



JULY
2022

US NATIONAL PHYSICAL ACTIVITY PLAN

MILITARY SETTINGS SECTOR

PHYSICAL ACTIVITY ALLIANCE

 **MOVE WITH US**



Contents of the Military Settings Sector

ABOUT US

Page 2

INTRODUCTION

Pages 3 - 5

STRATEGY 1: LEADERSHIP

Pages 6 - 7

STRATEGY 2: EDUCATION & EMPLOYMENT OF QUALIFIED

PERSONNEL

Pages 8 - 9

STRATEGY 3: SURVEILLANCE & TECHNOLOGY

Pages 10 - 11

STRATEGY 4: PHYSICAL ACTIVITY AND PHYSICAL TRAINING PROGRAMS

Pages 12 - 13

STRATEGY 5: PARTNERSHIPS

Pages 14 - 15

STRATEGY 6: COMMUNICATION

Pages 16- 17

REFERENCES & ACKNOWLEDGEMENTS

Pages 18 - 21

APPENDIX: OBJECTIVES FOR EACH STRATEGY AND TACTIC

Pages 22 - 34



THE PHYSICAL ACTIVITY ALLIANCE

The Physical Activity Alliance (PAA) was created in 2020 as a merger of the National Physical Activity Plan Alliance, the National Physical Activity Society, and the National Coalition for Promoting Physical Activity. The Alliance combines expertise in policy advocacy, strategic planning, and workforce development to address physical inactivity. We connect planning to policy and advocacy as well as to professionals promoting public health approaches to physical activity.

The PAA focuses on policies and systems that help make the active choice the easy choice by promoting evidence-based and promising policies. The Alliance also develops and issues continuing education for professionals in public health education, and beyond. To achieve these objectives, the Alliance is composed of three committees: Policy, Professional Development, and the National Physical Activity Plan. These steering committees focus on advocacy and policy, continue professional development, and strategic planning.

THE U.S. NATIONAL PHYSICAL ACTIVITY PLAN

The National Physical Activity Plan (NPAP) is a comprehensive set of policies, programs, and initiatives designed to increase physical activity in all segments of the U.S. population. The Plan aims to foster a national culture that supports physically active lifestyles to improve health, prevent disease and disability, and enhance quality of life.

The current plan, published in 2016, built on the first NPAP released in 2010. Both Plans were developed through a process that engaged hundreds of professionals, researchers, and leaders from public and private organizations. These individuals contributed to the work of nine expert panels, each of which focused on one societal sector:

- Business and Industry
- Community Recreation, Fitness, and Parks
- Education
- Faith-Based Settings
- Healthcare
- Mass Media
- Public Health
- Sport
- Transportation, Land Use and Community Design

A NATIONAL SECURITY CRISIS

Low physical activity and poor physical fitness threaten health and military readiness across all branches



ONLY 2 IN 5

young adults are both weight-eligible and adequately physically active for the challenges of basic training

THE NPAP MILITARY SETTINGS SECTOR

The Military Settings Sector recognizes that physical inactivity is more than a public health epidemic, it is also a significant threat to U.S. national security.¹ Physical activity is vital to increasing the health and military readiness of our nation's warfighters,² and improving the quality and length of life among Veterans,³ civilian employees of the U.S. Department of Defense (DoD) and the U.S. Department of Veterans Affairs (VA), and families of service members. The evidence-based recommendations within the Military Settings Sector provide opportunities to realize practical and economic returns on investment that will simultaneously improve the health and security of our nation.

The Military Settings Sector is designed to support existing lines of effort within the DoD and VA, such as DoD's *Total Force Fitness Framework* and *Building Healthy Military Communities* program, and the VA's *Whole Health* and *MOVE!* programs. In an effort to cultivate a culture of physical activity across the DoD and VA, the Military Settings Sector addresses four key sub-populations: Service Members, Veterans, Families of Service Members, and Civilians working for the DoD and/or VA. Low physical activity and poor physical fitness threaten health and military readiness across all branches (Air Force, Army, Marine Corps, Navy, and Space Force) and components (Active, National Guard, Reserve) of the U.S. Armed Forces, and the health and readiness of other uniformed services (e.g., U.S. Coast Guard, U.S. Public Health Service, and National Oceanic and Atmospheric Association). Secular declines in physical activity and fitness are a major contributing factor in the roughly 75% of American youth failing to qualify for military service,⁴ and the growing economic and logistical burden of musculoskeletal injury-related attrition and non-deployability.⁵⁻⁷ Increasing the physical activity and fitness of Service Members will result in tangible improvements in Service Members' readiness, lethality, and resilience while reducing economic burden from musculoskeletal injuries, non-communicable disease, and poor mental health.

Veterans suffer from disproportionately higher mental and physical chronic disease burden in comparison to the general U.S. population.⁸ Overwhelming evidence demonstrates physical activity to be an effective form of prevention and treatment for many such diseases, including stress, anxiety, depression, Post Traumatic Stress Disorder, heart disease, stroke, diabetes, and certain cancers.⁹ Increasing physical activity of Veterans will improve their quality and length of life, while reducing VA healthcare costs associated with treating these diseases.

