

# Get Started

SIMPLE TIPS, CLEVER SHORTCUTS, AND PROVEN  
TACTICS FOR GUIDING HEALTHCARE SYSTEMS  
DOWN THE LIFESTYLE MEDICINE PATH



AMERICAN COLLEGE OF  
**Lifestyle Medicine**



# How to Use this Toolkit

- If you're reading this sentence it's likely because you're interested in advancing lifestyle medicine in your health care organization but aren't sure what to do next. To help you figure that out, the American College of Lifestyle Medicine (ACLM) created this compendium of strategies and tactics.

Because every reader is uniquely positioned within their organization—with their own particular goals, skills, interests, and opportunities—we've included a broad range of advice and suggestions. Not all will apply to your agenda, but some should. And, regardless, we're always here to lend a hand.



## FIRST, WHAT IS THE ACLM?

A society of clinicians and other medical professionals, the American College of Lifestyle Medicine provides education and certification in an effort to bring evidence-based, non-drug treatments to clinical and workplace environments. Now in its 17th year, the ACLM expects that lifestyle medicine will be the foundation of a transformed and sustainable healthcare system.

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# Introduction

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## WHAT IS LIFESTYLE MEDICINE?

# The Better Way To Prevent, Treat, and Reverse Chronic Disease

Although prescription drugs and medical procedures can improve and save lives, lifestyle medicine is predicated on the belief that both are overused—especially for diabetes, heart disease, and hypertension—and that these six safer, less-invasive approaches can and do prevent, treat, and reverse these and other diseases and conditions.



## EAT SMARTER

Whole, plant-based foods are rich in fiber and nutrients. So eat more vegetables, fruits, beans and lentils, whole grains, and nuts and seeds—and little to no animal products or highly processed foods (e.g., packaged snacks and sugary drinks).



## MOVE MORE

Whether it's a vigorous workout before or after work, a brisk mid-day walk, or some idle-time gardening, daily physical activity has been shown to be more effective than medication in the treatment of heart disease and other diseases—with very few negative side effects.



## SLEEP MORE SOUNDLY

Insomnia and poor-quality sleep weaken the immune system, lessen willpower, dilute focus, and depress performance. Addressing stress and the dietary and environmental causes of poor sleep—and identifying coping behaviors—will make nights more restful and days more productive.



## MANAGE STRESS BETTER

Life's pressures can cause anxiety, depression, obesity, immune dysfunction, and more. At work, that list includes loss of focus, corner cutting, and diminished creativity. Recognizing negative responses to stress and identifying healthy ways to cope improves well-being. Minimizing stressors—e.g., taking social media breaks—does the same.



## CULTIVATE RELATIONSHIPS

Studies show a direct tie between social isolation and poor health. More and stronger interpersonal connections—at work, at home, in the community—bolster the emotional and physical welfare of all concerned.



## AVOID RISKY SUBSTANCES

This is a textbook example of addition by subtraction. Stopping smoking and minimizing alcohol consumption significantly lowers the likelihood of developing heart disease and many cancers.

# Important Truths About The Lifestyle Medicine Journey

Wherever you sit within your healthcare system—and whatever your aims for expanding lifestyle medicine (LM) within it—there are some foundational principles to keep in mind as you move forward. Gleaned from ACLM stakeholders across the country, these insights reflect their successful efforts to advance the LM cause in their own workplaces and very much influenced the contents of this guide.

## The journey improves lives.

A rigorous body of evidence overwhelmingly supports the efficacy of LM to treat and reverse existing disease. LM works.

## The journey makes financial sense.

From lower patient readmission rates (and penalties) to lower medication and surgical costs to improved employee health, LM saves hospital systems money. LM benefits entire institutions.

## The journey requires time and commitment.

Incremental progress is the rule, requiring countless presentations, meetings, proof-of-concept trials, and conversations.

## The journey is shared.

Early entry points must be used by everyone within a healthcare system—from CEO to facilities worker, from patient to clinician.

## The journey must be aligned.

Especially (but not only) in for-profit hospitals, major shifts in care happen when they jibe with insurance reimbursement models.

## The journey is communal.

Especially (but not only) in safety-net hospitals, LM's benefits to surrounding communities make for the strongest case.

## The journey demands creativity.

Especially early on, finding money for pilot programs may necessitate bootstrap financing.

## The journey is digital.

From telemedicine to health apps, technology can be a powerful driver of LM-related change.

## The journey is nuanced.

With misconceptions as the norm and skeptics in every corner, the case for LM must be articulated with care.



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# Resources

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# Worth Reading

RESEARCH AND WRITING ABOUT LIFESTYLE MEDICINE



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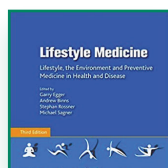
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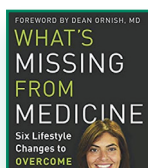
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## BOOKS



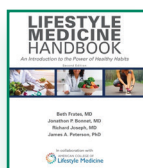
**Lifestyle Medicine: Lifestyle, the Environment and Preventive Medicine in Health and Disease, 3rd Edition**

edited by Garry Egger, Michael Sagne, Andrew Binns, Stephan Rossner



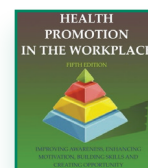
**What's Missing from Medicine: Six Lifestyle Changes to Overcome Chronic Illness**

by [Saray Stancic](#)



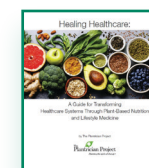
**Lifestyle Medicine Handbook, Second Edition**

by Beth Frates, Jonathan Bonnet, Richard Joseph, and James Peterson



**Health Promotion in the Workplace**

by [Michael O'Donnell](#)



**Healing Healthcare Guide**

by [The Plantrician Project](#)

## ARTICLES



**Lifestyle medicine: a brief review of its dramatic impact on health and survival**

### Preventative Medicine

**The combined effects of healthy lifestyle behaviors on all cause mortality: a systematic review and meta-analysis**



**The state of US health, 1990–2010: burden of diseases, injuries, and risk factors**



**Physician Competencies for Prescribing Lifestyle Medicine**

## BLOGS



**5 Healthy Habits That Prevent Chronic Disease**



**A post-COVID-19 model of US primary care: Telehealth and a behaviorally enriched, expanded primary care team can tackle our chronic care challenge**



**Chronic Diseases and Connected Health: Rethinking the Continuum of Care**



**Virtual Lifestyle Medicine**



# Worth Watching

AN ASSORTMENT OF SCREENS FOR VISUAL LEARNERS



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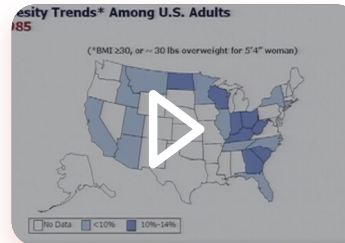
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## TED TALKS



**Why Lifestyle Is the BEST Medicine**  
with [Meagan Grega](#)



**The Killer American Diet That's Sweeping the Planet**  
with [Dean Ornish](#)

## GENERAL VIDEO



**Calorie Density: How to Eat More, Weigh Less and Live Longer**  
with [Jeff Novick](#)

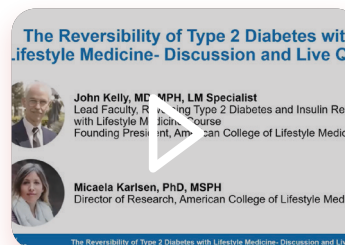


**Lifestyle Medicine Roundtable**  
with [Joel Fuhrman](#), [David Katz](#), and [Dean Ornish](#)

## WEBINARS



**The Power of Lifestyle Medicine to Treat Chronic Disease**



**The Reversibility of Type 2 Diabetes with Lifestyle Medicine**

# Worth Listening to

SOME PODCAST "TAKES" ON LIFESTYLE MEDICINE



## A general take

with Dexter Shurney

26 min



## A nutrition-forward take

with Michael Greger

13 min



## A patient-forward take

with Dave Drozek

11 min



## A physician-forward take

with Cherie Chu

13 min



## A physician-assistant take

with Jen Drost and Sarah Keyes

16 min



## A pharmacy-centric take

with Matt Arnold

1 hr 19 min



## A paradigm-bucking take

with Megan Grega

1 hr 29 min



## A myth-busting take

with Garth Davis

55 min



## A very British take

with Ayan Panja

43 min

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# Worth Checking Out

USEFUL HUBS AND MATERIALS



**Lifestyle  
Medicine Tools  
and Resources**



**CME/CE  
Courses**



**LM Certification**



**Events**



**Tools and Resources**



**Resources**



**Subscribe to ACLM  
Communications**

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# Starting Strong



# Take Small(ish) Steps

Institutional change generally happens through a series of modest but meaningful steps. Few health systems will embrace lifestyle medicine (LM) overnight, but a steady accumulation of small tweaks can pack a powerful punch. Moreover, it makes sense to begin an LM campaign with initiatives that cost your employer little or nothing. Once you've established the positive impact of such efforts, it will be easier to get the powers-that-be to back larger undertakings.

Of course, your position within your organization will affect your power to implement even incremental change, so we organized our ideas for “gateway tweaks” with that in mind.



## LOW POWER

**Study up.** Learn more about LM so you can convert co-workers (and patients) to the movement. Consider attending an [LM conference](#) or [taking a course](#).

