SPECIAL ARTICLE

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Incorporating Lifestyle Medicine Into a Large Health Care System: The Orlando Health Experience

Abstract: *There is now overwhelming evidence that daily actions and habits profoundly influence short-term and long-term health and quality of life. Helping individuals make more positive choices in the areas of physical activity, weight management, nutritional practices, and not using tobacco products is a shared responsibility among physicians, other health care workers, health care systems, and the individual patients themselves. Although some progress has been made in these areas, health care systems have been slow to respond to this important imperative. This article describes one health care system, Orlando Health, and its initiative to incorporate lifestyle medicine concepts into its core operating principles. Great progress has been made in the past 18 months in this initiative although numerous challenges remain. The authors enumerate both progress and challenges. They hope the experience at Orlando Health will challenge and inspire other health care systems to also take a more proactive stance in incorporating lifestyle medicine into their culture and core operating principles.*

Keywords:

There is now overwhelming evidence that what individuals do on a daily basis profoundly influences their health. Clear evidence exists indicating that levels of physical activity,[1] weight management,[2] nutrition practices,[3] and whether or not an individual smokes cigarettes or uses other tobacco products[4] all profoundly influence their short-term and long-term health and quality of life.

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Although these issues are often thought about largely in the context of disease prevention, there are significant interactions between all these factors and the management of conditions seen both on inpatient and outpatient basis in acute care hospitals throughout the United States. After all, cigarette smoking has clear relationships to both lung cancer and heart disease[5] as well as a variety of other conditions treated both in outpatient clinics and hospitals.[6] Obesity has well-established linkages to chronic conditions such as coronary heart disease (CHD),[7,8] diabetes,[9,10] glucose intolerance,[11] and the metabolic syndrome.[12]

Although a sedentary lifestyle and poor nutritional habits are often not thought about in this context, the case could be made that failure to pay attention to these habits and their impact on disease prevention and health is equally detrimental to the health of our country. A Centers for Disease Control and

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Prevention analysis, for example, demonstrated that sedentary individuals increased their risk of heart disease as much as if they smoked a pack of cigarettes per day.[13] The Surgeon General's Report on Nutrition reminds us that 7 out of the 12 leading causes of death have a nutrition- or alcohol-related component.[14]

For years, the business of hospitals and hospital systems has been called "health care," but the reality is that the actual work product would have been more accurately described as "illness care" or maybe "injury care." This is not because there has been a lack of influence from the earliest days of modern medicine. Sir William Osler wrote in his *Medicine in the Nineteenth Century*,

> Within the past quarter of a century the value of exercise in the education of the young has become recognized. The increase in the means of taking wholesome out-of-door exercise is remarkable, and should show in a few years an influence in the reduction of the nervous troubles in young persons. The prophylactic benefit of systematic exercise, taken in moderation by persons of middle age, is very great.[15]

In even simpler terms, Osler wrote, "Patients should have rest, food, fresh air, and exercise—the quadrangle of health."[16]

Historically, the hospital industry failed to embrace a more proactive position toward healthy lifestyles and prevention based mostly on the lack of financial incentives to do so. Insurance companies and even the governmental payors did not, and most do not still to this day, pay for preventative care.

Although some exceptions exist, such as Northwestern, Feather River, Flushing Hospital, the Cleveland Clinic, and a few others, *lifestyle medicine* has not been widely embraced by the hospital industry. Orlando Health is a rare breed of hospital system because it has a long history of working to incorporate elements of health and wellness into the fabric of its service to the communities it serves. For example, what originated in the early 1990s as Orlando Regional Healthcare's Sports and Wellness Division evolved over time to address many different nontraditional services such as warm weather training for the British Olympic Association and athletic training for teams such as AJAX (pronounced "eye-ax," regulation soccer), Orlando Sharks (indoor soccer), and Orlando Predators (arena football). During the same period, South Lake Hospital in Clermont, Florida, in partnership with Orlando Health, built the National Training Center (http://usantc.com/), which was originally the warm weather training home of USA Triathlon and today serves to improve the health and quality of life of the general community.

Recent efforts for comprehensive health care reform, however, have made it clear that major health care systems can no longer sit on the sidelines when it comes to addressing the urgent problems that face health care in the United States. In addition to the unsustainable annual double digit increases in cost, health care systems face increasing scrutiny both from the federal government and the communities they serve to demonstrate that they are taking action not only to treat the sick but also to help people maintain good health. In keeping with its reputation for innovative health and wellness programs, Orlando Health formally adopted and launched a bold new venture—the "Lifestyle Medicine Initiative (LMI) at Orlando Health"—to provide an umbrella for current and future efforts in the interface between lifestyle habits and actions and their impact on health and quality of life.

