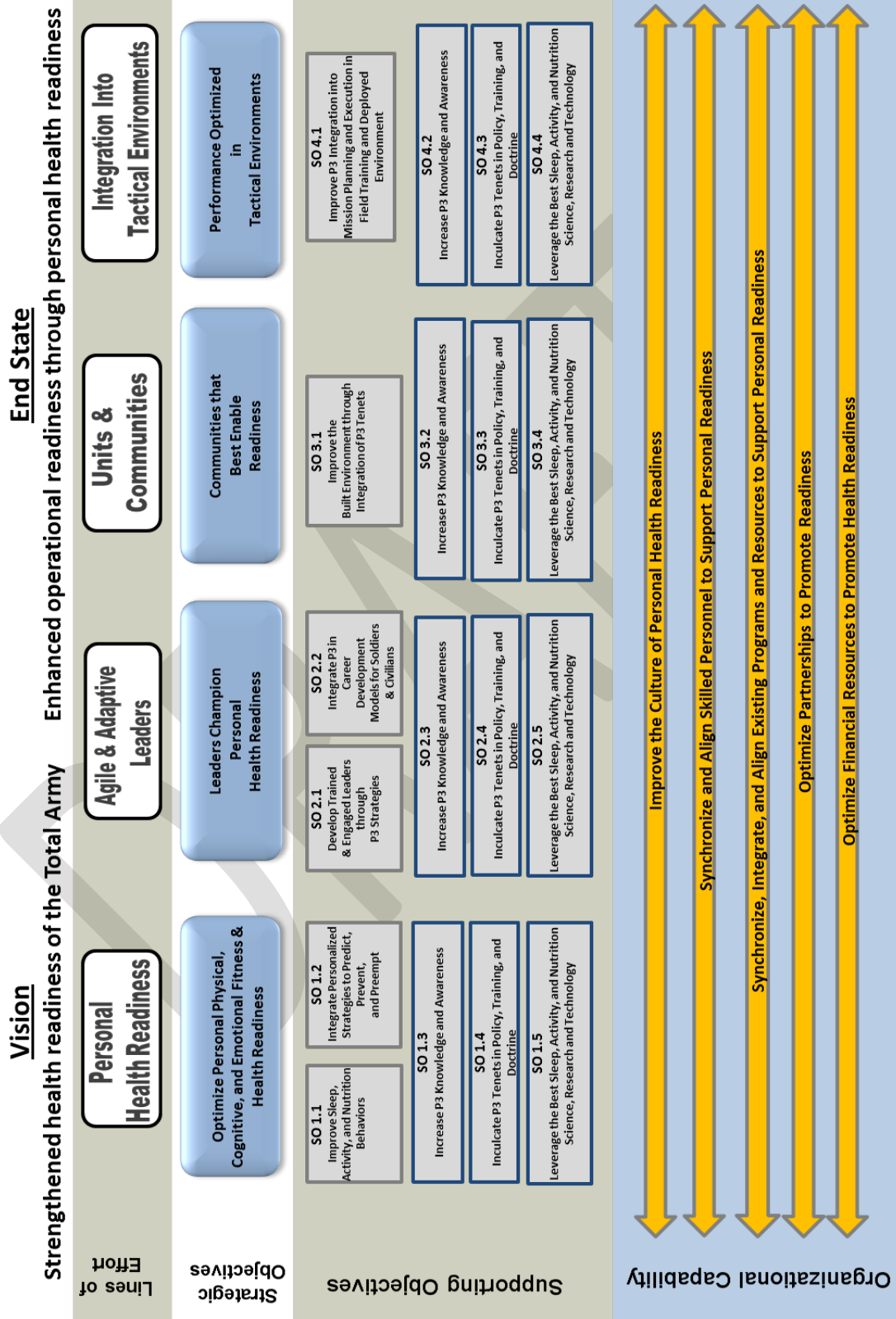
e. Key Task 4E: P3 Knowledge and Awareness. Create tools and leverage multiple platforms to increase knowledge and awareness on how to integrate the best sports science of sleep, activity, and nutrition in field and deployed environments.

f. Key Task 4F: Policy, Training, and Doctrine. Institutionalize P3 tenets into Army policy and doctrine to ensure Warfighter Management is part of the Military Decision-Making Process (MDMP), Risk Assessments, and the 8-Step Training Model for Mission Planning prior to field training and deployments.

g. Key Task 4G: Science and Technology. Leverage the latest science, research, and technology to optimize performance and sustained readiness in field training and deployed environments.