**Talk it up.** Even anecdotal evidence of improved health outcomes via LM can win people over.

**Lunch it up.** Organize simple rendezvous for staff to talk stress reduction or enjoy a plant-strong lunch while watching a [complimentary webinar](#) that fosters wellbeing.

**Woo “the suits.”** Court executive support by sharing relevant LM research with superiors, specifically its positive impact on health outcomes, patient satisfaction, and organizations’ finances.

**Celebrate milestones.** Hang posters highlighting hospital staff who have met fitness goals, gotten off medication, or reduced blood pressure.

**Find fellow enthusiasts.** In every community there are groups of medical professionals looking to foster well-being changes. Connect with them to learn from their experiences and resources.





## MEDIUM POWER

**Invest in mood lightening.** When employee offices and workstations feature whiteboards that match staffer names to their hobbies, favorite teams, or TV shows, stress-reducing socializing ensues.

**Create “challenges.”** Organize (and publicize) get-fit competitions for employees with start/end dates and measurable goals—mileage or time gains, lifted weight or rep increases, sustained vital sign improvements, or anything else that suggests long-term behavior change over quick fixes.

**Pilot a community gardening project.** Work with local partners to create a vegetable patch to boost both physical activity and produce consumption.

**Incorporate digital behavior-change tools.** Encourage patient use of health apps to promote accountability for, say, recommended physical activity. Two solid examples of the latter: **Minder** and **Pai Health**.

**Arrange grand rounds on LM topics.** A simple way to garner interest—and counter objections— among residents and practitioners.

**Pilot inclusion of “lifestyle vital signs” in patient visits.** Have providers assess critical health factors such as nourishment, movement, and connectedness during every appointment.

**Cheer on nodding off.** Tack up posters in common areas extolling the benefits of adequate sleep—and how to get it.





## MEDIUM POWER

**Think environmentally.** Incorporate natural lighting, bright colors, and exposure to nature (fish tanks or greenery) wherever possible.

**Reduce staff stress.** Implement guided meditation and yoga classes for medical residents. Bonus idea: drop-in canine therapy.

**Partner with a local bike-sharing program.** Make it easier for employees (and patients) to pedal to your health system.

**Arrange an LM movie night.** Organize a showing of, say, a documentary like *Code Blue* or a webinar.

**Institute a “Walk with a Doc” program.** Pair patients and doctors in regular strolling sessions.

**Pilot plant-based employee cooking classes.** You can keep costs low by charging a small fee and leveraging free online classes.





## HIGH POWER

**Pilot an LM rotation for residents.** Or integrate an **LM residency curriculum**. The idea is to expose residents to lifestyle initiatives in your health system to seed interest in up-and-coming medical cohorts.

**Pilot an LM conference—for CME credit.** Just one day of lectures and workshops can not only impart knowledge but help LM enthusiasts find each other to join forces.

**Pilot an LM shared-medical appointment (SMA) program.** Humans are more likely to stick to positive behaviors when they are part of groups of like-minded others—for example, people with similar medical issues (e.g., Type 2 diabetes, cardiovascular disease) or goals (e.g., healthy eating, smoking cessation). You can even launch a virtual group program using platforms like **Fruitstreet**. Whatever the path, SMAs are one of the most viable ways for a healthcare system to deliver sustainable and profitable care at scale. For ACLM members, our **LMSMA toolkit** will walk you through set up.

**Overhaul the approach to food.** Work with the nutrition and food system departments to update supplement formularies with plant-based options (e.g., **Kate Farms**), incorporate medically tailored meal programs (e.g., **Nutrition 4 Longevity**) for patients with chronic diseases, and recommend digital tools to help patients implement plant-based nutrition recommendations (e.g., **LighterPro**).

**Implement healthier policies.** Examples include flexible work hours, a tobacco-free campus, shorter shift lengths, ergonomic workspaces, more breaks, limited overtime, worker rotation for physically taxing jobs, plant-based commissaries, and an employee holistic wellness program. Each one on their own would make a difference. Together, they'd change the game.







## HIGH POWER

**Dive deeper into digital.** Leverage behavior-tracking tools such as Carium and SilverFern.

**Educate your peers.** Provide workshops and training sessions for organizational higher-ups on the benefits and how-tos of lifestyle modification.

**Be an exemplar.** Promote messaging that supports employees' mental and physical health, be a visible participant in LM programs, regularly discuss employee health at meetings—and, of course, model LM best practices yourself!

**Outsource expertise.** Identify and implement LM certified programs like CHIP or other proven programs such as Ornish or Pritikin Cardiac Rehabilitation (see “Finding Partners”).

**Encourage LM certification.** Offer training and relevant opportunities to eligible clinicians.

**Pilot a readmission rates reduction program.** Implement one or more strategies to lower readmissions, e.g., improving discharge education through “teach-back” techniques, connecting patients to community-based support, telemonitoring devices, and text/call reminders for follow-up appointments (paying special attention to the needs of patients with limited English proficiency.)



# Create Ambassadors

At every stage of the journey, attempts to bring lifestyle medicine (LM) into your organization will benefit from enlisting others who also carry the torch and spread the word. Here are five strategies for developing such allies:

## IDEA 1

### Student evangelizing

## PRIMARY TARGET

### Students of health professions

Familiarizing health-profession students with LM is crucial, because they're the future of the field. The ACLM offers **an array of tools** (many free) that are ideal for education infiltration and catalyzing LM movements in the institutions where attitudes toward healthcare are shaped. A **sampling** of those tools: an LM residency curriculum, a culinary medicine curriculum, an undergraduate-level LM 101 curriculum, and support for LM interest groups on health profession campuses. The ACLM also provides **microgrants** for health-profession students and faculty to purchase plant-based food to serve at LM educational events.

## IDEA 2

### Wellness gifts

## PRIMARY TARGET

### All employees

Never underestimate the power of free stuff. Giving away small gifts is an excellent modality for imparting LM fundamentals, especially when it includes social interaction and informal discussion around LM principles. A great example comes from MedStar Health in Washington, D.C., birthplace of the Wellness Wagon. This health-promoting caravan makes its rounds monthly, bearing a changing menu of giveaways that includes healthy snacks, pedometers, stress-reduction tips and, during the pandemic, flowers and suggestions for enhancing connections.



**IDEA 3**  
**Lunch-and-learns**

**PRIMARY TARGET**  
**Clinicians**

Also, never underestimate the power of free food. Virtually every successful LM journey has featured lunch-and-learn lectures from passionate professionals, for three main reasons: 1) they're a chance to prove how delicious a whole-food, plant-predominant meal can be, a crucial point given that healthier eating is typically the most compelling of LM's six pillars; 2) they're a chance to show skeptics the evidentiary support for LM (see "[Up Your Presentation Game](#)"), which many have never encountered; and 3) such convivial events let clinicians learn anecdotally how LM helps their patients. When planning any such event, tailor the content to audience interests. If you've invited doctors, for example, focus on how LM improves patient care.



**IDEA 4**  
**Walk with a Doc**

**PRIMARY TARGET**  
**Patients**

Consider offering regular strolls (or other face-to-face programs) with LM-friendly doctors to patients (or families/staff). They're very effective for three reasons: 1) walking (and socializing) are LM staples; 2) group activities promote free-flowing conversations, altering the dynamic that inhibits some interactions with healthcare professionals; and 3) group activities let patients (or families/staff) learn about the successes, challenges, questions, and concerns of others in similar situations. [Walk with a Doc](#) and [Park Rx America](#) are two organizations that promote and organize these healthy jaunts.

**IDEA 5**  
**Interest groups**

**PRIMARY TARGET**  
**Clinicians**

Once you spark interest in LM at a luncheon or lecture, a proven way to maintain momentum is to form an interest group for clinicians. This is worthwhile for three reasons: 1) such a group ensures the LM conversation continues; 2) it amps up the visibility of LM at your health system, creating an "address" for those interested in the subject; and 3) it lends gravitas to your nascent movement. When forming a group, identify professionals across departments who are likely to be receptive to LM—e.g., cardiology, psychology, nutrition, endocrinology, weight management, physical and occupational medicine, pharmacy, etc. They are your ideal recruits.



# Find Funding

Here's what you know: You have a specific idea for a lifestyle medicine (LM) initiative—say, a community garden, or a smoking cessation or culinary medicine program. Here's what you may not know: There may be money available from all sorts of funders aligned with your interests—if you can find them. It won't be easy, but it's very much doable, if you...

## Do your due diligence.

The scope of potential funding sources for small- to medium-sized LM projects is both daunting and encouraging. Here are places to start your search:

**Online grant databases**, such as [Candid's Foundation Directory Online](#), provide useful information about foundations (e.g., giving histories and interests).

The Council of Foundations' [community foundation locator](#) identifies **regional grant opportunities**.

**Government funders** can be a bountiful source. Target federal grantors here but check state and local government websites for leads.

**Hospital foundations** often have staff dedicated to identifying promising requests for grant proposals. (At the very least they can help with grant writing.) Network your way to this corner of your health system. This [group](#) might help.

**Hospital auxiliaries** may offer community-focused grants (or help in finding them).

**County and state medical alliances** do comparable work on a larger scale. The national AMA Alliance provides this [list](#) of its state and county affiliates, which can help you identify local chapters. Or Google "X medical alliance," with X as your home state.

