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Exercise is Medicine®: Promoting Health and Well-Being Across the Lifespan

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This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Military Family Readiness Policy, U.S. Department of Defense under Award Number 2023-48770-41333.

Today’s Presenter

Emerson Sebastião, PhD

Assistant Professor
Department of Health and Kinesiology
College of Applied Health Sciences
University of Illinois Urbana-Champaign

Disclosures

Dr. Emerson Sebastião is a member of the American College of Sports Medicine, the organization that created the initiative **Exercise is Medicine®.**

Learning Objectives

1. Understand the principles of Exercise is Medicine® and how regular physical activity supports overall health, disease prevention, and quality of life across the lifespan.
2. Describe physical and mental benefits of regular exercise, including its role in supporting healthy aging.
3. Identify evidence-based strategies and practical tools to integrate movement and structured exercise into daily routines for themselves and the populations they serve.

Presentation Outline

- ✓ Lifestyle, health and well-being
- ✓ What is "Exercise is Medicine" (EIM®)?
- ✓ The benefits of physical activity & exercise
- ✓ Exercise: how much?
- ✓ Barriers and facilitators to physical activity
- ✓ EIM®: What does it look like for you?

Health & Well-Being: Six Pillars of Lifestyle Medicine

https://lifestylemedicine.org/about-lifestyle-medicine/

Exercise is Medicine®: Once Upon A Time

"Even when all is known, a man's care is still not complete, because eating alone does not keep a man **WELL**; he must also **EXERCISE**. **FOOD** and **EXERCISE**, although they have opposite qualities, work together to **PRODUCE HEALTH**."

-Hippocrates-
(460–370 BCE)

"Walking is man's best medicine."

Berryman, 2010

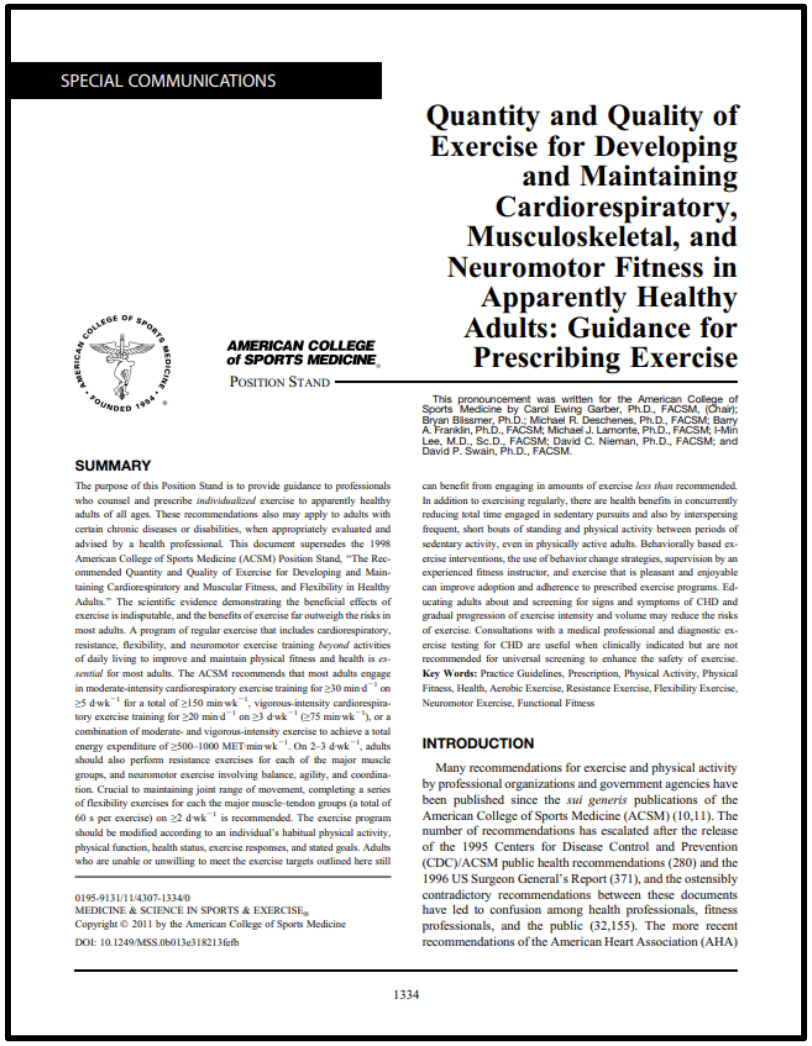
Exercise is Medicine®: Different Places

Susruta
Indian Surgeon

Hua Tao
Chinese Surgeon

Bhishagratna, 1963; Tipton, 2008; Balaneskovic, 2018

Exercise is Good for Health: Compelling Evidence



SPECIAL COMMUNICATIONS

Quantity and Quality of Exercise for Developing and Maintaining Cardiorespiratory, Musculoskeletal, and Neuromotor Fitness in Apparently Healthy Adults: Guidance for Prescribing Exercise

AMERICAN COLLEGE of SPORTS MEDICINE

POSITION STAND

This pronouncement was written for the American College of Sports Medicine by Carol Ewing Garber, Ph.D., FACSM, (Chair); Bryan Blissmer, Ph.D.; Michael R. Deschenes, Ph.D., FACSM; Barry A. Franklin, Ph.D., FACSM; Michael J. Lamonte, Ph.D., FACSM; I-Min Lee, M.D., Sc.D., FACSM; David C. Nieman, Ph.D., FACSM; and David P. Swain, Ph.D., FACSM.

SUMMARY

The purpose of this Position Stand is to provide guidance to professionals who counsel and prescribe *individualized* exercise to apparently healthy adults of all ages. These recommendations also may apply to adults with certain chronic diseases or disabilities, when appropriately evaluated and advised by a health professional. This document supersedes the 1998 American College of Sports Medicine (ACSM) Position Stand, "The Recommended Quantity and Quality of Exercise for Developing and Maintaining Cardiorespiratory and Muscular Fitness, and Flexibility in Healthy Adults." The scientific evidence demonstrating the beneficial effects of exercise is indisputable, and the benefits of exercise far outweigh the risks in most adults. A program of regular exercise that includes cardiorespiratory, resistance, flexibility, and neuromotor exercise training *beyond* activities of daily living to improve and maintain physical fitness and health is *essential* for most adults. The ACSM recommends that most adults engage in moderate-intensity cardiorespiratory exercise training for ≥30 min·d^{-1} on ≥5 d·wk^{-1} for a total of ≥150 min·wk^{-1}, vigorous-intensity cardiorespiratory exercise training for ≥20 min·d^{-1} on ≥3 d·wk^{-1} (≥75 min·wk^{-1}), or a combination of moderate- and vigorous-intensity exercise to achieve a total energy expenditure of ≥500–1000 MET·min·wk^{-1}. On 2–3 d·wk^{-1}, adults should also perform resistance exercises for each of the major muscle groups, and neuromotor exercise involving balance, agility, and coordination. Crucial to maintaining joint range of movement, completing a series of flexibility exercises for each the major muscle–tendon groups (a total of 60 s per exercise) on ≥2 d·wk^{-1} is recommended. The exercise program should be modified according to an individual's habitual physical activity, physical function, health status, exercise responses, and stated goals. Adults who are unable or unwilling to meet the exercise targets outlined here still can benefit from engaging in amounts of exercise *less than* recommended. In addition to exercising regularly, there are health benefits in concurrently reducing total time engaged in sedentary pursuits and also by interspersing frequent, short bouts of standing and physical activity between periods of sedentary activity, even in physically active adults. Behaviorally based exercise interventions, the use of behavior change strategies, supervision by an experienced fitness instructor, and exercise that is pleasant and enjoyable can improve adoption and adherence to prescribed exercise programs. Educating adults about and screening for signs and symptoms of CHD and gradual progression of exercise intensity and volume may reduce the risks of exercise. Consultations with a medical professional and diagnostic exercise testing for CHD are useful when clinically indicated but are not recommended for universal screening to enhance the safety of exercise.

