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SECRETARY OF THE AIR FORCE**

**AIR FORCE INSTRUCTION 48-103**

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**Aerospace Medicine**

**HEALTH PROMOTION**

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This publication implements Air Force Policy Directive 48-1, *Aerospace Medicine Enterprise*. It outlines the requirements for operating, managing and evaluating Air Force Health Promotion (HP). It also establishes policies governing HP to promote Airmen health, performance, mission readiness, and work productivity. It applies to all civilian employees and uniformed members of the Regular Air Force, Air Force Reserve and Air National Guard unless otherwise stated. This instruction requires the collection and/or maintenance of information protected by Title 5 United States Code Section 552a, Privacy Act of 1974, authorized by 10 U.S.C. 55, Medical and Dental Care, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, *Automated Medical/Dental Record System* (August 29, 2003, 68 FR 51998) is available at <http://dpclo.defense.gov/Privacy/SORNs.aspx>. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Disposition Schedule located in the Air Force Records Information Management System. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the Air Force Form 847, *Recommendation for Change of Publication*; route Air Force Forms 847 from the field through the appropriate functional chain of command. This publication may be supplemented at any level, but all direct supplements must be routed to the OPR of this publication for coordination prior to certification and approval. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a

description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the requestors commander for non-tiered compliance items.

### ***SUMMARY OF CHANGES***

This document has been substantially revised and must be completely reviewed. Major changes include: consolidation of AFI 40-101, *Health Promotion*, and AFI 40-104, *Health Promotion Nutrition*, and revisions of HP responsibilities in accordance with programmed authorizations. It also establishes performance measures for duty time devoted to population-based community outreach and attendance at Community Action Team (CAT) and Population Health Working Group meetings, revises training requirements, and reinforces Military Treatment Facility (MTF) requirements to hire qualified HP staff in accordance with the Standard Core Personnel Document or HP standard contract.

## Chapter 1

### PROGRAM OVERVIEW

**1.1. Overview.** HP fosters a culture and environment that values health and wellness, empowers individuals and organizations to lead healthy lives, and improves the health, performance, readiness and productivity of the military community.

**1.2. Mission.** The mission of HP is to provide and integrate evidence-based programs to optimize health and readiness.

**1.3. Vision.** The vision of HP is transforming health for a resilient military community.

**1.4. Focus Areas.** While HP supports all initiatives that promote a fit and healthy force, HP focus areas include nutritional fitness and dietary supplement safety, physical activity, sleep optimization, and tobacco free living. A dietary supplement is defined by the Dietary Supplement Health and Education Act (DSHEA), and shall generally be permitted.

**1.5. Funding.** HP positions are programmed using Defense Health Program (DHP) funding only at Active Component MTFs. Responsibilities, duties, and compliance standards for HP staff members pertain only to active component units.

**1.6. Promotional Items.** Items of low intrinsic value (e.g. pens, coffee mugs, key chains, t-shirts) may be purchased with DHP funds if used to educate or reinforce health and wellness programs in accordance with Air Force Instruction 65-601, *Financial Management*. Do not procure personalized items or coins.

**1.7. Scope.** HP strategies should consider all levels of the Social-Ecological Model and Department of Defense Instruction 1010.10, *Health Promotion and Disease Prevention*. An individual's health status is dependent upon the collective behaviors, attitudes, knowledge, and beliefs of family and community. The primary focus is on the Regular Air Force through worksite interventions at the squadron level, and by administering programs and services in locations where the target population lives, works, and plays. The emphasis is on high population reach programs, policies, interventions and strategies per the Social-Ecological Model.

## Chapter 2

### ROLES AND RESPONSIBILITIES

#### **2.1. Air Force Surgeon General (AF/SG) will:**

- 2.1.1. Provide HP policy, vision and advocacy to Air Force leadership, commanders, Airmen, and medical staff.
- 2.1.2. Oversee Air Force HP program.
- 2.1.3. Ensure adequate programming, budgeting, training, research and resourcing of HP programs to meet mission requirements and safety for Airmen.
- 2.1.4. Represent HP at the Air Force Community Action Board.
- 2.1.5. Advocate for comprehensive and evidence-based strategies to create a culture and environment supportive of health and wellness.
- 2.1.6. Appoint a HP representative to the Air Force Community Action Team.
- 2.1.7. Collaborate and coordinate HP policy with US Air Force Deputy Chief of Staff for Manpower and Personnel (AF/A1).
- 2.1.8. Support the integration of HP at the squadron level to enhance Airmen's health performance starting with the worksite and environment.