Together, the DoD and VA are the largest of all U.S. employers. As such, increasing physical activity among all civilian DoD and VA employees can increase workplace productivity, reduce turnover, and reduce healthcare costs across a large segment of the United States' workforce.^{10,11}

Increasing physical activity among families of service members creates several short- and long-term benefits to the DoD and VA. Families are an essential part service members' social network and evidence clearly shows that having strong social support is critical to maintaining an active, healthy lifestyle, during and after service. Furthermore, children of service members are more likely to join the US Armed Forces than are members of the general population. Therefore, involving the children of service members in physically active lifestyles will increase the number of viable candidates for service, helping minimize the current, significant recruiting challenges.¹²

Historically, the DoD and VA have developed and/or implemented innovative solutions to some of the nation's most pressing clinical and public health problems (e.g., surgical interventions, vaccinations)¹³ independently, and in collaboration with other government agencies, industry, and academia. The DoD and VA can yet again innovate and lead the nation by using recommendations from the Military Settings Sector's Six Strategies as a road map for improving physical activity, fitness, and health among the American sub-populations they directly affect, while increasing the safety and security of all Americans.

STRATEGY 1: LEADERSHIP

Establish a strong leadership model that sets the tone for system transformation and supports continuous monitoring and improvement to enhance physical activity and fitness. (MS-1)

1 TACTIC
6 OBJECTIVES



Tactic 1: The DoD and VA should identify a functional lead to drive organizational change and transform current strategy and doctrine into actionable policies, systems, and/or environmental changes, prioritizing physical activity as a fundamental component of Total Force Fitness (TFF) and Whole Health (WH). (MS-1.1)



STRATEGY 2: EDUCATION & EMPLOYMENT OF QUALIFIED PERSONNEL

The DoD and VA should invest in educating and employing personnel with appropriate credentials and/or qualifications to develop and implement evidence-based physical activity programs as part of a team-based approach to improving physical fitness, in order to reduce incidence and prevalence of musculoskeletal injuries, mental illness, and communicable and non-communicable diseases among service members, veterans, their families, and civilians working for the military and the VA. (MS-2)

4 TACTICS

19 OBJECTIVES



Tactic 1: Identify existing personnel within the DoD and VA workforce with requisite subject matter expertise in physical activity and health, physical fitness, and/or tactical strength conditioning, who can be immediately leveraged as subject matter experts within their organizations. (MS-2.1) [*Aligns with [NPAP Public Health Sector Strategy 1](#)*]

Tactic 2: Collaborate with government agencies, industry, and academia to identify existing, or to develop new, progressive levels of subject matter expertise through internal mechanisms, external professional credentialing bodies, and institutions of higher education, to support and sustain physical fitness, performance, and readiness of personnel, that can then be evaluated (e.g., [U.S. Air Force and American College of Lifestyle Medicine’s Lifestyle & Performance Medicine Working Group Charter](#)). (MS-2.2)

Tactic 3: Use credentialed and/or qualified subject matter experts to drive individual- and population-level programs to improve physical activity, health, and readiness of personnel. (MS-2.3)

Tactic 4: Collaborate with government agencies, academia, and/or industry leaders with expertise in program evaluation to develop and implement process, impact, and outcome measures to assess the efficacy and effectiveness of educating and employing credentialed and/or qualified personnel. (MS-2.4) [*Aligns with [NPAP Public Health Sector Strategy 4](#)*]



STRATEGY 3: SURVEILLANCE & TECHNOLOGY

The DoD and VA should collaborate, along with other government agencies, industry, and academia, to improve existing health surveillance systems to routinely monitor physical activity-related injuries and illnesses and to link existing and emerging technologies for standardized surveillance of physical activity, over secured platforms. (MS-3) [[Aligns with NPAP Overarching Priority for a Comprehensive Surveillance System](#)].

5 TACTICS 12 OBJECTIVES



Tactic 1: Develop a plan to integrate physical activity as a vital sign into electronic health records, such that physical activity can be monitored from the point of accession into the military through the lifespan of a Veteran. (MS-3.1) *[Aligns with NPAP Healthcare Sector Strategy 1, and National Academies of Medicine Healthcare Workgroup]*

Tactic 2: Ensure that electronic health records systems are capable of supporting routine health surveillance functions to monitor incidence and prevalence of physical activity-related injuries and illnesses. (MS-3.2)

Tactic 3: Conduct periodic worksite-based health screenings and/or telehealth visits that measure physical activity and fitness levels of DoD/VA workers. (MS-3.3) *[Aligns with NPAP Healthcare Sector Strategy 1, NPAP Business & Industry Sector Strategy 1, and National Academies of Medicine Workplaces Workgroup]*

