

**LIFESTYLE & PERFORMANCE MEDICINE**

WORKING GROUP

U.S. AIR FORCE

**LIFESTYLE & PERFORMANCE MEDICINE WORKING GROUP (L&PMWG)
CHARTER JUNE 2020
AFMRA/SG3CM (PREVENTIVE MEDICINE)
UNITED STATES AIR FORCE**

Mission: *Unite and educate health care providers to infuse Lifestyle & Performance Medicine (L&PM) into the Military Health System's population and clinical practice.*

Vision: *To establish Lifestyle & Performance Medicine providers as the forefront leaders of healthcare within the United States Air Force and Military Health System to improve human performance, readiness, and health.*

Background: The Department of Defense (DOD) is the largest employer in the country with over 1.3 million men and women on Active Duty and 742,000 civilian personnel. Another 826,000 members serve in the National Guard and Reserve forces. In addition, over 2 million military retirees and their family members receive healthcare benefits. Estimates suggest that the DOD spends \$10 to \$17 billion annually treating largely preventable chronic, degenerative diseases. Consistent increases in health care spending are a concern in the DOD. Thus, the Military Health System (MHS) transformation works to garner efficiencies while also ensuring medically ready forces, maximizing readiness skills, and providing the highest quality care. In 2018 the Air Force Medical Readiness Agency Health Promotion branch initiated the quarterly release of the Health & Readiness Optimization (HeRO) Report, compiled using data from Periodic Health Assessments (PHA) and the Air Force Fitness Management System II (AFFMS II), in concert with release of the worksite wellness HeRO strategy. The report highlights focus areas including nutritional fitness, physical activity, sleep optimization, and lifestyle factors such as tobacco and alcohol use. These focus areas were selected based on recognition by the Centers for Disease Control regarding modifiable behaviors of health that have been shown to be directly related to many preventable chronic diseases and illnesses. Current metrics show that roughly 66% of Air Force Active Duty members are overweight or obese based on Body Mass Index (BMI). Only 28% have adequate daily intake of fruits and vegetables, and 63% are consuming sugar sweetened beverages on a regular basis. With respect to physical activity, almost 22% of Air Force Active Duty members have a documented fitness restriction. Sleep quantity is poor with only 45% of members reporting adequate sleep time and almost 8% stating that their lack of sleep or poor quality sleep negatively affects their performance. Many members report using risky substances, including approximately

18% tobacco or e-cigarettes use, 17% to 47% reporting potentially excessive alcohol use, and roughly 40% taking potentially harmful nutritional supplements. Without focused intervention, some behaviors have worsened over the last 18 months. Preventable lifestyle factors contribute to an estimated 4.6 lost workdays annually per Airman, having a substantial impact on military readiness and mission accomplishment, and costing the AF \$103 million dollars annually. Additionally, dependents of Active Duty members, retirees and their dependents, as well as Reserve and Guard forces have rates of obesity and other chronic diseases that mirror the civilian community based on data from the Population Health Portal. These metrics illustrate the enormous strain that lifestyle behavior places on our military capacity, driving up healthcare costs and contributing to the extensive disease burden of our service members and beneficiaries. Alternatively, this may be seen as an opportunity for Lifestyle and Performance Medicine (L&PM) to address each component above, maximize primary prevention, and enhance warfighter readiness.

Purpose: Obesity and chronic disease are a threat to optimal military readiness and our ability to execute the national security strategy. A vast amount of scientific and medical literature supports that overweight and obesity can be significantly improved by applying the tenets of L&PM. The tenets of L&PM align with core principles of the American College of Lifestyle Medicine (ACLM). These include following a predominantly whole foods plant-predominant diet, engaging in routine physical activity, getting adequate sleep, managing stress, avoiding risky substances, emphasizing social connectedness, and other non-drug modalities to prevent, treat, and oftentimes reverse lifestyle-related chronic disease.¹ Executing a L&PM approach will yield significant financial savings and compoundable health outcomes, will increase physical performance, and enhance the quality of life for DOD members and their families throughout their years of active service and into retirement. Trust for America's Health and the Robert Wood Johnson Foundation reported in 2016 that investing \$10 per person each year in proven public health efforts would save the nation more than \$16 billion dollars within five years, a \$5.60 return for every \$1 invested.² A L&PM approach has been shown in studies to decrease hospitalization rates and costs, to decrease pharmaceutical costs, to decrease provider visits, to decrease musculoskeletal injuries and improve rates of recovery, and to decrease lost workdays due to illness and chronic disease. Given the increasing need to promote lifestyle as the primary modality to prevent, treat, and reverse chronic diseases, it is only fitting that the nation's largest employer implement a L&PMWG.

