



AMERICAN COLLEGE OF  
Lifestyle Medicine

# Overview of Lifestyle Medicine

Sarah Canyon MD PHD  
ABFM, ACLM/IBLM



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# Agenda

2024



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# Learning Objectives

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## Disclaimer

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Overview of Lifestyle Medicine – March 2024

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## Disclosures

- I have no commercial/financial nor intellectual conflicts of interest to disclose



Overview of Lifestyle Medicine

March 2024

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## Ask yourself the following:

- Am I satisfied with my health and my patients' health outcomes with my current practice, or do I see room for improvement?
- Do I feel frustrated, overwhelmed, or burned out with a lack of progress toward health goals (mine or my patients)? Am I making a difference for my patients?
- Do I believe that lifestyle change is a critical component for me, my staff, and patients' health to improve? If so, am I able to convey that to patients in my current practice?

2021 Incorporating Lifestyle Medicine into Everyday Family Practice: implementation guide and resources. American Academy of Family Practice.

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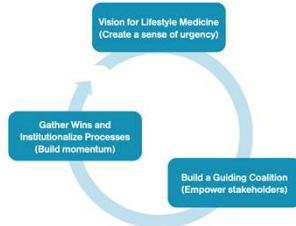
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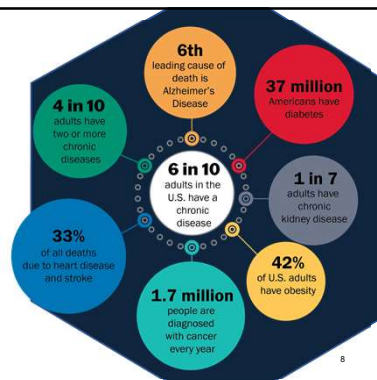
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## Incorporating LM into Everyday Practice



2021 Incorporating Lifestyle Medicine into Everyday Family Practice: implementation guide and resources. American Academy of Family Practice.

## Chronic Disease Prevalence at an All-Time High



Centers for Disease Control and Prevention

## Causes of Chronic Disease

**Many chronic diseases are driven by unhealthy lifestyle practices, predominantly:**

- Tobacco use and exposure to secondhand smoke
- Poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats
- Physical inactivity
- Excessive alcohol use

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## Very Few Americans Lead a Healthy Lifestyle

A 2016 analysis using 2003-2006 NHANES data (n=4,745 adults) **found only 2.7% of individuals had a "healthy lifestyle,"** defined by:

1. Moderate or vigorous exercise for at least 150 minutes a week
2. A diet score in the top 40% on the Healthy Eating Index
3. A body fat percentage under 20% (for men) or 30% (for women)
4. Not smoking

(In 1988-1994 NHANES data, 6.8% of Americans engaged in four similar healthy lifestyle behaviors)



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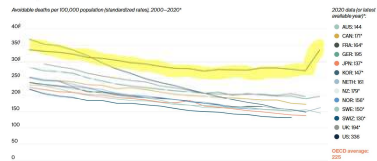
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## U.S. Has the Highest Rate of Avoidable Deaths of Any OECD Country

Avoidable deaths per 100,000 population in the U.S. are higher than the OECD average.



(Organization for Economic Co-operation and Development)



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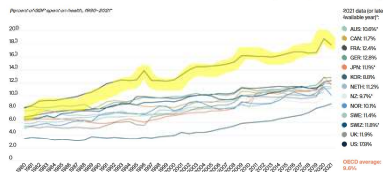
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## U.S. Has the Highest Rate of Healthcare Spending of Any OECD Country

The U.S. is a world outlier when it comes to health care spending.



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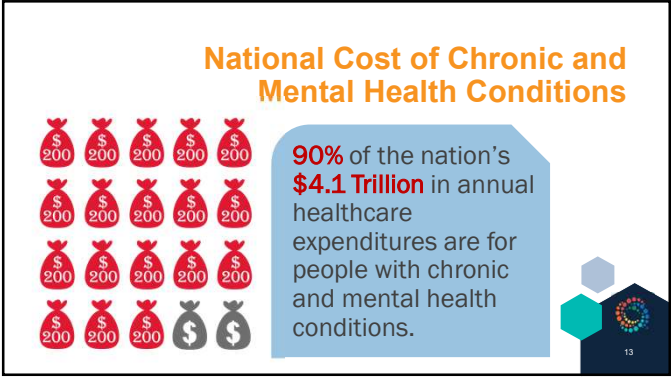
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**Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021**

