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John McHugh, MD, FACOG, DipABLM, FACLM,
Sohaila Cheema, MBBS, MPH, CPH, DipIBLM, FIBLM,
Nancy Eriksen, MD, FACOG, DipABLM,
Shagufta Feroz, MBBS, MCPS, PhD, DipIBLM,
Sandra Lanza, MD, MPH, DipIBLM, Intensivist FIBLM,
Mechelle Acero Palma, MD, MMHA, CFP, DipIBLM, FACLM,
Kara L Staffier, MPH, Micaela C. Karlsen, PhD, MSPH,
Michelle Tollefson, MD, FACOG, DipABLM, FACLM, MSCP

Lifestyle Medicine Competencies in Women's Health: Consensus-Based Standards From the International Board of Lifestyle Medicine

Abstract: *Lifestyle medicine (LM) takes an evidence-based approach to the prevention and management of many conditions affecting women; however, no dedicated competency framework currently guides its application across the life span. We aimed to develop a comprehensive set of core competencies for women's health-focused lifestyle medicine. Building on existing American and International Boards of Lifestyle Medicine (ABLM/IBLM) frameworks, we convened an international, interdisciplinary expert committee including physicians from obstetrics and gynecology and primary care, representing the United States, Asia, the Middle East, and South America. A modified Delphi process was used to*

"By combining a life-course perspective with female-specific adaptation of the 6 pillars and explicit attention to behavior change, mental health, and the social and structural determinants of health, the framework provides a shared foundation for education, certification, and equitable, evidence-based clinical care for women across the lifespan."

DOI: 10.1177/15598276261473219. Department of Obstetrics & Gynecology, University of Southern California, Los Angeles, CA, USA (JM); Institute for Population Health, Weill Cornell Medicine-Qatar, Education City, Qatar Foundation, Doha, Qatar (SC); Maternal Fetal Medicine, Regional Perinatal Center, Odessa, TX, USA (NE); Riphah Institute of Lifestyle Medicine, Riphah University, Islamabad, Pakistan (SF); Faculty of Medicine, Universidad Andrés Bello, Viña del Mar, Chile (SL); Chilean Society of Lifestyle Medicine, Santiago, Chile (SL); College of Medicine, Adventist University of the Philippines, Silang, Cavite, Philippines (MAP); Philippine College of Lifestyle Medicine, Iloilo, Philippines (MAP); Department of Research and Quality, American College of Lifestyle Medicine, Chesterfield, MO, USA (KLS, MCK); and Department of Health Professions, Metropolitan State University of Denver, Denver, CO, USA (MT). Address correspondence to: John McHugh, MD, FACOG, DipABLM, FACLM, Department of Obstetrics & Gynecology, University of Southern California, Los Angeles, CA, USA; e-mail: northpk@gmail.com.

evaluate consensus on proposed competencies, with agreement assessed on a Likert scale with defined terms for consensus. All 7 committee members completed the Delphi survey, and all 73 competency statements reached consensus. The final framework comprises 73 competencies organized into 11 categories: fundamental knowledge; the 6 lifestyle medicine pillars; clinical assessment and management processes; behavior change strategies; mental health; and contextual determinants, including social determinants of health and trauma-informed care. This consensus-derived framework provides the first structured foundation for integrating lifestyle medicine into women's health education, clinical training, certification, and practice. Its adoption has the potential to advance more equitable, preventive, and person-centered care for women globally.