## Stay in the know.

Sign up for grant newsletters that keep subscribers apprised of new funding opportunities. Good ones include: [Candid's funding watch newsletter](#), [Grant Watch's weekly](#), and [GrantStation Insider](#).

## Talk it up.

Let colleagues know you're grant hunting. They may have leads.

## Think small.

Consider starting with a "microgrant." These are relatively modest awards, such as those provided by the ACLM's **Taste of Lifestyle Medicine program**, in which grantees get money to provide plant-based food at LM events in schools that offer health degrees. Many **community foundations** offer microgrants, including those for professional development training in LM.

## Apply strategically.

The architect of your program should write the proposal, but consider hiring a grant editor to make the prose sing. Every proposal should be aligned with the goals and recent activities of any potential grantor.

## Go back to school.

Academic institutions may be excited about working with your health system on research-grounded LM initiatives. Reach out to discuss pooling resources for an LM pilot program with academic returns. Bonus: funders often find hospital-university alliances attractive.

## Find community allies.

Teaming with local partners—charities, houses of worship, government agencies, libraries, etc.—is often productive. That means reaching out to such entities; informing them of your project's goals and how it aligns with their interests; explaining how you might partner; and writing them into your grant proposal. Bonus: external collaborators may know of additional funding opportunities.



# Learn from Others

Members of the lifestyle medicine (LM) community are generous with their time and knowledge. So if you need inspiration or direction from those farther along the journey you shouldn't have much trouble finding experienced practitioners or leaders who are willing to help.

That said, LM isn't a one-size-fits-all approach. Explains one hospital administrator: "Bending the healthcare delivery model in your institution towards lifestyle medicine is like turning around a ship. It's a slow process, requiring small bites at a time. Pick your mentors with this in mind, and find those doing particularly well in the specific areas you know you need help in or with which you are trying to start."

Here are some ways to benefit from the wisdom of others:

## Join the ACLM.

We're biased, of course, but this may be the best approach for many would-be LM advocates. Clinicians and other healthcare leaders who [join the American College of Lifestyle Medicine](#) become part of a community of like-minded professionals whose goal is a transformed and sustainable healthcare system. Better still, members have full access to podcast interviews with LM experts and practitioners, webinars detailing successful programs, and videos of past ACLM conference speakers, among other resources. Most of these folks will be more than amenable to connecting directly with you to answer questions or offer other forms of guidance.

## Join a member interest group.

These [groups](#) bring together practitioners and leaders with similar focuses to discuss various issues, share resources, and schedule calls with relevant experts.

## Attend a conference.

The LM journey can be lonely. Regional or national conferences offer an opportunity to make connections with like-minded professionals and hear from those at farther points along the path. The [ACLM annual conference](#) is a standout, but far from the only such event.

## Ask around.

There may be LM-focused (or LM-leaning) hospitals, clinics, or other programs near you that will gladly share what they know. But it's important to remember that there's a big difference between now-ubiquitous "wellness" initiatives and the more intensive LM approaches, so the best way to find truly like-minded guides in your geographic or specialty area is to consult the [ACLM member directory](#), which non-members can access to connect with board-certified LM clinician experts.

## Seek out those farther along the journey.

As mentioned above, the majority of people working in LM view their efforts as part of a higher mission to transform healthcare. Most are willing to host visits from peers or take part in calls and group discussions. And it's not solely altruism that drives this open-door policy. It's also a way for program leaders to reflect on their journey and wins, which doesn't happen often enough in the day-to-day grind. Two things to keep in mind when connecting with existing programs:

### Consider a collaborative approach.

Find others in your organization who are also interested in learning more, and schedule a group visit or call so that the expert can impart their knowledge to multiple people at once.

### Come prepared.

Aside from individual salaries, people in the LM community are generally comfortable sharing details—what they pay for different services, reimbursement models, contracts, etc. But you'll show respect and learn more if you write questions beforehand.

## Never stop networking.

Try to end every conversation with someone in the LM community by asking who else you should talk to. (Then ask for an introduction.)

## Implement an LM Residency Curriculum

Several LM providers have woven the ACLM's [Lifestyle Medicine Residency Curriculum](#) into their residency program with great success. The cohort of LMRC adopters also meet regularly to share successes and challenges.





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# Building Support





# Think Like a Behavioral Economist

No matter the tactics you employ for moving your health system down the path of lifestyle medicine (LM), you will at various times need to secure buy-in from higher-ups. That might mean a department or division head, but it could also be any (or all) of the “C-Suite” officers on your org chart: CEO (chief executive officer), CFO (financial), COO (operating), CMO (medical or marketing), CTO (technology) ... you get the idea: these are the people who approve budgets and okay major initiatives.

The key word in that last sentence is “people.” That is to say, bear in mind that the decision-makers you will be trying to persuade are human beings who are subject to all manner of non-conscious biases that you can use to your well-intentioned advantage. There’s an entire field—behavioral economics—that is devoted to the study of such psychological tendencies, but a few are worth noting here:

## FIVE COMMON BIASES AND HOW TO EXPLOIT THEM (FOR GOOD)

### 1 CONFIRMATION BIAS

Humans attribute greater significance to information that confirms what they already believe. They also tend to absorb first impressions more deeply. So when proposing an LM initiative—whether a community garden or the transformation of a cardiac rehab program—fire your best shots early (see “[Up Your Presentation Game](#)”). If you’re making a clinical case, start strong by noting that patients (and employees) generally evidence healthier biometrics, reduced reliance on medication, and disease reversal. When making a financial argument, begin by noting that LM initiatives lead to lower employee benefits costs.

### 2 ENDOWMENT EFFECT

Humans place higher value on an object they own vs. an identical object owned by someone else. Interestingly, this applies to ideas, as well, so do everything you can to get your hospital system leaders invested in your LM initiative from the get-go to make them feel personally invested in its success. One example: seek their advice early, before seeking their approval or funding. When bosses have a hand in early ideation, they tend to consider your triumphs their triumphs. And that’s a good thing.

### 3 LOSS AVERSION

Humans are far more sensitive to the pain of a loss than the pleasure of a gain, so it’s crucial to emphasize that LM’s return on investment often comes from lower spending rather than higher revenue. So, for example, you might emphasize that health systems that invest in LM generally experience reduced rates of readmission, which means lower penalties from insurers.

### 4 REGRET AVERSION

Who feels worse—a traveler who misses a plane by five minutes or one who is half an hour too late? Even though it shouldn’t make a difference, most people choose the first would-be flyer, because they would imagine how (bad) they would feel if they narrowly missed a flight. This tendency to vividly imagine regret can be harnessed for good if you can make the case to leadership that healthcare reimbursement trends are increasingly pointing to an emphasis on disease mitigation and reversal, which is the best argument for LM initiatives.

### 5 HERD BIAS

Hotel guests are more likely to make the eco-friendly decision to forgo having their linens and towels laundered every day of their stay when informed that the majority of other guests choose likewise. Why? Because humans tend to be followers, and that’s true even of leaders. So when making the case for LM initiatives at your healthcare system, include examples of such programs at similar-sized institutions, nationally and—if possible—closer to home (see “[Start Snooping](#)”). FOMO—fear of missing out—is a very powerful catalyst to action.

# Mind What You Say

Despite the inroads lifestyle medicine (LM) has achieved in recent years, many misconceptions about the approach still exist within the medical establishment—as well as objections from those who understand LM's implications and fear the changes its widespread adoption would bring. For this reason, it is crucial for LM advocates to be conscious of how they frame the subject when trying to advance change in their organizations. Below is a sampling of concepts and language to emphasize and avoid when starting to make the LM case in your institution.

## EMPHASIZE...

... a mix of empirical and anecdotal evidence demonstrating broad improvements in patient outcomes

... decreased patient readmissions and lower employee healthcare costs

... alignment with “value-based” care models of healthcare delivery and reimbursement

... alignment with organizational goals (which makes you look serious and your idea feasible)

... the power of “**small tweaks**” to have big impact (a truism that communicates LM's “doability”)

## AVOID...

... moral arguments about “the right thing to do” (which many people find off-putting)

... grand claims about new revenue streams (because cost savings are more immediate and believable)

... talk of replacing “fee-for-service” care models (a drastic framing that threatens many)

... talk of “disrupting” anything (which might make you seem arrogant and your idea risky)

... organization-wide proposals (because they often scare people)

## EMPHASIZE...

... the word “benefits” (which is warm)

... the phrase “whole-food, plant-based diet” (which is accurate and apolitical)

... the concept of “wellbeing” (i.e., the ultimate goal of all healthcare efforts)

... conduciveness to interdepartmental and interdisciplinary collaboration (which benefits the organization as a whole)

... the soundness of your idea in equal measure to the importance of your mission (which suggests professionalism and passion)

## AVOID...

... the word “results” (which is cold)

... the word “vegan” (which is absolutist and freighted)

... the term “wellness” (which has connotations of unfulfilled promise for many healthcare professionals)

... promises to “change the culture” (which can offend those responsible for the current culture)

... coming across as a zealot or missionary (which may raise doubts about your objectivity)



# Up Your Presentation Game

If a willingness to join committees is requirement No. 1 for lifestyle medicine (LM) advocates, the ability to make their case visually runs a close second. “Present, present, present” is how one successful LM promoter responded when asked what advocates must do to effect change in their healthcare organizations. With this in mind, we’ve collected slides from our files and those of our friends—some broad and basic, others specific and technical. Although not intended to be reproduced, the slides and information within can be referenced in (or otherwise serve as inspiration for) original presentations.