As a part of this initiative, the L&PMWG will provide comprehensive, evidence-based lifestyle medicine and integrative care as a foundational approach to patient care. This effort is in line with the quadruple aim of both the Air Force Medical Service (AFMS) and Defense Health Agency (DHA) to provide realistic patient-centric solutions. AFI 48-101, *Aerospace Medical Enterprise* (AME), section 6.1.1, specifically highlights the importance of human performance sustainment, optimization, and enhancement for our Airmen, who are the most important and valuable resources of the USAF. Specifically, "The purpose of the Human Performance Sustainment Program is to sustain the performance of Airmen, from accession through separation/retirement with the goal of maintaining target performance levels throughout an

¹ <https://lifestylemedicine.org/What-is-Lifestyle-Medicine>

² "Press Releases Archive - Page 16 of 19 - tfah." <https://www.tfah.org/article/page/16/>. Accessed 15 Nov. 2019.

Airman's career while minimizing adverse health effects. The purpose of the Human Performance Sustainment Program is to sustain the Airman, whether in the face of enemy conflict, environmental threats and stressors, or advancing age. AME personnel provide feedback and lessons learned on human performance shortfalls and/or emerging threats to those organizations and agencies responsible for Human Performance Optimization and Enhancement." AFI 48-101 also specifically acknowledges Preventive Medicine as a major contributor to performance sustainment because physical and mental health are necessary precursors to performance.³

In addition, the L&PMWG will support the intention of AFI 90-5001, *Integrated Resilience*, which spells out the framework for Comprehensive Airman Fitness (CAF). CAF is a holistic, strength-based, and integrated framework that plays a role in sustaining a fit, resilient, and ready force. It includes mental, physical, social, and spiritual domains and incorporates the Wingman concept of Airmen taking care of Airmen. L&PM is consistent with, and will support, the cultural shift necessary to improve health in a comprehensive manner, bolstering a resilient and ready Total Force.

The L&PMWG will focus on facilitating health behavior change to impact morbidity, mortality, and health care resources, including cost. The L&PMWG will pursue Lifestyle Medicine competencies, first described in the Journal of the American Medical Association (JAMA) on July 14, 2010, titled *Physician Competencies for Prescribing Lifestyle Medicine*.⁴ The L&PMWG will work to infuse Lifestyle Medicine competencies across the AFMS to include leadership, engagement, knowledge advancement, assessment of communities and patients, and management of resources. These efforts will lead to improved health behaviors and garner the support of resources and partners including Integrated Operational Support (IOS), Aerospace Medical Enterprise (AME), Health Information Technology (HIT), Clinical Communities and Air Force helping agencies such as the Commander's Action Team (CAT). Health behavior targets include nutritional status through improved dietary selections, increasing physical activity (energy, flexibility), moderation of alcohol use, elimination of tobacco use, sleep health, stress management (mindfulness, spirituality, and relaxation), and social connectedness. Optimizing service members' as well as military dependents' L&PM-health related behaviors contribute directly to improved readiness, increased health through prevention, reversal of chronic disease, enhanced quality of life, and decreased healthcare costs.

Goals and Objectives/Lines of Effort (LOE)/Metrics/Champion:

1. Provide guidance to implement evidence-based L&PM modalities for Active Duty member and beneficiaries.
 - a. LOE: Develop a framework for clinical L&PM visits (one-on-one & group) to be used in integrated and clinic-based care constructs. Partner with existing similar efforts to further the L&PM reach.
 - b. Metric:
 - i. Completed step-by-step guide for L&PM clinical implementation for clinicians and allied health care providers.

³ "BY ORDER OF THE SECRETARY OF THE AIR ... - AF.mil." 8 Dec. 2014, http://static.e-publishing.af.mil/production/1/af_sg/publication/afi48-101/afi48-101.pdf. Accessed 28 Oct. 2019.

⁴ "Physician Competencies for Prescribing Lifestyle Medicine" 14 Jul. 2010, <https://jamanetwork.com/journals/jama/fullarticle/186192>. Accessed 15 Nov. 2019.