Keywords: lifestyle medicine; competencies; women's health; lifespan; Delphi

Introduction

Chronic, lifestyle-related diseases account for the majority of morbidity, mortality, and health care expenditure worldwide, and much of this burden is attributable to modifiable behaviors. Lifestyle medicine is the evidence-based clinical discipline that applies therapeutic interventions across 6 core pillars—a predominantly whole-food, plant-predominant eating pattern, regular physical activity, restorative sleep, stress management, connectedness, and avoidance of risky substances—to prevent, treat, and frequently reverse chronic disease.[1] The field is supported by board certification through the American Board of Lifestyle Medicine (ABLM) and the International Board of Lifestyle Medicine (IBLM), as well as by competency frameworks that define the knowledge, skills, and attitudes expected of certified practitioners.[2,3]

Women's health is a distinct and historically underserved domain within this landscape. Women experience a sequence of hormonally mediated transitions—from the reproductive years through pregnancy, the postpartum period, and the menopausal transition—each of which reshapes disease risk and the response to lifestyle intervention. Many conditions are female-specific, such as polyendocrine metabolic ovarian syndrome (PMOS), infertility, and adverse pregnancy outcomes, whereas others, including cardiovascular disease and depression, show important sex- and gender-based differences.[4] A woman's lifestyle also exerts intergenerational effects through mechanisms such as fetal programming and epigenetic modification, yet women remain underrepresented in clinical research.[5]

Existing IBLM competencies were designed for general practice and do not articulate the female-specific knowledge and skills required to deliver care across the lifespan, leaving a gap in curriculum development, training, and certification.[3,6,7] To address this gap, an international, interdisciplinary committee of physician experts in obstetrics and gynecology and primary care used a modified Delphi process to develop core competencies for applying lifestyle medicine to women's health across the lifespan.

Objective

To develop and present a consensus-based set of core competencies for lifestyle medicine in women's health.

Methods

The women's health lifestyle medicine core competencies were developed by an international expert committee led by a committee chair (MT). The selection of the committee aimed to ensure representation from obstetrics and gynecology, as well as primary care-oriented clinical perspectives, within the field of lifestyle medicine. The committee included clinicians and educators with expertise spanning obstetrics and gynecology, maternal-fetal medicine, menopause and women's health across the lifespan, family medicine/primary care, population health and public health, integrative medicine, culinary medicine, lifestyle medicine education and competency development, and international lifestyle medicine leadership. The committee chair, in collaboration with staff of the IBLM and the Lifestyle Medicine Global Alliance (LMGA), identified an initial group of physician experts based on recognized leadership and expertise in lifestyle medicine and women's health. During the drafting process, the panel was expanded to 7 members, with the addition of a maternal-fetal medicine subspecialist to strengthen expertise in preconception, pregnancy, and the postpartum period. All 7 invited experts were physicians and accepted a role on the committee. To enhance the global applicability of the competencies, the committee intentionally assembled a globally relevant, interdisciplinary panel of lifestyle medicine and women's health experts representing diverse health systems and socioeconomic settings, with representatives from North America [United States (MT, JM, NE)], Southeast Asia [the Philippines (MP)], the Middle East [Qatar (SC)], South Asia [Pakistan (SF)], and South America [Chile (SL)].

Before formally drafting competencies, the committee chair met individually with each committee member via videoconference to gather perspectives on the scope, structure,

relationship to existing IBLM competencies, and priority content areas. The early consultation phase also clarified expectations regarding international relevance, clarity of competency language, and applicability across the female lifespan. All panelists disclosed conflicts of interest, and the committee chair reviewed all conflicts.

Using input from the initial consultation phase and review of updated lifestyle medicine competency frameworks and related women's health resources, the committee chair initially prepared a draft of 69 competencies. The draft was circulated for structured review via a shared document to support transparent, asynchronous collaboration. Committee members provided written comments addressing clarity, relevance, completeness, organization, and language of the drafted competency statements. The chair synthesized feedback, integrated revisions, recirculated the document, and completed additional rounds of review. During the iterations, 4 new competencies were added. There was broad agreement as the draft evolved, with several members explicitly endorsing revised language once their concerns had been addressed.