## LIFESTYLE MEDICINE + EXPLAINER

LM is an evidence-based approach to treating, reversing, and preventing chronic disease through non-drug means, including a whole-food, plant-predominant diet, regular physical activity, adequate sleep, stress management, meaningful social relationships, and avoidance of risky substances.



**WHAT IS LIFESTYLE MEDICINE?**

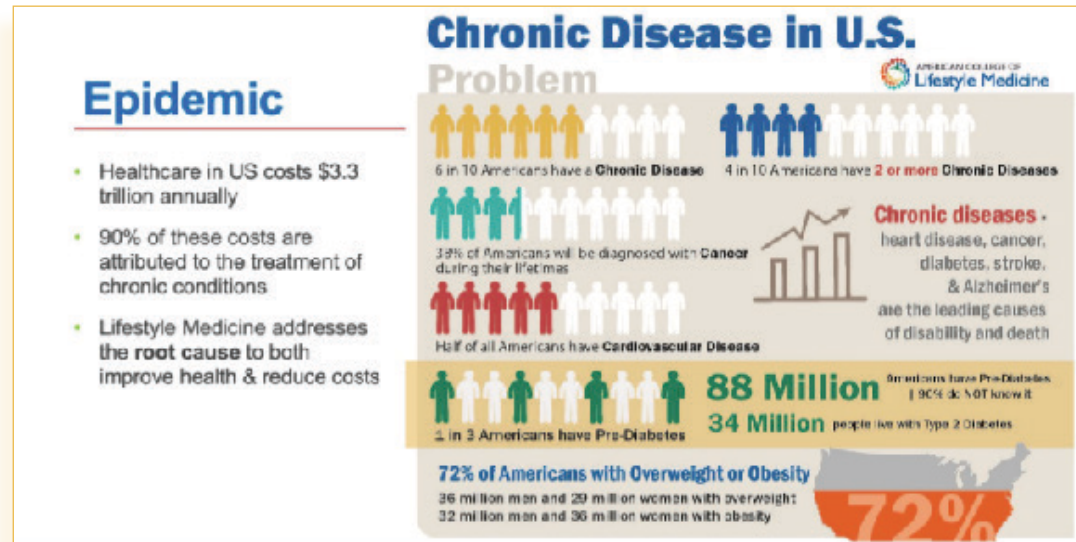
### The Better Way To Prevent, Treat and Reverse Chronic Disease

Although prescription drugs and medical procedures can improve and save lives, lifestyle medicine is predicated on the belief that both are overused—especially for diabetes, heart disease, and hypertension—and that safer, less-invasive approaches can and do prevent, treat, and reverse these and other diseases and conditions.

- EAT SMARTER**  
 Whole, plant-based foods are rich in fiber and nutrients. So eat more vegetables, fruit, beans and lentils, whole grains, nuts and seeds—and little to no animal products or highly processed foods (e.g., packaged snacks and sugary drinks).
- MOVE MORE**  
 Whether it's a vigorous workout before or after work, a brisk mid-day walk, or some weekend gardening, daily physical activity has been shown to be more effective than medication in the treatment of heart disease and other diseases—with very few negative side effects.
- SLEEP MORE SOUNDLY**  
 Insomnia and poor-quality sleep weaken the immune system, lessen willpower, dilute focus, and depress performance. Addressing stress and the dietary and environmental causes of poor sleep—and identifying coping behaviors—will make nights more restful and days more productive.
- MANAGE STRESS BETTER**  
 Life's pressures can cause anxiety, depression, obesity, immune dysfunction, and more. At work, that list includes loss of focus, corner cutting, and diminished creativity. Recognizing negative responses to stress and identifying healthy ways to cope improves well-being. Minimizing stressors—e.g., taking social media breaks—does the same.
- CULTIVATE RELATIONSHIPS**  
 Studies show a direct tie between social isolation and poor health. More and stronger interpersonal connections—at work, at home, in the community—bolster emotional and physical welfare for all concerned.
- AVOID RISKY SUBSTANCES**  
 This is a textbook example of addition by subtraction. Stopping smoking and minimizing alcohol consumption significantly lowers the likelihood of developing heart disease and many cancers.

## LIFESTYLE MEDICINE + CONTEXT (1)

LM provides a robust solution to the chronic disease epidemic burdening our nation—and its coffers. In addressing the roots of disease, LM improves health and reduces healthcare costs simultaneously.



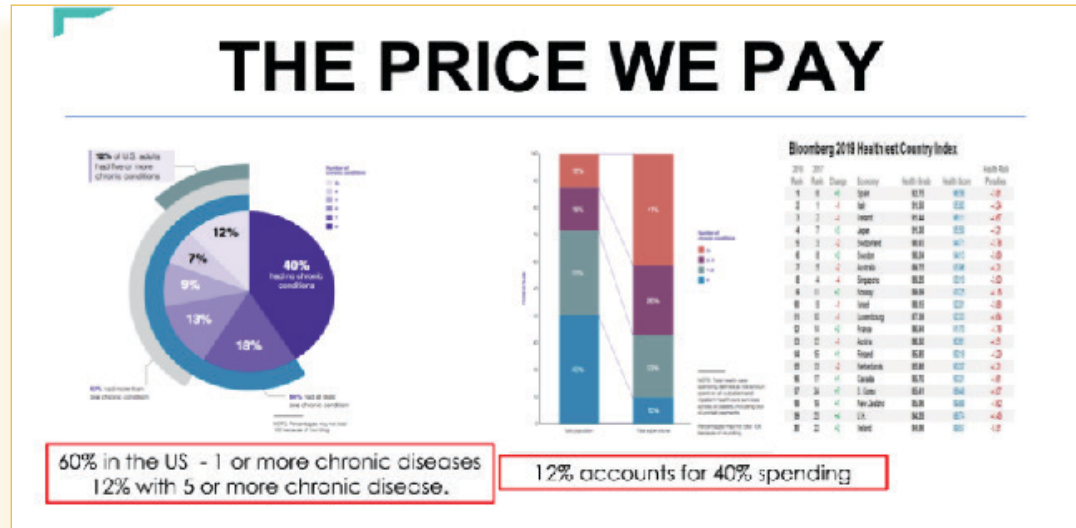
## LIFESTYLE MEDICINE + CONTEXT (2)

While health is linked primarily to behavioral factors, the preponderance of national medical spending goes toward medical services, not promoting healthy behaviors. That's less mystifying when you recognize the financial, evidentiary, and structural reasons for this paradox.



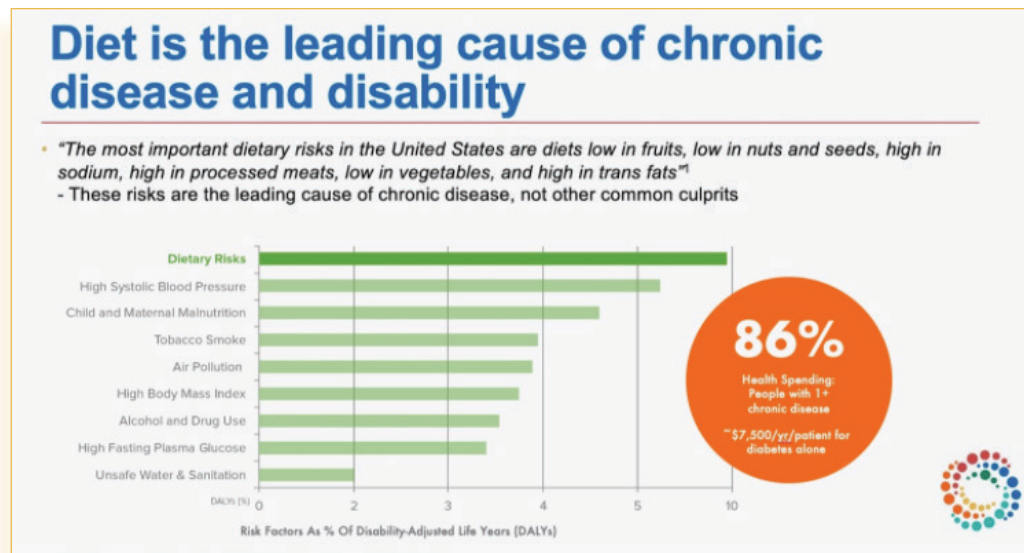
## LIFESTYLE MEDICINE + CONTEXT (3)

A massive segment of the U.S. population lives with one or more chronic diseases, accounting for an inordinate proportion of healthcare spending each year.



## LIFESTYLE MEDICINE + NUTRITION

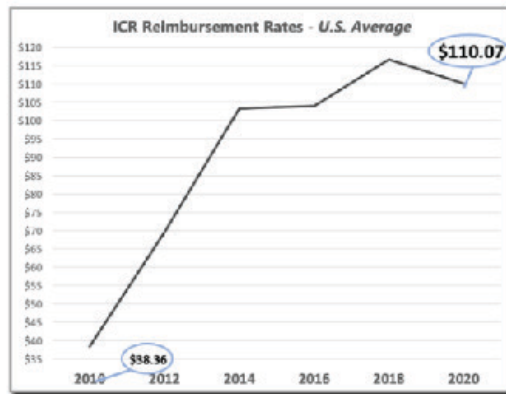
The leading determinant of chronic disease onset is diet, which is why nutrition-related interventions are often the first points of entry—and progress—on the LM journey. Other key risk factors include tobacco, alcohol, and substance use.