**For Immediate Release: August 31, 2022**

**Contact:** CDC, National Center for Health Statistics, Office of Communication (301) 458-4800  
**E-mail:** [paquery@cdc.gov](mailto:paquery@cdc.gov)

Life expectancy at birth in the United States declined nearly a year from 2020 to 2021, according to new provisional data from the CDC's National Center for Health Statistics (NCHS). That decline – 77.0 to 76.1 years – took U.S. life expectancy at birth to its lowest level since 1996. The 0.9 year drop in life expectancy in 2021, along with a 1.8 year drop in 2020, was the biggest two-year decline in life expectancy since 1921-1923.

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**What can we do about this?**

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## Lifestyle Medicine is the Solution

### 6 KEY DOMAINS OF HEALTH BEHAVIOR:

- Nutrition
- Physical activity
- Restorative Sleep
- Stress management
- Social connection
- Avoiding risky substances



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## Nutrition

Extensive scientific evidence supports a whole food, predominantly plant-based diet as an important strategy in preventing chronic disease, treating chronic conditions, and, in intensive therapeutic doses, reversing chronic illness. Such a diet is nutrient dense, rich in fiber and antioxidants, with a variety of minimally processed vegetables, fruits, whole grains, legumes, nuts, and seeds.

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## Dietary Recommendations in Clinical Practice Guidelines



Advances in Nutrition

Available online 20 March 2023

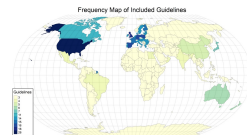
In Press, Corrected Proof | What's this?



Review

Commonalities among Dietary Recommendations from 2010 to 2021 Clinical Practice Guidelines: A Meta-Epidemiological Study from the American College of Lifestyle Medicine

Relly C. Cray<sup>1,2</sup>, David M. Goldman<sup>3</sup>, Brooke K. Kollman<sup>4</sup>, Stas S. Arnato<sup>5</sup>, Martin D. Tull<sup>1</sup>,  
Miguel C. Barlett<sup>1,6</sup>, A. 23




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## Review and Synthesis of 78 Clinical Practice Guidelines for Commonalities

### Included studies

- 78 clinical practice guidelines published between 2010 and 2021 that address nutrition for a variety of health conditions, as well as general health promotion, were included in this study.
- 83% major medical professional societies.
- 12% governments.
- 5% large health stakeholder associations

### Recommendations for:

- Overall dietary patterns
- Major food groups
- Food components frequently addressed in research and clinical settings, such as salt, saturated fat, protein, sugar, etc.



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## Results

### Top Encouraged Food Groups

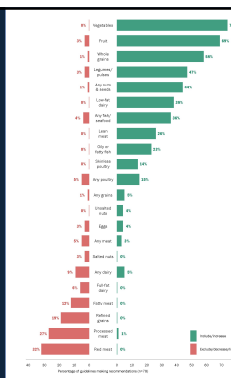


- Vegetables (74%)
- Fruit (69%)
- Whole grains (58%)
- Legumes/pulses (47%)
- Any nuts and seeds (44%)
- Low-fat dairy (38%)
- Any fish/seafood (36%)

### Most Discouraged Food Groups



- Fatty meat (12%)
- Refined grains (19%)
- Processed meat (27%)
- Red meat (32%)




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## Physical Activity

Regular and consistent physical activity combats the negative effects of sedentary behavior. Engaging in general physical activity and purposeful exercise weekly builds mental health, overall health, and resiliency.

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### Restorative Sleep

Inadequate sleep causes sluggishness, low attention span, decreased sociability, depressed mood, decreased daytime caloric burn, increased hunger, decreased satiety, insulin resistance, and decreased performance. 7-9 hours nightly is associated with optimal health; under six hours or more than nine hours is associated with increased mortality.



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### Stress Management

Stress, when appropriate, may improve health and productivity, but in excess can lead to anxiety, depression, obesity, immune dysfunction and more. Helping patients recognize negative stress responses, identify coping mechanisms and stress reduction techniques leads to improved well-being.

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### Avoidance of Risky Substances

Tobacco and excessive alcohol consumption increase the risk of chronic diseases and death, with similar impact from opioids and recreational drug use. Treatments take time, requiring varying approaches and many attempts, with patience and support essential to cease risky substance habits.