Key Words: Practice Guidelines, Prescription, Physical Activity, Physical Fitness, Health, Aerobic Exercise, Resistance Exercise, Flexibility Exercise, Neuromotor Exercise, Functional Fitness

INTRODUCTION

Many recommendations for exercise and physical activity by professional organizations and government agencies have been published since the *sui generis* publications of the American College of Sports Medicine (ACSM) (10,11). The number of recommendations has escalated after the release of the 1995 Centers for Disease Control and Prevention (CDC)/ACSM public health recommendations (280) and the 1996 US Surgeon General's Report (371), and the ostensibly contradictory recommendations between these documents have led to confusion among health professionals, fitness professionals, and the public (32,155). The more recent recommendations of the American Heart Association (AHA)

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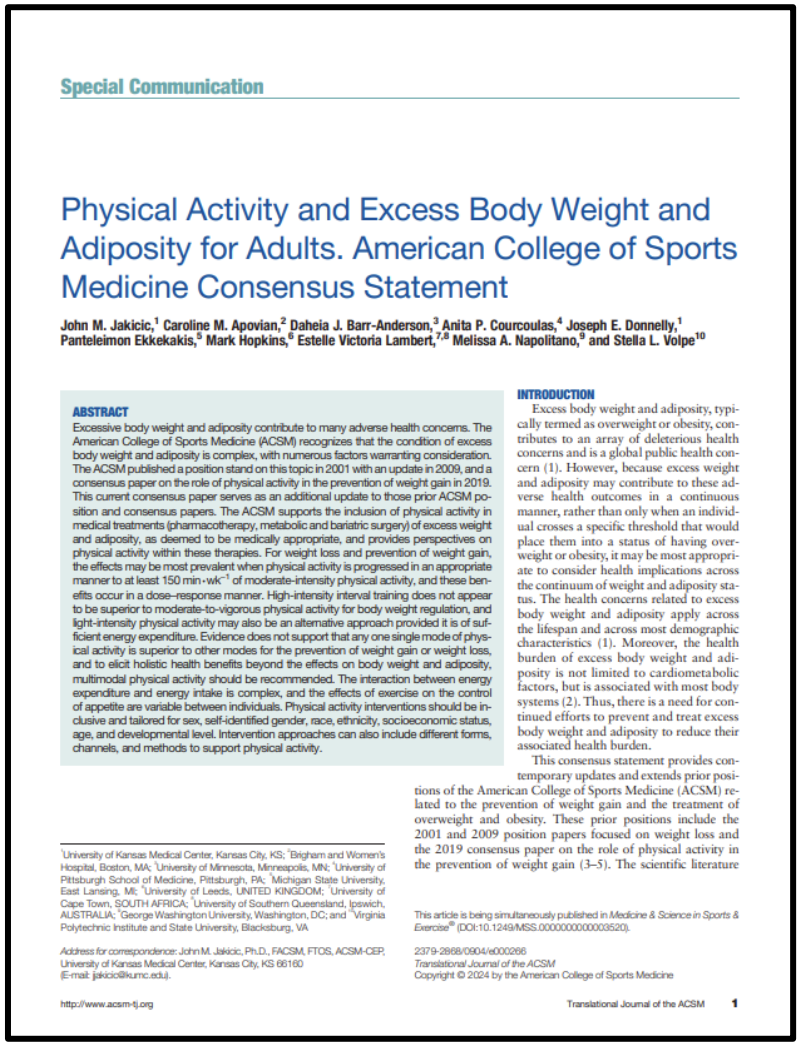
MEDICINE & SCIENCE IN SPORTS & EXERCISE®

DOI: 10.1249/MSS.0b013e318213fefb



Special Communication

Physical Activity and Excess Body Weight and Adiposity for Adults. American College of Sports Medicine Consensus Statement

John M. Jakicic,[1] Caroline M. Apovian,[2] Daheia J. Barr-Anderson,[3] Anita P. Courcoulas,[4] Joseph E. Donnelly,[1] Panteleimon Ekkekakis,[5] Mark Hopkins,[6] Estelle Victoria Lambert,[7,8] Melissa A. Napolitano,[9] and Stella L. Volpe[10]

ABSTRACT

Excessive body weight and adiposity contribute to many adverse health concerns. The American College of Sports Medicine (ACSM) recognizes that the condition of excess body weight and adiposity is complex, with numerous factors warranting consideration. The ACSM published a position stand on this topic in 2001 with an update in 2009, and a consensus paper on the role of physical activity in the prevention of weight gain in 2019. This current consensus paper serves as an additional update to those prior ACSM position and consensus papers. The ACSM supports the inclusion of physical activity in medical treatments (pharmacotherapy, metabolic and bariatric surgery) of excess weight and adiposity, as deemed to be medically appropriate, and provides perspectives on physical activity within these therapies. For weight loss and prevention of weight gain, the effects may be most prevalent when physical activity is progressed in an appropriate manner to at least 150 min·wk^{-1} of moderate-intensity physical activity, and these benefits occur in a dose–response manner. High-intensity interval training does not appear to be superior to moderate-to-vigorous physical activity for body weight regulation, and light-intensity physical activity may also be an alternative approach provided it is of sufficient energy expenditure. Evidence does not support that any one single mode of physical activity is superior to other modes for the prevention of weight gain or weight loss, and to elicit holistic health benefits beyond the effects on body weight and adiposity, multimodal physical activity should be recommended. The interaction between energy expenditure and energy intake is complex, and the effects of exercise on the control of appetite are variable between individuals. Physical activity interventions should be inclusive and tailored for sex, self-identified gender, race, ethnicity, socioeconomic status, age, and developmental level. Intervention approaches can also include different forms, channels, and methods to support physical activity.

INTRODUCTION

Excess body weight and adiposity, typically termed as overweight or obesity, contributes to an array of deleterious health concerns and is a global public health concern (1). However, because excess weight and adiposity may contribute to these adverse health outcomes in a continuous manner, rather than only when an individual crosses a specific threshold that would place them into a status of having overweight or obesity, it may be most appropriate to consider health implications across the continuum of weight and adiposity status. The health concerns related to excess body weight and adiposity apply across the lifespan and across most demographic characteristics (1). Moreover, the health burden of excess body weight and adiposity is not limited to cardiometabolic factors, but is associated with most body systems (2). Thus, there is a need for continued efforts to prevent and treat excess body weight and adiposity to reduce their associated health burden.

This consensus statement provides contemporary updates and extends prior positions of the American College of Sports Medicine (ACSM) related to the prevention of weight gain and the treatment of overweight and obesity. These prior positions include the 2001 and 2009 position papers focused on weight loss and the 2019 consensus paper on the role of physical activity in the prevention of weight gain (3–5). The scientific literature

[1]University of Kansas Medical Center, Kansas City, KS; [2]Brigham and Women's Hospital, Boston, MA; [3]University of Minnesota, Minneapolis, MN; [4]University of Pittsburgh School of Medicine, Pittsburgh, PA; [5]Michigan State University, East Lansing, MI; [6]University of Leeds, UNITED KINGDOM; [7]University of Cape Town, SOUTH AFRICA; [8]University of Southern Queensland, Ipswich, AUSTRALIA; [9]George Washington University, Washington, DC; and [10]Virginia Polytechnic Institute and State University, Blacksburg, VA

Address for correspondence: John M. Jakicic, Ph.D., FACSM, FTOS, ACSM-CEP, University of Kansas Medical Center, Kansas City, KS 66160 (E-mail: jjakicic@kumc.edu).

This article is being simultaneously published in *Medicine & Science in Sports & Exercise*® (DOI:10.1249/MSS.0000000000003520).

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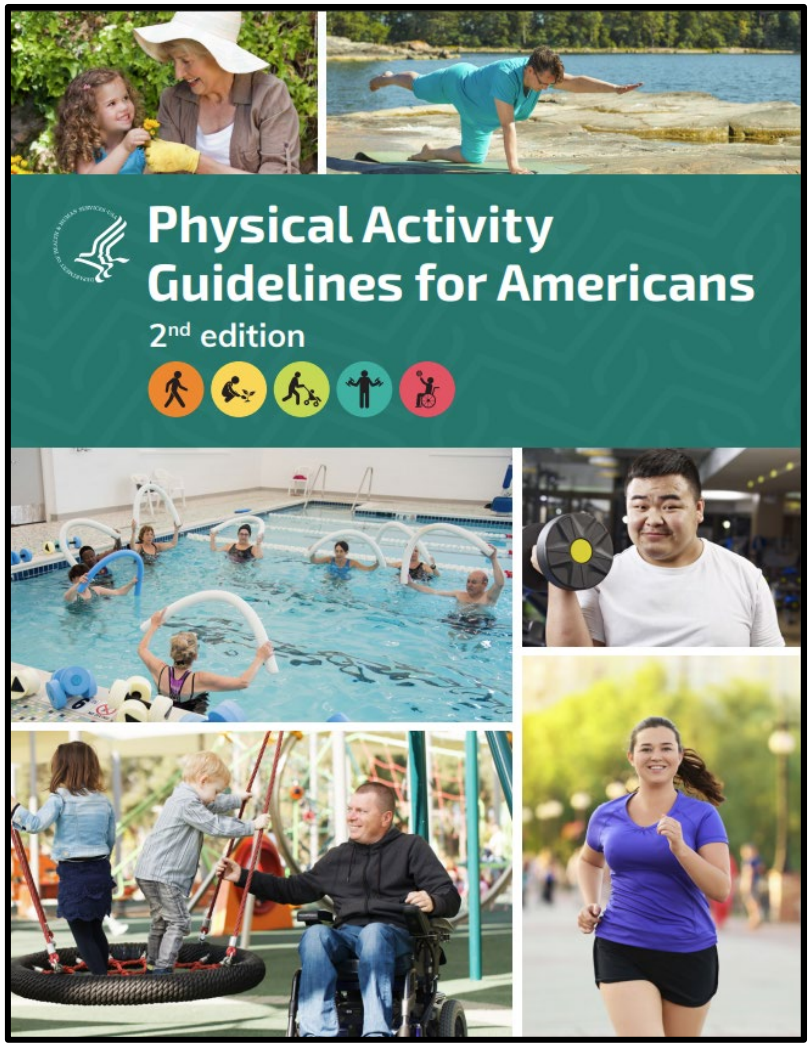
Translational Journal of the ACSM



Garber et al. 2011; Jakicic et al, 2024; U.S. DHHS - Physical Activity Guidelines for Americans, 2018

Exercise & Health: The Evolution

From Philosophy → Epidemiology → Fitness Science → Public Policy → Clinical Practice