Tactic 4: Develop, implement, evaluate, and fund strategies to effectively integrate objective measures of physical activity derived from wearable devices, smartphones, tablets, and applications into workplace and healthcare settings. (MS-3.4)

Tactic 5: Replace lagging indicators of health and performance with leading Key Performance Indicators (KPIs) of human movement (e.g., force plate technology, movement screens, isometric assessments) to enhance measurement of physical fitness and performance. (MS-3.5)



STRATEGY 4: PHYSICAL ACTIVITY & PHYSICAL TRAINING PROGRAMS

To support the DoD's TFF and VA's WH initiative, the DoD and VA should further invest in existing, and should begin investing in new evidence-based physical activity and physical training programs, delivered by credentialed and/or qualified professionals, to improve individual- and population-level health and fitness outcomes. (MS.4)

4 TACTICS 19 OBJECTIVES



Tactic 1: Develop and implement comprehensive and immersive physical activity and physical training prescriptions for the U.S. Armed Forces to ensure the delivery of safe and effective training and subsequent assessments of the Physical Fitness Dimension of TFF. (MS-4.1)

Tactic 2: Adequately fund physical training and education programs to ensure optimal readiness from recruitment through the lifespan of Service Members and Veterans. (MS-4.2)



Tactic 3: Establish a Tri-Service Component Center of Excellence aimed at optimizing the Physical Domain of TFF by providing training and education, and sharing evidence of best practices specific to DoD physical activity, physical fitness, and performance. (MS-4.3)

Tactic 4: Provide resources and training necessary to support Veterans and VA employees in adopting and maintaining physical activity behaviors, including providing access to relevant expertise, evidence-based behavioral change programs, and qualified fitness and behavior change professionals. (MS-4.4)



STRATEGY 5: PARTNERSHIPS

To support an enterprise-wide, whole-of-government approach to national physical activity implementation, the DoD and VA, along with other government agencies, industry and academia, should engage in multi-sectoral partnerships to implement policies and programs to enhance physical activity on and around military installations and VA medical centers, and in settings where access to facilities is limited. (MS-5)

4 TACTICS
13 OBJECTIVES



Tactic 1: Establish an interagency advisory committee on physical activity within the Physical Activity Alliance (PAA), with representation from all PAA entities, to enable effective multi-sectoral collaboration. (MS-5.1)



Tactic 2: Provide key DoD and VA leadership to the PAA Advisory Committee to represent the Military Settings Sector’s priorities and ensure engagement with federal and national functional leads responsible for enhancing physical activity. (MS-5.2)

Tactic 3: Ensure collaboration between the DoD Education Activity (DoDEA) and NPAP’s Education Sector and Sport Sector to identify opportunities to advance existing recommendations from those Sectors, and to identify new opportunities to increase physical activity and fitness in DoDEA schools and among military-connected students. (MS-5.3)

Tactic 4: Use the [DoD’s United Facilities Criteria \(UFC\)—Installation Master Planning](#) document and its [Building Healthy Military Communities \(BHMC\) initiative](#), perhaps in collaboration with the NPAP’s Transportation, Land Use, and Community Design Sector and/or the NPAP’s Community Recreation, Fitness and Parks Sector, to implement and evaluate their physical activity-related recommendations (e.g., “Healthy Community Planning,” “Connected Transportation Networks,” and “Horizontal and Vertical Mixed Use” within the UFC, and [State Coordinators](#) for the BHMC). (MS-5.4)



STRATEGY 6: COMMUNICATION

The DoD and VA, in collaboration with other public stakeholders, should invest in developing, implementing, and evaluating enterprise-level, multimedia campaigns to educate military members, veterans, civilian DoD and VA employees, and military families about physical activity and effective behavioral strategies for increasing physical activity to improve holistic health and performance. (MS-6) [Aligns with [NPAP Overarching Priority for a National Physical Activity Campaign](#)].

4 TACTICS
8 OBJECTIVES



Tactic 1: Invest in efforts to understand what motivates military members, veterans, civilian DoD and VA employees, and military families to establish physically active lifestyles and identify strategically compelling physical activity messaging. (MS-6.1)

Tactic 2: Work with other public stakeholders to invest in developing, implementing, and evaluating physical activity communication campaigns that are effective in increasing individual-level physical activity. (MS-6.2)

Tactic 3: Incorporate DoD and VA physical activity marketing campaigns into policy, procedures, and practices. (MS-6.3)



Tactic 4: Partner with broadcasting agencies to highlight Military Physical accomplishments, such as Best Ranger Competition, or Best Sapper Competition, to bring positive attention to the physical aspect of the military. (MS-6.4)