A Sample of Tools and Resources to Help Optimize Performance in Tactical Environments



970 **Annex G: OCPA Approved Performance Triad Strategic Messaging for Leaders**

971

972 Topics:

- 973 1. Army Health Readiness and the Performance Triad
- 974 2. Army Health Readiness and the Performance Triad – Sleep
- 975 3. Army Health Readiness and the Performance Triad – Activity
- 976 4. Army Health Readiness and the Performance Triad - Nutrition

Title: Army Health Readiness and The Performance Triad					v19	OPR: OTSG/MEDCOM
Strategic Theme: People			Source Doc: OTSG/MEDCOM Performance Triad materials		Date: 04 NOV 15	
Top Line Message(s)	<ul style="list-style-type: none">War is a human endeavor and the Army can enhance Soldier readiness and performance, its capacity and capability, through the Performance Triad.The tactical practices of healthy sleep, activity, and nutrition are vital to the Army's full spectrum readiness.The Performance Triad influences health readiness behaviors and the readiness quotient, especially with injury and body weight.The scientific design improves physical, emotional, and cognitive dominance through strategies that optimize sleep, activity, and nutrition.					
Summary	"Readiness is #1, and there is no other #1." - GEN Mark A. Milley, 39 th Chief of Staff, U.S. Army "A healthy lifestyle can lead to a better life with more engagement, energy, and fulfillment." - LTG Patricia D. Horoho, 43 rd Surgeon General, U.S. Army					
Message	Talking Points			Audience		
Performance Triad is an Army initiative. Army Medicine is the architect of Performance Triad and is spearheading the Army's effort.	<ul style="list-style-type: none">National security is at risk when Soldiers are not fit or ready to fight. The P3 will improve Soldier health and increase overall Army readiness.Army Medicine performs a critical role in all aspects of health readiness and healthcare in the Army.Army Medicine fulfills the privilege of maintaining, restoring, and improving the health readiness of the Total Army Family and helped the Army create the Performance Triad initiative (Sleep, Activity, and Nutrition).			Internal and external audiences.		
The Performance Triad is rooted in the most current sleep, activity, and nutrition science.	<ul style="list-style-type: none">The goal of the Performance Triad is to positively impact and sustain the health readiness and resilience of Soldiers and the Total Army Family.In one form or another there is a cost to pay – both human & fiscal – if the status quo remains; on any given day over 12 BCTs (~ 3 Divisions) of Soldier combat power is not available to deploy.One of the key findings from the 2014 Pilot was that engaged leadership is most important to gain Soldier buy-in of practicing good habits of sleep, activity, and nutrition; and that leaders create culture and provide resources to facilitate personal health readiness.			Internal and external audiences.		
The P3 targets and program design are based on 2014 pilot results and further evaluation will help determine how to scale P3 Army wide; wearable technology being tested in two BDEs.	<ul style="list-style-type: none">2015 current demonstration sites: AMEDDC&S (BOLC, CCC, ALC, SLC); ARNG – Oregon; USAR – 48th CSH; DLI – Monterey; DISA – Europe2015 FORSCOM sites: currently in pre-implementation phase; six month program evaluation starts in Sep/Oct 15 at JBLM (555 EN BDE), FT Bragg (44 MED BDE), FT Campbell (2/101 AASLT); FT Riley (1/1 ID); comparison BDE at FT Carson.The Army is facilitating readiness and resilience by optimizing the physical, emotional, social, spiritual, and family fitness of the Total Army Family.The Performance Triad is about setting conditions that make the healthy choice the easy choice for the Total Army Family.The built environment has been a main focus at the pilot sites. Army Medicine and IMCOM are working together to make recommendations to re-structure and to build environments that encourage good nutrition, active lifestyles, and sufficient sleep.			Internal and external audiences.		
Performance Triad is a comprehensive initiative with a variety of resources and tips that when applied, can lead to healthier living.	<ul style="list-style-type: none">The Performance Triad is motivating the Army Family to lead healthier lives.When you practice the tenets of the Performance Triad, you promote your own good health readiness as well as your friend's and Family's.The Performance Triad minimizes or can mitigate the risk of having a preventable disease.The Performance Triad promotes resilient and healthy communities with the goal to increase health readiness and reduce disease and health care costs that are human and fiscal.			Internal and external audiences.		
Communication Special Instructions:		Notes:	Social Media:			
Visit Public Affairs Portal for available materials: www.us.army.mil/suite/page/publicaffairsportal		For more information please contact: COL John Via, Director, DCOMM, OTSG/MEDCOM; 703-681-8630 or john.d.via.mil@mail.mil	<ul style="list-style-type: none">#PerformTriad, #ArmyMedicineFollow us on Twitter: @PerformTriad, @ArmyMedicineFollow us on Facebook: https://www.facebook.com/PerformanceTriad https://www.facebook.com/OfficialArmyMedicine			