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## Social Connection

Positive social connections and relationships affect our physical, mental, and emotional health. Leveraging the power of relationships and social networks can help reinforce healthy behaviors.

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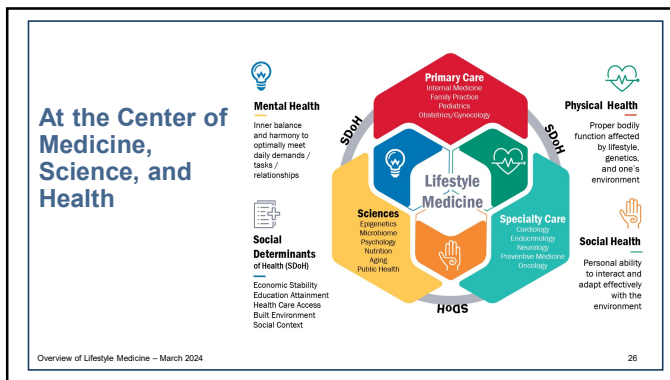
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## Lifestyle Change as First Treatment Option



Clinical guidelines state that diet and physical activity changes are a critical first line for preventing and treating many chronic conditions (e.g., diabetes, obesity, hypertension), often before any medication is prescribed.

Leading national and international organizations reinforce this.

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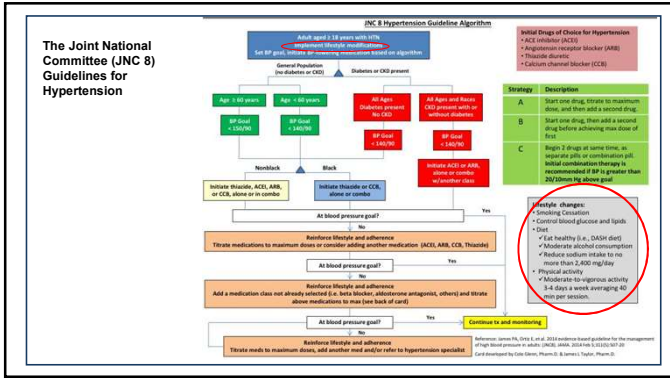
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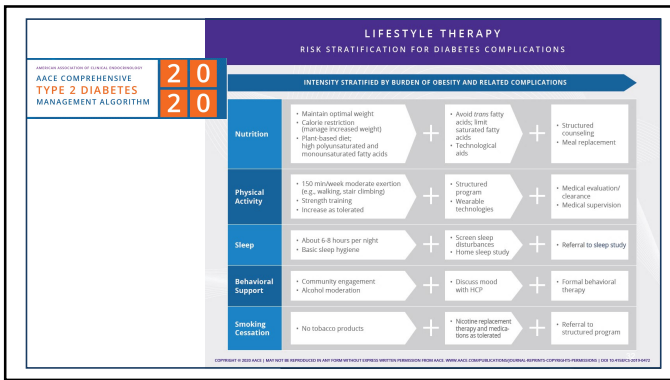
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**American Diabetes Association Recommendations for Diabetes Prevention**

**Lifestyle Behavior Change for Diabetes Prevention Recommendations**

**3.2** For adults with overweight/obesity at high risk of type 2 diabetes, as typified by the Diabetes Prevention Program (DPP), to an intensive lifestyle behavior change program to achieve and maintain a weight reduction of at least 7% of initial body weight through healthy reduced-calorie diet and  $\geq 150$  min/week of moderate-to-vigorous physical activity. **A**

**3.3** A variety of eating patterns can be considered to prevent diabetes in individuals with prediabetes. **B**

**3.4** Given the cost-effectiveness of lifestyle behavior modification programs for diabetes prevention, such diabetes prevention programs should be offered to adults at high risk of type 2 diabetes. **A** Diabetes prevention programs should be covered by third-party payers, and inconsistencies in access should be addressed.