A modified Delphi survey was used to formally assess agreement with the competencies. The Delphi survey was administered electronically using QuestionPro (https://www.questionpro.com/) and asked committee members to rate statements (n = 73) using a 9-point Likert scale where 1 = strongly disagree, 3 = disagree, 5 = neutral, 7 = agree, and 9 = strongly agree. Degree of consensus, near consensus, or no consensus was determined by a member of the ACLM staff (KS) who de-identified results prior to sharing with the committee. Consensus was defined as a mean score of ≥7.00 with no more than one outlier. Outliers were defined as any rating that differed from the mean by 2 or more Likert points in either direction. Near consensus was defined as a mean score of ≥6.50 with no more than 2 outliers.[8] Statements that did not reach consensus or near consensus were defined as having no consensus. All 7 committee members completed the Delphi survey, and all 73 statements reached consensus after the first Delphi survey. Thus, no further revisions were made, and no additional Delphi voting was necessary. After the Delphi review, the competencies were finalized and positioned for dissemination, curriculum development, and scholarly publication. The competencies were communicated as finalized and submitted to the IBLM for approval.

Results

Women's Health Competencies

All 73 statements reached consensus and are divided into the 11 categories listed below. For each category, a summary paragraph is provided. Each paragraph follows a similar framework, including the number of statements that reached consensus, the scope of the statements in that category, and the practical application of this category.

A. Women's Fundamental Health Knowledge

Five statements achieved consensus, establishing a foundational framework for understanding women's health across the lifespan. These competencies emphasize a life-course approach that integrates hormonal transitions, common clinical conditions, and the cumulative impact of lifestyle behaviors and environmental exposures on long-term outcomes. They further highlight the central

Table 1.

A. Women's Fundamental Health Knowledge.

A.1. Summarize hormonal changes across the female lifespan (adolescence, reproductive age, pregnancy and postpartum, perimenopause and menopause, and older women).
A.2. Discuss common women's health conditions across the life course, focusing on critical transitions and the cumulative effects of earlier exposures and behaviors on long-term health outcomes.
A.3. Discuss the unique role of lifestyle medicine in women's health care practice.
A.4. Identify the significance of intergenerational effects of a woman's lifestyle on the health of her children and family, explained through biological mechanisms such as fetal programming and epigenetic changes.
A.5. Discuss the role of social determinants of health, health disparities, and systemic barriers affecting women's health outcomes.

Table 2.

B. Nutrition Science, Assessment, and Prescription for Women.

B.1. Explain how nutrition impacts hormone levels across the female lifespan.
B.2. Assess dietary patterns and nutrients of deficit and excess across the female lifespan.
B.3. Discuss how nutritional exposures during specific life stages, such as adolescence or pregnancy, can influence health outcomes in later life.
B.4. Summarize the health implications of varying degrees of food processing and evaluate key dietary patterns, both plant-predominant and non-plant–predominant, in relation to women's health outcomes.
B.5. Appraise key studies on nutrition's impact in preventing, treating, and reversing women-specific conditions, such as PCOS, fertility disorders, and menopausal symptoms, and in lifestyle-related diseases where gender-based differences are evident, including cardiovascular disease and obesity.
B.6. Apply practical culinary medicine skills to promote and support women's health, with emphasis on translating nutrition science into evidence-based meal planning, food preparation, and dietary counseling strategies.
B.7. Demonstrate skills in writing evidence-based nutrition prescriptions tailored to women's health needs.
B.8. Identify and analyze the shared key principles and common recommendations in global dietary guidelines relevant to women's health.
B.9. Describe nutritional and food safety recommendations for pregnancy.

role of lifestyle medicine, intergenerational and epigenetic influences, and the impact of health disparities and social determinants of health in shaping outcomes for women, future generations, and broader populations (Table 1).

B. Nutrition Science, Assessment, and Prescription for Women

Nine statements achieved consensus defining key competencies in nutrition science, assessment, and prescription across the female lifespan. These competencies emphasize the critical role of nutrition in reproductive health, pregnancy outcomes, menopausal symptom management, and cardiovascular disease prevention and treatment. They translate evidence-based nutrition science into clinical practice through targeted interventions, such as personalized dietary prescriptions and culinary skills tailored to dietary patterns, addressing a wide range of concerns in women's health (Table 2).