Title: Army Health Readiness and The Performance Triad – Sleep

v19 OPR: OTSG/MEDCOM

Strategic Theme: People

Source Doc: OTSG/MEDCOM Performance Triad materials v3

Date: 04 NOV 15

Top Line Message(s)

- Sleep is a key foundation for readiness and performance. Sleep is a Soldier's secret weapon.
- Sleep is mission essential for Soldiers. Sleep improves vigilance, reaction time, judgment, planning and problem solving, and marksmanship.
- Sleep promotes peak performance, minimizes risk for injury, helps fight infections, and helps maintain a healthy weight.

Summary

"Readiness is #1, and there is no other #1." - GEN Mark A. Milley, 39th Chief of Staff, U.S. Army
"Sleep is ammunition for your brain." BG Willard Burleson

Message	Talking Points	Audience
Soldiers and leaders struggle to get the quantity and quality of sleep to promote military readiness.	<ul style="list-style-type: none"> • Insomnia has grown in the Army from 11.2 Soldiers per 10,000 in 2002 to 417.2 per 10,000 in 2013, a 37 fold increase; the highest of all the military services. • Around 31% of Soldiers report getting 5 or less hours of sleep per night compared to only 8% of adults in the US. This puts them at risk for poor decision making, decreased vigilance, and slower reaction times, as well as increased risk of mental and physical health problems. • 2011 Department of Defense Health Related Behaviors Survey of Active Duty Personnel showed that nearly 62% of Soldiers polled were self-reporting getting less than 6 hours of sleep per night; GAT 2.0 data still supports this alarming percentage. • 1 in 20 Soldiers are prescribed sleep medications; 1 in 15 Soldiers has a medical condition related to sleep. • 66% of 18 – 34 year olds struggle to fall asleep, stay asleep, and wake up refreshed. • Sleep problems in the military are prevalent regardless of deployment history; suggesting a change in military culture is required. 	Internal Army
Sleep is the secret weapon to optimize decision making and performance in a complex world.	<ul style="list-style-type: none"> • After 72 hours of sustained operations, vigilance is decreased by 220%, errors in decision making go up 86%, and reaction time is slowed by 22%. • Insufficient sleep can lead to accidents and injuries on the job. In the MHAT-9 (Mental Health Advisory Team report), 13% of participants reported mission impacting accidents and errors as a result of fatigue and insufficient sleep. • Researchers at Harvard Medical School in Boston surveyed more than 10,000 people in the U.S. and found that that insomnia is responsible for 274,000 workplace accidents and errors each year, adding up to \$31 billion in extra costs. • Soldiers who routinely get less than 5 hours of sleep perform much like a person with a blood alcohol content of 0.08%, the equivalent to being legally drunk. • In New Jersey you are considered to be driving recklessly or the same as a drunk driver, if you have not slept in 24 hours. • The link between sleep and exceptional performance is why world class athletes make sleep a priority. Athletes such as LeBron James, Tom Brady, Serena Williams, and Usain Bolt routinely exceed the recommended amount of sleep to achieve optimal performance. 	Internal Army