**3.5** Based on individual preference, certified technology-assisted diabetes prevention programs may be effective in preventing type 2 diabetes and should be considered. **B**

**The Diabetes Prevention Program**

Several major randomized controlled trials, including the Diabetes Prevention Program (DPP) trial (1), the Finnish Diabetes Prevention Study (DPP) (2), and the Da Qing Diabetes Prevention Study (Da Qing study) (3), demonstrate that lifestyle behavioral intervention with an individualized reduced-calorie meal plan is highly effective in preventing or delaying type 2 diabetes and improving other cardiometabolic markers (such as blood pressure, lipids, and inflammation) (4). The strongest evidence for diabetes prevention in the U.S. comes from the DPP trial (1). The DPP demonstrated that intensive lifestyle intervention could reduce the risk of incident type 2 diabetes by 58% over 3 years. Follow-up of three large studies of lifestyle intervention for diabetes prevention showed sustained reduction in the risk of progression to type 2 diabetes: 39% reduction at 10 years in the Da Qing study (3), 42% reduction at 7 years in the Finnish DPP (2), and 34% reduction at 10 years (5) and 27% reduction at 15 years (2) in the U.S. Diabetes Prevention Program Outcome Study (DPPOS).

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## WHO GUIDELINES FOR RISK REDUCTION OF COGNITIVE DECLINE AND DEMENTIA

 World Health Organization

<b>Physical activity interventions</b>	Physical activity should be recommended to adults with normal cognition to reduce the risk of cognitive decline. Quality of evidence: moderate Strength of the recommendation: strong
	Physical activity may be recommended to adults with mild cognitive impairment to reduce the risk of cognitive decline. Quality of evidence: low Strength of the recommendation: conditional
<b>Tobacco cessation interventions</b>	Interventions for tobacco cessation should be offered to adults who use tobacco since they may reduce the risk of cognitive decline and dementia in addition to other health benefits. Quality of evidence: low Strength of the recommendation: strong
<b>Nutritional interventions</b>	The Mediterranean diet may be recommended to adults with normal cognition and mild cognitive impairment to reduce the risk of cognitive decline and/or dementia. Quality of evidence: moderate Strength of the recommendation: conditional
	A healthy, balanced diet should be recommended to all adults based on WHO recommendations on healthy diet. Quality of evidence: low to high (for different dietary components) Strength of the recommendation: strong
	Vitamins B and 12, and/or omega-3 fatty acids and multi-vitamin supplementation should not be recommended to reduce the risk of cognitive decline and/or dementia. Quality of evidence: moderate Strength of the recommendation: strong
<b>Interventions for alcohol use disorders</b>	Interventions aimed at reducing or ceasing heavy and harmful drinking should be offered to adults with normal cognition and mild cognitive impairment to reduce the risk of cognitive decline and/or dementia in addition to other health benefits. Quality of evidence: moderate (for abstinence-oriented) Strength of the recommendation: conditional
<b>Cognitive interventions</b>	Cognitive training may be offered to older adults with normal cognition and with mild cognitive impairment to reduce the risk of cognitive decline and/or dementia. Quality of evidence: low to moderate Strength of the recommendation: conditional
<b>Social activity</b>	There is low-to-moderate evidence for social activity and reduction of risk of cognitive decline/dementia. Social participation and social support are strongly connected to good health and well-being throughout life and social inclusion should be supported over the life course. On the reduction of cognitive decline and dementia

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## Lifestyle Medicine Enhances Many Treatments

- Surgery Readiness
  - Orthopedic Surgery
  - Bariatric Surgery
  - Heart Surgery
- Medications for Various Conditions
- Wound Care

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## Dietary Interventions to Treat Type 2 Diabetes in Adults with a Goal of Remission:

*An Expert Consensus Statement from the American College of Lifestyle Medicine*

**Conclusion:** Expert consensus was achieved for 69 statements pertaining to diet and remission of T2D, dietary specifics and types of diets, adjuvant and alternative interventions, support, monitoring, adherence to therapy, weight loss, and payment and policy. Clinicians can use these statements to improve quality of care, inform policy and protocols, and identify areas of uncertainty.

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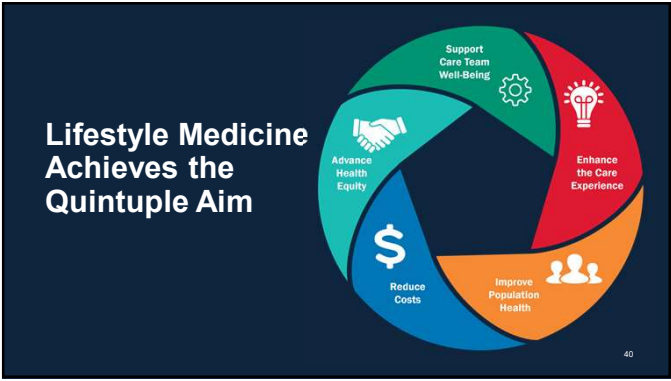
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**Lifestyle Medicine = Greater Health Benefits**