#### **2.2. Air Force Deputy Chief of Staff for Manpower, Personnel, and Services (AF/A1) will:**

- 2.2.1. Support policies, programs, services, and initiatives that foster an environment supportive of Integrative Resilience.
- 2.2.2. Integrate HP material into Air Force training and education programs when feasible and relevant.
- 2.2.3. Support AF/SG in developing Air Force HP program of nutritional fitness, physical activity, sleep optimization, tobacco free living and dietary supplements policy.
- 2.2.4. Coordinate with AF/SG on policies and programs that promote individual and community health, wellness, performance and resiliency.
- 2.2.5. Provide policy and guidance for integrating and vetting new and emerging institutional education and training requirements or learning outcomes for healthy lifestyles and behaviors into curriculum for accessions, Professional Military Education (PME), Professional Continuing Education (PCE) and ancillary training courses.
- 2.2.6. Monitor Air Force Services Activity, Army and Air Force Exchange Service (AAFES), and Defense Commissary Agency sales of healthy food options, dietary supplements and coordinates with AF/SG.
- 2.2.7. Work with Defense Commissary Agency, AAFES, and the Navy Exchange to ensure new and existing installation dining options (e.g. restaurants, commissary, convenience, shoppette, vending machines) include healthy options and meets the minimum criteria for Military Nutrition Environment Assessment Tool (m-NEAT). See [paragraph 3.1.1](https://kx2.afms.mil/kj/kx4/HealthPromotion/Pages/m-NEAT_2.0.aspx) for m-NEAT standards ([https://kx2.afms.mil/kj/kx4/HealthPromotion/Pages/m-NEAT\\_2.0.aspx](https://kx2.afms.mil/kj/kx4/HealthPromotion/Pages/m-NEAT_2.0.aspx)).

2.2.8. Develop policy on the availability and sales of dietary supplements to support the safety, health and performance of Airmen and comply with Food and Drug Administration (FDA) warnings and recalls. Ensure standard supplement warnings and disclaimers that includes special provisions for flyers, Personnel Reliability Program (PRP) personnel, and other military populations with guidance restrictions on supplement use are prominently displayed where these products are sold when notified by the appropriate authority.

2.2.9. Ensure AAFES operations on Air Force Installations:

2.2.9.1. Support an environment that places priority on warfighters' nutritional fitness, physical fitness, sleep, performance and health.

2.2.9.2. Use effective marketing strategies to promote the purchase of healthy foods and beverages.

2.2.9.3. Ensure AAFES provides dietary supplement sales information to AF/A1.

2.2.9.4. Make healthy foods available, convenient, reasonably priced, appetizing, and flavorful to consumers of AAFES food, beverage, and vending operations.

**2.3. Air Force Deputy Chief of Staff for Logistics, Engineering and Force Protection (AF/A4) shall:**

2.3.1. Ensure that new installation infrastructure or building development meets standards for walk and bike friendly communities and complies with the sustainable planning strategies for Healthy Community Planning outlined in the Unified Facilities Criteria 2-100-01 (<https://www.wbdg.org/ffc/dod/unified-facilities-criteria-ufc/ufc-2-100-0>), Installation Master Planning. Installations should be developed to be walk and bike friendly communities, designed such that their physical form, public spaces, and amenities are safely and comfortably accessed by residents and employees of the installation via transit, walking, and cycling.

2.3.2. Encourage altering already existing infrastructure, particularly at high-volume venues (e.g. housing, dorms, large squadrons) throughout the installation, to comply with standards for walk and bike friendly communities in accordance with UFC 2-100-01.

**2.4. Director, Medical Operations and Research (AF/SG3/5) will:**

2.4.1. Develop Air Force policies and guidance for the HP program.

2.4.2. Ensure adequate DHP programming, budgeting, and resourcing to support AFMS strategic goals for Air Force HP.

**2.5. Air Force Medical Support Agency, Aerospace Operations Division, Health Promotion Branch (AFMSA/SG3PH) will:**

2.5.1. Develop Air Force HP policy and advise AF/SG in developing and operationalizing AFMS strategic goals and objectives pertaining to HP.

2.5.2. Collaborate with Defense Health Agency, sister Services; other Air Force and Department of Defense (DoD) stakeholders, and national health organizations on HP initiatives and policy.