Sleep is the foundation to health readiness.	<ul style="list-style-type: none"> • Approximately 1 in 4 Soldiers with sleep difficulties will develop PTSD, anxiety, and depression. Poor sleep also increases pain perception and is strongly associated with suicidal behaviors. • Poor sleep is linked with increased mental distress, obesity, heart disease, heart attacks, high blood pressure, asthma, stroke and arthritis. • Insufficient sleep affects the release of testosterone, melatonin and other essential hormones. • Sleep loss can lead to decreased motivation, less stamina and depressed mood. • Chronic sleep debt raises the risk of obesity, heart disease, stroke, and diabetes. • Greater than 60% - 75% of all athletes who sleep less than 8 hours will be injured in the upcoming year/season, compared to the 18 - 35% who sleep more than 8 hours per night. • Sleep is the only health behavior that can help to prevent the common cold. Individuals who sleep five or less hours per night are 4.5 times more likely to the cold compared to those who sleep 7 or more hours per 24 hours. • Healthy sleep is critical for strong relationships, emotional health and wellbeing; good sleep is linked with greater weight loss. 	Internal Army
Communication Special Instructions:		Social Media:
<ul style="list-style-type: none"> • Visit Public Affairs Portal for available materials: www.us.army.mil/suite/page/publicaffairsportal • Army Medicine – Performance Triad http://armymedicine.mil/Pages/performance-triad.aspx • http://www.army.mil/article/155256/Sleep_issues_bedeiving_Soldiers_health/ • National Sleep Foundation: https://sleepfoundation.org/ 	<p>Notes:</p> <p>For more information please contact: COL John Via, Director, DCOMM, OTSG/MEDCOM; 703-681-8630 or john.d.via.mil@mail.mil</p> <p>Social Media:</p> <ul style="list-style-type: none"> • #PerformTriad, #ArmyMedicine • Follow us on Twitter: @PerformTriad, @ArmyMedicine • Follow us on Facebook: https://www.facebook.com/PerformanceTriad https://www.facebook.com/OfficialArmyMedicine 	

Title: Army Health Readiness and The Performance Triad - Activity (1 of 2)

OPR:OTSG/MEDCOM

v8

Strategic Theme: People

Source Doc: OTSG/MEDCOM Performance Triad materials

Date: 01 DEC 15

Top Line Message(s)

- Soldiers must be ready to perform any mission with speed, agility, power, strength and endurance to operate most effectively in more physically demanding, complex environments.
- Soldiers must have the physical, mental, and cognitive skills to achieve squad overmatch.
- Regular exercise and movement help build key mental ability – memory, reaction time, attention span, and learning ; it also makes Soldiers stronger, faster, fitter.

Summary

Readiness is #1, and there is no other #1." - GEN Mark A. Milley, 39th Chief of Staff, U.S. Army
"Leaders must strive to build the highest levels of readiness possible regardless of their mission status; and possess some level of mission capability that may be called upon at a moment's notice." – GEN Robert B. Abrams, Commanding General, FORSCOM
"Nothing is more conducive to keeping an Army in good health and spirits than exercise;; the ancients used to exercise their troops every day. Proper exercise, then, is surely of great importance for it preserves your health in camp and secures your victory in the field." Niccolo Machiavelli, The Art of War, 1521