**Improvements in:**

- ☐ Hypertension
- ☐ Blood lipids
- ☐ BMI
- ☐ Heart disease
- ☐ Mental health
- ☐ Depression

**Reduced risk of:**

- ☐ Alzheimer's disease
- ☐ Musculoskeletal conditions
- ☐ Certain forms of cancer

**Remission of:**

- ☐ Type 2 diabetes
- ☐ Metabolic dysfunction-associated steatotic liver disease (MASLD)

**Reversal of:**

- ☐ Coronary artery disease (CAD)

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**Lifestyle Medicine = Cost Effective**

CHIP Lifestyle Program at Vanderbilt University Demonstrates an Early ROI for a Diabetic Cohort in a Workplace Setting: A Case Study

Original Research

**Long-Term Outcomes of a Cardiovascular and Diabetes Risk-Reduction Program Initiated by a Self-Insured Employer**

Neelke B. White, PhD, et al.

**Summary**

Several studies have found a strong dose-response relationship between more lifestyle medicine and lifestyle-related health benefits. The study examined the health and financial outcomes of a self-insured employer's lifestyle medicine program. The study found that the program was associated with a significant reduction in healthcare costs and an increase in productivity. The program was also associated with a significant reduction in the risk of cardiovascular disease and diabetes. The program was also associated with a significant increase in the quality of life of participants.

**Key Points**

- Lifestyle medicine education and training is a valuable tool for improving health and well-being.
- Lifestyle medicine programs can be implemented in a variety of settings, including workplaces.
- Lifestyle medicine programs can be cost-effective, reducing healthcare costs and increasing productivity.
- Lifestyle medicine programs can improve the quality of life of participants.

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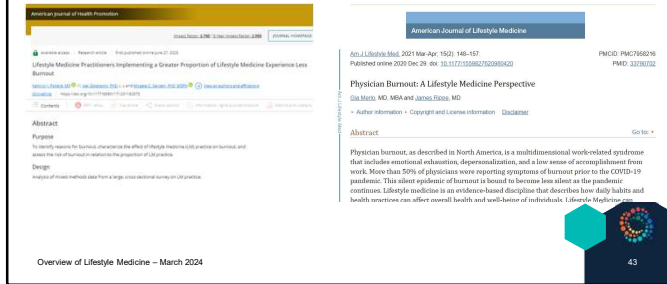
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## Lifestyle Medicine = Provider Health



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**Lifestyle Medicine = Patient Satisfaction**

**Lifestyle Medicine Shared Medical Appointment Patient Testimonial**  
*"I am not the same person I was prior to taking part in Lifestyle. I always had the tools but did not use them effectively. I have always been a positive person but I did not take care of myself. I felt everything and everyone came first. I always gave good advice but did not take my advice.*

*I have changed. I now take care of myself, self care is a priority in my foods choices, my diet, my needed sleep, my exercise, my movement, my relaxation, my stress management and my relationships.*

*I now take time for my needs, I say no when it compromises my self care needs. This has been a process with encouragement from my Lifestyle family. Who would have guessed that during Covid, a group of strangers via zoom, would be the best teachers for each other. Learning from each other, helping each other and challenging each other to be better people. Lifestyle is a process and it has changed me for the better. Continuing to share with others is the best part because I am not a shy person, I want to share the message with others.*

*I did know my life could be better I just needed to be encouraged to be better; meal by meal, step by step, day by day and doing the self care necessary for myself. Again, thank you Lifestyle!*

*Thank you for giving me the opportunity to share my thoughts, my success and my process to become the better me. Feel free to share my words and my story with others."*  
 -Patient

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## Re-envisioning Clinical Outcomes

- Health Restoration
- Disease Remission
- Medication De-Escalation



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THE TIME IS NOW



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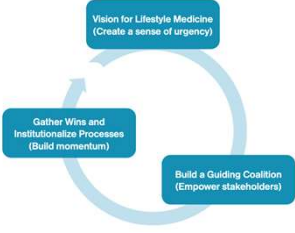
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Incorporating LM into Everyday Practice



2021 Incorporating Lifestyle Medicine into Everyday Family Practice: implementation guide and resources.  
American Academy of Family Practice.