C. Physical Activity Science, Assessment, and Prescription for Women

Eight statements achieved consensus, defining core competencies in physical activity science, assessment, and prescription across the female lifespan. These competencies emphasize the foundational role of physical activity in regulating hormonal function, supporting physiological transitions, and preventing and managing acute and chronic health conditions. They translate evidence-based physical activity science into actionable clinical practice, encompassing movement and sedentary behavior assessment and alignment with globally informed physical activity guidelines. They also emphasize careful consideration of safety throughout the female lifespan, including pregnancy and the postpartum period. The competencies further support the development of individualized context-specific exercise prescriptions tailored to women's unique health needs across the lifespan (Table 3).

D. Sleep Health Science, Assessment, and Interventions for Women

Six statements achieved consensus defining core competencies in sleep health science, assessment, and interventions across the female lifespan. These competencies emphasize the bidirectional relationships between sleep and the core lifestyle medicine pillars of nutrition, physical activity, stress resilience, connectedness, and avoidance of risky substance use. They translate sleep science into clinical practice through systematic evaluation of sleep duration, quality, and patterns across life stages, the recognition of gender-related variations in sleep-related health outcomes, and alignment with established global sleep health guidelines. Collectively, these competencies support the development of individualized,

Table 3.

C. Physical Activity Science, Assessment, and Prescription for Women.

C.1. Explain the impact of physical activity on hormonal regulation and overall physiology throughout the stages of female development.
C.2. Assess activity patterns, movement deficits, and sedentary behaviors across the different female life stages.
C.3. Discuss how key physiological transitions affect women's physical activity opportunities and long-term health outcomes.
C.4. Summarize the health impact of different types, intensities, and durations of physical activity, including aerobic, strength, balance, and flexibility components, for women's health.
C.5. Appraise key studies on the impact of physical activity in preventing, treating, and reversing women-specific lifestyle-related conditions with emphasis on gender-related variations.
C.6. Demonstrate skills in writing evidence-based exercise prescriptions tailored to women's health needs.
C.7. Identify and analyze the shared key principles and common recommendations in global physical activity guidelines relevant to women's health.
C.8. Describe the recommendations for physical activity during pregnancy and safety considerations.

women-centered interventions to optimize sleep and overall health (Table 4).

E. Stress Resilience Science and Interventions in Women

Eight statements achieved consensus, defining core competencies in stress resilience science and interventions across the female lifespan. These competencies highlight the complex interplay between stress biology and psychological resilience, and their cumulative effects on women's hormonal regulation, physical health, and mental well-being. They recognize the impact of common, life-specific stressors such as academic demands, caregiving responsibilities, occupational pressures, and social isolation on hormonal regulation and short- and long-term physical and mental health outcomes. They further support the development of practical applications, including evidence-based stress management strategies, shared global principles, and tailored resilience prescriptions to address women-specific and lifestyle-related conditions (Table 5).

F. Social Connectedness Science and Interventions in Women

Eight statements achieved consensus defining core competencies in social connectedness science and interventions across the female lifespan. These competencies establish social health as a critical determinant of women's

Table 4.

D. Sleep Health Science, Assessment, and Interventions for Women.

D.1. Explain how sleep impacts hormone regulation and overall physiology across the female lifespan.
D.2. Assess sleep patterns, quality, and duration across various life stages in females.
D.3. Summarize the health benefits of improving sleep duration and quality in women.
D.4. Summarize the impact of core lifestyle medicine pillars, such as nutrition, physical activity, stress resilience, social connection, and avoidance of risky substance use, on women's sleep, and discuss their bidirectional relationships.
D.5. Appraise key studies on the impact of sleep health in preventing, treating, and reversing women-specific lifestyle-related conditions with emphasis on gender-related variations.
D.6. Identify and analyze the shared key principles and common recommendations in global sleep health guidelines relevant to women's health.

Table 5.