REFERENCES

1. Bornstein D, Grieve G, Clennin M, McLain A, Whitsel L, Beets M, Hauret K, Jones B, Sarzynski M. Which U.S. states pose the greatest threats to military readiness and public health? Public health policy implications for a cross-sectional investigation of cardiorespiratory fitness, body mass index, and injuries among U.S. Army recruits. *Journal of Public Health Management and Practice*. 2019;25(1):36–44. doi: 10.1097/PHH.0000000000000778.
2. Knapik J, Sharp M, Steelman R. Secular trends in the physical fitness of United States Army recruits on entry to service, 1975–2013. *Journal of Strength and Conditioning Research*. 2017;31(7):2030–2052. doi: 10.1519/JSC.0000000000001928.
3. Malecki HL, Gollie JM, Scholten J. Physical activity, exercise, whole health, and integrative health coaching. *Physical Medicine and Rehabilitation Clinics of North America*. 2020;31(4):649–663. doi: 10.1016/j.pmr.2020.06.001. Epub 2020 Sep 3. PMID: 32981584.
4. Gilroy C. Recruiting, Retention and End of Strength Overview. Prepared statement of Dr. Curtis Gilroy, Director of Accession Policy in the Office of the Under Secretary of Defense for Personnel and Readiness, before the House Armed Services Personnel Subcommittee. March, 3, 2009. Available at <https://www.govinfo.gov/content/pkg/CHRG-111hrg50088/pdf/CHRG-111hrg50088.pdf>. Accessed January 3, 2022.
5. Molloy JM, Pendergrass TL, Lee IA, Chervak MC, Hauret KG, Rhon DI. Musculoskeletal injuries and United States Army readiness. Part I: Overview of injuries and their strategic impact. *Military Medicine*. 2020;185(9-10): e1461–e1471. Available at <https://doi.org/10.1093/milmed/usaa027>. Accessed December 9, 2021.
6. Hauret KG, Jones BH, Bullock SH, Canham-Chervak M, Canada S. Musculoskeletal injuries description of an under-recognized injury problem among military personnel. *American Journal of Preventive Medicine*. 2010;38(1 Suppl):S61–70.

REFERENCES

7. Grimm PD, Mauntel TC, Potter BK. Combat and noncombat musculoskeletal injuries in the US military. *Sports Medicine and Arthroscopy Review*. 2019;27(3):84–91. doi: 10.1097/JSA.0000000000000246.
8. Hoerster KD, Lehavot K, Simpson T, McFall M., Reiber G, Nelson KM. Health and health behavior differences: U.S. military, veteran, and civilian men. *American Journal of Preventive Medicine*. 2012;43(5):483–489.
9. 2018 Physical Activity Guidelines Advisory Committee. 2018 Physical Activity Guidelines Advisory Committee Scientific Report. Washington, DC: U.S. Department of Health and Human Services, 2018. Available at https://health.gov/sites/default/files/2019-09/PAG_Advisory_Committee_Report.pdf. Accessed January 3, 2022.
10. Pronk NP, Martinson B, Kessler RC, Beck AL, Simon GE, Wang P. The association between work performance and physical activity, cardiorespiratory fitness, and obesity. *Journal of Occupational and Environmental Medicine*. 2004;46(1):19–25.
11. Pronk NP, Goodman MJ, O'Connor PJ, Martinson BC. Relationship between modifiable health risks and short-term health care charges. *JAMA*. 1999;282(23):2235–2239.
12. Spoehr TW. Improving America's long-term military recruiting outlook. The Heritage Foundation Center for National Defense. October 5, 2021. Available at <https://www.heritage.org/sites/default/files/2021-10/BG3657.pdf>. Accessed December 21, 2021.
13. Tulchinsky TH, Varavikova EA. *The New Public Health, Third Edition*. San Diego (CA): Elsevier Academic Press, 2014.

MILITARY SETTINGS SECTOR COMMITTEE MEMBERS

Daniel Applegate

Director, Oracle Center

Lt. Col. Shane Doucet (USAF, Retired)

Founding Principal,
Doucet Solutions

Bruce Jones, MD, MPH

Senior Advisor, Clinical
Public Health and
Epidemiology Directorate,
U.S. Army Public Health
Center

CDR. Katrina Piercy, PhD, RD (US Public Health Service)

Director, Division of
Prevention Science, Office
of Disease Prevention and
Health Promotion, U.S.
Department of Health and
Human Services

CAPT. Kathy Beasley, PhD (USN, Retired)

Principal, K-Beaz
Consulting, LLC

Patricia Deuster, PhD, MPH

Executive Director,
Consortium for Health
and Military Performance,
Uniformed Services
University of Health
Sciences

Col. Brian McGuire, MS (USMC, Retired)

Head, USMC Human
Performance Branch

Jared Porter, PhD

Associate Professor,
University of Tennessee

Maj. Regan A. Stiegman, DO, MPH (USAF)

Flight Surgeon, U.S. Air
Force

Daniel Bornstein, PhD, Chair

Founding Principal,
DBornsteinSolutions, LLC

Whitfield "Chip" East, EdD

Research Physiologist, U.S.
Army Training and
Doctrine Command, Center
for Initial Military Training

Col. Bradley Nindl, PhD (USAR)