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The American  
College of  
Lifestyle  
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# Who We Are



 **Our mission**

Advancing evidenced-based lifestyle medicine to treat, reverse and prevent non-communicable, chronic disease

 **Our vision**

A world wherein lifestyle medicine is the foundation of health and all healthcare

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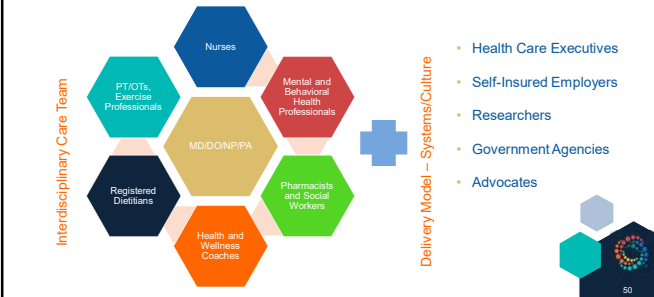
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# Our Members



- Health Care Executives
- Self-Insured Employers
- Researchers
- Government Agencies
- Advocates

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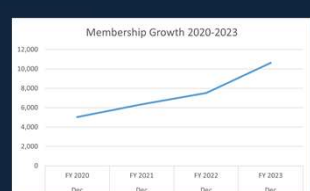

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# Annual Membership Growth

• ACLM has experienced tremendous growth since its inception in 2004.



Fiscal Year	Membership Count
FY 2020	~5,000
FY 2021	~6,000
FY 2022	~7,000
FY 2023	~10,000

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### Membership Map

Although ACLM's membership base resides mainly in the United States, our organization is represented by over 70 countries worldwide!



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### Educate, Equip, Empower

• ACLM provides physicians and health professionals the support, education and certification to treat, reverse and prevent chronic disease by addressing the root causes with evidence-based therapies in lifestyle behaviors such as optimal nutrition, physical activity, social connectedness, avoidance of risky substances, restorative sleep and stress management.



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### Lifestyle Medicine Education

- Lifestyle Medicine Interest Groups
- Lifestyle Medicine 101 Curriculum
- Culinary Medicine Curriculum
- LMed Strategic Partnership
- Academic Pathway for Certification
- UME Question Bank
- Lifestyle Medicine Residency Curriculum

- Academic Communities
  - Bachelor's
  - Master's/Doctoral
  - Undergraduate Medical Education (Medical School)
  - LMRC Faculty and Site Leads
  - LMIG Leaders
- CME/CE/MOC
- Certification



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## Lifestyle Medicine Interest Groups

A Lifestyle Medicine Interest Group (LMIG) is an **organized, coordinated group of leaders and advisor(s)** who meet regularly to:

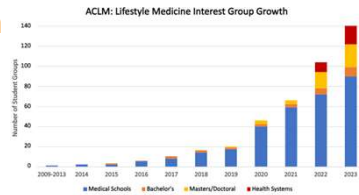
- **Learn** more about lifestyle medicine (LM)
- **Connect** with other colleagues (i.e. students, faculty, etc.) interested in LM
- **Increase awareness** of LM at their respective institutions – and in their respective communities
- **Share** best practices in LM
- **Gain exposure** to LM in educational, clinical, and research settings



[lifestylemedicine.org/lmig](http://lifestylemedicine.org/lmig)

## LMIG Growth

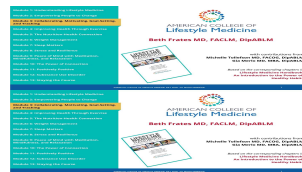
- Total LMIGs: 140
- Bachelor's: 9
- Master's/Doctoral: 22
- Medical Schools: 90
- Health Systems: 19



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## Lifestyle Medicine 101 Curriculum

- Foundational curriculum for bachelor's, master's, and doctoral health professional education
- 13 modules follow the Lifestyle Medicine Handbook by Beth Frates, MD, Jon Bonnet, MD, Richard Joseph, MD, and Jim Peterson, PhD
- Accompanied by the Lifestyle Medicine Course Syllabus and Instructor's Manual
- Collaboration with Michelle Tollefson, MD, and Gia Merlo, MD

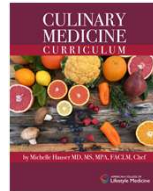


400+ faculty have accessed

[lifestylemedicine.org/lm101](http://lifestylemedicine.org/lm101)

## Culinary Medicine Curriculum

- Easily adaptable curriculum based on the foundational work of Michelle Hauser, MD, MS, MPA, FACP, FACLM, DipABLM, Chef
- Intended for:
  - Medical schools
  - Health professional programs
  - Adaptable for other settings
- Complimentary download at [lifestylemedicine.org/culinary-medicine](https://lifestylemedicine.org/culinary-medicine)



Over 10,000  
downloads to date

[lifestylemedicine.org/culinary-medicine](https://lifestylemedicine.org/culinary-medicine)



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## LMEd Strategic Partnership

Lifestyle Medicine Education (LMEd) provides open access, evidence-based lifestyle medicine curricular resources for medical schools to build knowledge, skills and advocacy in clinicians for the prevention and treatment of lifestyle-related chronic disease.