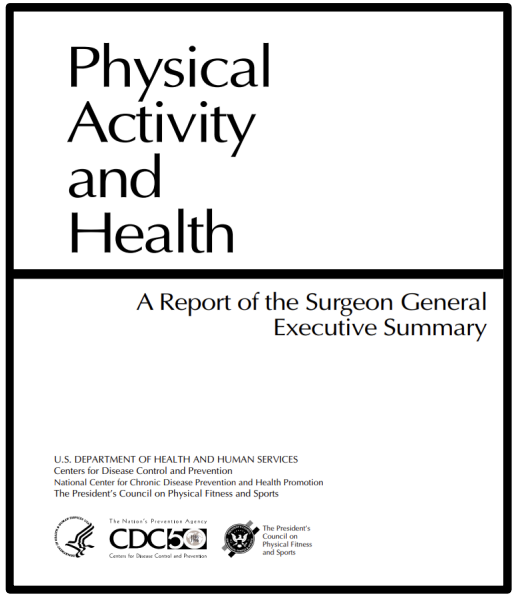
Hippocrates & Galen

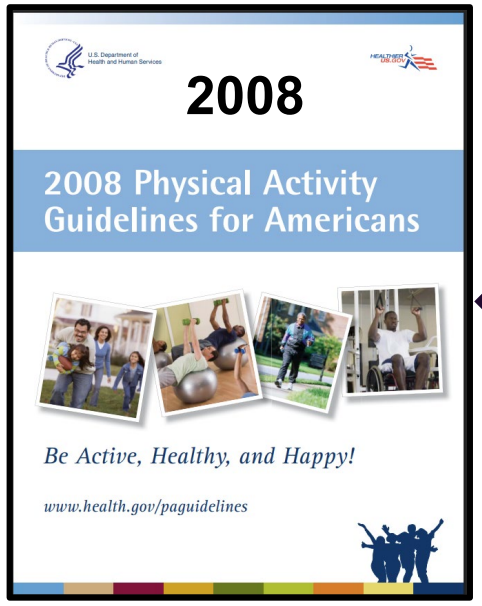
18th-19th Century Physicians in Europe

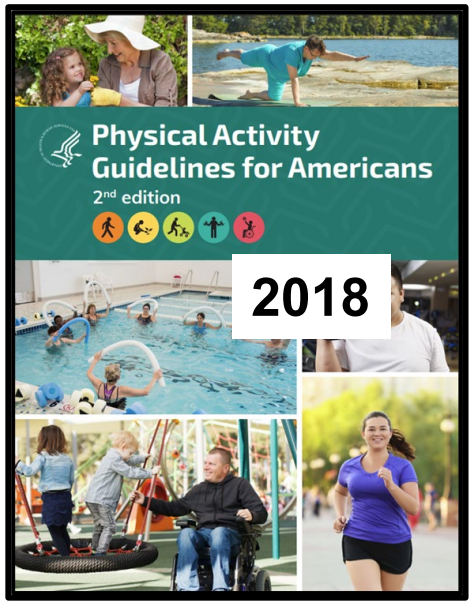
Jerry Morris (1953) Landmark study

Cooper Institute 1960s-1970s (aerobic and cardiorespiratory fitness)

1980s-1990s Large Cohort Studies Dose-response & Mortality







Exercise is Medicine® : A Global Health Initiative

- ✓ ACSM-EIM Initiative
- ✓ **Physical activity as a vital sign**
- ✓ **Physical Activity** as prevention, treatment, a
  management of chronic conditions
- ✓ EIM® in clinical settings (EIM-OC, EIM in the VA system, etc.)

2007

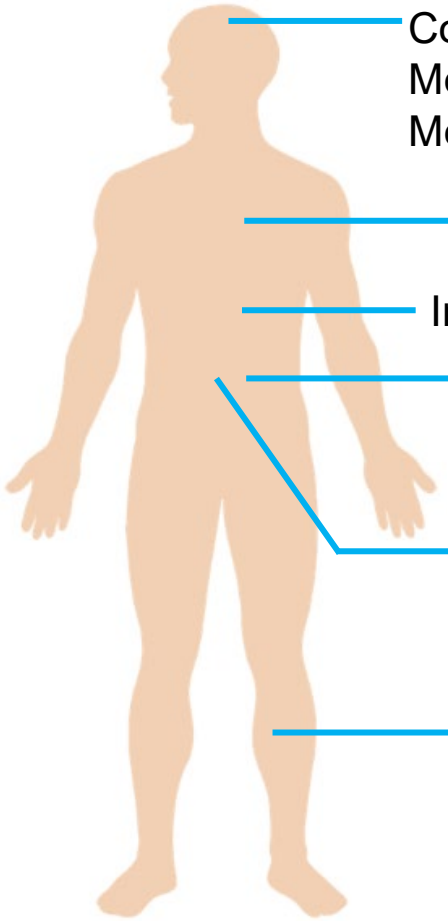
The Science Behind Exercise as Medicine

- ✓ **Health and Well-being**
- ✓ **Disease Prevention**
  - ✓ Cancer, Stroke, CVD, Back Pain, Mortality
  - ✓ Depression, Anxiety, Stress
- ✓ **Disease Management**
  - ✓ CVD, Diabetes, Obesity, HBP, Osteoarthritis
  - ✓ Depression, Anxiety, Stress, Sleep, PTSD

Sallis 2009; U.S. DHHS - Physical Activity Guidelines for Americans, 2018

Exercise is Medicine®: Exercise Sustains the Hallmarks of Health

Protect the integrity of barriers
Maintain local homeostasis
Benefit recycling and turnover
Regular multiple circuitries
Enhance circadian rhythms
Improve resilience
Hormetic regulation
Promote repair and regeneration



Cognitive improvements
Memory and learning ↑
Mental health ↑

Cardiorespiratory fitness ↑
Risk of cardiovascular disease ↓

Improve metabolism

Immunosurveillance ↑
Immunocompetence ↑

Beneficial and diverse gut microbiome

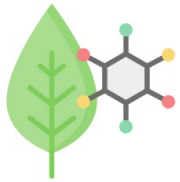
Muscle mass and/or strength ↑
Muscle function ↑

Qiu et al. 2023

Exercise in a Pill?

Current Approaches

Pharmacological agonists



Phytochemicals

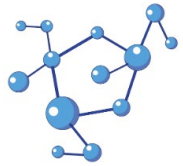
Beneficial effects

Adverse Events?

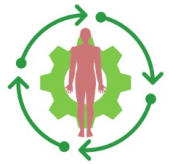
Exercise

Physical activity and//or exercise

Beneficial Effects Minimal risk



Exercise Omics



Systems work simultaneously

≠ Exercise ≠ Adaptations

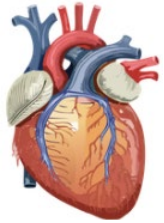
Fitness and Health status

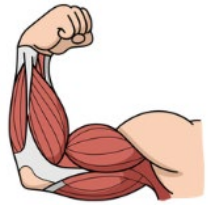
Extrinsic factors

Intrinsic factors

∑Exercise bouts

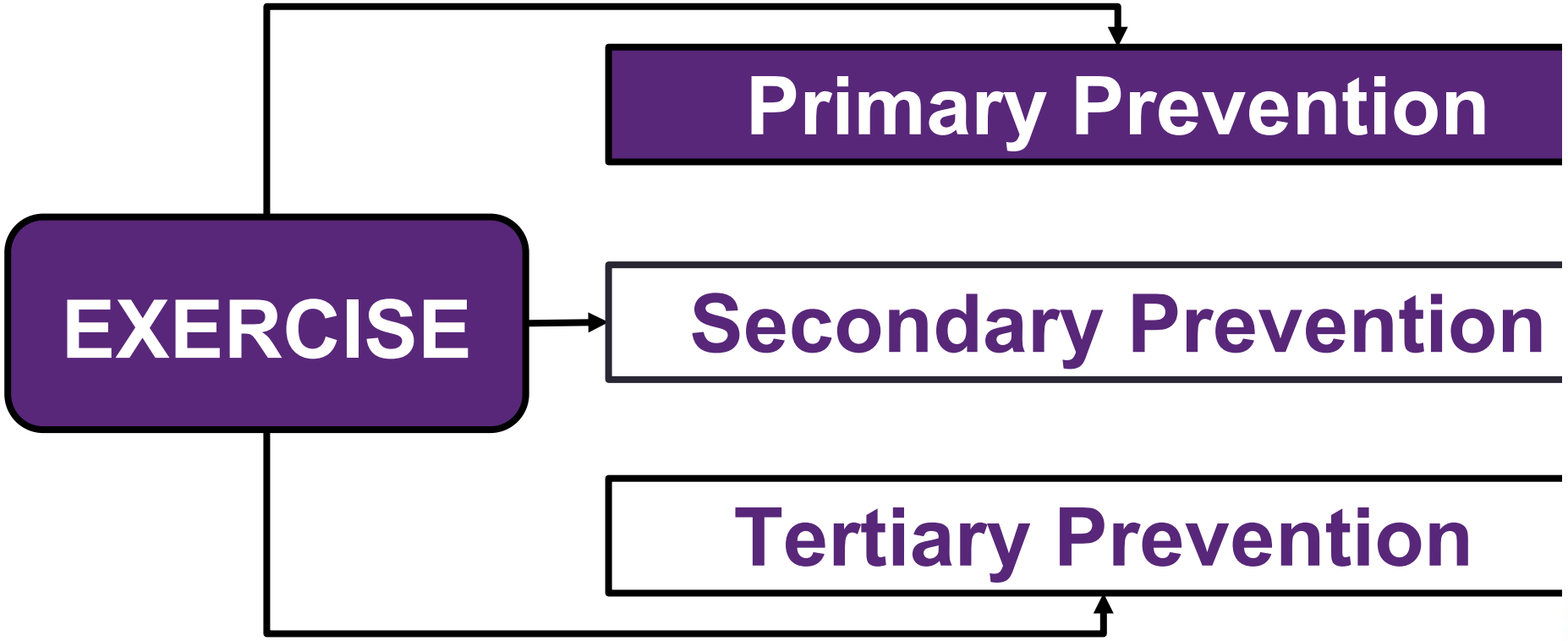
Exerkines





Adapted from: Plaza-Florindo et al. 2025

When Exercise is Medicine®?