## LIFESTYLE MEDICINE + REIMBURSEMENT MOMENTUM

The Centers for Medicare & Medicaid Services (CMS) have over the past decade almost tripled their reimbursement rates for Intensive Cardiac Rehabilitation (ICR).\* That is but one LM intervention among many on track to become the choice treatments of tomorrow, as reimbursement models increasingly favor LM.

### CMS Reimbursement



**CR CPT codes:**  
93797, 93798

**ICR HCPCS codes:**  
G0422, G0423

\$ 7920 per patient

\*Fun fact: A study by the Canadian Cardiovascular Congress found that CR resulted in 31% reduction in hospitalizations and use of medical resources, in addition to a 26% decrease in cardiovascular mortality—and a 7% return on investment.

## LIFESTYLE MEDICINE + ALTERNATIVE REIMBURSEMENT MODELS

Evidence shows that value-based care and its attendant reimbursement models are on the ascent, indicating that the unsustainable fee-for-service model may soon go the way of the dodo.

### Payment Models Today & Tomorrow: Beyond 2020

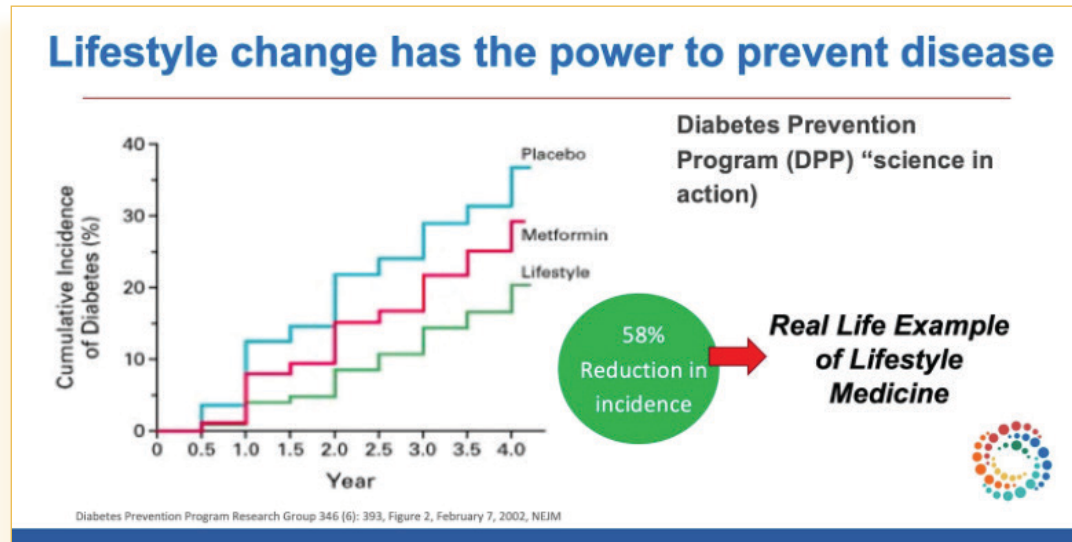
Proportion of Business Aligned with Models



CHANGE HEALTHCARE

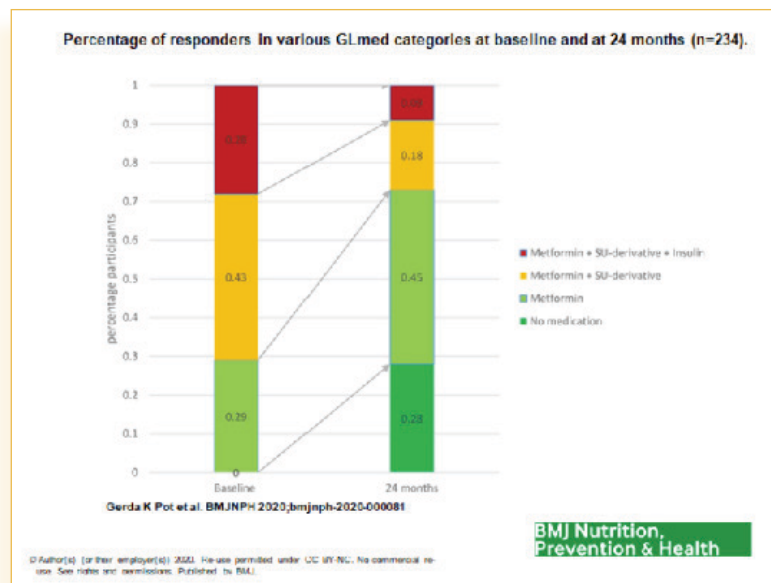
## LIFESTYLE MEDICINE + DIABETES (1)

LM has proven a potent agent in diabetes prevention, outperforming traditional pharmaceuticals in the reduction of diabetes incidence.



## LIFESTYLE MEDICINE + DIABETES (2)

Multidomain lifestyle modifications have **been credited** with sustained improvements in the medication reliance, body weight, and quality of life of patients with Type 2 diabetes.






## LIFESTYLE MEDICINE + CARDIOVASCULAR DISEASE (1)

Dean Ornish's seminal study proved that lifestyle interventions can not only halt progression but also reverse symptoms of and damage from cardiovascular disease, a leading cause of U.S. deaths most years.

### CV Disease – Ornish Intervention

- Study of 48 patients, all of whom had atherosclerotic plaques that were clearly visible on angiograms.
- Half control / Half experimental
- Experimental Group:
  - Low-fat, vegetarian diet
  - Brisk walking for one-half hour per day or one hour three times per week
  - Avoidance of tobacco
  - Stress management exercises
  - The prescribed diet excluded red meat, poultry, and fish, virtually eliminating cholesterol and animal fat. It also minimized vegetable oils, because all oils contain at least some traces of saturated fats.
- All patients had a second angiogram one year later.
- Control group: 100% had disease progression and symptoms
- Experimental group: chest pain diminished within weeks. Cholesterol levels dropped dramatically without cholesterol-lowering drugs.
  - **82% of the patients showed measurable reversal of their coronary artery blockages.**
  - **400% improvement in myocardial perfusion after five years as compared to the randomized control group as measured by cardiac PET scan.**



Ornish D, Brown CC, Schmeichel LW, et al. Can lifestyle changes reverse coronary heart disease? Lancet. 1990;336:129-33

## LIFESTYLE MEDICINE + CARDIOVASCULAR MEDICINE (2)

Because sometimes a picture is worth 1,000 words.

### Reversal of Coronary Disease Achieved with Plant-Based Diet

1996



Distal LAD

1999



**Lifestyle change has the power to reverse disease**

Coronary angiograms of the distal left anterior descending artery before (left bracket) and after (right bracket) 32 months of a plant-based diet without cholesterol-lowering medication, showing profound improvement. Used with permission from Dr. Caldwell B. Esselstyn, Jr. (Source: Prevent and Reverse Heart Disease by Dr. Esselstyn.)



## LIFESTYLE MEDICINE + HYPERTENSION

Meaningful blood pressure reduction can **arise from a confluence of LM interventions**—increased physical activity, sodium restriction, smoking cessation, alcohol limitation, and others.

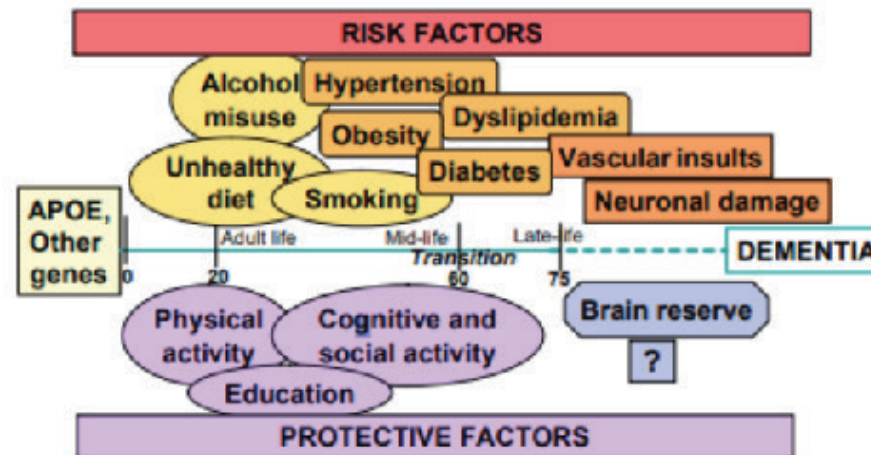
Table 1. Effectiveness of Lifestyle Modifications in Lowering SBP

Modification	Recommendation	Approximate Reduction (mmHg)
Physical activity	Engage in regular aerobic physical activity (e.g., brisk walking) >30 min/day, most days	4–9
DASH eating plan	Consume diet rich in fruits, vegetables, and low-fat (reduced saturated and total fat) dairy products	8–14
Dietary sodium restriction	Reduce dietary sodium intake to max of 100 mmol/day (2.4 g sodium or 6 g sodium chloride)	2–8
Moderate alcohol consumption	Limit daily consumption to max of 1 drink for women or 2 drinks for men	2–4
Weight loss	Maintain normal body weight (BMI 18.5–24.9 kg/m <sup>2</sup> )	5–20 per 10-kg weight loss
Stress reduction	Practice a stress-reduction modality such as TM	5
Tobacco cessation	Incorporate cessation modality of choice	2–4 (after 1 wk of cessation)

DASH: Dietary Approaches to Stop Hypertension; max: maximum; SBP: systolic blood pressure; TM: Transcendental Meditation. Source: References 4, 10, 13, 16.