E. Stress Resilience Science and Interventions in Women.

E.1. Explain how stress and the stress response impact hormone levels and overall physiology across the female lifespan.
E.2. Summarize the health benefits of reducing chronic stress and promoting resilience in women.
E.3. Assess stress patterns, coping strategies, and exposure to chronic stressors across the different female life stages.
E.4. Discuss how life-specific stressors, such as academic pressure, caregiving responsibilities, and social isolation, interact cumulatively to increase women's long-term physical and mental health risks.
E.5. Summarize the health impact of different types of stress management practices, including mindfulness, meditation, relaxation techniques, and cognitive-behavioral strategies, on women's health.
E.6. Summarize major studies on stress management in the prevention, treatment, and management of women's health-specific conditions, as well as lifestyle-related conditions where women's responses may differ from men.
E.7. Demonstrate the ability to write evidence-based stress resilience prescriptions for women.
E.8. Discuss commonalities and key messages related to stress management for women worldwide.

physiological and psychological well-being. They emphasize social connectedness as a life-stage-specific influence on women's health, encompassing interpersonal relationships, community participation, and family bonds, as well as broader social contexts that shape health outcomes and resilience across key life transitions. The competencies translate evidence into clinical practice, including social connection prescriptions to enhance engagement, reduce isolation, and improve women's mental and physical health (Table 6).

G. Risky Substance Exposure in Women

Five statements achieved consensus, defining core competencies in the identification, assessment, prevention, and treatment of risky substance use and environmental toxin exposure across the female lifespan. These competencies emphasize a life-course and risk-assessment approach, incorporating patterns of use, cumulative environmental exposures, and pregnancy- and reproductive-specific risks in

Table 6.

F. Social Connectedness Science and Interventions in Women.

F.1. Explain how social connectedness impacts hormone levels and overall physiology across the female lifespan.
F.2. Assess social connectedness, support networks, and experiences of social isolation or loneliness across different life stages and recognize how transitions (e.g., migration, pregnancy, widowhood, retirement) shape women's social connectedness.
F.3. Discuss commonalities and key messages from global social health and community engagement guidelines for women.
F.4. Summarize the health impact of different types and levels of social engagement, including community participation, friendships, and family connections.
F.5. Summarize the role of connection in women's health, beyond only social connection (e.g., connection to pets, nature, spiritual community).
F.6. Summarize the health benefits of reducing social isolation and enhancing meaningful social interactions in women.
F.7. Summarize major studies on social connectedness in the prevention, treatment, and management of women's health-specific conditions, as well as lifestyle-related conditions where women's responses may differ from men.
F.8. Demonstrate the ability to write evidence-based social connection prescriptions for women.

Table 7.

G. Risky Substance Exposure in Women.

G.1. Summarize the health impact of different types and levels of exposure to risky substances, with pregnancy-specific considerations, on women's physical and mental health.
G.2. Summarize the health benefits of reducing or eliminating risky substance exposure in women.
G.3. Assess patterns of use, risk behaviors, and exposure to environmental toxins across women's life stages.
G.4. Summarize evidence-based strategies to prevent and treat risky substance exposure/use in women, with pregnancy-specific considerations.
G.5. Identify common environmental toxins relevant to women (e.g., endocrine-disrupting chemicals) and provide practical advice on reducing exposure to them.

evaluating impacts on physical and mental health. They emphasize the importance of prevention and early intervention, highlighting the benefits of reducing or ceasing use, as well as practical, evidence-based strategies to minimize exposure and improve health outcomes for women (Table 7).

H. Key Clinical Processes in Lifestyle Medicine for Women

Six statements achieved consensus, defining key competencies for integrating lifestyle medicine into clinical care for women across diverse health care settings and patient populations. These competencies emphasize a structured, patient-centered approach that embeds lifestyle vital signs in routine care, applies evidence-based guidelines for the prevention, management, and, where possible, the reversal of chronic and female-specific diseases, and leverages local, national, and global resources to support sustained behavior change. They combine equity-driven, collaborative clinical practice, multidisciplinary care models, and adaptation of recommendations to resource-constrained settings to achieve meaningful improvements in women's health outcomes (Table 8).

