FROM THE ACLM
PRESIDENT'S DESK

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Lifestyle Medicine and the Path to True Healthcare Reform

Over the years all have come to understand that epidemics of obesity and escalating chronic disease are threats that cannot be addressed with an overwhelming focus on merely tweaking a fee-for-service interventionist ideology. We also recognize that the latest hype in medicine technology—be it blockchain, AI (artificial intelligence), or DNA sequencing—will not be the magical innovation that changes everything. Perhaps, now more than ever, it is clear that new technologies, screening techniques, or genetic treatments will not adequately address issues rooted in lifestyle and the role of lifestyle on epigenetics, present and future. The truth we all know is that lifestyle problems are solved with lifestyle solutions.

Today's threats to health are like no other we have seen in medicine; they require a reckoning with the forces driving US and global health trends. They require more than reforms in the past that have been, albeit well-intended, somewhat anemic in their effect—that is, education reform (No Child Left Behind), campaign finance reform, or even welfare reform, all of which have been less than what was envisioned. What we desire and need in this country and this world is palpable change; therefore, how we go about that change must be

different. Perhaps what we need is not a reform but rather more of a revolution.

What I believe needs to occur for this movement to truly catch fire is an organized and professional approach to real and tangible change. Evidence-based at its core and organized in the sense that we need to collaborate with our colleagues outside of the world of lifestyle medicine, both within the house of medicine and elsewhere, in order to fully succeed. Our unifying mantra should be—what is good for lifestyle medicine is good for all of medicine and all people.

So how can the American College of

of success in furthering our efforts of True Health Reform.

What this looks like at a fundamental level is when successful causes—that is, breast cancer awareness, ALS ice bucket challenge—have been able to harness the right influencers to help support the cause and mobilize the necessary resources. Subsequently, a collective community forms around a common goal and together work to find solutions. The level of acceptance may be small at first, but eventually gains traction and is more widely accepted by the establishment. In the most successful instances, the solutions are not only

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Lifestyle Medicine (ACLM) do better in its efforts to effect change? For starters, we should examine how change occurs and the practical mechanics of successful execution of a change strategy. In reform and revolution, we find there are some common themes and predictable patterns we would be well-advised to understand and replicate to the extent possible. If we do, we stand a much greater chance

accepted but evolve to replace the status quo.

They say if you cannot beat them, join them. In terms of Coca-Cola, I am not suggesting we join them in advocating for sugary-sweetened beverage consumption; however, in addition to looking at successful change agents, it would behoove us to look at the marketing strategies of Coca-Cola and

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other globally recognized brands to better understand how to create and build brand awareness, build a bigger following, and ultimately create a health care revolution. To model their strategy, a rational first step is to build brand awareness—the more people, groups, communities, states, and countries who know about ACLM and our mission, the stronger we will become. The second is to gain more members and supporters so we can make lifestyle medicine visible and available to anyone, anywhere. We need to also be aware of our positioning—this is not simply a new college of medicine, it is a group with a mission to transform health care. In practice, our lifestyle medicine models should be reproducible—in this way we are not one giant group of people, we are a system of many small groups across the globe that report to the larger group of ACLM. Most important, we need to keep our patients (our consumers) at the heart of what we do. When it comes down to it, our patients want clean bills of health so they can live their lives to the fullest. We have to keep in mind that they have been conditioned to view health care in the way it has always been. Therefore, we may need to help educate our patients on how to view health care differently in order to not only increase buy-in but ultimately get consumers to be advocates for health care reform as well.

The good news is that lifestyle medicine is gaining traction and acceptance, and the timing is right for a health care revolution. This point can be seen by the recent dramatic rise in ACLM membership nationally and globally. Lifestyle medicine has also shifted from a movement of innovators to becoming part of the common vernacular of mainstream medicine backed by a larger group of early adopters.

The other good news is that ACLM is already building a diverse community of interest and influencers in lifestyle medicine. ACLM is recognized as one of the few professional medical organizations that intentionally has cast

a broad net to health professionals of varying clinical disciplines to participate and join the organization. This is appropriate and will certainly continue to be the case as lifestyle medicine is, at its core, a team endeavor.

Collective action by many organizations will be a more powerful force for change than any single organization operating in isolation. Over the course of my tenure as ACLM President, I will strive to unify and create further synergy with individuals and groups that have common interests or goals of making lifestyle medicine the foundation of health care. As such, even in this column I will look to invite members representing other organizations to share what they are doing in lifestyle medicine and how we (ACLM) can work closer together with them. We know we will need to address payment and policy issues tied to effective reimbursement for chronic lifestyle-related conditions, which requires a unity with key influencers who have deep understanding in these areas.

In the same spirit that one vote counts, each ACLM member is and will continue to be important assets to this revolution. On an individual level, much can be done to propel this movement forward; as President I encourage each of you to continue to be the voice of lifestyle medicine in your respective social circles. As much as you are comfortable, I ask you to consider positively sharing ACLM, our mission, and Lifestyle Medicine as True Health Reform in your social circles. Talk with and e-mail fellow practitioners, present at group meetings, tweet, share articles on LinkedIn and Facebook, and post pictures on Instagram. As Scott Goodson, author of *Uprising*, states, “The kind of movements that gather around positive, creative, dynamic ideas can help build a better, fairer, more sustainable and more interesting world.” With your help, Lifestyle Medicine as

True Health Reform can become exactly that kind of movement.

You say you want a revolution, well,
you know we all want to change the
world.

As health care practitioners, we can all relate to these classic Beatles' lyrics and our strong desire to change the world; many of us went into the field of medicine to do just that. And as members of ACLM we also believe that lifestyle medicine as the foundation of health care is what we need to change the world. While health care revolution may not be an easy task, building strong working relationships across the right alliances, medical disciplines, and communities is an intrinsically good thing. If we do this well, True Health Reform will undoubtedly be the result. Changing the health care practice game, and inevitably patients' lives, will be an improvement one could never imagine or predict. When I look at the future of lifestyle medicine and this amazing group of pioneering practitioners, I am quite optimistic, to say the least.

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