2.5.3. Coordinate on AFI 36-2905, *Air Force Fitness Program*.

2.5.4. Develop policy, systems, and environmental interventions to support all HP focus areas.

- 2.5.5. Integrate evidence-based guidelines (e.g. U.S. Community Preventive Services Task Force recommendations) in developing, implementing and evaluating standardized HP programs for all HP focus areas.
- 2.5.6. Provide technical assistance to installation HP staff members and Major Command (MAJCOM) HP representatives in identifying standardized evidence-based interventions for implementation.
- 2.5.7. Provide technical assistance (e.g. toolkits and training) to installation HP staff members in implementing a balanced portfolio of HP activities.
- 2.5.8. Determine the standards of professional background, education, and or experience needed by HP staff.
- 2.5.9. Analyze Air Force population health surveillance data and generates recommendations to improve population health and environmental changes.
- 2.5.10. Develop and implement a program development and evaluation plan (e.g. Health and Readiness Optimization (HeRO)) used to determine clear links among an HP program's mission, goal, objective, and activities.
- 2.5.11. Define manning and resources needed for installation HP programs to execute the Air Force HP programs and interventions.
- 2.5.12. Distinguish the appropriate measures to assess program inputs, outputs, and outcomes.
- 2.5.13. Report budgeting, metrics, and outcomes of installation HP programs to AF/SG3/5.
- 2.5.14. Plan, budget, coordinate, and execute Air Force HP education, skill development, conferences, and formal training for HP program staff.
- 2.5.15. Assist Directorate of Services (AF/A1S) and Integrated Resilience (AF/A1Z) in ensuring that initiatives, programs, environmental approaches and services that address Airmen fitness, health, and resilience are evidence-based and grounded in HP theory.
- 2.5.16. Advance the capabilities of the Air Force Medical Service to provide nutrition education to MTF beneficiaries, particularly at MTFs without medical nutrition therapy services.
- 2.5.17. Partner with HQs at Air Force Personnel Center, Services, Civil Engineering and other stakeholders to operationalize standardized tools. These tools will assess the nutrition environment, physical activity environment, identify opportunities for improvement, and implement and evaluate targeted interventions to promote the purchase and consumption of healthy foods and active lifestyles.
- 2.5.18. Ensure a dietitian serves as Air Force HP Nutrition Consultant and is the consultant to MAJCOM dietitians on community nutrition and population-based nutrition approaches as appropriate.
- 2.5.19. Ensure each Major Command (MAJCOM) has a HP representative.
- 2.5.20. Chair the Air Force HP Corporate Board and hold meetings at least quarterly.
- 2.5.21. Collaborate with Air Force Medical Services Public Affairs for dissemination of HP information at Air Force and installation level.

2.5.22. Advise AF/SG in developing and operationalizing AFMS strategic goals and objectives pertaining to HP.

**2.6. AF/SG Dietetics Consultant shall:**

2.6.1. Advise AF/SG on nutrition policy.

2.6.2. Coordinate with AFMSA HP and MAJCOM consultant dietitians on nutritional guidance and programs.

**2.7. Air Force Reserve Command (AFRC) shall:**

2.7.1. AFRC/A1 designates the Air Force Reserve Health and Fitness Program Coordinator as the AFRC HP point of contact (POC) to coordinate with AFMSA, and AFRC HP staff members assigned to stand-alone AFRC installations. (**Note:** DHP does not fund AFRC HP staff members.)

2.7.2. The responsibilities, qualifications, and training requirements are described in section [2.11.4](#) do not apply to AFRC HP staff members.

**2.8. Air Force Services Activity shall:**

2.8.1. Partner with Air Force HP to promote availability and consumption of healthy food options on Air Force installations.

2.8.1.1. Perform annual assessment of the installation nutritional environment.

2.8.1.2. Train food service personnel in healthy menu planning and food preparation.

2.8.2. Work to ensure all new installation dining options (e.g. restaurants, dining facilities, snack bars, fitness center operations, vending machines) include healthy options and meet the minimum criteria for their respective category on the m-NEAT assessment.

2.8.3. Ensure Air Force dining facilities label food items IAW the Go For Green criteria (<https://www.hprc-online.org/page/go-for-green>).

2.8.4. Provide food service personnel with knowledge, skills and training necessary for menu planning and food preparation that will maximize the nutritional value of foods and promote healthy food purchase and consumption.

2.8.5. Monitor the sale of dietary supplements and nutritional products in Air Force Support facilities.

2.8.6. Implement policy on the availability and sales of supplements to support the safety, health and performance of Airmen to include compliance with FDA warnings and recalls in Air Force Support facilities.

2.8.7. Ensure dietary supplement standard warnings and disclaimers are prominently displayed, to include special provisions for flyers and Personnel Reliability Assurance Program (PRAP).

**2.9. MAJCOM Surgeon Generals (MAJCOM/SG) shall:**

2.9.1. Designate a MAJCOM HP representative to coordinate with MAJCOM staff, AFMSA, and HP staff at the MAJCOM's installations. **Exception:** AFRC Surgeon General does not appoint a MAJCOM HP POC. AFRC/SG instead designates a staff member to support AFRC/A1 in executing AFRC HP programs at stand-alone AFRC installations.