I. Fundamentals of Health Behavior Change for Women

Seven statements achieved consensus, defining core competencies in health behavior change for women that integrate behavioral science, positive psychology, and life-stage-sensitive clinical strategies. These competencies recognize behavior change as a complex dynamic process shaped by the interplay of personal motivations, psychosocial context, family roles, support systems, and structural barriers.

Table 8.

H. Key Clinical Processes in Lifestyle Medicine for Women.

H.1. Integrate lifestyle vital signs into components of the patient history and physical exam for women across all life stages.
H.2. Analyze and implement evidence-based clinical practice guidelines relevant to lifestyle medicine for the prevention, treatment, and reversal of chronic diseases and female-specific diseases.
H.3. Discuss strategies for a clinical practice to access and implement the use of local, national, and global resources for women's lifestyle medicine.
H.4. Identify key strategies for utilizing interprofessional collaboration to strengthen health behavior change interventions in women, emphasizing the role of multidisciplinary teams in achieving a comprehensive approach to women's health.
H.5. Demonstrate competency in adapting lifestyle medicine recommendations to low-resource settings and mitigating systemic barriers.
H.6. Apply skills in connecting patients with appropriate community resources to achieve sustained healthy behavior changes.

Table 9.

I. Fundamentals of Health Behavior Change for Women.

I.1. Critically appraise research on women's health behavior change and identify life-stage and global barriers to adopting and maintaining healthy behaviors.
I.2. Describe strategies to overcome barriers to health behavior change among women, recognizing that motivations and challenges vary across life stages.
I.3. Describe how positive psychology can support health behavior change and sustaining healthy behaviors in women.
I.4. Apply behavior change principles, motivational interviewing, and health coaching techniques tailored to women's life stages and psychosocial context (gender-sensitive coaching strategies) when collaborating with women to promote behavior change.
I.5. Identify key factors, including patient resources, family roles, and broader support systems, that facilitate women's initiation and maintenance of behavior change.
I.6. Demonstrate the ability to provide preconception counseling and goals for women with chronic diseases, including obesity, chronic hypertension, and diabetes.
I.7. Demonstrate the ability to provide counseling on optimizing preconception health to decrease adverse pregnancy outcomes, including preterm delivery, gestational diabetes, and preeclampsia.

They emphasize the application of evidence-based approaches, including motivational interviewing, health coaching, positive psychology strategies, and targeted preconception counseling, to optimize women's health outcomes, particularly among those managing chronic conditions such as obesity, hypertension, and diabetes (Table 9).

J. Emotional and Mental Health in Women

Four statements achieved consensus, defining core competencies in emotional and mental health across the female lifespan. These competencies recognize that emotional and mental health are interconnected with physical health, shaped by lifestyle behaviors, gender-specific risk factors, and protective factors that collectively influence a woman's risk for common mental health conditions. They translate this evidence into patient-centered clinical practice by applying positive psychology strategies and lifestyle medicine approaches to address issues ranging from pathophysiology to empowerment, well-being, and long-term flourishing in women (Table 10).

K. Other Topics in Lifestyle Medicine for Women

Seven statements achieved consensus, defining core competencies that address contextual, behavioral, and system-level influences on women's health. These competencies recognize the complex interplay of psychosocial, cultural, socioeconomic, and experiential factors, including trauma, ethnicity, and migration background, on a woman's ability to engage with and benefit from

Table 10.

J. Emotional and Mental Health in Women.

J.1. Discuss the impact of lifestyle behaviors on common mental health conditions, including gender-specific vulnerabilities and protective factors.
J.2. Explain the relationship and pathophysiology between emotional and physical health in women.
J.3. Describe and utilize evidence-based, patient-centered interventions that support and enhance mental and emotional health in women.
J.4. Summarize how lifestyle behaviors and positive emotions drive flourishing in women and recommend evidence-based positive psychology exercises to support it.

Table 11.