Pedersen & Saltin, 2015

Exercise as Medicine: Prevention Side

Diabetes
16% - 34%
Zahalka et al. [Updated 2025 Jul 6]

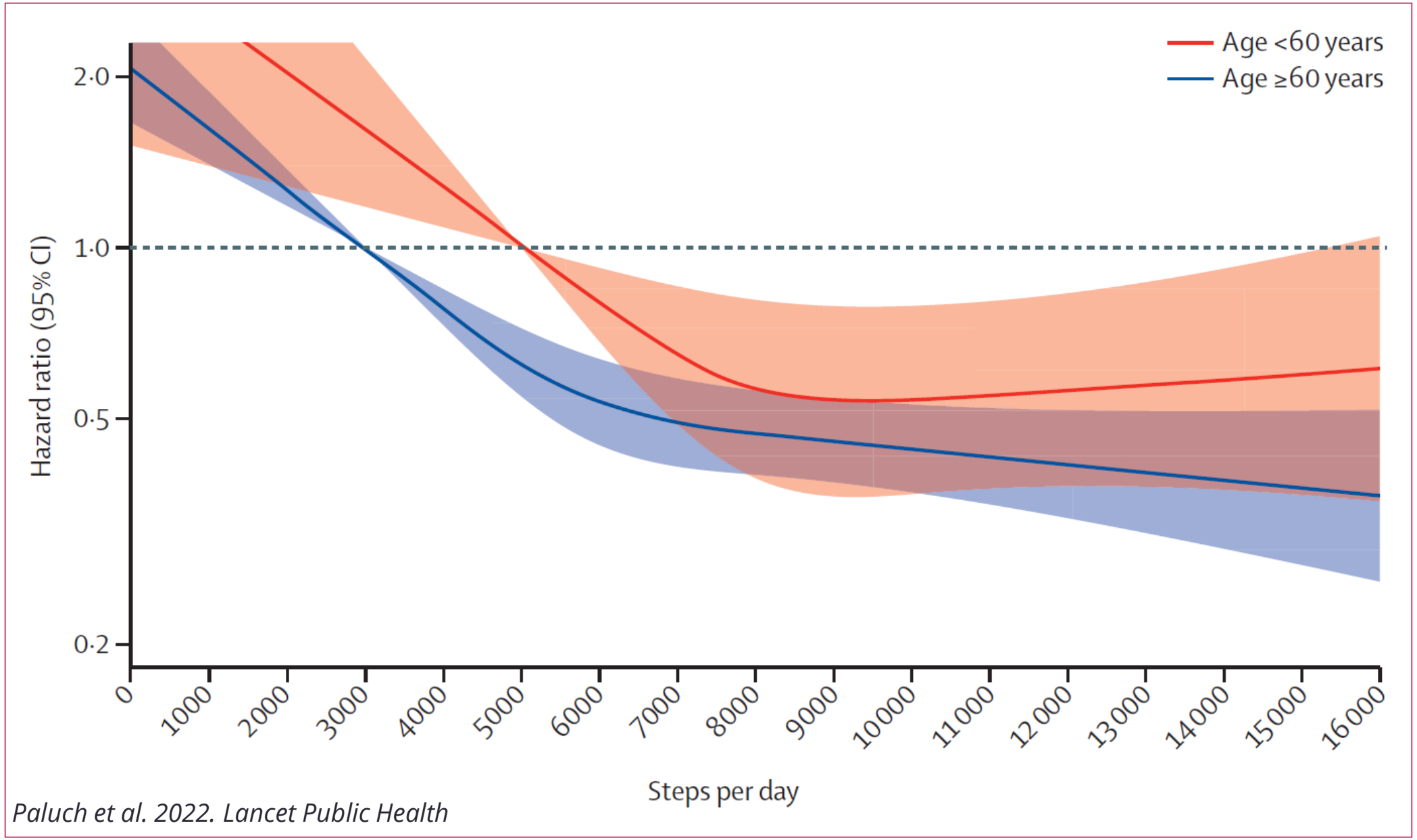
Cancer
26%
Shreves et al. 2025

Depression
25%
(Brisk Walking)
Pearce et al. 2022

Hypertension
37% (H vs L CRF)
15% (M vs L CRF)
Cheng et al. 2022

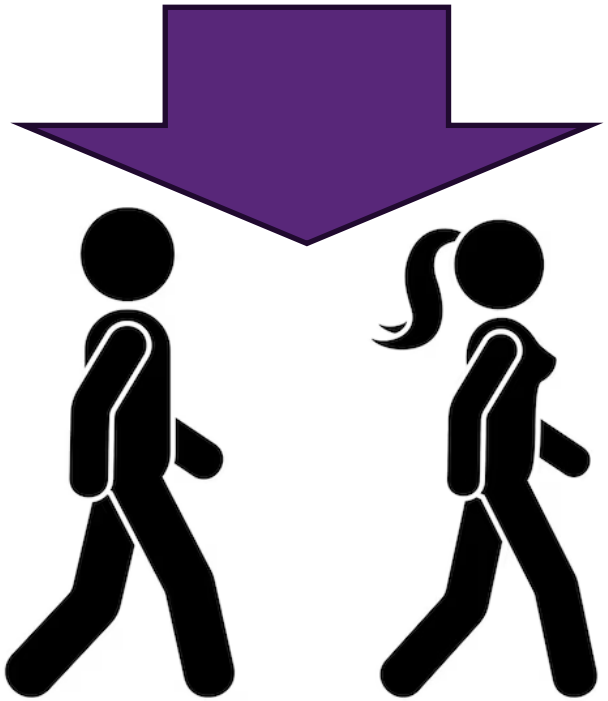
Premature Death
Upping PA: 20-25%
Consistently Active: 30-40%
Yu et al. 2025

