Evaluating the Impact of Military Policies & Programs on Performance & Readiness

Bridging the Gap: A Lifestyle & Peformance Medicine Curriculum to Enhance Military Physician Confidence & Readiness

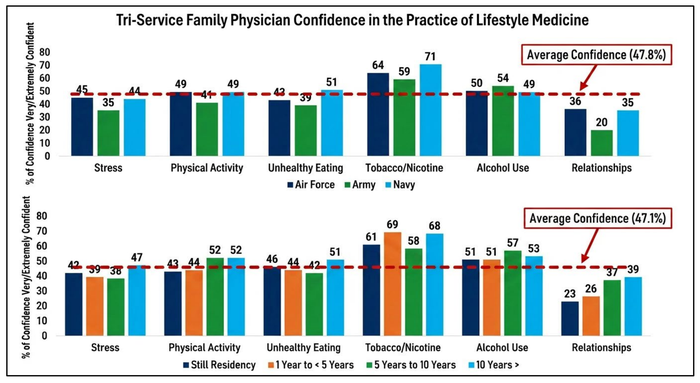
Jeffrey J. Smith, DSW, LCSW, Med, BCD, DipACLM, FACLM
Major, United States Air Force, Biomedical Sciences Corps
Director of Psychological Health (DPH), 1st Special Operations Medical Group, Hurlburt Field, Florida
Vice Chair, Air Force Surgeon General Lifestyle & Performance Medicine Working Group

BACKGROUND

The Readiness Crisis

Over 175,000+ sidelined by Deployment Limiting Medical Conditions

- 8.2% Non-Deployable
- 79% of Young Americans Ineligible
- $3B+ Annual DoW Cost on Preventable Chronic Disease
- (Obesity 24%, Depression 25%,
- Overuse Injury 10%)



The National Defense Authorization Act (NDAA) for Fiscal Year 2026 (Public Law No. 119-60) marks a historic legislative shift by integrating Lifestyle & Performance Medicine into the core mission of the U.S. Military

Fewer than half of military family physicians feel equipped to address core lifestyle pillars, creating a critical physician confidence gap that undermines force readiness.

RESULTS

82%
of Residents
Now Choose
LIFESTYLE FIRST
Over
Pharmacological
Solutions

Key Metrics

- Rated direct contribution to lethality & readiness: **4.73/5.0**
- Clinical self-efficacy increased to **M=4.13/5.0**
- Full SMA participation = perfect confidence (5.0/5.0) vs. limited participation (3.0/5.0)

Efficacy and Confidence

Enhanced Care Integration:	4.45
SMA Effectiveness:	4.27
Behavioral Interventions:	4.18
Overall Recommendation:	4.55

LIFESTYLE & PERFORMANCE MEDICINE CURRICULUM 101: DATA SYNTHESIS & RESIDENT COHORT ANALYSIS (2025-2026)

QUALITIVE THEMES, ACGME MILESTONES, & CURRICULUM EFFICACY / RESIDENT CONFIDENCE HEAT MAPS

QUALITATIVE THEMES & ACGME MILESTONES MAPPING

THEME 1: UNDERSTANDING & INTEGRATION
- Deepened understanding of lifestyle factors
- Integrated holistic view into patient care

ACGME Milestones: [PC-2, PC-3, PC-4]

THEME 2: APPLICATION OF INTERVENTION
- Successfully Used BBTI
- Applied Brief Interventions in Clinic

ACGME Milestones: [MK-1, MK-2, IC-1, IC-2

THEME 3: BARRIERS TO LIFESTYLE CHANGE
- Patient Struggle with time and motivation
- Systematic barriers prevent adherence

ACGME Milestones: [System-Based Practice] SBP

THEME 4: VALUES & IMPACT OF CURRICULUM
- Essential to Military Readiness
- High Value for Future

ACGME Milestones: [SB-1, SB-2]

RESIDENT COHORT: CURRICULUM EFFICIACY HEAT MAP (1-5 SCALE)