Message

Talking Points

Audience

Train as you Fight

- Soldiers must train as they fight. Unit physical training should include strength training, aerobic endurance, power, agility, and speed to develop the physical supremacy required for squad overmatch.
- The Performance Triad targets include: 150 minutes of moderate aerobic activity/week + 75 minutes of vigorous activity/week, 2 days of resistance training (strength + power) per week, and 10,000 steps per day.
- The essential seven for building strength and toughness: 1. Push (push-up) 2. Pull (carrying) 3. Vertical Push (military press) 4. Vertical Pull (pull-up) 5. Squatting (squats) 6. Lunging (deadlifts) 7. Core/Abdominals (swimmers)
- Wearing body armor makes functional tasks 16-60% more difficult; Training programs that include resistance and circuit training found in FM 7-22, can improve a Soldier's ability to wear body armor and a rucksack by up to 30%.
- Road marching and walking with body armor with progressively more weight is the best way to get better at dismounted movement. (FM 21-18)
- There is more to endurance training than running. FM 7-22, Army Physical Readiness Training, is the go-to resource to maximize physical performance.

Soldier Fitness Levels

- 1 in 20 Soldiers fail the APFT annually; these Soldiers are 3 times less likely to be medically ready to deploy
- Only 68.8% of Soldiers get at least 150+ minutes of moderate aerobic endurance training/week
- Only 57% of Soldiers get at least 75 minutes of vigorous aerobic endurance training/week
- Only 47% of Soldiers get 3 or more days of strength training/week.
- GAT 2.0 scores for physical activity averaged 81 out of 100 points; with a range of 79 to 85 across installations.
- According to GAT 2.0 scores, 34% of Soldiers are red, 28% are amber, and 38% are green in regards to meeting national physical activity standards
- During Initial Military Training, 31% of trainees who failed a pre-accession fitness test became injured in the first 90 days of service

Mission Readiness

- Regular exercise and activity helps Soldiers builds resilience, manage stress, perform at their best, and stay in the fight.
- Regular exercise helps Soldiers keep the mental edge with all that is required of them to accomplish the mission successfully.
- Regular strength training builds resilience in bones, muscles, tendons, and ligaments. This is critical to performing in all types of training and operational environments.
- Physical inactivity, smoking, being overweight and a prior history of injury decreases physical performance of Soldiers by up to 10%
- During sustained operations your performance is optimized if you are functioning at 40-50% of your aerobic capacity; greater aerobic capacity = greater function during sustained operations.

Exercise Enhances Cognitive Function

- Physical activity improves cognition, executive functions, learning, attention, memory, perception, and motivation.
- Fatigue leads to decreased executive functions that impair decision-making.
- Routine exercise releases brain-derived neurotrophic factor (BDNF) which is critical to brain health.
- BDNF protects and repairs neurons in the brain from injury and degeneration.
- Exercise assists with hormones that combined with BDNF help to grow brain cells, regulate mood, and provide mental clarity.
- Exercise releases endorphins - the body's natural mood enhancers that are designed to relieve stress and enhance pleasure; they also dull the sensation of pain.
- Exercise increases blood flow to the brain therefore delivering more oxygen and nutrition to it, and improving its waste removal capability.
- Exercise releases dopamine which is neurotransmitter that helps control the brain's reward and pleasure centers and improves motivation, focus, and learning.

Title: Army Health Readiness and The Performance Triad - Activity (2 of 2)

v8 OPR:OTSG/MEDCOM

Strategic Theme: People

Source Doc: OTSG/MEDCOM Performance Triad materials

Date: 01 DEC 15

Top Line Message(s)

- Soldiers must be ready to perform any mission with speed, agility, power, strength and endurance to operate most effectively in more physically demanding, complex environments.
- Soldiers must have the physical, mental, and cognitive skills to achieve squad overmatch.
- Regular exercise and movement help build key mental ability – memory, reaction time, attention span, and learning ; it also makes Soldiers stronger, faster, fitter.