Daily steps and all-cause mortality: a meta-analysis of 15 international cohorts

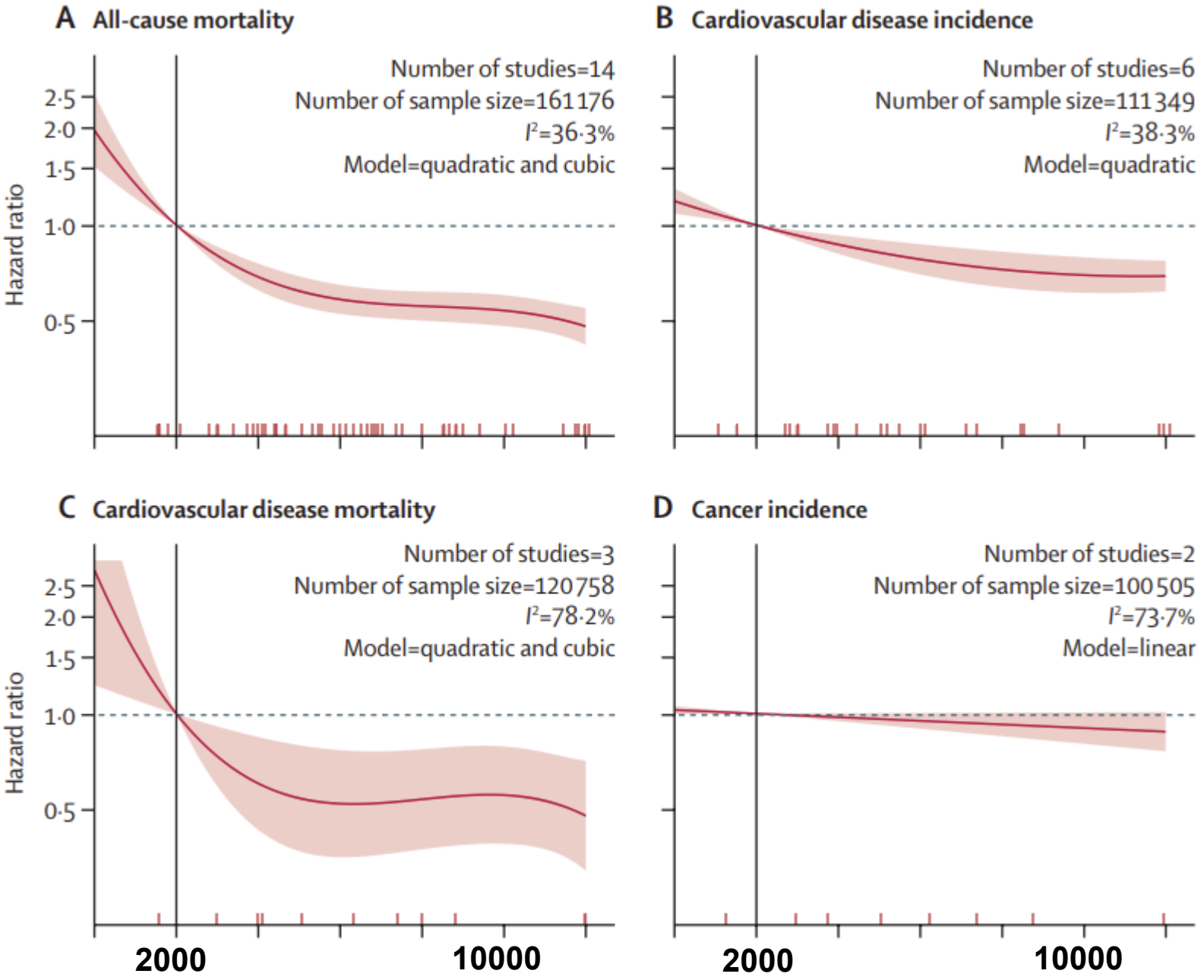


Paluch et al. 2022. Lancet Public Health

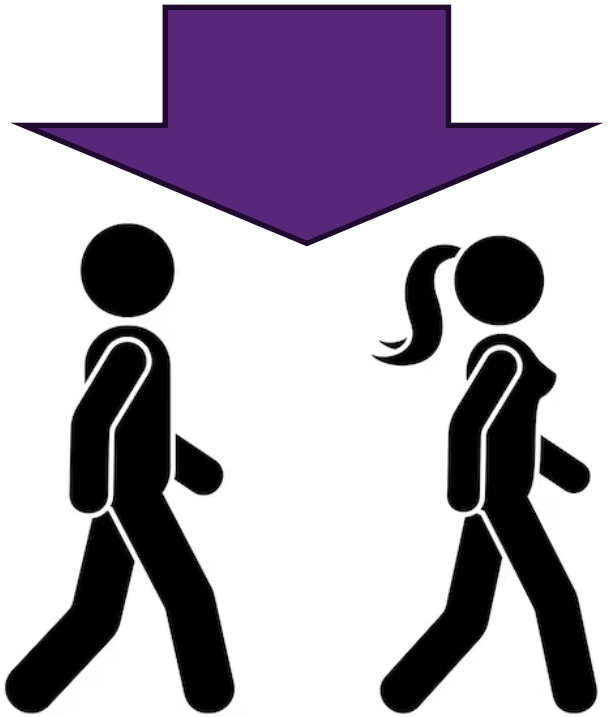
Daily steps and health outcomes in adults: systematic review and dose-response meta-analysis



Adapted from Ding et al. 2025. Lancet Public Health



Daily steps and health outcomes in adults: systematic review and dose-response meta-analysis continued



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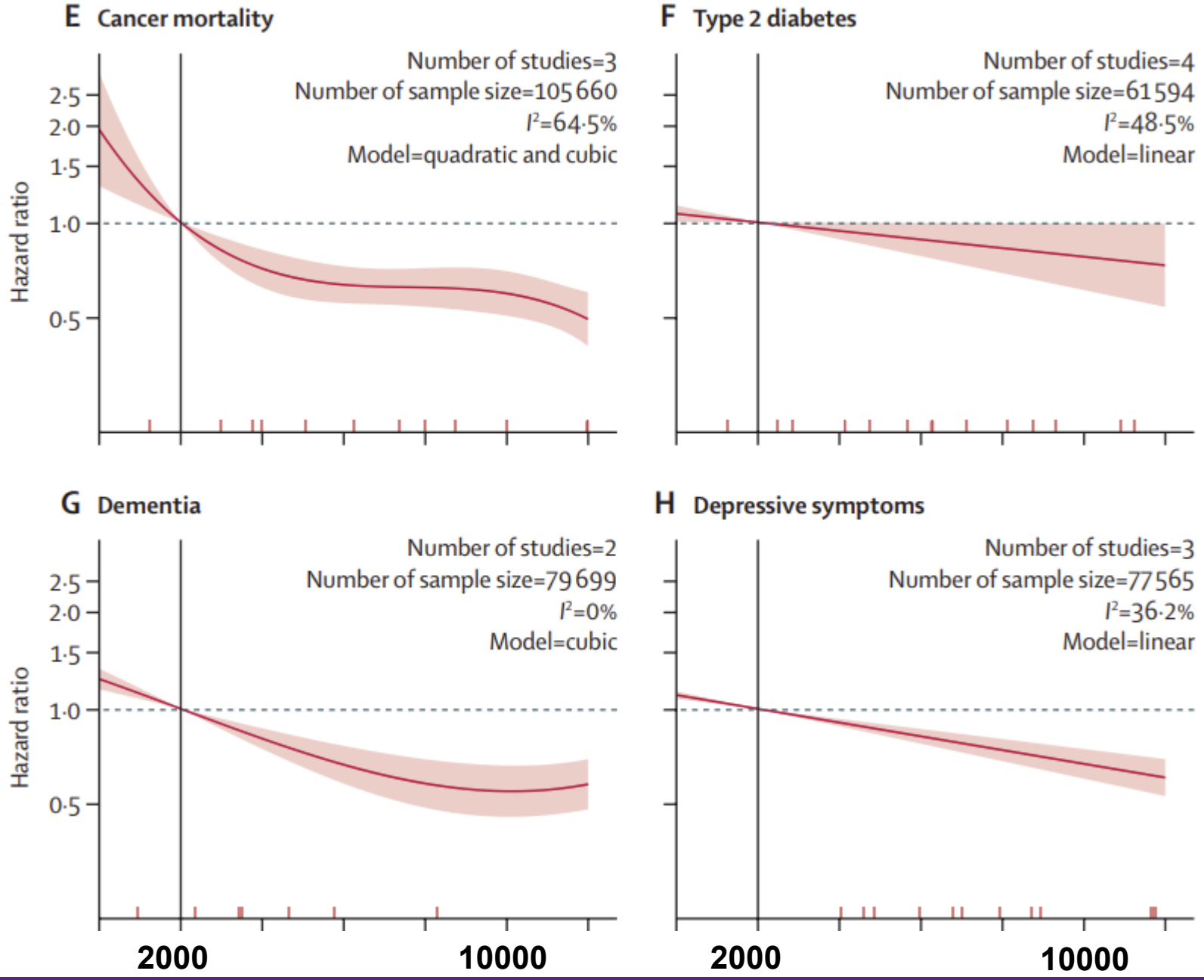
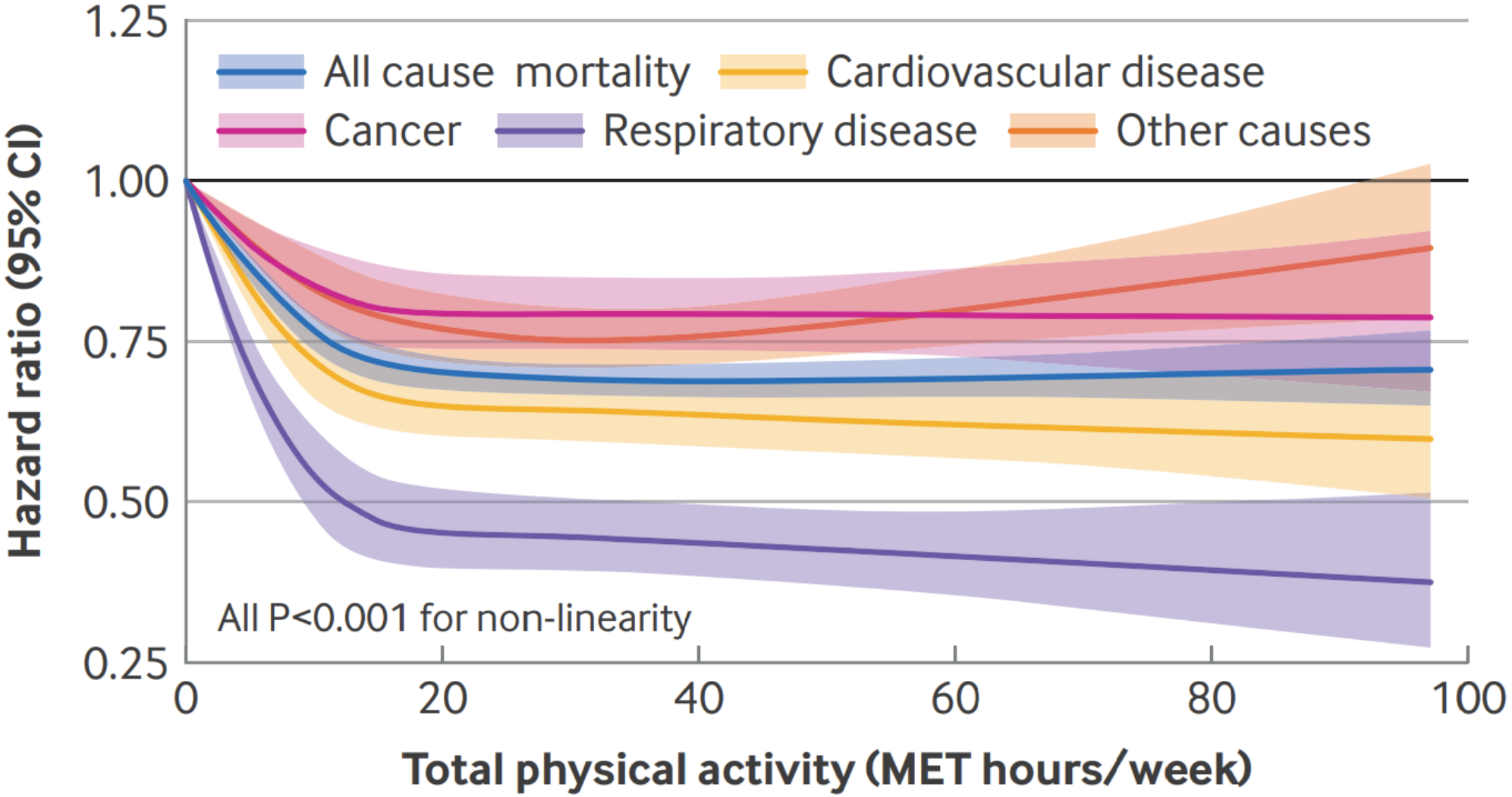
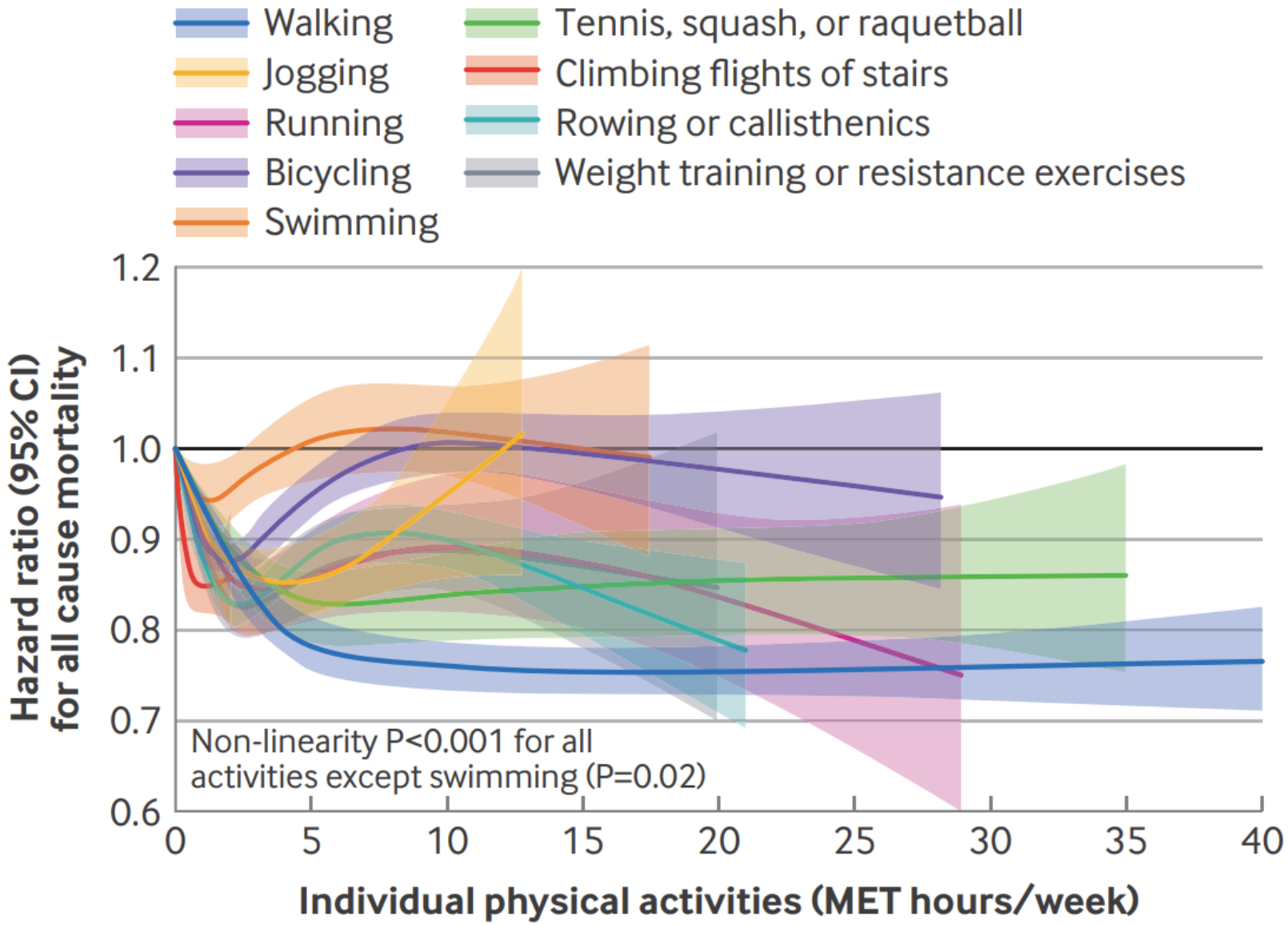