- ii. Enhance partnerships with integrated care platforms (such as IOS, ART, BOST)
 - iii. Pilot L&PM within flight medicine and Active Duty clinics followed by Non-Active Duty primary care clinics.
 - iv. Define a method to measure impact and reach in the context of prevention (a very difficult task).
 - 1. Consider system outcome measures such as reduction in chronic disease rates and pharmaceutical costs, reduction in direct care demand, decreases in profiles, and decreases in lost days of work.
 - c. Champions: Lt Col Amanda Denton, Lt Col Mary Anne Kiel, Lt Col Jen Harward, Maj Regan Stiegmann
2. Collaborate with DOD/USAF WGs and unite tri-service evidence-based efforts in similar constructs of care such as integrative, functional, and complementary medicine. Collaborate with Veteran's Affairs (VA) and non-VA systems (such as national medical colleges (American College of Preventive Medicine, American College of Lifestyle Medicine) and military affiliated medical associations such as Special Operations Medical Association (SOMA)).
- a. LOE: Long term efforts will work to expand not only Air Force-wide, but through sister Services via collaboration.
 - b. Metric: Complete collaboration/information sharing and integration (when possible) with 2 or more other organizations annually.
 - c. Champions: Col Valerie Castle, Maj Regan Stiegmann
3. Enhance undergraduate, graduate, and continuing medical education to incorporate LM components and content.
- a. LOE:
 - i. Garner support of AFMS and MHS leadership to provide endorsement of L&PM for allied health care providers and physicians. (utilizing <https://lifestylemedicine.org/What-is-Lifestyle-Medicine> and <https://lifestylemedicine.org/military>)
 - 1. Support acquisition of LM Board Certification/Certificate for MC, BSC, and NC clinicians, in addition to other allied health personnel.
 - 2. Support funding and completion of the 32-hour online Lifestyle Medicine Core Competencies (LMCC) modules, as the primary on-line learning tool.
 - 3. Develop funding lines for annual budgeting for L&PM related content.
 - 4. Support attendance and participation in the ACLM and other Lifestyle Medicine relevant institutions (Harvard LM Collaborative, eCornell) to maintain cutting-edge currency in the discipline of L&PM.
 - ii. Provide LM curriculum information to GME platforms, USUHS, and Corps-specific CME/CEU.

- iii. Create of L&PM Special Experience Identifier (SEI).
 - b. Metric:
 - i. 7-10 new board-certified/certified LM providers annually.
 - ii. Identify POC and assess readiness to incorporate L&PM into academic training platforms and institutions.
 - iii. Establish collaboration with ACLM-Mil (Military Integration of Lifestyle Medicine) new program. POC: Mr. Martin Tull (ACLM).
 - c. Champion: Lt Col Amanda Denton, Lt Col Mary Anne Kiel, Maj Regan Stiegmann
- 4. Promote clinical research in the space of substantiating L&PM health outcomes within military cohorts.
 - a. LOE:
 - i. Partner with military healthcare communities to include currently active locations. Initial collaborative research partners include: Warfighter Effectiveness Research Center (WERC) at USAF Academy, Armed Force Health Surveillance Branch (AFHSB), 59th Medical Wing (San Antonio Military Medical Center), 711th Human Performance Wing (Wright Patterson Medical Center), and David Grant Medical Center.
 - b. Metric: Produce publishable data capturing impact on health metrics after L&PM implementation. (7-day plant based challenge, sustainability of biometrics over the long term, diagnostic testing, and quality of life metrics over time).
 - c. Champion: Lt Col Jen Harward, Maj Regan Stiegmann, Dr. Shauna Stahlman (AFHSB)
- 5. Advance L&PM through policy and advocacy within the AFMS
 - a. LOE 1: Policy. Engage discussion with AF Senior Leaders to endorse L&PM WG and efforts.
 - i. Establish formal WG, host collaboration with annual goal setting
 - ii. L&PM Medicine CONOPS (alternately integrate into other CONOPS such as Human Performance or IOS)
 - iii. Develop boilerplate L&PM CONOPS to supplement related CONOPS
 - iv. Define funding needs and mechanisms
 - v. Annual review and update of L&PM WG Goals and LOEs
 - b. LOE 2: Advocacy. Collaborate and coordinate ongoing efforts
 - i. Catalogue ongoing L&PM activities
 - ii. Develop a platform for exchange of information and best practice
 - iii. Host Lifestyle and Performance Medicine Exchange (Target Fall 2021)
 - c. Metric LOE 1: AF SG, along with MAJCOM/SG awareness and support
 - d. Metric LOE 2: Defined and growing community of L&PM teammates
 - e. Champion: Col Valerie Castle, Lt Col Mary Anne Kiel