2.9.1.1. In most cases, the MAJCOM Public Health Officer should be appointed to this role.

2.9.2. Designate a MAJCOM Nutrition Consultant to coordinate with AFMSA and HP staff within the MAJCOM

2.9.3. Designate a MAJCOM Surgeon General representative to the MAJCOM Community Action Team (CAT) in order to provide HP input for MAJCOM CAT initiatives. **Exception:** AFRC/SG designates a SG representative to the AFRC CAT, who coordinates HP input with the AFRC/A1 HP POC.

## **2.10. MAJCOM Dietitian Consultants shall:**

2.10.1. Coordinate with AFMSA/SG3PH on implementation of HP nutrition strategies, interventions, initiatives, orientation, training, problem solving and mentorship of HP Registered Dietitians.

2.10.2. Advise the command and appropriate higher headquarters staff on nutrition issues, and provides guidance and nutrition consultation to installations and MTFs.

2.10.3. Serve as clinical supervisor for HP Registered Dietitians to include the credentialing process and diet certification.

2.10.4. Ensure that the peer review process for HP Registered Dietitians complies with AFMAN 44-144, *Nutritional Medicine*.

2.10.5. Attend the HP Workshop within 18 months of appointment.

## **2.11. MAJCOM HP Representative shall:**

2.11.1. Coordinate with AFMSA/SG3PH on implementation of HP strategies, interventions, initiatives, orientation, training, problem solving, and mentorship of HP Coordinators and Registered Dietitians.

2.11.2. Advise the command and appropriate higher headquarters staff on HP issues, and provides guidance and HP consultation to installations and MTFs.

2.11.2.1. As requested, brief MAJCOM SG on HP metrics which may include m-NEAT results, walkability and bike-ability results, and standard population health measures.

2.11.3. Stay abreast of HP programs and initiatives through attendance in HP related meetings, trainings, and telephone conferences including the HP Corporate Board.

2.11.4. Attend the HP Workshop within 18 months of appointment.

2.11.5. Review Management Internal Control Toolset (MICT) within the assigned command to provide feedback on entries.

## **2.12. Installation Commander or equivalent will:**

2.12.1. Establish policies that support healthy living as the easy, default choice and social norm. **(T-3)**

2.12.2. Ensure the Community Action Board (CAB) and CAT incorporate population health needs and concerns in implementing evidence-based HP initiatives per AFI 90-5001, *Integrated Resilience*. **(T-3)**



2.12.2.1. As necessary, appoint a cross-functional HP Working Group, reporting to the CAB/CAT to address issues such as: nutrition environment, Operation Supplement Safety (OPSS), physical activity environment. Membership may include: dietitian, Health Promotion Coordinator (HPC), Civil Engineering, fitness center, installation dining facility, and any other installation stakeholders interested in promoting a healthy environment. **(T-2)** (**Note:** Active Component only. Does not apply to ARC)

**2.13. The Health Promotion Working Group shall:**

2.13.1. Conduct an annual assessment of the installation nutritional environment using m-NEAT, develop an annual healthy food improvement action plan, and brief installation leadership at least annually. **(T-2)**

2.13.2. Conduct a biennial assessment of the installation physical activity environment, develop a biennial physical activity improvement action plan, and brief installation leadership at least biennially. **(T-2)**

2.13.3. Conduct other environmental assessments as directed from AFMSA/SG3PH. **(T-2)**

**2.14. For AFRC installations, the Wing Commander or equivalent, as CAB Chair shall:**

2.14.1. Address and support HP initiatives to the extent they are capable of providing required services IAW AFI 90-5001, *Integrated Resilience*. **(T-3)**

2.14.2. Support an environment that permits installation personnel to make food choices that improve health, performance and well-being. **(T-2)**

2.14.3. Communicate informed, responsible, and safe use of dietary supplements at least annually IAW **Paragraph 3.2**. **(T-3)**

2.14.4. Support the integration of HP programs and interventions in the squadrons to address health-related activities and behaviors for all HP focus areas.

2.14.5. Support and promote policy, systems, and environmental interventions to support all HP focus areas. **(T-3)**

2.14.6. **Note:** For stand-alone AFRC installations only, Exercise Physiologist/Fitness Program Manager is responsible for the installation's Reservist HP Nutrition program, which is not subject to the requirements set forth in this AFI. Exercise Physiologist/Fitness Program Manager implements Operation Supplement Safety to the extent that resources and capabilities are available.