Director, Warrior Human
Performance Research
Center, University of
Pittsburgh

MAJ. Ryan Short (USARNG)

U.S. Army National Guard
Deputy Chief of Staff, US
Army Center for Initial
Military Training

Phil Wagner, MD

Founder and CEO,
Sparta Science

ORGANIZATIONS REPRESENTED IN DEVELOPING AND/OR REVIEWING THE NPAP MILITARY SETTINGS SECTOR

Government

- National Guard Bureau
- U.S. Air Force
- U.S. Army
- U.S. Army National Guard
- U.S. Army Public Health Center
- U.S. Army Reserve
- U.S. Department of Education
- U.S. Department of Health and Human Services
- U.S. Department of Veterans Affairs
- U.S. Marine Corp
- U.S. Navy
- U.S. Public Health Service

Industry and Non-Profit

- American College of Lifestyle Medicine
- American Heart Association
- BeaverFit USA
- Center for New American Security
- Doucet Solutions, LLC
- Fit Ops Foundation
- Kaiser Permanente
- K-Beaz Consulting, LLC
- Leidos
- Oracle Cerner
- Sparta Science

Academia

- Harvard University
- The Citadel, The Military College of South Carolina
- Uniformed Services University
- University of Pittsburgh
- University of Tennessee
- University of Southern California
- West Virginia University

Appendix: Objectives for the Military Settings Sector Strategies and Tactics

Strategy 1 (MS-1) Objectives

Tactic 1 (MS-1.1)

Objective 1.1: In 2023 the DoD-VA Joint Executive Committee (JEC) should review the NPAP Military Settings Sector and identify where physical activity can become a unified JEC priority within the [Joint Strategic Plan](#).

Objective 1.2: In 2023 the DoD-VA JEC should consider establishing a separately chartered Physical Activity Team, similar to the Suicide Prevention Team, to assess and align interagency physical activity coordination efforts.

Objective 1.3: In 2023 the Under Secretary of Defense for Personnel and Readiness (USDP&R) should consider establishing a Federal Office for Physical Activity and Health, similar to the Suicide Prevention Office, to advance holistic, data-driven health-readiness metrics through policy, oversight, and engagement to positively impact individual behaviors and beliefs, as well as instill systemic cultural change.

Objective 1.4: By 2024 the Federal Office for Physical Activity and Health should establish an annual forum to solicit feedback on the implementation of physical activity initiatives, encourage organizational engagement, maintain momentum, and create a positive environment for future development.

Objective 1.5: By 2024 the Federal Office for Physical Activity and Health should work with the Office of Personnel Management and DoD Military Decorations and Awards Program to enact policy through which leaders receive formal recognition and reward for implementation of policy, systems and/or environmental changes that enhance physical activity literacy, TFF and WH.

Objective 1.6: By 2024 the Federal Office for Physical Activity and Health should work with the Secretary of Defense for Public Affairs on public communication and community engagement stories that promote the importance of physical activity as it relates to military readiness and national security.

Strategy 2 (MS-2) Objectives

Tactic 1 (MS-2.1)

Objective 2.1: In 2023, the DoD and VA should determine the physical activity and health credentials and/or qualifications that can be effectively leveraged for subject matter expertise, and conduct a systems record review to identify existing personnel, (e.g. Army Wellness Centers) that may be utilized in support of physical activity initiatives.

Objective 2.2: In 2023, the VA and/or Veteran-based organizations (e.g. the Student Veterans Association) should develop and disseminate a list of institutions of higher education with an active Office of the Student Veterans Association that offer degree programs in the areas of exercise science, strength and conditioning, or tactical strength and conditioning.

Objective 2.3: In 2023, the DoD should leverage existing resources (e.g. DOD Credentialing Opportunities Online) to identify credentialing and/or qualifying opportunities for existing personnel in the areas of physical activity, health promotion, physical fitness, and/or tactical strength and conditioning.

Objective 2.4: In 2023, the DoD should establish a method of identifying Reserve Officers' Training Corps students majoring in an exercise-related field (e.g. Exercise Science, Kinesiology, Strength and Conditioning, Physical Education) in order to recognize their potential capacity to provide subject matter expertise within their assigned unit and to prioritize their continuing education.

Tactic 2 (MS-2.2)

Objective 2.5: By 2023, the VA should adapt or adopt an existing curriculum for physical activity and health (e.g. the American College of Sports Medicine (ACSM) Physical Activity in Public Health Specialist) to establish a Certificate Program focused specifically on Physical Activity and Health in order to create workplace champions.

Objective 2.6: In 2023, Veterans should be prioritized for educational opportunities to become qualified and/or credentialed physical activity and health, physical fitness, or tactical strength and conditioning experts.