Initiative of University of South Carolina School of Medicine Greenville



[lifestylemedicineeducation.org](https://lifestylemedicineeducation.org)



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## Academic Pathway to Certification

- An opportunity for health professions faculty to add lifestyle medicine content to their masters and doctorate courses
- Student work on prerequisites toward ACLM certification while still in their educational program
- Excellent for dietetic programs



Last Update: March 2024



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## Medical School Question Bank

- 10 lifestyle medicine topic areas, 250 questions for medical school faculty.
- Developed in cooperation with the National Board of Medical Examiners (NBME) and American Board of Lifestyle Medicine (ABLM)
- Supports the creation of **Categorical Assessment Tests** to assess students' knowledge of lifestyle medicine.



[lifestylemedicine.org/question-bank](https://lifestylemedicine.org/question-bank)



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## Lifestyle Medicine Residency Curriculum

- Comprehensive, applicable, and flexible curriculum designed for integrated implementation into medical residency programs with educational and practicum components.
- Developed in collaboration with Loma Linda University Health.
- Upon completion of the curriculum, residents qualify to sit for the American Board of Lifestyle Medicine certification exam.



[Lifestylemedicine.org/residency-curriculum](https://lifestylemedicine.org/residency-curriculum)



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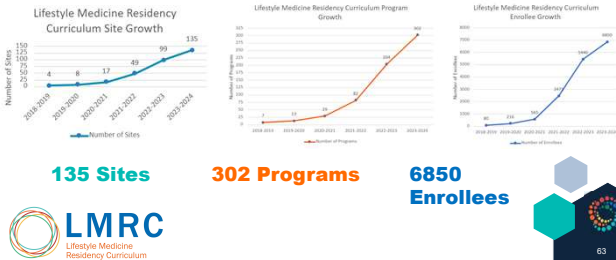
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## Lifestyle Medicine Residency Curriculum



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**Course Offerings:**

- Foundations of Lifestyle Medicine Board Review Course
- Introduction to Lifestyle Medicine
- Lifestyle Medicine & Food as Medicine Essentials Bundle (FREE!)
- Remission of T2 Diabetes & Reversal of Insulin Resistance Certificate
- Lifestyle Medicine Question Bank
- Physician & Health Professional Well-being
- Food as Medicine Series
  - Nutrition for Prevention and Longevity
  - Nutrition for Treatment and Risk Reduction
  - Calorie Density
  - Preconception, Pregnancy, and Postpartum
- American Journal of Lifestyle Medicine Article CME/CE Quizzes (**Member Benefit**)
- And more!

**CME/CE/MOC** 65 Course Offerings



[Lifestylemedicine.org/education](https://lifestylemedicine.org/education)

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**Certification**

AMERICAN BOARD OF LIFESTYLE MEDICINE

**Demonstrate your knowledge related to implementing therapeutic lifestyle interventions in clinical practice:**

*Join over 5,000 physicians and clinicians globally who have become Diplomates of ABLM/ACLM*




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**Membership Benefits**

- ACLM Connect – exclusive online member community
  - Over 30 complimentary member groups
  - Discussion boards
  - Virtual meetings and events
  - Resource libraries
  - Members-only directory
- Access to the *American Journal of Lifestyle Medicine*
- Complimentary downloadable patient and provider tools
- Lifestyle Medicine Careers Job Board
- Complimentary CME/CE/MOC
- Leadership opportunities
- Access to archived member presentations, webinars and events
- Discounts on education and events



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## Example Provider Toolkits



Complimentary Download

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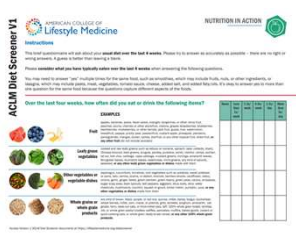
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## Lifestyle Medicine Assessment Tools