Physical activity types, variety, and mortality: results from two prospective cohort studies



Han et al. 2025. BMJ Med



Han et al. 2025. BMJ Med

Exercise as medicine - evidence for prescribing exercise as therapy in 26 different chronic diseases

PSYCHIATRIC DISEASES
- Depression
- Anxiety
- Stress
- Schizophrenia

NEUROLOGICAL DISEASES
- Dementia
- Parkinson's disease
- Multiple sclerosis

MUSCULO-SKELETAL DISORDERS
- Osteoarthritis
- Osteoporosis
- Back pain
- Rheumatoid arthritis

CANCER

METABOLIC DISEASES
- Obesity
- Hyperlipidemia
- Metabolic syndrome
- Polycystic ovarian syndrome
- Type 2 diabetes
- Type 1 diabetes

CARDIOVASCULAR DISEASES
- Cerebral apoplexy
- Hypertension
- Coronary heart disease
- Heart failure
- Intermittent claudication

PULMONARY DISEASES
- Chronic obstructive pulmonary disease
- Bronchial asthma
- Cystic fibrosis

Pedersen & Saltin, 2015

How Much?
Exercise & Health Benefits

Have you ever heard this expression?

Some is Better than None!

Move More, Sit Less!

How Much? Exercise & Health Benefits

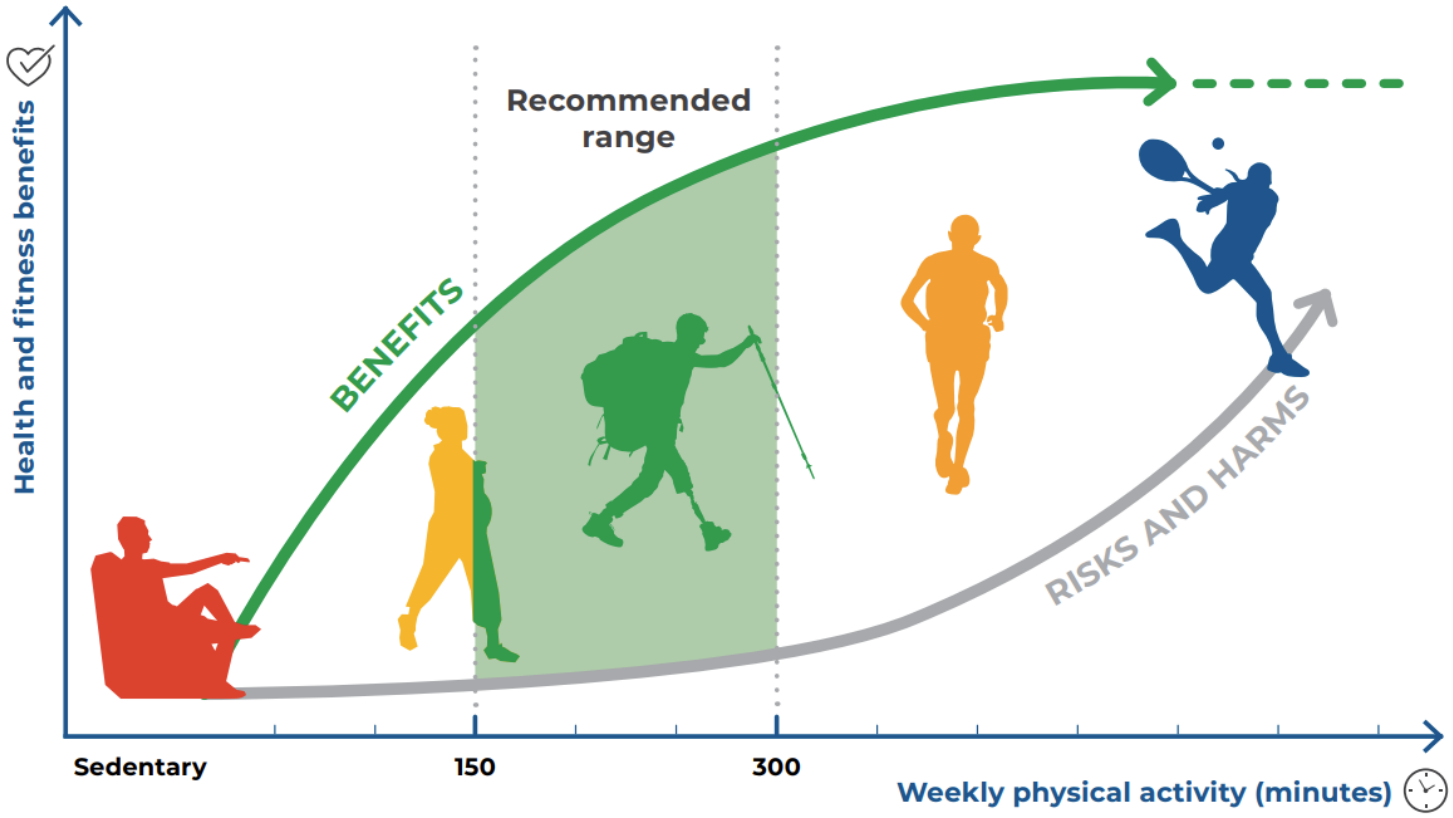


Figure 1: ***Dose response curve***

Adapted from WHO guidelines on physical activity and sedentary behaviour, 2020

Physical Activity Guidelines: Children and Adolescents (5 – 17 years old)