Objective 2.7: By 2023, the VA and/or Veteran-based organizations should partner with professional certifying bodies (e.g. ACSM, National Strength and Conditioning Association (NSCA), National Academy of Sports Medicine (NASM), American Council on Exercise (ACE) and/or institutions of higher education for developing, implementing, and having a plan to evaluate programs for Veterans that lead to professional certifications or academic degrees in support of Whole Health and *Let's Move!*

Objective 2.8: By 2024, each branch of the U.S. Armed Forces should establish and/or optimize existing internal schools (e.g., U.S. Army Master Fitness Trainer, U.S. Marine Corps High Intensity Tactical Training), and/or career pathways (e.g., U.S. Army Voluntary Transfer Incentive Program) in support of the Physical Fitness dimension of TFF to develop entry-level tactical strength and conditioning subject matter experts.

Objective 2.9: By 2024, each branch of the U.S. Armed Forces, and all uniformed services should establish and/or optimize existing internal programs and facilities and/or external professional certifying bodies (e.g., ACSM, NSCA, NASM, ACE) in support of the Physical Fitness domain of TFF to develop entry-level physical and health promotion experts.

Tactic 3 (MS-2.3)

Objective 2.10: In 2023, the DoD should consider reviewing designated physical activity providers that exist within the North Atlantic Treaty Organization (NATO) and Five Eyes (FVEY) partner nations to assist in the establishment and sustainment of physical activity career pathways within the U.S. military.

Objective 2.11: In 2023, the VA should develop and deliver a standardized, baseline education module on physical activity and health for delivery to every employee, contractor, health profession trainee, volunteer, veteran, and beneficiary of the VA.

Objective 2.12: In 2024, all components and branches of the U.S. Armed Forces should consider presenting courses of action for establishing a military occupational specialty (MOS), with progressive levels of qualification/education/promotion relevant to tactical strength and conditioning.

Objective 2.13: In 2024, the DoD and the nation's senior military colleges should formalize and implement a scholarship program to train future health and human performance leaders for the U.S. Armed Forces similar to its Cyber Scholarship Program (CySP).

Objective 2.14: In 2024, the DoD and VA should collaborate with the newly-established Federal Office for Physical Activity and Health to provide incentives for completion of physical activity and health education that leads to a professional certification and/or qualification in health, physical fitness, or tactical strength and conditioning training.

Tactic 4 (MS-2.4)

Objective 2.15: In 2023, the DoD and VA should convene a panel of experts in program evaluation to identify the most salient process, impact, and outcome measures, and the costs associated with conducting thorough evaluation, building on established models (e.g. Army Wellness Centers).

Objective 2.16: In 2023, the DoD should collaborate with government agencies, industry, and/or academia to conduct evaluations of tactical strength and conditioning programs across all branches and components, and to report process, impact, and outcomes findings.

Objective 2.17: In 2024, the VA and/or Veteran-based organizations should identify meaningful outcomes for assessing the efficacy of educational programs aimed at helping Veterans achieve professional certifications or degrees and subsequent employment as a qualified professional.

Objective 2.18: In 2024, the DoD and VA should establish a forum for consolidating evidence of best practice for development and training of qualified personnel.

Objective 2.19: In 2025, the DoD and VA should implement best practices and lessons learned from findings.

Strategy 3 (MS-3) Objectives

Tactic 1 (MS-3.1)

Objective 3.1: In 2023, the DoD and VA should formalize the common data elements across DoD and VA systems to ensure longitudinal connections from recruitment through the lifespan of Service Members and Veterans.

Objective 3.2: In 2023, the DoD and VA should establish policy, procedures and practices to strengthen physical activity monitoring and reporting, such that the effect on health behaviors, and benefit of targeted prevention programs, can be justly recognized.

Objective 3.3: In 2024, the DoD and VA should develop predictive models and tracking tools to determine optimal physical training metrics, and relative interventions, across the lifespan of Service Members and Veterans.

Tactic 2 (MS-3.2)

Objective 3.4: In 2023 the DoD should routinely monitor, in a standardized manner across the military services, health conditions that have been demonstrated to be associated with low levels of physical activity and fitness, such as overuse musculoskeletal injuries, heat illnesses and obesity.

Objective 3.5: By 2024 DoD and VA health records systems should have standard medical record code sets for physical activity-related conditions including not just injuries and obesity, but also stress, anxiety, depression, Post Traumatic Stress Disorder, heart disease, stroke, diabetes, and certain other conditions that should be routinely monitored and reported.

Tactic 3 (MS-3.3)

Objective 3.6: By 2024 use standardized population health measurements to capture longitudinal information on employees to track effective interventions.

Objective 3.7: By 2025 evaluate, prescribe, and monitor physical activity for efficacy in the employee population.

Tactic 4 (MS-3.4)

Objective 3.8: In 2023, the DoD should consider expanding upon, and effectively communicating, the VA's encrypted and protected Apple Health Records capability to include physical activity tracking.

Objective 3.9: In 2023, the DoD should consider expanding upon the use of mobile health technologies and patient-generated data, as demonstrated by the VA's Office of Connected Care, to enable the development of tailored physical activity programs across broad demographics.