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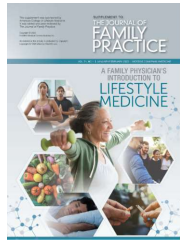

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## Journal of Family Practice

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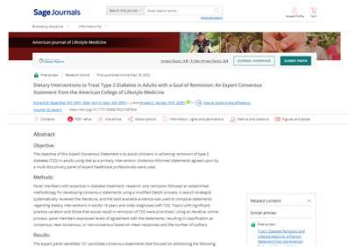
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## Guidance Documents



Complimentary Access



## Implementation Models/Tools



HSC Implementation Brief - Keflyn Foundation  
[ACCESS NOW](#)



HSC Implementation Brief - Midland Health  
Diabetes Reversal Program  
[ACCESS NOW](#)



HSC Implementation Brief - North Star Health  
Primary Care with FQHC  
[ACCESS NOW](#)



## Complimentary Webinars




### Medication Deprescribing and Type 2 Diabetes

Presented on **June 7, 2023**: The American College of Lifestyle Medicine (ACLM) just published a [qualitative case series research study](#) that provides valuable insights into the protocols that can guide clinical decision-making on medication deprescribing for type 2 diabetes patients. The study, published in *Clinical Diabetes*, presents the first published examples of protocols that can help clinicians deprescribe medications safely and effectively following successful lifestyle medicine interventions.



**Complimentary Patient Resources**



DIETARY SPECTRUM

CÓMO IMPULSARLOS A UTILIZAR EL ALIMENTO COMO UNA MEDICINA

Lifestyle Medicine

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**Scholarships and Grants**



Residency Scholarship

David A. Papp Student Leadership Award

Texts of Lifestyle Medicine

Trainee Research Grant

National Training Initiative

HCL Scholarship

Trainee Conference Scholarship

Lifestyle Medicine

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**Annual Conference**



20 YEARS

LM2024

LIFESTYLE MEDICINE CONFERENCE

LMConference.org

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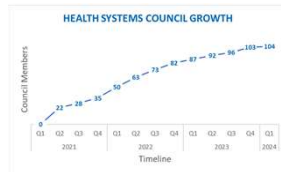
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## Partners

ACLM works with aligned partners whose vision, products, and solutions address the burden of chronic disease and support healthcare transformation:

- Health plans
- ACOs
- Health systems
- Non-profit organizations
- Digital therapeutics
- Medically-tailored meal services
- Other aligned organizations and strategic partners



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## Advocacy Priorities

- 1. Nutrition education in medical school**
  - 2022 White House Conference on Hunger, Nutrition and Health invited participant
  - 2023 AAMC/AACOM/ACGME Summit participant
- 2. Reimbursement**
  - Quality measures that reward outcome over process
  - Shift to value-based care
  - Coding that aligns with lifestyle medicine and team care
- 3. Health equity**
- 4. Military health**



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## Lifestyle Medicine and Food As Medicine Essentials Course

### 5.5 hours of Free CME/CE Credit

This Course provides a foundational, evidence-based introduction to the field, focusing on nutrition education for the prevention and treatment of chronic disease.

- Introduction to Lifestyle Medicine module (1 hour)
- Food as Medicine: Nutrition for Prevention and Longevity module (3 hours)
- Food as Medicine: Nutrition for Treatment and Risk Reduction module (1.5 hours)

[lifestylemedicine.org/essentials](https://lifestylemedicine.org/essentials)



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### NYC Lifestyle Medicine Initiative

**Participating Systems:**

- NYC Health + Hospitals
- BronxCare Health System
- The Brooklyn Hospital Center
- Calvary Hospital
- Episcopal Health Services
- Hospital for Special Surgery
- Maimonides Health
- MediSys Health
- Memorial Sloan Kettering Cancer Center
- Montefiore Health System
- Mount Sinai Health System
- NewYork-Presbyterian Healthcare System
- Northwell Health
- NYU Langone Health
- One Brooklyn Health System
- Richmond University Medical Center
- The Rockefeller University Hospital
- SBH Health System
- SUNY – University Hospital at Downstate
- Wyckoff Heights Medical Center



Mayor Adams, American College of Lifestyle Medicine  
Announce \$44 Million to Offer Lifestyle Medicine  
Foundational Training to Every NYC Health Care  
Practitioner



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### Engage with ACLM



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