**2.15. Installation Public Affairs Office (PAO) shall:**

2.15.1. Promote public education and support for all HP focus areas, including HP policies, resources and promotional events. **(T-3)**

**2.16. Unit Commander and Supervisor will:**

2.16.1. Establish unit policies and expectations that support healthy living as the default choice and social norm. **(T-3)**

2.16.2. Support a work environment that promotes access to healthy foods, active living, sleep optimization and is tobacco free. **(T-3)**

2.16.3. Support and encourage the integration of HP programs in initiatives at the unit's worksites. **(T-3)**

**2.17. Force Support Squadron Commander/Director shall:**

2.17.1. Ensure Force Support Squadron units collaborate with HP staff to develop and implement evidence-based initiatives that support healthy behaviors. **(T-3)**

2.17.2. Promote healthy eating and physical fitness through multiple media, including print, video, audio, and social media. **(T-3)**

2.17.3. Work closely with AFMSA/SG3PH to provide consistent marketing/communication messaging of HP across the AFMS. **(T-3)**

2.17.4. Stand-alone AFRC installations only: The Force Support Squadron Commander or Director appoints the installation Exercise Physiologist or Fitness Program Manager to be responsible for the installation's Reservist HP program, which is not subject to the requirements set forth in this AFI, and installation's CAT. **(T-3)**

2.17.5. Promote healthy food purchase and consumption, including food service and vending contracts. **(T-1)**

2.17.6. Support assessment of the nutritional environment, and implements and evaluates interventions to promote the availability, purchase and consumption of healthy foods. **(T-1)**

2.17.7. Monitor the sale of dietary supplements and nutritional products in Services facilities (e.g. subcontractor in fitness centers). **(T-1)**

2.17.8. Implement policy on the availability and sales of supplements to support the safety, health and performance of Airmen to include compliance with FDA warnings and recalls. **(T-1)**

2.17.9. Ensure dietary supplement standard warnings and disclaimers are prominently displayed to include special provisions for flyers and PRP where the items are sold. **(T-1)**

2.17.10. Coordinate with Medical Group's Chief of the Medical Staff on evaluating efficacy and health risks of dietary supplements sold in Air Force Services facilities. **(T-3)**

2.17.11. Ensure dietary supplements and other nutritional products sold by individuals on installations are IAW AFI 36-2925, *Personal Commercial Solicitation on Air Force Installations*. **(T-1)**

2.17.12. Ensure all food in military dining facilities shall be categorized and displayed in accordance with Go For Green criteria and IAW AFI 44-141/BUMEDINST 10110.6/AR 40-25, *Nutrition and Menu Standards for Human Performance*. **(T-0)**

**2.18. Base Civil Engineer (BCE) shall:**

2.18.1. Consider HP goals when planning for new installation infrastructure, building development, and redevelopment of already existing infrastructure. These may include high-volume locations throughout installation, meeting standards for walk and bike friendly communities. **(T-3)**

2.18.1.1. Consider complying with the sustainable planning strategies for Healthy Community Planning outlined in the Unified Facilities Criteria 2-100-01, Installation Master Planning where feasible. **(T-3)**

**2.19. Food Facility Managers will:**

2.19.1. Ensure food is labeled IAW the Go For Green criteria (<https://www.hprc-online.org/>) in military dining facilities. **(T-0)**

2.19.2. Ensure food service personnel have knowledge, skills and training necessary for menu planning and food preparation that will maximize the nutritional value of foods and promote healthy food purchase and consumption. **(T-3)**

2.19.3. Support assessment of the nutritional environment, and implements and evaluates interventions to promote the availability, purchase and consumption of healthy foods. **(T-3)**

2.19.4. Ensure that dining facilities meet the minimum m-NEAT scores as listed in **paragraph 3.1.1. (T-3)**

**2.20. Military Treatment Facility (MTF) Commander will:**

2.20.1. Have the MTF staff all HP authorizations with personnel who:

2.20.1.1. Support all the HP standard programs and initiatives in the installation community with the emphasis on squadron-level interventions and integration (e.g. HeRO). **(T-2)**

2.20.1.2. Hire using the relevant Standard Core Personnel Document or contracted using the appropriate HP standard contract as provided by AFMSA/SG3PH. **(T-2)**

2.20.1.3. Meet all requirements in the Standard Core Personnel Document or HP standard contract as provided by AFMSA/SG3PH. **(T-2)**

2.20.2. Support evidence-based initiatives (e.g. HeRO) supported by population health data that encourage healthy behaviors throughout the installation. **(T-3)**