	ENHANCED ABILITY TO INTEGRATE CARE	SMA MODEL EFFECTIVE FOR SKILLS	ASYNCRONOUS MATERIALS ORGANIZED	ESSENTIAL FOR MILITARY READINESS	OVERALL RECOMMENDED CURRICULUM
Resident Eglin #1	5	4	4	5	5
Eglin #2	5	4	4	5	5
Eglin #3	4	5	4	5	5
Eglin #4	5	4	4	5	5
Eglin #5	5	4	4	5	5
Travis #1	5	4	3	5	5
Travis #2	3	3	3	4	3
Travis #3	4	4	3	4	4
Travis #4	3	3	3	4	3
Travis #5	5	5	5	5	5
Travis #6	5	5	4	5	5

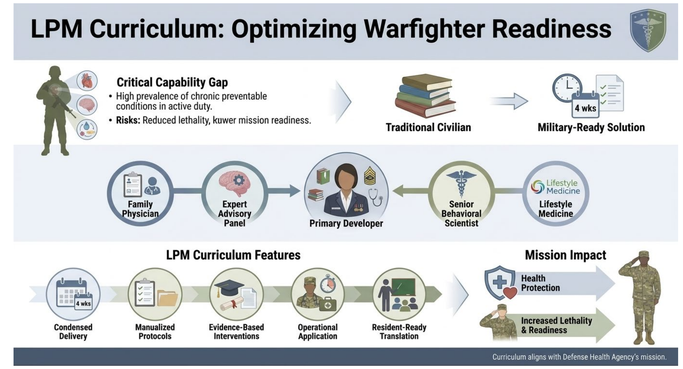
RESIDENT COHORT: RESIDENT CONFIDENCE HEAT MAP (1-5 SCALE)

	FOUDATIONAL & MEDICAL KNOWLEDGE	BEHAVIORAL INTERVENTION (BBTI/SMART)	COMMUNICATION SKILLS (MOTIVATIONAL INTERVIEWING)	SYSTEM BASED PRACTICE
Resident Eglin #1	5	5	5	5
Eglin #2	4	4	4	4
Eglin #3	4	4	4	4
Eglin #4	4	5	4	4
Eglin #5	5	5	5	5
Travis #1	4	4	4	4
Travis #2	4	4	4	4
Travis #3	3	3	3	3
Travis #4	5	5	5	5
Travis #5	5	5	5	5
Travis #6	4	4	4	4

5= High Confidence 4=Moderate Confidence 3=Low Confidence

EXPERENTIAL LEARNING CORRELATION
Full Shared Medical Appointment (SMA) Participation =Max Confidence (5.0) Limited (SMA) Participation=Low Confidence (3.0, 3.25) Experiential Component Critical for Mastery

CURRICULUM DESIGN



METHOD

Mixed Method Study: N=11 Family Medicine Residents (Travis & Eglin AFBs), pre/post knowledge surveys, semi-structured interviews with reflexive thematic analysis.

4-Week Experiential L&PM 101 Curriculum
- 6 Pillars of Lifestyle & Performance Medicine
- Centered on Shared Medical Appointment (SMAs)
- Integrated Kolb's Experiential Learning Cycle+ Mayers Cognitive Theory, & Bandura
- Maps to 2025 ACGME FM Milestones

CONCLUSION & POLICY IMPLICATIONS

This validated L&PM 101 Curriculum rotation provides a scalable, evidence-based model to embed root-cause medicine into military GME:
- Direct support NDAA FY26 mandate and DHA Quadruple Aim
- Targets $3B annual chronic disease burden
- Hands-on experiential training is essential for force health, career preservation, and mission performance

The U.S. Military's operational readiness is critically undermined by an internal threat: over 40% of active-duty service members suffer from a chronic preventable condition. The L&PM 101 curriculum addresses the DHA Quadruple Aim and the chronic disease burden.