K. Other Topics in Lifestyle Medicine for Women.

K.1. Demonstrate the ability to recognize and integrate a woman's cultural and psychosocial context into lifestyle medicine assessment, counseling, and interventions, ensuring an inclusive, empathetic, person-centered approach that enhances equity, adherence, and impact.
K.2. Describe how factors such as socioeconomic status, ethnicity, and migration background interact to shape women's opportunities and challenges in engaging with lifestyle medicine interventions.
K.3. Describe trauma-informed care, highlighting the impact of early life adversity and trauma, such as childhood abuse, neglect, exposure to violence, or other adverse childhood and adolescent experiences, on women's health outcomes and trajectories across the lifespan.
K.4. Explain how to leverage technology, digital health tools, wearables, and telehealth as appropriate for lifestyle medicine delivery, monitoring, and supporting lifestyle changes in women.
K.5. Advocate for women's health, including modeling healthy behaviors and fostering a culture of wellness.
K.6. Demonstrate the use of inclusive language within the context of women's health.
K.7. Demonstrate the importance of interpregnancy lifestyle care, especially for women with chronic diseases or a history of adverse pregnancy outcomes.

lifestyle medicine interventions. They are committed to equity and empowerment, calling for inclusive communication, health advocacy, culturally responsive counseling, technology-enabled care delivery, and targeted lifestyle support, particularly for women managing chronic disease or experiencing adverse reproductive or pregnancy-related outcomes (Table 11).

Discussion

This study developed the first competency framework for applying lifestyle medicine to women's health. Through a collaborative drafting process followed by a modified Delphi survey, an international and interdisciplinary committee of physicians reached consensus on 73 competencies organized into 11 categories. These categories span fundamental women's health knowledge, each of the 6 lifestyle medicine pillars, key clinical processes, the fundamentals of health behavior change, emotional and mental health, and a final grouping of contextual and systems-level topics. Every statement achieved consensus in a single round, and all 7 committee members participated, indicating clear agreement on both the framework's scope and content. This rapid convergence likely reflects the committee's deliberate composition, the extensive consultation and drafting that preceded formal voting, and a shared recognition among experts of the unmet need for female-specific guidance in lifestyle medicine.

The framework is organized around a life-course perspective, which functions as its conceptual backbone. Women's health is not simply the sum of distinct reproductive stages; health trajectories are shaped by cumulative biological, behavioral, environmental, and social exposures across critical periods and transitions, beginning before birth and continuing into older age.[9-11] Rather than treating women's health as a series of discrete clinical encounters, the competencies emphasize hormonal transitions, the cumulative influence of earlier exposures and behaviors on later outcomes, and critical windows—such as adolescence, pregnancy, and the menopausal transition—during which lifestyle intervention may have outsized effects. This orientation distinguishes the framework from existing IBLM competencies and connects lifestyle medicine to models of women's health that focus on prevention and continuity of care across the lifespan.[12]

A main contribution of the framework is the connection of each of the 6 lifestyle medicine pillars—nutrition, physical activity, sleep, stress resilience, connectedness, and avoidance of risky substances—to female physiology and life stages. For each pillar, the competencies go beyond general principles to address its interaction with hormonal regulation, its assessment across life stages, variation in the underlying evidence by sex and gender, and how clinicians should translate science into individualized prescriptions, including pregnancy-specific considerations. This allows practitioners to apply a consistent clinical method regardless of which pillar or life stage is in focus.

Equally important is the framework's attention to domains that go beyond the traditional pillars. Dedicated categories address key clinical processes, the fundamentals of health behavior change, and emotional and mental health, while a final category addresses systemic determinants of health. Here, the competencies directly incorporate social determinants of health, trauma-informed care, cultural and psychosocial context, inclusive language, health advocacy, and the appropriate use of digital health technologies. Factors such as education, income, caregiving responsibilities, gender inequities, access to healthy environments, violence, and social policies strongly influence the feasibility and effectiveness of lifestyle medicine interventions.[13] Women also experience significant disparities related to socioeconomic status, ethnicity, migration, and disability, all of which influence health outcomes and access to lifestyle medicine interventions. The inclusion of trauma-informed care is particularly salient given the high prevalence of adverse childhood experiences and interpersonal violence among women and their well-documented effects on long-term health.[14] To translate this awareness into practice, social prescribing and identifying community assets can be practical strategies for connecting women with local resources that support sustainable behavior change, particularly in primary care and underserved settings.[15] By addressing these issues, the framework recognizes that effective lifestyle medicine for women cannot be separated from the social and structural environments in which women live.