Objective 3.10: In 2023, the DoD and VA should consolidate and publicize key initiatives (e.g. the VA's Fitbit pilot,¹⁴ and the mobile health technologies within the DoD's Building Healthy Military Communities initiative) that demonstrate potential for enhanced physical activity amongst at-risk population groups, and enable the DoD and VA to quickly assess effectiveness.

Tactic 5 (MS-3.5)

Objective 3.11: In 2023, the DoD should invest in developing a secure, unified data-management system capable of integrating disparate and disaggregated data into synthesized reporting.

Objective 3.12: In 2024, the DoD should integrate training and assessment outcomes with leading KPIs to effectively engage the holistic health team (clinician, leadership, end-user) with enhanced physical fitness and performance measures.

Strategy 4 (MS-4) Objectives

Tactic 1 (MS-4.1)

Objective 4.1: In 2022, the DoD should review the Physical Fitness and Body Fat Program Directive, and any associated policy, procedures, and practices with a view to better enabling an enterprise-approach to physical training progression across the U.S. Armed Forces.

Objective 4.2: In 2022, as part of the Physical Fitness and Body Fat Program Directive review, the DoD should consider developing physical training policy, procedures, and practices that effectively address pre-accession fitness training, recruit conditioning, and periodized sustainment training, with a focus on injury prevention.

Objective 4.3: In 2022, as part of the Physical Fitness and Body Fat Program Directive review, the DoD should consider incorporating mandated periods of instruction/allocated time for all pre-accession, recruitment, and sustainment physical training as a means of prioritizing the importance of individual- and population-level program delivery.

Objective 4.4: By 2023, the U.S. Armed Forces should apply best practices and technologies observed and/or validated from NATO, FVEY, Special Operations Command, and sport communities to optimize warfighter readiness and performance.

Objective 4.5: By 2024, the DoD should be in a position to comprehensively assess the physical activity and physical fitness of Service Members, as a foundation for safe and effective physical training.

Tactic 2 (MS-4.2)

Objective 4.6: In 2023, the DoD-VA JEC should consider utilizing a separately chartered Physical Activity Team to identify and assess existing pre-accession, recruitment and sustainment programs that have evidence to support efficacy for improving physical fitness (e.g. the U.S. Army National Guard Recruitment Sustainment Program, the U.S. Army Holistic Health and Fitness).

Objective 4.7: In 2023, the Physical Activity Team should make known to the USDP&R the resources required to employ evidence-based pre-accession, recruitment, and sustainment programs, with particular emphasis in states and localities shown to have the highest number of personnel with the lowest fitness levels and/or largest number of musculoskeletal injuries.

Objective 4.8: In 2024, the National Defense Authorization Act should include an allocation of resources for evidence-based pre-accession, recruitment and sustainment physical training programs.

Tactic 3 (MS-4.3)

Objective 4.9: In 2022 the Reserve Component should convene a Joint Task Force, including representation from academia and industry, to share evidence of current best practices, needs, and concerns as they relate to the Physical Domain of TFF.

Objective 4.10: By 2023, the Reserve Component should Identify and utilize an established training site with the capacity to provide equipment, classroom space, lodging, and infrastructure in order to provide training to all Reserve Component Soldiers, Sailors, Airmen, and Marines on how to increase physical activity, physical fitness, and overall performance.

Objective 4.11: In 2023, Subject Matter Experts from across the Tri-Services should be stationed at the COE to provide Branch Specific training and education, while also coordinating and sharing best practices with other Branch Subject Matter experts.

Objective 4.12: In 2024, MOUs/MOAs should be established, as necessary, in order for the COE to serve as a testing and evaluation arm for DoD Research Labs in order to validate and provide feedback on the latest equipment, technology, training, and services.

Objective 4.13: In 2024, the Reserve Component should retain properly educated and qualified professionals at state- and local-levels to implement established best practices for the TFF Physical Domain.

Objective 4.14: In 2025, the Reserve Component should host an annual meeting and publish a Joint Annual Report on evidence-based best practices for physical activity and physical fitness programs. That meeting should also be used as a platform for a Reserve Component Awards program (see NPAP Military Settings Sector Strategy 1, Tactic 1, Objective 5).

Objective 4.15: In 2025, the DoD should consider establishing regional COEs based upon best practices and lessons learned from having established the initial COE.

Tactic 4 (MS-4.4)

Objective 4.16: In 2023, the VA should ensure employees, veterans and veteran's families are connected with the VA's Fitbit pilot and other ongoing activities to enable the VA to quickly assess cost-benefit effectiveness.

Objective 4.17: In 2023, the VA should adapt existing Wellness in the Workplace programming and expand existing Veterans Health Administration Employee Health Promotion Disease Prevention Program¹⁵ to include physical activity incentives.

Objective 4.18: In 2023, the VA should promote and encourage every employee to participate in VA's Whole Health¹⁶ programming in order to create role models and champions for the program, and support participation in the employee satisfaction models to promote rewards for adoption.