## LIFESTYLE MEDICINE + COGNITIVE DECLINE

Adoption of multicomponent LM interventions—e.g. alterations in nutrition, physical activity, and social interactions—has been **shown** to stave off cognitive decline in aging at-risk individuals.



## LIFESTYLE MEDICINE + INTERVENTIONS

Leveraging external intervention programs can pay enormous dividends. The **Complete Health Improvement Program (CHIP)**, which helps individuals make lifestyle behavioral change, has been shown to improve participant health and even reverse disease.

### IRB study with CHIP Program



IMPROVEMENT IN BIOMETRICS



LESS RELIANCE ON MEDICATION



DISEASE REVERSAL

## LIFESTYLE MEDICINE + SHARED MEDICAL APPOINTMENTS

Shared medical appointments (SMAs), wherein providers see multiple patients simultaneously in a group setting, present a superb care delivery model for LM purposes. The boons for patients are many—lifestyle education, improved access to care, emotional support, more time with healthcare teams, and interpatient camaraderie—and they are none too few for providers: SMAs offer efficiency, increased patient capacity, and opportunities for LM interventions and additional revenue.

### SMA Reimbursement

Physician SMA vs Individual Visits (E/M code)

	Group	Individual (15-minute visit)
Number of Patient	15	15
Total Time spent with patients	90 minutes: 99213	225 minutes: 99213
Individual LM Visit		15 x \$130 = \$1,950
LMSMA Visit	15 x \$130 = \$1,950	
Total time used	1.5 hours	3.75 hours
Income per hour	\$1,950/1.5 = \$1,300/hour	\$1,950/3.75 = \$520/hour

Break even point will be six (6) patients.



## LIFESTYLE MEDICINE + DIGITAL HEALTH

Providers the world over recognize the utility of telehealth in the wake of the COVID era—but perhaps none so much as LM proponents. The benefits of telehealth—improved access to care, convenience for patients limited by time or mobility constraints, and opportunities for self-management of lifestyle change—make it a terrific vehicle for LM-based care. And low overhead means providers can reach patients who might not normally have access to care (almost everyone has a smartphone).

### Digital health/Telehealth

- *Technology has the potential to improve the quality of health care and to make it accessible to more people.*
- **Advantages**
  - Easy access to healthcare and medical specialists
  - Readily-available or convenient for people with limited mobility, time or transportation
  - Improve communication and coordination of care for healthcare team and patient
  - Supports self-management of health care and ongoing behavior change
- **Examples of digital health:**
  - Patient portals
  - Virtual visits
  - Remote monitoring
  - Increased communication channels
  - Electronic Medical Records
  - Mobile Applications

## LIFESTYLE MEDICINE + EMPLOYER COSTS

Employers spend tens of billions of dollars annually on medical care for their employees related to five leading chronic conditions—in addition to the cost of **absenteeism** to which those conditions contribute. LM can significantly lower these ills and their related costs, benefiting employees and employers alike.

### Annual Costs to Employers

- **The top five chronic conditions cost employers:**
  - \$11.2 billion (obesity)
  - \$10.3 billion (hypertension)
  - \$9.1 billion (physical inactivity)
  - \$3.6 billion (current smoking)
  - \$2.2 billion (diabetes)
- **Total of \$36.4 billion**



(Acay et al., 2016)

# Join Committees

An underappreciated commonality of lifestyle medicine (LM) early evangelizers is a willingness to sit in committee meetings. The simple act of showing up (and participating) is a fantastic way to gain friends and build credibility. It also provides opportunity for “micro persuasion,” i.e., subtle moments of advocacy when suggestions for LM interventions or projects make perfect contextual sense. But you have to be in the meetings to seize those moments.

## COMMITTEE

## RATIONALE

### Quality improvement (QI)

LM can often be woven into QI efforts, particularly those related to optimizing patient care and outcomes.

### Value-based care

As hospitals transition to a care model focused on quality and performance, LM initiatives can be presented as methods for producing desired results.

### Wellness

While such committees are obvious allies, they’re often misinformed about LM principles. Sharing your LM literacy in this context can have a huge impact.

### Resident research projects

Involvement in committees that help medical residents with academic projects may allow you to promote LM research.



## COMMITTEE

## RATIONALE

### Medical school

If your health system is associated with a med school, join school committees to shape **curricula**, introduce LM to students, and otherwise make a push for the field's inclusion in teaching.

### School-district wellness

Most districts have one of these, particularly if they receive federal lunch funding. You can get involved in choosing cafeteria menus, arranging calisthenics classes, or organizing stress reduction workshops—potentially influencing the health of thousands.

### Charity and food drive

When you join local efforts related to food insecurity and community health you can push for nutritious items to be included in food distributions—and for charity funds to be expended on community wellbeing programs.



# Infiltrate IT

If you don't know the folks who work in your organization's IT department, we urge you to befriend them *stat*. In a fast-digitizing health landscape, they can be crucial partners in many lifestyle medicine (LM) endeavors. Some IT departments have budget lines earmarked for experimenting with new technologies, but more likely any LM-related tech idea you present will require a strong business case, thorough reviews by senior health system leadership, and stakeholder presentations. So cultivate meaningful ties with the tech people at your health system to lay the groundwork today for a fruitful alliance tomorrow.

Here are some domains in which IT departments can advance the LM agenda:



## EMRS AND EHRs

IT staff can optimize electronic medical records (EMRs) and electronic health records (EHRs) for LM by building various tools into these systems—say, one to [track the steps in nutrition care across clinicians](#), such as assessments, care plans, interventions, and discharge plans. Or, they can help you incorporate LM vital signs into a traditional EMR/EHR: ask for assistance in forming a dashboard of common chronic disease-related metrics (e.g., A1C levels, lipid panels, blood pressure, and BMIs) for your patients so they are visible at a glance. IT folks can also help you create smart phrases or templates for your favorite LM interventions and resources, and for patient follow-up notes. Finally, they can uncover and switch on existing LM-related functionalities within an EMR/EHR, such as smoking, alcohol, and depression screeners.



## THIRD-PARTY TECHNOLOGY PLATFORMS

There are a plethora of game-changing health technologies out there that your IT department could help integrate into your health system, from digital therapeutics to tools that provide patients with video highlights of their medical visits and lists of patient responsibilities. Check out some of the [trusted vendors](#) within the ACLM community.



## TELEHEALTH

The pandemic changed the game here, from physician and patient acceptance to, crucially, insurance reimbursements. A good thing, too, since the benefits are numerous: patient convenience, broader family involvement in lifestyle modification efforts, and improved provider understanding of the patient's environment and its impact on health. IT staff can work on securing HIPAA-compliant video conferencing software, online lab-ordering capabilities, electronic prescribing options, and more—while keeping [compliance](#) top of mind, of course. Another robust application: virtual shared medical appointments—such as a culinary course designed for diabetics—which maximize the reach and reimbursement potential of your telehealth capabilities.



## APPS

The sheer volume of patients requiring lifestyle interventions is one of the best arguments for the use of apps, which offer positive behavior reinforcement at scale through consistent, automated nudges. (See [here](#) and [here](#) for supporting research.) Ideally, your health system's IT department would help you embed the prescribing of health apps—for nutrition, exercise, mindfulness, or sleep regulation—into your system's standard provision of care. Some organizations—such as the [VA](#)—have broadly adopted app usage to better manage care to great success. More will follow.

# Leverage Your Community Health Needs Assessment

While it's no small feat to transform a traditional healthcare system into one informed primarily by lifestyle medicine (LM), one way to begin the process is through an existing (if sometimes overlooked) framework called a Community Health Needs Assessment (CHNA).

In brief: The CHNA is a federally mandated process in which not-for-profit hospital systems must identify the major health concerns within their communities along with their plans to remedy those problems. Because so many of the typical concerns are tied to LM issues, the CHNA is potentially a great opportunity to put forward your programmatic agenda as a solution to an existing problem that your employer anyway must address.

Below are FAQs about the CHNA, with an eye toward explaining how you might use it in your LM-focused agenda.

## Q: What is a CHNA again, exactly?

**A:** Section 501(r)(3)(A) of the federal tax code requires a hospital organization to conduct a comprehensive assessment—performed through systematic data collection and subsequent analysis—to identify health concerns within a community. Under the Affordable Care Act, tax-exempt health systems are required to **complete a CHNA** every three years. They must then develop initiatives to address the health issues identified. (Here's an [example](#).)

## Q: What information does the CHNA provide?

**A:** A CHNA yields data on key health issues within a community, including the prevalence of substance abuse, chronic disease, poor nutrition, mental health problems, obesity, homelessness, teenage motherhood, and other community-wide health concerns.

### 2018 COMMUNITY HEALTH NEEDS ASSESSMENT

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## Q: How does the CHNA benefit communities?

**A:** A CHNA generally increases awareness of sweeping health issues, and specifically puts pressure on participating hospitals to address them head on. Hospitals create strategies to meet those needs by updating relevant programs and addressing socioeconomic determinants of health.