The international composition of the committee, with members from diverse global regions was intended to enhance the global relevance of the competencies. The competencies call for identifying shared principles across global guidelines and adapting recommendations to low-resource settings, emphasizing the adaptation of lifestyle medicine interventions to cultural context, health system capacity, and available community resources to improve global applicability. This orientation signals an intent to make the framework relevant beyond high-income, Western contexts—a meaningful strength, as the burden of chronic disease among women is substantial and rising globally, including in low- and middle-income countries, where lifestyle medicine may offer particularly scalable and cost-effective benefits.[16-18]

These competencies have several useful applications. They can guide the development of curricula and educational materials, the design of certification and assessment, and the evaluation of clinician training programs. For practicing clinicians, the framework offers a well-defined approach to adopting lifestyle medicine in women's health across primary care, obstetrics and gynecology, and related specialties. As noted above, the competencies were communicated as finalized and submitted to the International Board of Lifestyle Medicine for approval, a step that may facilitate incorporation into formal certification pathways and support consistent international standards of practice.

Several limitations should be acknowledged. The Delphi panel was small and composed entirely of physicians; as such, it did not capture the perspectives of other essential members of the lifestyle medicine team, such as registered dietitians, nurses, health coaches, and behavioral health specialists. The consensus process relies on expert opinion rather than immediate empirical testing, and achieving consensus in a single round, although efficient, may also reflect the homogeneity of a panel selected for shared expertise and could have limited the diversity of viewpoints considered. The competencies are necessarily broad and will require operationalization—through specific learning objectives, assessment tools, and measurable outcomes—before their educational and clinical impact can be evaluated. Finally, although the panel was international, a group of only 7 experts cannot fully reflect the diversity of women's health settings worldwide.

These limitations point to clear directions for future work. The framework should be disseminated to a broader set of stakeholders to gather input from interprofessional team members and patient representatives and refined as the evidence base evolves. Implementation studies are needed to translate competencies into curricula and to determine whether competency-based training improves clinicians' knowledge, confidence, and practice behaviors, and, ultimately, women's health outcomes. Successful implementation will require clinician education, interdisciplinary collaboration, health system support, and evaluation of outcomes in real-world practice. Periodic review will help ensure that the framework stays current with advances in both lifestyle medicine and women's health.

This work creates a fundamental, consensus-based competency framework for women's health and lifestyle medicine. By combining a life-course perspective with female-specific adaptation of the 6 pillars and explicit attention to behavior change, mental health, and the social and structural determinants of health, the framework provides a shared foundation for

education, certification, and equitable, evidence-based clinical care for women across the lifespan.

Conclusion

The development of 73 core competencies, organized into 11 categories, connects fundamental knowledge of women's health to the 6 pillars of lifestyle medicine. Furthermore, the selection of an international, interdisciplinary committee of physician experts integrates global health care challenges and realities, as well as diverse clinical perspectives. Ultimately, these competencies serve as a foundational framework for advancing future curriculum development, clinical training, professional certification, and the delivery of whole-person health care throughout the continuum of women's health across diverse settings worldwide.

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ORCID iDs

John McHugh https://orcid.org/0000-0002-6495-6496
Mechelle Acero Palma https://orcid.org/0000-0002-0447-2692
Kara L Staffier https://orcid.org/0000-0003-0998-1178
Micaela C. Karlsen https://orcid.org/0000-0002-9365-151X
Michelle Tollefson https://orcid.org/0000-0002-2848-0507

Ethical Considerations

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