- ✓ **At least 60 minutes per day moderate-to-vigorous physical activity (MVPA)**
- ✓ At least 3 days per week of vigorous - also, muscle and bone strength
- ✓ LIMIT sedentary time

U.S. DHHS - Physical Activity Guidelines for Americans, 2018

Physical Activity Guidelines:
Adults (18 – 64 years old)

- ✓ **150-300 minutes of moderate physical activity (MPA)**
- ✓ **75-150 minutes of vigorous physical activity (VPA)**
- ✓ At least 2 days of muscle-strengthening
- ✓ LIMIT Sedentary time → Replace by PA

U.S. DHHS - Physical Activity Guidelines for Americans, 2018

Physical Activity Guidelines: Adults (65+)

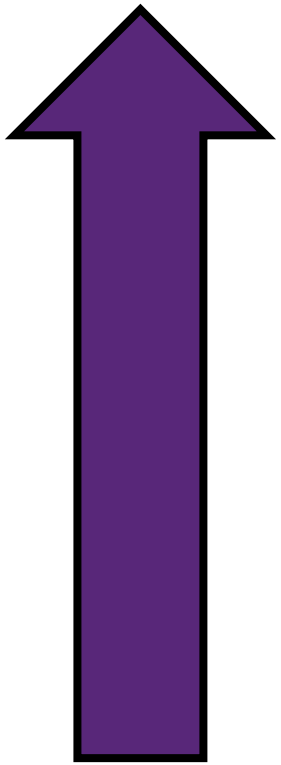
- ✓ **150-300 minutes of MPA**
- ✓ **75-150 minutes of VPA**
- ✓ At least 2 days of muscle-strengthening
- ✓ At least 3 days – multicomponent activity

U.S. DHHS - Physical Activity Guidelines for Americans, 2018

Physical Activity Guidelines: RECAP

Adapted from WHO guidelines on physical activity and sedentary behaviour, 2020

What Can We Expect from an Active Lifestyle? – **Children and Adolescents**



Health Benefits Associated with Regular Physical Activity
Bone health
Weight status
Cardiorespiratory and muscular fitness
Cardiometabolic health
Cognition
Reduce risk of depression

U.S. DHHS - Physical Activity Guidelines for Americans, 2018

What Can We Expect from an Active Lifestyle? – **Adults and Older Adults**

Health Benefits Associated with Regular Physical Activity
Lower risk of all cause mortality
Lower risk of CVD mortality
Lower risk of CVD (heart disease and stroke)
Lower risk of Hypertension
Lower risk of type 2 diabetes
Lower risk of adverse blood lipid profile
Lower risk of different types of cancers
Improve cognition
Reduce risk of dementia

Health Benefits Associated with Regular Physical Activity
Improved quality of life
Reduced anxiety
Reduced risk of depression
Improved sleep
Slowed or reduced weight gain
Improved bone health
Improved physical function
Lower risk of falls
Lower risk of fall-related injuries

U.S. DHHS - Physical Activity Guidelines for Americans, 2018

High Prevalence of Physical Inactivity

55% Physical Inactivity

9.5 hours per day Sedentary Time

U.S

Matthews et al. 2021; Xu et al. 2023

Global Observatory for Physical Activity

UNITED STATES OF AMERICA

World Region | PAHO - North America

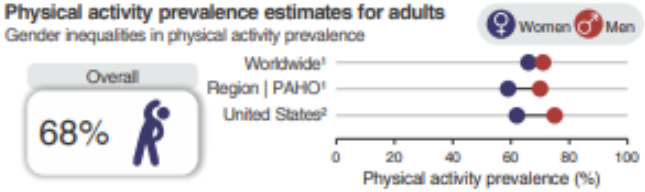
COUNTRY AND DEMOGRAPHIC DATA

Capital - **Washington D.C.**
Population - **334,914,895**
Urban population - **83.3%**
Life expectancy (years) - **77.4**
Gini index for income inequality - **0.40**
Human Development Index - **0.93**
Literacy rate - **99.0%**
Risk of premature non-communicable disease mortality - **14.0%**
Human Capital Index – **0.88**
Democracy Index – **7.85**
Deaths from non-communicable diseases - **88.1%**
World Bank income category - **High income**

★★★★

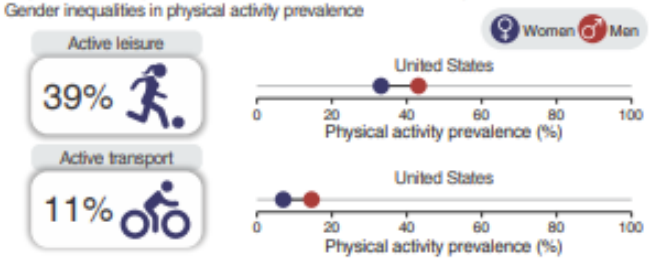
PHYSICAL ACTIVITY PARTICIPATION

Physical activity prevalence estimates for adults
Gender inequalities in physical activity prevalence



18 + years, Whitfield et al., JPAH (2021)

Physical activity prevalence estimates for adults by domain
Gender inequalities in physical activity prevalence



18 + years, Whitfield et al., JPAH (2021)

1 Global estimates (18 + years, Strain et al. (2024))
2 Country estimates

POLICY AND SURVEILLANCE STATUS

National physical activity policy/plan — YES

GoPA! Policy Directory

1. *US National Physical Activity Plan, 2016*
2. *Step It Up! the Surgeon General's Call to Action to Promote Walking and Walkable Communities, 2015*
3. *National Prevention Council Action Plan, 2012*
4. *Physical Activity Guidelines for Americans, 2nd edition, 2018*

Link to GoPA! Policy Directory: new.globalphysicalactivityobservatory.com/directory.php

National recommendations — YES

National survey(s) including physical activity questions — YES

2020 | *Most recent* — 2021-2023 | *Next*

Surveys and instruments used to assess physical activity

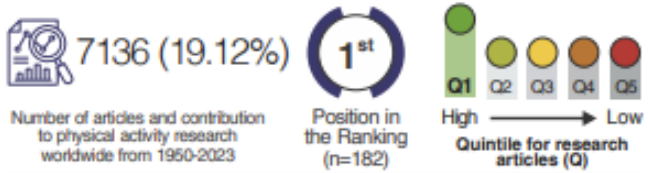
1. *NHANES (National Health and Nutrition Examination Survey) - GPAQ-based multi-domain physical activity: 2007-2008, 2009-2010, 2011-2012, 2013-2014, 2015-2016, 2017-2018, 2018-2020; Leisure physical activity: 2021-2022*
2. *NHIS (National Health Interview Survey) - Leisure aerobic physical activity and muscle strengthening physical activity: 1998-2018 (annual), 2020, 2022*
3. *BRFSS (Behavioral Risk Factor Surveillance System) - 2011, 2013, 2015, 2017, 2019, 2023: non-occupational physical activity; Annual: any activity (yes/no)*

Contact Information

Name: Geoffrey P Whitfield
Institution: Physical Activity and Health Branch, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

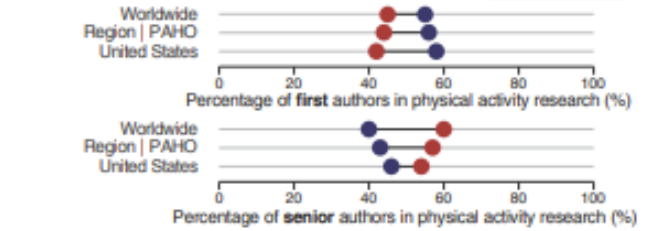
This Country Card is part of the 3rd Physical Activity Almanac (free resource on the GoPA! website)
For a description of the indicators and data sources visit: www.globalphysicalactivityobservatory.com/country-cards