## Q: How can the CHNA advance the LM agenda?

**A:** Considering that most every health system nationwide identifies obesity and a host of chronic diseases as community health concerns, it's easy to see how efforts to address those issues dovetail with LM. For instance, if a CHNA reveals that a community struggles to access healthy foods, a hospital system might decide to help rectify the situation by developing community gardens at scale. *In starker terms, lifestyle medicine is almost always the de facto answer to most of the health concerns detected by most CHNAs.*

## Q: How do I begin to leverage the CHNA at my organization?

**A:** Find the folks at your health system responsible for CHNA-related efforts and make them your best friends. It will differ from one institution to another, but *those with CHNA responsibility generally work in community health/benefit/relations departments, strategic planning offices, or hospital foundations*—often in partnership with local health departments, universities, and outside consultants. But whoever “owns” the CHNA where you work is likely to be sympathetic to your goals, either because they're already aware of LM or because they're on the hunt for innovative and cost-effective solutions to community health problems. Whatever the case, it should be (relatively) easy to persuade them that some CHNA funding should be invested in LM programs. Bonus: the CHNA can prove a robust source of data to include in grant proposals, especially from funding sources focused on improving community health.

## Q: What else should I keep in mind about the CHNA process?

**A:** There is obviously a wide range of approaches to CHNAs, but the most effective typically employ an intersectoral approach to data collection. That means engaging with all manner of institutions across many societal sectors—educational, business, religious, government, nonprofit, healthcare, and others—as well as community clubs and associations. This is particularly important in marginalized communities, *which may be hesitant to trust outside health organizations due to a long history of broken trust with medical institutions.* Similarly, CHNA research is most impactful when data gathering extends beyond hard data to include qualitative information, which is typically acquired through focus groups and by listening to community members' perspectives. Any attempts to leverage a healthcare system's CHNA in service of the LM agenda will invariably stand a better chance of success if these factors inform those efforts.

# Connect with Employee Wellness

When integrating lifestyle medicine (LM) into your health system, it often pays to seek paths of least resistance. One such avenue: co-opting employee wellness efforts already in place at your organization. By inserting LM programs into that existing framework, you can reduce your hospital's employee benefits costs, winning you friends in high places and allowing you to amass data proving the efficacy of LM.

But employee wellness is a complex realm, so introducing LM into their operations is not always easy—and at times downright challenging.

With that in mind, below we offer a two-part guide intended to help you think about leveraging employee wellness efforts in your organization. In Part I, we map out the more-likely-than-not lay of the land: how employee wellness programs typically function, where they miss the mark, how LM-based alternatives fill the gap, and barriers to implementation. In Part II, we offer proven strategies for effectuating LM-based employee wellness programs, gleaned from friends of the ACLM who've managed to do it.

## PART I: WHAT TO EXPECT

Hospital-based employee wellness programs are generally similar to health promotion programs offered by other employers. They typically include a health risk assessment, in which employees report their habits across various lifestyle areas and provide physiological data. Employees are then directed to classes and programs to address lifestyle domains in which they need improvement.

Employee wellness teams tend to focus heavily on fitness or weight loss. They might distribute activity trackers and tie reimbursement incentives to particular benchmarks: If an employee walks 10,000 steps a day, for instance, they may “earn” lower monthly rates for their employer-provided insurance. Or, the employee who loses the most weight over a specified timeframe might receive similar pecuniary rewards.



Efforts like these are steps in the right direction, but in LM terms, they often leave much to be desired...

... **in rigor.** These initiatives fall under the ill-defined umbrella of “wellness” and generally lack the intensity required to bring about desired health results. In contrast, LM-based employee wellness efforts approach lifestyle as an evidence-based treatment modality for improving health.

... **in holism.** These initiatives often focus on a single lifestyle arena—usually fitness—at the exclusion of others. LM-based employee wellness efforts hinge on the understanding that all six lifestyle pillars are essential to true health. Moreover, traditional wellness initiatives often lack long-term results because they involve no broad-based cultural change at an organization (and too often provide ironically unhealthy rewards for wellness challenges). By contrast, LM-based employee wellness efforts set out to achieve enduring tectonic shifts in the mindset and conduct at health systems.

... **in effect.** These initiatives often produce random results, with little or no correlation between employee participation and reduction of healthcare costs. LM-based wellness efforts evince clear correlation between those two variables.

Still, despite the superiority of LM-based employee wellness efforts over their less effective cousins, there are several impediments to their system-wide adoption:

**Risk aversion.** Employee wellness efforts are usually organized by HR departments in conjunction with outside consultants. Both are typically risk averse, tending to follow the herd and reluctant to pursue innovative approaches, LM or otherwise.

**Information gaps.** When medical personnel at a health system do get involved in employee wellness, they often lack knowledge of LM and are disinclined to accept another provider’s idea of what constitutes “true” wellness efforts.

**Incentive conflicts.** Although health systems save on employee benefits when employee health improves, they lose out on profit, because unwell employees typically seek medical services at the health systems that employ them.

## PART II: WAYS FORWARD

Although the terrain as described above is rough, the going need not be. Here are two approaches for implementing LM-based employee wellness programs, with conversational tactics for gaining leadership approval.

### THE IDEAL OPTION

Because of the aforementioned obstacles, veterans of the LM-based employee wellness scene advise beginning with a pilot program involving 100-200 employees, rather than thousands. It's less ambitious, yes, but it's also less risky for hospitals and more likely to be greenlighted.

One of the best options in the space is CHIP (Complete Health Improvement Program), a program that fosters LM-related behavior change and educates participants on holistic lifestyle adjustments (see "[A Brief Guide to Finding, Vetting, and Hiring LM Partner Programs](#)"). It's a turnkey intervention grounded in decades of research—and the [data show](#) that employees who complete the program cost their employers less in healthcare benefits while enjoying improved health. And because CHIP offers follow-up support options, outcomes tend to last far longer than those from one-time wellness challenges. A successful (from an outcomes perspective) pilot program will likely produce cost-savings data that will justify wider adoption.

### THE NEXT BEST THING

If a pilot is not a feasible first step at your organization—or should you not be in a position to make it happen—consider pushing for small, internal initiatives to bolster employee health and change organizational culture, such as:

- Offering and discounting whole-food plant-based options in cafeterias
- Providing complimentary medically tailored [meal programs](#) to employees with Type 2 Diabetes
- Offering complimentary tobacco cessation programs
- Providing staff with access to hospital fitness centers or discounts at local gyms
- Offering workshops on stress reduction
- Giving seminars on forming quality relationships
- Offering free enrollment in ACLM's [Physician and Health Professional Wellbeing Course](#), or any other similar course



While more isolated and less intense than programs such as CHIP, these projects are not without effect—and, cumulatively, they yield meaningful results. Combine several of the above (see “[Starting Strong](#)” for even more ideas) to get an LM-based employee wellness program underway.

Finally, bear in mind that the end goal in all these efforts is to facilitate a lasting **cultural shift around lifestyle**. For these initiatives to be more impactful than the ones they replace, they must be planted in a changed organizational bedrock, one in which LM infuses a health system’s mission, programs, and daily functions. In the employee wellness sphere, that might mean rewarding lifestyle improvements with reduced gym memberships or more time off (instead of with cake or pizza) to broadcast the health system’s devotion to LM principles.

## Talking Points

When broaching the subject of an LM-based employee wellness program of any sort with hospital higher-ups, consider these strategies:

### To explain how existing efforts fall short,

use a botanical analogy: Just as plants require several elements—water, sunlight, and proper soil—to thrive, so too with human organisms. Employee health is dependent on a suite of lifestyle elements—and the synergistic interplay between them—all of which must be addressed.

**To buttress your case**, provide evidence of other organizations that have done similar LM-based employee wellness work to satisfactory results (see “[Learn From Others](#)”). Also consider enlisting credible experts to champion your vision.

### To make your suggestion more palatable,

be less evangelical: Be sure to emphasize that no one will demand that employees switch en masse to whole-food plant-based eating, take five-mile daily walks, or join a book club. The idea is to meet people where they are and incrementally bring them closer to an ideal lifestyle.

**To sway leadership**, speak their language (see “[Mind What You Say](#)”). Understand what matters to them and describe your proposal in those terms. If risk reduction is a top priority, for instance, explain how helping employees get more sleep could reduce exhaustion-driven errors and costly workplace accidents.

# Hire Strategically

For all the program and operational mechanics discussed in this toolkit, lifestyle medicine (LM) as a transformational approach to healthcare delivery is ultimately about people: clinicians, administrators, advisors, leaders, providers, and others, working together in pursuit of a shared goal. For this reason, an organization's staffing philosophy and hiring process play outsized roles in the LM journey. In an ideal world, a healthcare system has support for hiring with LM in mind at the highest levels of management, from the CEO to the head of HR. But the world is seldom ideal, so here is a selection of strategies for influencing recruiting and hiring at most institutions:

## Signal LM pillars when recruiting.

The more and earlier an organization emphasizes its preference for healthful living and LM the likelier that it will attract like-minded job applicants. One major healthcare institution includes with each job description the advisory that it's a smoke-free campus. Or, include a hiring preference for LM-trained or -certified clinicians. Certification can also be a part of the on-boarding process. Signals like this send a message, helping to attract individuals to your team who already believe in LM or can easily be swayed.