2.20.3. Ensure a standardized, weight reduction intervention in accordance with the VA/DoD Clinical Practice Guidelines is available for Airmen who fail to meet Air Force Fitness Program Body Composition Assessment standards. **(T-3)**

2.20.4. Appoint a HP representative to the installation CAT. **(T-2)**

2.20.5. Provide HP services to reservists in tenant ARC units to the extent that resources and policies permit. **(T-3)**

2.20.6. Ensure that, for HP staff in workspace solely occupied by medical staff that are active component or funded through DHP, the MTF will use DHP Operations & Maintenance funds to pay custodial and utility expenses based on square footage or metered usage. **(T-3)**

2.20.7. Advocate for comprehensive, evidence-based strategies to create a culture and environment supportive of nutritional fitness, physical activity, sleep health, and tobacco free living. **(T-3)**

2.20.8. Provide adequate programming, budgeting, training, and resourcing to achieve HP focus area goals and objectives resulting in improved Airman performance and health. **(T-3)**

2.20.9. Collaborate with the MAJCOM Consultant Dietitian and AFMSA/SG3PH, to provide options to ensure that all patients have access to nutrition education when the MTF does not have Nutritional Medicine operations IAW AFMAN 44-144. (T-3)

2.20.10. Coordinate with Nutritional Medicine and/or HP to provide guidance to Force Support Squadron Commander on the health risks, efficacy and sale of dietary supplements in Services facilities. (T-3)

2.20.11. Support integration of HP interventions into the Air Force Medical Home and ensures that 'every medic is a health promoter'. (T-3)

2.20.12. Ensure that healthcare providers are trained at least annually on the need to obtain a thorough history of dietary supplement use and to report any possibly dietary supplement associated adverse events. Both should be documented in the patient's medical record. See [paragraphs 3.2.4](#) and [3.2.5](#) for more information. (T-3)

**2.21. Chief of Medical Staff (SGH) shall:**

2.21.1. Support initiatives, processes, training, and organization that encourage and empower all healthcare personnel to facilitate health behavior change and make disease prevention a health priority. (T-3)

2.21.2. Track implementation and outcomes of installation HP initiatives at the Population Health Working Group. (T-3)

**2.22. Chief of Aeromedical Services (SGP) shall:**

2.22.1. Support policy and environmental changes on the installation that facilitate healthy behaviors. (T-3)

2.22.2. Ensure program management, supervision, and oversight of the installation HP program. (T-3)

2.22.3. Provide oversight of HP activities through the Aerospace Medicine Council. (T-3)

**2.23. Installation HP Staff Member/Team will:**

2.23.1. Complete the online Air Force HP Orientation within 6 months of hire/assignment. (T-2)

2.23.2. Complete the in-person Air Force HP Workshop within 18 months of hire/assignment. (T-3)

2.23.3. Collaborate with Independent Duty Medical Technicians assigned to remote and deployed sites with Host MTF HP staff members to provide information, materials, and instruction for unit personnel IAW Air Force Instruction 44-103, *The Air Force Independent Duty Medical Technician Program*. (T-3)

2.23.4. Complete training as directed by AFMSA/SG3PH related to Go For Green criteria, nutrition environmental assessment criteria and data collection, physical activity environment assessment criteria and data collection. (T-2)

2.23.5. Advise leadership through various forums, including CAB/CAT, on policies and initiatives that advance population health and adverse dietary supplement use. (T-3)