6. Utilize existing clinical resources (L&PM champions) to train line personnel as Military Peer Wellness Coaches to act as non-medical unit-based health optimization champions.
 - a. LOE 1: Engage with medical and line leaders to establish Commander investment.
 - i. Request leaders to allow unit members to volunteer for training opportunities.
 - ii. Connect this effort directly to pre-existing Community Action Plans for Wing Community Action Boards USAF-wide.
 - b. LOE 2: Utilize a community health approach to leverage a robust volunteer-based team of Military Peer Wellness Coaches (MPWC).
 - i. Consider replicating approval processes for similar programs already in place such as Master Resiliency Trainers (MRT) and Physical Training Leaders (PTL)
 - ii. Consider partnering with Whole Health program implementers in VA system already training peer health coaches.
 - iii. Develop initial training plan with two schedules (one-week vs. staggered day-long trainings) and utilize Education and Training resources to assist with planning training events.
 - iv. Consider ongoing replication efforts by seeking participants to become trainers in the future.
 - c. Metric LOE 1: Utilize HeRO report system and surveys to monitor changes in health behaviors of units which adopt the use of 2 or more MPWCs.
 - i. Consider annual day follow-up to allow for change in health behaviors to reflect on HeRO metrics.
 - d. Metric LOE 2: Utilize readiness monitors and UFPMs to determine the readiness and fitness test pass-rates pre- and post-implementation of MPWCs.
 - e. Champion: Lt Col Bryant Webber, Maj Regan Stiegmann

KOENIGER.M | Digitally signed by
ARK.ANDREW | KOENIGER.MARK.ANDR
.1118109135 | EW.1118109135
Date: 2020.08.06
16:42:24 -04'00'

MARK A. KOENIGER
Brigadier General, USAF, MC, SFS
Commander, Air Force Medical Readiness Agency

MILLER.ROBE | Digitally signed by
RT.I.10396633 | MILLER.ROBERT.I.1039
21 | 663321
Date: 2020.08.14
10:22:08 -04'00'

ROBERT I. MILLER
Major General, USAF, MC, SFS
Director, Medical Operations & Research
Office of the Surgeon General

The Working Group (US Air Force):

Col Valerie Castle (DO MPH) – Chief Preventive Medicine, AFMRA, Falls Church, VA

Col Leslie A. Knight (MD & DiplABLM)– Deputy Command Surgeon, AFMC, WPAFB, OH

Col(s) Mary Anne Kiel (MD & DiplABLM)– Chief of Medical Staff, Whiteman AFB, MO

Col(s) Sarah Vick (MD) – Resident, Preventive Medicine, Johns Hopkins University, Baltimore, MD

Lt Col Amanda Denton – Nutritional Medicine Flight Commander, AFMS Nutrition Consultant, Wright-Patterson AFB, OH

Lt Col Jennifer Harward – Nutritional Medicine Flight Commander, AMC Nutrition Consultant, Travis AFB, CA

Lt Col Bryant Webber (MD MPH) – Physician, 711 Epidemiology Cell, Wright Patterson AFB, Dayton OH

Maj Ryan J. Kalpinski, BSC, Clinical Health Psychologist, Chief, Behavioral Medicine Services, JB Andrews, MD

Maj Scott Hulse – Resident, Preventive Medicine, Uniformed Services University, Bethesda, MD

Maj Regan Stiegmann (DO MPH & DiplABLM) – Physician, Flight Medicine and Lifestyle & Performance Medicine, USAFA, Colorado Springs, CO

Working Group Member Responsibilities:

1. Active and constructive participation to advance L&PM to include championing goals and objectives.
2. Take part in monthly teleconference (3rd Friday of every month).
3. Attend yearly meeting that will be held as part of annual ACLM meeting and other Lifestyle Medicine specific meetings.
4. Participate in presentations, writing position papers, review articles, and PI initiated research.
5. Commit to pursuit of Lifestyle Medicine practice/credentials.