Objective 4.19: In 2023, the VA should collaborate with the National Academies Physical Activity and Health Innovation Collaborative¹⁷ to promote and monitor physical activity and encourage uniformity of best governmental and public health practices.

Strategy 5 (MS-5) Objectives

Tactic 1 (MS-5.1)

Objective 5.1: In 2022, the PAA should identify key representatives from all PAA entities to establish the interagency PAA Advisory Committee.

Objective 5.2: In 2023, the PAA Advisory Committee should have established an effective framework for the management of multi-sectoral partnerships at the federal/national level, including the means by which they will review and evaluate the effectiveness of collaborative, multi-agency implementation of physical activity based initiatives.

Objective 5.3: In 2023, the PAA Advisory Committee should disseminate a progress report on the physical activity-based initiatives selected for multi-agency implementation at the federal/national level.

Objective 5.4: In 2024, the PAA Advisory Committee should disseminate a report on best practices and lessons learned for multi-agency implementation of physical activity-based initiatives at the federal/national level.

Objective 5.5: In 2025, the PAA Advisory Committee should identify additional federal/national level physical activity-based initiatives for prioritization and inclusion in the next iteration of the NPAP.

Tactic 2 (MS-5.2)

Objective 5.6: In 2023, the DoD and VA PAA Advisory Committee representatives should have established a formal feedback loop with the DoD-VA JEC.

Objective 5.7: In 2023 and 2024, the DoD and VA PAA Advisory Committee representatives should work in an advisory role to inform any newly established USDP&R Physical Activity Teams/Offices.

Objective 5.8: In 2023 and 2024, the DoD and VA PAA Advisory Committee representatives should make recommendations to functional leads within the Military Settings Sector on physical activity-based initiatives that enhance multi-sectoral partnerships and raise the profile of the DoD and VA as a leader in the improvement of physical activity.

Tactic 3 (MS-5.3)

Objective 5.9: In 2022, leadership from DoDEA and the NPAP's Education Sector should convene to identify and report on existing Strategies and Tactics from the Education Sector that are currently being implemented in DoDEA Schools and among military-connected students.

Objective 5.10: In 2022, leadership from DoDEA and the NPAP's Sport Sector should convene to identify and report on existing Strategies and Tactics from the Sport Sector that are currently being implemented in DoDEA Schools and among military-connected students.

Objective 5.11: In 2023, leadership from the NPAP's Education Sector and Sport Sector should collaborate with the DoDEA and industry to pilot test a national martial arts initiative in DoDEA schools and among military-connected students.

Objective 5.12: In 2023, leadership from the NPAP's Education Sector and Sport Sector should collaborate with the DoDEA and industry to pilot test a national martial arts initiative in DoDEA schools and among military-connected students.

Objective 5.13: In 2024, leadership from DoDEA and the NPAP's Sport Sector should disseminate evidence of best practices for implementation and evaluation of existing Strategies and Tactics from the Sport Sector.

Tactic 4 (MS-5.4)

No objectives.

Strategy 6 (MS-6) Objectives

Tactic 1 (MS-6.1)

Objective 6.1: By 2023, the DoD and VA should establish a formal collaboration with the FrameWorks Institute, as part of the larger, multi-method project sponsored by the PAA and the Centers for Disease Control (CDC), to study better ways to frame physical activity amongst sub-populations within the Military Settings Sector.

Objective 6.2: In 2023, the DoD and VA should develop and test communication narratives that ensure sub-populations within the Military Settings Sector understand the various types of physical activity and behavior strategies needed to create lasting cultural change.

Objective 6.3: In 2024, the DoD and VA should engage in cross-sectoral partnerships to ensure marketing campaigns effectively target all demographics and disparities within the Military Settings Sector.

Tactic 2 (MS-6.2)

Objective 6.4: In 2023 the newly established Federal Office for Physical Activity and Health should work with the Secretary of Defense for Public Affairs to develop an evidence informed strategic communication plan focused on improving physical activity amongst sub-populations within the Military Settings Sector.

Objective 6.5: In 2024, the Federal Office for Physical Activity and Health, in collaboration with the Secretary of Defense for Public Affairs, should identify federal funding lines to effectively resource physical activity communication and marketing campaigns for the Military Settings Sector.

Tactic 3 (MS-6.3)

Objective 6.6: By 2024, the DoD and VA should introduce physical activity messaging into annual and biennial guidance documents.

Objective 6.7: By 2025, the DoD and VA, in collaboration with relevant constituents, should lead efforts to promote and share best practices and lessons learned from incorporating physical activity messaging into guidance documents.

Objective 6.8: By 2025, the DoD and VA should ensure full awareness and education is provided to the Military Settings Sector through dissemination of tools and resources important for promoting physical activity to improve health, prevent disease and disability, and enhance quality of life.

Tactic 4 (MS-6.4)

No objectives.