

## Lifestyle Medicine (LM) Program Certification

The LM Program Certification is a designation that can be awarded to structured programs that use a consistent protocol. While these programs may nest within clinics, departments, individual practices, or health systems, the designation is specific to the program and not a surrounding entity.

The Program Certification designation is not for clinics, departments, individual practices, or health systems.

Practices or health systems that wish to grow their LM knowledge and alignment should consider having staff join as individual <u>members of ACLM</u>, as well as pursuing <u>individual Certification of staff</u> in LM through the American College of Lifestyle Medicine or the American Board of Lifestyle Medicine, as appropriate.

The Program Certification is divided into two tracks – **LM Treatment Programs** and **LM Education Programs**. The requirements for each are similar but slightly different, and are presented below.

If you would like to ask more questions about the requirements, please email ACLM Sr. Dir. of Research Dr. Micaela Karlsen at mkarlsen@lifestylemedicine.org.

## **Minimum Requirements**

Requirement	Treatment	Education
Time since launch	Active for at least one year	Active for at least one year
Evidence-based foundation	Program design is strongly	Program design is strongly
	informed by existing scientific	informed by existing scientific
	evidence in terms of both	evidence in terms of both
	content and mode of delivery	content and mode of delivery
Alignment with Pillars of LM	In alignment with the six pillars	In alignment with the six pillars
	of Lifestyle Medicine, for those	of Lifestyle Medicine, for those
	pillars which are a focus of the	pillars which are a focus of the
	program (focus on all six pillars	program (focus on all six pillars
	is not required)	is not required)
Adverse side effects	Program has no known adverse	Program has no known adverse
	side effects or	side effects or
	anticipated/resulting increased	anticipated/resulting increased
	need for medications for	need for medications for
	chronic disease as a result of	chronic disease as a result of
	program participation	program participation
Minimum number of	100 completed participants to	300 completed participants to
completed participants	date	date



Treatment supervision and medication management	Program staff supervise health metrics, lab work, and medication management, or communicate directly with prescribing providers (specialists or PCPs) of enrolled participants  Participants should also be in contact with their PCP as needed	Participants are asked to agree to work closely with their PCP and/or prescribing provider for supervision of health metrics, lab work, and medication management
Evaluation	Health outcomes should be evaluated by appropriately trained program staff and should be directly relevant to program goals.	Pre-post program assessments, at minimum a survey and preferably one or more validated survey(s) are included in program structure to evaluate changes in health behaviors and knowledge relevant to program goals
Evaluation schedule	Health outcomes must be assessed at baseline and again upon treatment program completion for all participants	Self-reported health behaviors and relevant knowledge must be assessed at baseline and again upon program completion for all participants
Research	A minimum of two peer- reviewed publications demonstrating improvements in health outcomes relevant to program goals following program completion, with a minimum sample size of 30	A minimum of one peer- reviewed publication demonstrating improvements in outcomes of knowledge or health behavior changes relevant to program goals following program completion, with a minimum sample of 30
Scalability	Not required for LM Treatment Programs, but if program is scalable or has been replicated or scaled, this information should be included	It must be feasible to replicate the education program at multiple sites or to disseminate it broadly



## Additional Requested Lifestyle Medicine Program Certification Application Information

In addition to questions on the minimum requirements presented above, the following information will be asked for context <u>but not scored</u>

- Contact information
- Executive summary of program development, history, structure and goals, content, growth, and current level of implementation
- Professional expertise/profiles of founders/developers
- Detailed description of intervention/education product. This should include:
  - Objectives and expected outcomes
  - Content delivered
  - o Format, including:
    - Setting (in-person/virtual/self-paced content)
  - Type of interactions/live sessions (live, automated, self-paced curriculum, etc.)
  - Facilitators/teachers and qualifications
  - o Duration, timepoints, and expected contact hours
- Follow-up resources, including required or optional follow-up after active intervention or educational product concludes
- Implementation history should provide an overview of the use or potential use of the program in various settings, including:
  - Setting of origin
  - o Implementation with external partners/collaborators
  - Scalability in various settings
  - List of external settings or partners in which program has been used
- At least one professional reference letter from a collaborating partner or healthcare professional familiar with the program
- Patient testimonials