Summary

Readiness is #1, and there is no other #1." - GEN Mark A. Milley, 39th Chief of Staff, U.S. Army
"Leaders must strive to build the highest levels of readiness possible regardless of their mission status; and possess some level of mission capability that may be called upon at a moment's notice." – GEN Robert B. Abrams, Commanding General, FORSCOM
"Nothing is more conducive to keeping an Army in good health and spirits than exercise;; the ancients used to exercise their troops every day. Proper exercise, then, is surely of great importance for it preserves your health in camp and secures your victory in the field." Niccolo Machiavelli, The Art of War, 1521

Message

Talking Points

Audience

Musculoskeletal Injury

- Annually, 180,000 active duty Soldiers have at least one musculoskeletal injury, resulting in over 10 million limited duty days.
 - Musculoskeletal injury accounts for 76% of all medically non-deployable population
 - Strength training and cross-training can reduce the risk of injury by up to 50%.
 - Proven strategies to decrease injury: reduce total miles run, conduct distance runs by ability groups, add speed drills, execute warm-up exercises instead of pre-exercise stretching, progress training intensity and quantity gradually, and provide wider variety of exercises.
 - Vigorous exercise for 30 minutes, 3 times per week improves pain tolerance.
 - For the average Soldier, running more than 30 minutes, 3 times/week is associated with increased risk of injury without any additional benefits in APFT score.
- Functional fitness training reduces injury risk and better prepares Soldiers for the mission.

Internal Audience

Health Readiness

- Physical inactivity, smoking or being overweight limits physical performance before onset of physical disease
- Regular physical activity can improve health and quality of life, and lower the risk of early death, coronary artery disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer and depression.
- Sitting more than ten hours per day results in 34% higher overall mortality, even after accounting for physical activity levels.
- Physical inactivity is associated with the development of psychological disorders.
- Routine exercises can help reduce symptoms of mild-to-moderate mental health diseases (e.g., depression and anxiety) by up to 75% and is as effective as prescribing antidepressants for first-line treatment.
- Decreased physical activity linked to decreased vegetable consumption, increased soft drinks, increased unhealthy snacks, increased weight/body fat, and increased sleep deficits.
- Routine physical activity is associated with improved sleep

Internal Audience

Communication Special Instructions:

Notes:

Social Media:

- Army Medicine – Performance Triad <http://armymedicine.mil/Pages/performance-triad.aspx>
- http://www.army.mil/article/155256/Sleep_issues_bedeveloping_Soldiers_health/
- Performance Triad Soldier and Family Video Modules https://www.youtube.com/channel/UCdhyL4fXhMbPm_wuFRYYQ/playlists

For more information please contact: COL John Via, Director, DCOMM, OTSG/MEDCOM: 703-681-8630 or john.d.via.mil@mail.mil

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- <https://www.facebook.com/OfficialArmyMedicine>