- 2.23.6. Collect and report in a timely manner HP process, outcome, and utilization evaluation criteria and data requested and standardized by AFMSA HP, to measure effectiveness of programs and demonstrate accountability at all HP locations across the AFMS. **(T-1)**
- 2.23.7. Utilize data collection tools, instruments, and reporting methods that are recognized by AFMSA. **(T-2)**
- 2.23.8. Implement balanced standard portfolio of HP activities that address all HP focus areas. These programs include but are not limited to: nutrition environment assessment (ie. m-NEAT); physical activity environment assessment (ie. mPAC); prevention of tobacco initiation campaigns (minimum 2 per year, ideally in conjunction with the Great American Smoke Out and Great American Spit Out); and squadron-level interventions to address physical activity, nutrition, sleep health, and tobacco; and policy, environmental changes, communications, and risk group interventions. **(T-2)**
- 2.23.9. In coordination with chain of command, requests technical assistance from AFMSA/SG3PH when encountering barriers to implementing standard installation HP initiatives. **(T-3)**
- 2.23.10. Devote at least 50% of duties to population-based community outreach. **(T-2)**
- 2.23.11. Be an active member of the CAB/CAT. **(T-3)**
- 2.23.12. Be an active member of the Population Health Working Group (PHWG). **(T-3)**
- 2.23.13. Present health indicators and intervention outcomes to relevant convening authorities; e.g. CAB/CAT, PHWG, Executive Committee of Medical Staff, Aerospace Medicine Council. **(T-3)** **(Note:** For stand-alone AFRC installations only, Exercise Physiologist/Fitness Program Manager is responsible for the installation's Reservist HP Nutrition program, which is not subject to the requirements set forth in this AFI. Exercise Physiologist/Fitness Program Manager implements Reservist HP Nutrition program to the extent that resources and capabilities are available.) **(T-3)**
- 2.23.14. Informs unit commanders at least annually (e.g. briefing, written report, e-mail) on the nutritional, physical activity, sleep health, tobacco, and supplement use status of their units, as well as advising on strategies to improve the health, mission productivity and readiness of their Airmen and to provide appropriate interventions as indicated. **(T-3)**
- 2.23.15. Coordinate an annual assessment of the installation nutritional and physical activity environment through the installation HP Working Group or CAT. **(T-1)**
- 2.23.15.1. Identify opportunities to improve healthy eating options. **(T-1)**
- 2.23.15.2. Implement and evaluate interventions to promote the availability, marketing, purchase and consumption of healthy foods, in partnership with installation food service establishments. **(T-1)**
- 2.23.16. Execute AFMSA/SG3PH HP program planning, evaluation, and data collection plan (e.g. HeRO). **(T-3)**
- 2.23.17. Obtain the certification from the National Wellness Institute (on-line version does not qualify) is required within 18 months from the time of appointment. **(T-2)**

## Chapter 3

### NUTRITIONAL FITNESS AND DIETARY SUPPLEMENT SAFETY

#### 3.1. Nutritional Fitness.

3.1.1. All food facilities to include dining facilities, on-base restaurants and snack bars will work to ensure all new installation dining options (restaurants, dining facilities, snack bars, fitness center operations, vending machines) include healthy options and meet the minimum criteria for their respective category on the m-NEAT assessment. **(T-3)**

3.1.2. Uses program, evaluation tools and guides developed and standardized (e.g. HeRO) by AFMSA/SG3PH for program management of nutritional fitness. **(T-3)**

3.1.3. Disseminates standard HP nutritional fitness communication materials developed by AFMSA/SG3PH to include but not limited to; infographics, blogs, newsletters, applications, posters, handouts. **(T-3)**

#### 3.2. Use of Dietary Supplements.

3.2.1. Aircrew must gain approval for dietary supplement use by the flight surgeon IAW AFI 48-123, *Medical Examinations and Standards*. **(T-1)**

3.2.2. Discourage Airmen from using high-risk dietary supplements with unacceptable benefit-to-risk ratio, as defined by AFMSA. Consult the HP Nutrition Guide for current guidance.

3.2.3. The absence of a dietary supplement on the high-risk list does not imply Air Force endorsement of the dietary supplement. Dietary supplements may contain substances that are prohibited.

3.2.4. The history of dietary supplement use should include herbal preparations, multivitamin, mineral and other dietary supplements in the form of gels, pills, powders and shakes. Document the history in the patient's medical record. **(T-3)**

3.2.5. Any known or suspected adverse events associated with dietary supplements shall be documented in the patient's medical record and reported through the Uniformed Services University of the Health Sciences, and Consortium for Health and Military Performance Human Performance Research Consortium's OPSS page. **(T-3)**

3.2.6. The OPSS page on the Uniformed Services University of the Health Sciences, and Consortium for Health and Military Performance is the primary source for information on dietary supplements.

## Chapter 4

### PHYSICAL ACTIVITY

**4.1. Being Physically Fit.** Being physically fit allows you to properly support the Air Force mission. The AF/SG goal to improve Human Performance and mission readiness relates directly to the Airmen's personal fitness. The goal of the Air Force HP Physical Activity line of effort is to promote year-round physical conditioning programs that emphasizes total fitness, to include proper aerobic conditioning, muscular fitness training, and healthy eating. An active lifestyle will increase productivity, optimize health, and decrease absenteeism while maintaining a higher level of readiness.

4.1.1. Air Force HP Branch shall partner with other stakeholders, (e.g. FSS, Community Support Coordinator, Fitness Assessment Cell) in supporting commanders with tools to assist in the determination of overall fitness of their military personnel.