PHYSICAL ACTIVITY RESEARCH



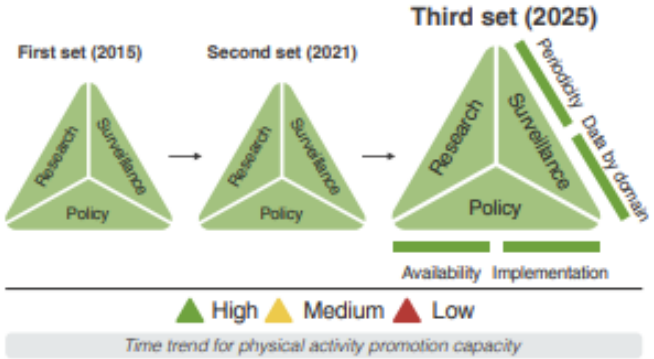
2023 PubMed Update - Ramirez Varela et al. (2021)

Gender inequalities in physical activity research



Kohn et al. (2024)

PHYSICAL ACTIVITY PROMOTION CAPACITY PYRAMID



Time trend for physical activity promotion capacity

www.globalphysicalactivityobservatory.com

Factors Influencing Physical Activity Participation

BARRIERS

- ✓ Concern about physical health/fitness
- ✓ Lack of time
- ✓ Lack of motivation/interest
- ✓ Fear of falls/history of falling
- ✓ Environmental barriers

FACILITATORS

- ✓ Support from family/friends
- ✓ Social interaction
- ✓ Personal benefits
- ✓ Outside facilities
- ✓ Self-efficacy

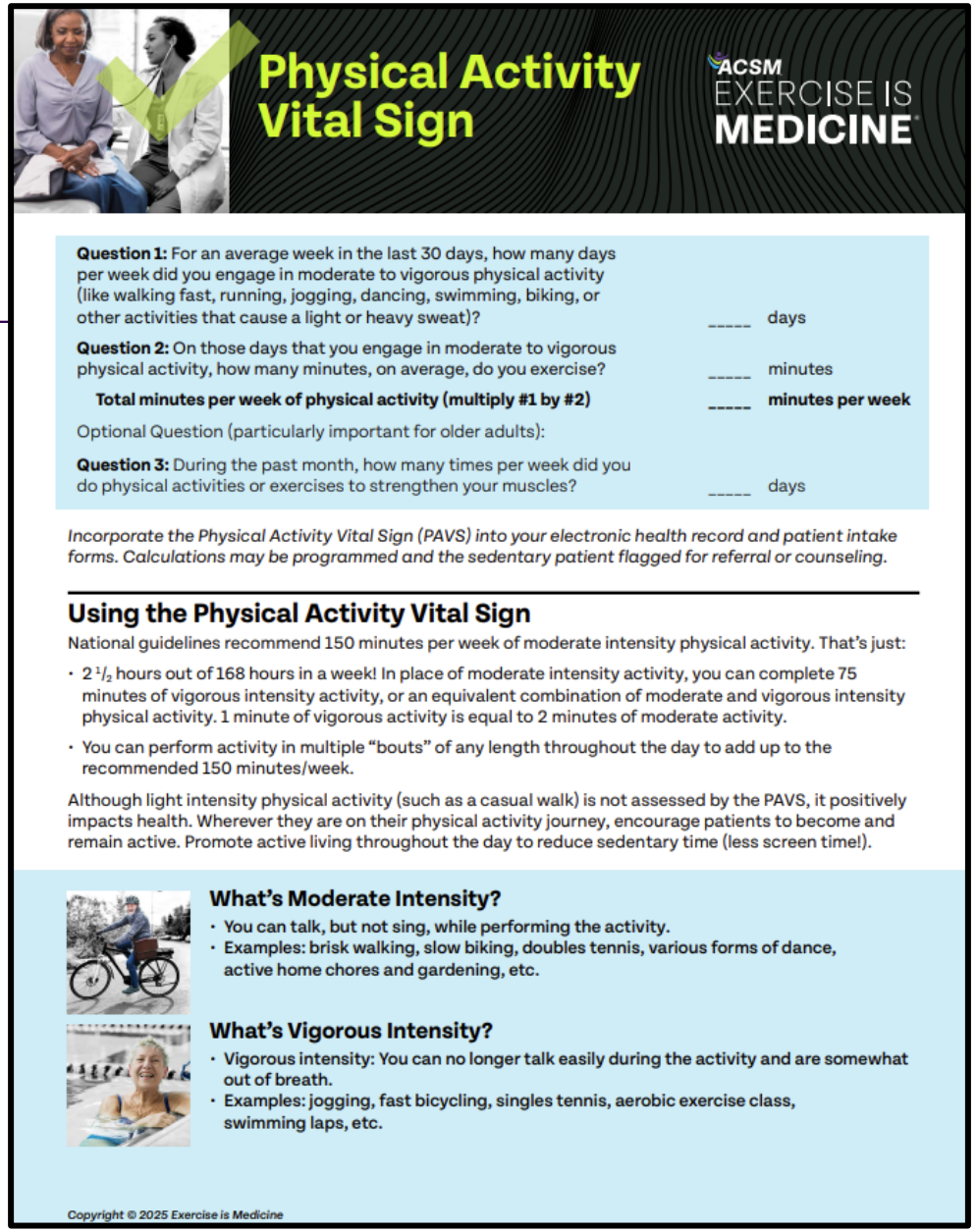
Bauman et al, 2012

What "Exercise is Medicine®" Looks Like to You?

Strategy #1

- ✓Ask about physical activity (assess)

https://www.exerciseismedicine.org



Physical Activity Vital Sign

ACSM EXERCISE IS MEDICINE

Question 1: For an average week in the last 30 days, how many days per week did you engage in moderate to vigorous physical activity (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)? _____ days

Question 2: On those days that you engage in moderate to vigorous physical activity, how many minutes, on average, do you exercise? _____ minutes

Total minutes per week of physical activity (multiply #1 by #2) _____ **minutes per week**

Optional Question (particularly important for older adults):

Question 3: During the past month, how many times per week did you do physical activities or exercises to strengthen your muscles? _____ days

Incorporate the Physical Activity Vital Sign (PAVS) into your electronic health record and patient intake forms. Calculations may be programmed and the sedentary patient flagged for referral or counseling.

Using the Physical Activity Vital Sign

National guidelines recommend 150 minutes per week of moderate intensity physical activity. That's just:

- 2 1/2 hours out of 168 hours in a week! In place of moderate intensity activity, you can complete 75 minutes of vigorous intensity activity, or an equivalent combination of moderate and vigorous intensity physical activity. 1 minute of vigorous activity is equal to 2 minutes of moderate activity.
- You can perform activity in multiple "bouts" of any length throughout the day to add up to the recommended 150 minutes/week.

Although light intensity physical activity (such as a casual walk) is not assessed by the PAVS, it positively impacts health. Wherever they are on their physical activity journey, encourage patients to become and remain active. Promote active living throughout the day to reduce sedentary time (less screen time!).

What's Moderate Intensity?

- You can talk, but not sing, while performing the activity.
- Examples: brisk walking, slow biking, doubles tennis, various forms of dance, active home chores and gardening, etc.

What's Vigorous Intensity?

- Vigorous intensity: You can no longer talk easily during the activity and are somewhat out of breath.
- Examples: jogging, fast bicycling, singles tennis, aerobic exercise class, swimming laps, etc.

Strategy #2

- ✓ Have a list of trusted and qualified exercise specialists

Strategy #3

✓ Have a list of community-based programs

Military installation resources:

- Armed Forces Wellness Centers (AFWC)
- Army Holistic Health and Fitness (H2F)
- Installation wellness and resilience teams (installation specific)
- Military OneSource offers FREE Health and Wellness Coaching

Strategy #4

- ✓knowledge about Barriers and Facilitators

Strategy #5

Your voice is important

Wrapping Up

EXERCISE IS THE BEST "MEDICINE" AROUND

ASSESS PHYSICAL ACTIVITY IN ALL CLIENTS/PATIENTS

UNDERSTAND YOUR CLIENT/PATIENT (BARRIERS AND FACILITATORS)

PHYSICAL ACTIVITY GUIDELINES: GREAT STARTING POINT

THANK YOU ALL FOR LISTENING

Questions?

Upcoming Event #1

Key Ethical Implications of Substitute Decision-Making & Guardianship

March 18, 2026 11AM-12:30PM ET

The session will highlight strategies for minimizing ethical risk, protecting patient rights, and equip healthcare professionals with the knowledge and skills necessary to ensure ethically sound, patient-centered practice when informed consent cannot be obtained.

Continuing education credit will be available for this session!

https://oneop.org/learn/160128/

Upcoming Event #2

Innovative Strategies for Stronger Military Nutrition Environments

May 20, 2026 11AM-12:30PM ET

This webinar will describe research efforts to improve the nutrition environment at Camp Lejeune, North Carolina as well as outside the continental U.S. (OCONUS) installations. Attend this webinar to learn how nutrition and health promotion experts and leaders can improve the food environment using tools, including the Military Nutrition Environment Assessment Tool (mNEAT), to strengthen nutritional readiness for service members and their families.

Continuing education credit will be available for this session!

https://oneop.org/learn/160108/

Continuing Education

This webinar has been approved for 1.0 continuing education (CE) credit from the following organizations:

- American Association for Family and Consumer Sciences (AAFCS)
- Commission on Dietetic Registration (CDR)
- National Commission for Health Education Credentialing (NCHEC)
- Certificate of attendance

Evaluation Link

Go to the event page for the evaluation and post-test link.

Continuing Education

Questions?

Email CE@OneOp.org

https://oneop.org/learn/160109/

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