Title: Army Health Readiness, the Performance Triad and Nutrition				
Strategic Theme: People		Source Doc: OTSG/MEDCOM Performance Triad materials		v4 OPR: OTSG/MEDCOM Date: 06 JAN 16
Top Line Message(s)	• “Performance fueling” maximizes resilience, physical and mental performance. • Eating and fueling for performance enables top level training, increases energy and endurance, shortens recovery between activities, improves focus and concentration, and helps Soldiers look and feel better. • Soldiers must be filled with high quality “fuel” and the right fluids to achieve maximum performance on and off the battlefield.			
Summary	“Readiness is #1, and there is no other #1.” - GEN Mark A. Milley, 39 th Chief of Staff, U.S. Army			
Message	Talking Points			Audience
Poor nutrition degrades the health readiness of the Force	<ul style="list-style-type: none">• Decreasing the percentage of overweight. Soldiers by 10% can enable FORSCOM to reach the goal of 90% deployability• Only 13% of males and 12% of females meet the basic nutrition standards and recommendations to be tactical athletes, per GAT 2.0 data• In the first 90 days, overweight (BMI > 27.5) Trainees are 47% more likely to be injured and are 49% more likely to seek medical care• Attrition rates for obese (BMI ≥ 30) male and female trainees are 27.8% and 45.9%, respectively• Poor nutrition leads to weight gain and increased risk for injury, both which greatly impact readiness and health• Overweight recruits are 47% more likely to become injured and use 49% more healthcare resources within the first 90 days of service• Calcium and Vitamin D status in trainees is associated with increase likelihood of stress fractures; improved iron status is associated with improvements in physical performance			Internal Army
Tactical fueling means the difference between mission success and failure	<ul style="list-style-type: none">• Operational environments can increase caloric requirements by at least two fold therefore requiring a properly fueled body for mission success• As little as 2% dehydration can lead to fatigue and impaired performance during combat• Nutrient timing – fueling with the right nutrients at the right time – is critical in the field environment and can mean the difference between top performance and mission failure• The best sports science has created 2 unique rations currently available: the Modular Operations Rations Enhancement First Strike Ration ; both support a Soldier’s additional nutritional needs and optimize nutrient timing for “on the move” missions.• Poor nutrition in extreme conditions (hot, cold, high altitude), can lead to fatigue, rapid weight loss, injury, illness, and dehydration			Internal Army
Fueling for physical performance	<ul style="list-style-type: none">• Fueling before exercise improves overall performance by 25-50% by increasing energy levels and protecting muscle tissue during physical training• Fueling within 60 minutes after exercise with a 4:1 ratio of carbohydrates to protein improves overall recovery by 50% by replenishing energy stores• Being dehydrated can decrease performance by up to 30%. Hydrating before, during and after physical activity can help ensure optimal performance• Eating fruits and vegetables, such as watermelon, grapes, celery and cucumber, can help with fluid replacement• Choose food over dietary supplements. Nearly 70% of U.S. supplement companies fail to meet FDA manufacturing standards and many are contaminated with illegal substances			Internal Army
Sports nutrition increases vigilance, stamina, and mental focus	<ul style="list-style-type: none">• To optimize brain and cognitive function, Soldiers should stay hydrated, include breakfast daily, and eat fatty fish, colorful fruits and vegetables, whole grains, nuts and seeds• Poor sleep and activity decreases brain function related to making good decisions and increased cravings for and intake of high-calorie junk foods• Diets high in fatty fast food and processed foods, and excessively high in sugar and caffeine or other stimulants can negatively impact overall cognitive function• Including fish as part of a well-balanced diet is very beneficial for overall cognition. Omega-3 fatty acids, which are highest in fatty fish, are linked to improve memory and focus• Hydration is critical for superior cognitive function. Dehydration causes the brain to shrink and affects cognition by impair short-term memory, focus and decision-making			Internal Army
Nutrient timing provides a foundation for emotional resilience	<ul style="list-style-type: none">• People who eat at least 5 servings of fresh fruits and vegetables per day are 5 times more likely to report high emotional wellbeing compared to those who eat less than 1 serving• Symptoms of depression and increased fatigue are related to diets high in processed, greasy, high fat foods, such as those found in fast food establishments• Fruits and vegetables provide key nutrients such as B vitamins, potassium, folate, fiber and antioxidants – all which enhance mood and support steady blood sugar and energy levels. Eight is great!• Food and emotional resilience are directly related. Fueling with healthy choices throughout the day improves outlook and focus, and reduces mood swings.			Internal Army
Communications Special instructions:		Notes:	Social Media:	
<ul style="list-style-type: none">• Visit Public Affairs Portal for available materials: https://www.us.army.mil/suite/page/publicaffairsportal• Army Medicine – Performance Triad http://armymedicine.mil/Pages/performance-triad.aspx• Performance Triad Soldier and Family Video Modules https://www.youtube.com/channel/UCdhvLFiXhMBpEM_wuFRYYQ/playlists• Human Performance Resource Center: httprc-online.org		For more information please contact: COL John Via, Director, DCOMM, OTSG/MEDCOM: 703-681-8630 or john.d.via.mil@mail.mil	<ul style="list-style-type: none">• #PerformTriad, #ArmyMedicine• Follow us on Twitter @PerformTriad, @ArmyMedicine• Follow us on Facebook: https://www.facebook.com/PerformanceTriad• https://www.facebook.com/OfficialArmyMedicine	