4.1.2. HPCs will include efforts to educate and support physical activity improvement at all levels. When possible, HP staff will partner with other installation-level resources to deliver evidence based education and awareness for human performance improvement programs. **(T-3)**

4.1.3. HPCs and Registered Dietitians have the expertise needed to support the Human Performance and Readiness mission for general education and awareness. Physical activity is a vital part of Total Force Fitness efforts, and HP staff should work together to optimize Human Performance and Readiness for all Airmen at the installation level. **(T-3)**

4.1.4. HP staff uses programs, evaluation tools, guides developed and standardized (e.g. HeRO) by AFMSA/SG3PH for program management of physical activity. **(T-3)**

4.1.5. HP staff disseminates standard HP physical activity communication materials developed by AFMSA/SG3PH to include but not limited to; infographics, blogs, newsletters, applications, posters, handouts. **(T-3)**

## Chapter 5

### SLEEP OPTIMIZATION

**5.1. Military personnel.** Military personnel need to be alert when on duty or during combat. How long they sleep heavily influences their ability to be ready to perform their best.

**5.2. Leaders.** Leaders at all levels should emphasize the importance of adequate sleep to their personnel and work to provide environments conducive to obtaining sleep. This is especially important in terms of scheduling work shifts. **(T-3)**

**5.3. HPCs.** HPCs will include efforts to educate Airmen and leaders on sleep optimization, especially as part of their squadron outreach efforts. **(T-3)**

**5.4. Aerospace and Operational Physiologists (AOPs).** Aerospace and Operational Physiologists (AOPs) have expertise in sleep issues, particularly with fatigue management. HPCs and AOPs should work together to improve sleep optimization efforts for all installation personnel. **(T-3)**

**5.5. HP staff uses program, evaluation tools, and guides.** HP staff uses program, evaluation tools, and guides developed and standardized (e.g. HeRO) by AFMSA/SG3PH for the program management of sleep optimization. **(T-3)**

**5.6. HP staff disseminates standard HP sleep optimization communication materials.** HP staff disseminates standard HP sleep optimization communication materials developed by AFMSA/SG3PH to include but not limited to; infographics, blogs, newsletters, applications, posters, handouts. **(T-3)**



## Chapter 6

### TOBACCO FREE LIVING

**6.1. Programs, Policies and Responsibilities.** Programs, policies and responsibilities for Tobacco Free Living can be found in AFI 48-104, *Tobacco Free Living*.

DOROTHY A. HOGG  
Lieutenant General, USAF, NC  
Surgeon General

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

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AFMAN 33-363, *Management of Records*, 1 March 2008. Certified Current 21 July 2016

AFI 33-360, *Publications and Forms Management*, 1 December 2015

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Dietary Supplement Health and Education Act (DSHEA) of 1994, Pub. L. 103-417, 25 October 1994

DoDI 1010.10, *Health Promotion and Disease Prevention*, 28 April 2014 (Incorporating Change 2, January 12, 2018)

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AFI 36-2905, *Fitness Program*, 21 October 2013

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AFI 90-5001, *Integrated Resilience*, 25 January 2019

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AFI 44-141\_IP (AR 40-25/BUMEDINST 10110.6), *Nutrition Standards and Education*, 3 January 2017

AFI 44-103, *The Air Force Independent Duty Medical Technician Program*, 30 August 2018

AFI 48-123, *Medical Examinations and Standards*, 5 November 2013

AFI 48-104, *Tobacco Use in the Air Force*, under revision

***Adapted Forms***

Air Force Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**AAFES**—Army and Air Force Exchange Service

**AF/A1**—US Air Force Deputy Chief of Staff for Manpower, Personnel, and Services

**AFI**—Air Force Instruction

**AFMAN**—Air Force Manual

**AFMS**—Air Force Medical Service

**AFMSA**—Air Force Medical Support Agency

**AFRC**—Air Force Reserve Command

**CAB**—Community Action Board

**CAT**—Community Action Team

**DHP**—Defense Health Program

**DSHEA**—Dietary Supplement Health and Education Act

**FSS**—Force Support Squadron

**FSS/CC**—Force Support Squadron Commander/Director

**HP**—Health Promotion

**HPC**—Health Promotion Coordinator

**IAW**—In Accordance With

**MAJCOM**—Major Command

**MICT**—Management Internal Control Toolset

**m-NEAT**—Military Nutrition Environment Assessment Tool

**mPAC**—Military Promoting Active Communities

**MTF**—Military Treatment Facility

**OPR**—Office of Primary Responsibility

**OPSS**—Operation Supplement Safety

**PCE**—Professional Continuing Education

**PHWG**—Population Health Working Group

**PME**—Professional Military Education

**POC**—Point of Contact

**PRP**—Personnel Reliability Program

**USDA**—US Department of Agriculture

**WG/CC**—Wing Commander

### *Terms*

**Social-Ecological Model**—A theory based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors, and for identifying behavioral and organizational leverage points and intermediaries for health promotion within organizations.