## Be specific when interviewing ...

Legally, you can't discriminate against people who choose not to follow a healthy lifestyle. But if LM objectives are part of your mission—or if you're planning to make a business case for a new LM initiative—you may ask an applicant how they personally align with the LM vision, e.g. "How does this goal resonate with you?" Depending on their answer, you will sense the extent to which they embrace the approach. *Note: Avoid yes/no questions. Who would answer "No" when asked if they support a healthy lifestyle or something similar?*

## ... and draw attention to LM-related aspects of your workplace.

While interviewing, it can be revealing to review the resources, benefits, policies, physical attributes, and programs at your institution that support LM pillars. The discussion that ensues—or doesn't—can tell you a lot about the applicant's investment in transformational healthcare.

## Educate hirers—all of them.

A healthcare system need not be officially committed to LM for individuals inside it to hire with the approach in mind—but they first must understand its benefits through their particular prism. So, if possible, arrange for some form of mini LM immersion for those involved in the hiring process, in which financial benefits of LM, evidence-based research, and clinical practice improvements are the focus. This is important across both the system and its functions—not just in clinical areas but also, for example, for food service staff working in cafeterias and on inpatient meals.

## Consider membership and training packages.

The ACLM offers bulk LM membership and training options—and many health systems are seizing the opportunity to educate scores of healthcare professionals in LM in one fell swoop. (Email [education@lifestylemedicine.org](mailto:education@lifestylemedicine.org) to learn more.) Aside from the obvious benefits of LM literacy, certifying a cohort of providers at your health system fosters a culture of LM, wherein all efforts are aligned toward similar goals. The prospect of certification can even be integrated into the hiring process: gauge an applicant's willingness to commit to LM by asking whether they'd be amenable to completing the certification within a reasonable time frame after onboarding.

## Pick your spots.

Depending on your role, you may have organizational influence (direct or otherwise) on decisions to make trial LM-centric hires or consultative arrangements. Even if not, you can give patients LM-related referrals. Here are four strong areas to consider:

**Nutrition.** Nutrition professionals—ideally ones trained in predominantly whole-food plant-based eating patterns—are terrific agents for transforming the theoretical principles of LM into practical applications, not least because healthy eating is often the access point for broader adoption of a healthy lifestyle. Moreover, the one-on-one counseling intrinsic to the clinical practice is a social boon for patients, supporting another pillar of lifestyle medicine. Dietitians are among the few clinicians who can bill for group visits (using group medical nutrition therapy), making them optimal team members for shared medical appointments.

**Physical activity.** Practitioners with knowledge of kinesiology, anatomy, and the mechanics of exercise are superb assets to any LM team. These movement experts are skilled at restoring mobility, helping patients live active lives, and customizing exercise plans to meet patients' individual needs and capacities. Given the proven remedial properties of exercise for almost any patient with virtually any condition, bringing on an exercise professional—e.g., an exercise physiologist, physical therapist, kinesiologist, or certified trainer—can have a dramatic effect on patient outcomes.

**Behavior change.** The inertia of habits means that to implement lasting lifestyle change, outside help is often needed. Professionals skilled in the art and science of behavior change such as psychologists, mental and behavioral therapists, and health and wellness coaches—particularly health and wellness coaches with specific training in LM—lay the groundwork for sustainable lifestyle modification by facilitating mindset shifts through various psychological and proven coaching techniques. These folks understand the difference between fleeting and enduring behavior change.

**Social determinants of health.** It's important to keep in mind that despite the best of intentions, patients often face social, physical, and economic hurdles when adopting healthy lifestyles: limited access to fruits and vegetables, less-than-ideal home environments, disabilities, etc. In such cases, practitioners such as social workers and occupational therapists can teach patients to adapt to circumstances and/or connect them with community resources. They often prove hugely helpful.

In addition to those mentioned here, there are a bevy of clinician types likely to facilitate the LM journey, from nurses to pharmacists and many others. From whichever specialties they hail, potential partners will share your enthusiasm for the LM vision and have the grit needed to push it forward.

A final thought: finding and hiring professionals conversant in LM need not be daunting. The ACLM's job board lets members post job opportunities in the LM field, all but ensuring that you'll recruit health professionals devoted to the mission. (Non-members may access it as well after paying a fee.) Another great resource: our geographically organized member directory, an open-to-the-public catalog of certified LM professionals worldwide.







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# Finding Partners

# A Brief Guide to Finding, Vetting, and Hiring LM Partner Programs

Just a few years ago, organizations seeking outside partners to help incorporate lifestyle medicine (LM) into their operational approach had, at best, one or two options. But today's vendor marketplace has exploded with startups offering a variety of LM-related solutions, from direct-intervention programs to technology, marketing, remote-monitoring, and patient-education platforms. The good news: choice is good. The bad news: many of these vendors are relatively untested—so choosing the right one can be tricky.

This brief guide—informed by those already on the journey—should help frame the process.

## PHASE 1

### Groundwork

#### Be honest.

Among the many mistakes one can make when hiring any outside vendor is unrealistic optimism. If your stakeholders—leaders, clinicians, etc.—are not ready to embrace LM, it may be wise to wait. A bad start today could preclude real success tomorrow.

#### Build consensus.

You'll obviously need approval for any major contractual arrangement with a vendor, but it's wise to build support for LM throughout your organization whether it's technically needed or not. The more people you educate about the LM strategy, the more support and forbearance you'll have on what is typically a bumpy road. Check out the "[Starting Strong](#)" and "[Building Support](#)" tabs for helpful ideas.

#### Think savings first.

Even if you've deemed your organization ready for transformation, the LM journey inevitably requires maintaining that consensus. In most organizations, return on investment (ROI) is a big driver of decisions, so identify areas in which LM can lower costs or raise additional revenue. For instance, if your employer self-insures, you might try to improve the health of employees with chronic conditions, which is a major expense.



## PHASE 2

## Assessment

### Do your due diligence.

The ACLM is beginning to certify LM vendors, based on a formal review process, but there are worthy programs that have yet to go through that process. One way to vet a program for yourself is to use the ACLM's publicly available rubric as a guide. Another tried-and-true strategy is to grill decision makers and practitioners from other organizations that have attempted something similar to what you have in mind. Such conversations will help you identify reliable partners and learn what to do and not do. Try also to attend LM conferences, for two reasons: First, to meet other “customers” like you. If you're the driver of LM at your institution, it can feel isolating. Being among like-minded professionals is invigorating. But equally as important, conferences offer an opportunity to assess vendors at scale. And if it's the annual ACLM conference, you'll know that sponsors are vetted to be aligned with its mission and standards.

### Beware duplication.

A lot of the newer LM ventures offer a little of everything, but that might mean you're duplicating something your organization already does—or has the capacity to do. Say, for example, you're looking for a partner to promote LM to the broader community and find one that offers health coaches, among other things. If you already have health coaches, you won't need to contract for that particular feature.

### Assess intentions.

Consider whether a potential partner's founders or leaders hope to grow the LM movement or only want to capitalize on its popularity. This isn't easy, so take the time to consume anything leadership has written or said, to speak with former colleagues or customers, even to query competitors. It's business as usual when a rival questions another vendor's pricing, but noteworthy if an executive questions another's commitment to the LM mission.

### Scrutinize experience.

You'll also want to figure out the depth of the leadership team's knowledge and experience, individually and as a group. Have they recently come together to start this venture or been in this space for a while? If the former, expect shifts in their model and leadership. That doesn't mean they're not the right partner for a small trial, but it does indicate that you shouldn't sign a multi-million dollar contract before they've proven themselves.



### PHASE 3

## Implementation

### Resist turnkey solutions.

For any number of reasons you might be inclined or directed to hire an LM consultant or program to do “everything.” That’s rarely the right approach, because more likely than not you will end up paying for more than you need or committing to features you won’t utilize. Understanding your institution’s capabilities and limitations is a crucial early step.

### Start small.

Especially if you’re working with a startup—but even if not—a trial period or institutional review board study is a valuable—perhaps essential—way to:

- determine what will work in your institution
- collect actionable data
- build internal support
- understand the working style of potential long-term partners

Thinking of such a trial period as “dating before marriage” should help sell you on the idea.

### Expand gradually.

Even if your trial goes well, and even if you have consensus for transformation on a large scale, resist the temptation to try too much at once. Different organizational functions, departments, and personnel will respond differently to change, and dissatisfaction can be contagious if one group decides it’s unhappy while several others are on the fence. LM transformation is typically a building block process, so move forward by targeting specific practices or problems one at a time. If the experience of those involved is ultimately positive, they will become cheerleaders. If it’s negative, you will be better able to spin the fallout and adjust your plan.

### Think mutually.

This is especially good advice for negotiating with start-ups, but also established vendors, because at this stage of the LM journey all vendors need data and use cases to grow (some more than others). As a result, you might find one or more that will agree to a trial program at a reduced cost in exchange for the experience or imprimatur that your initiative or healthcare system offers. To be sure, don’t bargain so hard that you have a resentful vendor rather than an invested partner. But all parties should keep in mind that early success in both patient outcomes and ROI is the best formula for continued growth in LM-related projects.



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# Conclusion

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# We're Here to Help

Far from a final solution, this guide is meant to be a conversation starter, idea sparker, and general reference for your implementation journey. For more information, additional resources, and seasoned experts to answer your questions please do not hesitate to reach out!

Email [groups@lifestylemedicine.org](mailto:groups@lifestylemedicine.org)



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