The purpose of this article is to recount the history of why Orlando Health launched this initiative, document how the effort has proceeded to date, outline successes, and identify continuing challenges. It is our hope that other health care systems will learn from our experience and launch similar efforts within the communities they serve. Clearly, there will be differences given the realities that each health care system faces, current programs in place, and size and location of communities that they serve. Nonetheless, we believe that a significant opportunity exists to incorporate the principles of lifestyle medicine into mainstream American health care and that the time for action is now.

Background/Rationale

What Is Lifestyle Medicine?

Perhaps the best definition of lifestyle medicine remains the earliest, which can be found in the preface of Dr Rippe's academic textbook for physicians and other health care workers, *Lifestyle Medicine*[17]:

> Lifestyle Medicine involves the integration of lifestyle practices into the modern practice of medicine both to lower the risk factors for chronic disease and/or if the disease is already present serves as an adjunct to its therapy. Lifestyle Medicine brings together sound scientific evidence in diverse health related fields to assist the clinician in the process of not only treating disease, but promoting good health.

Implementation of protocols and advice about physical activity, diet and nutrition, weight management, stress management, smoking cessation, and other modalities related to lifestyle decisions and habits are all examples of lifestyle medicine in action.

The Case for Lifestyle Medicine

There is no longer any serious doubt that daily habits and actions profoundly influence both short-term and long-term health and quality of life. For example, CHD, by far the leading killer of both men and women in the United States, resulting in 37% of all mortality in the United States each year,[18] has significant lifestyle components. Indeed, 5 of the major risk factors for CHD—high blood pressure, cigarette smoking, elevated cholesterol, physical inactivity, and obesity—are at least partially based on poor lifestyle choices and habits.

The epidemic of obesity continues to grow in the United States, with more than 67% of the population either overweight or obese.[19] The associated epidemic of

inactivity also carries enormous negative health consequences. More than 70% of the adult population in the United States does not achieve adequate levels of physical activity to achieve cardiovascular or other health benefits.[20]

Poor nutrition contributes significantly to the burden of disease in the United States. Seven out of the 12 leading causes of death in the United States each year have a nutrition or alcohol component.[14] Numerous studies have shown that only 25% to 30% of the adult population in the United States consumes the recommended daily servings of fruits and vegetables.[21]

Dramatic increases in diabetes have occurred in the United States. It is now estimated that 8% of adults in the United States have diabetes.[9] Perhaps even more alarming, the Centers for Disease Control and Prevention now estimates that more than 40% of the adult population in the United States has glucose intolerance, which is often a precursor to diabetes.[22] These alarming statistics are largely being driven by weight gain and obesity, as well as an inactive lifestyle.

Implications of poor lifestyle practices have a significant impact on children as well as adults. The prevalence of childhood obesity in the United States has tripled in the past 20 years.[23] By the time children reach the age of 12 years in the United States, half are not achieving adequate levels of physical activity to achieve health benefits.[20] Chronic diseases such as adult onset diabetes, metabolic syndrome, and hypertension are being seen in children at rates that are historically unprecedented in the United States. Thus, the epidemic of lifestyle-related problems has extended to children. It has been estimated that, unless we can reverse this trend, the current generation of children will be the first generation in the United States to have a shorter life expectancy than their parents.[24]

On the other hand, there are multiple, positive benefits from the adoption of improved lifestyle habits. For example, the Diabetes Prevention Program showed that individuals with glucose intolerance who lost approximately 5% to 7% of their body weight and engaged in regular physical activity reduced their risk of developing diabetes by 58%.[11] This is highly significant given that it is now estimated that more than 40% of the adult population in the United States has glucose intolerance and are thus highly susceptible to developing diabetes with all its serious complications.[22]

Multiple studies also support the concept that weight loss of 5% will significantly reduce the risk of heart disease and diabetes as well as cancer.[2] Numerous studies have also shown that increased physical activity[1] and improved nutrition[3] lower the risk of many chronic diseases. The Nurses Health Trial demonstrated that if women adopted positive health practices such as not smoking, engaging in 30 minutes of physical activity on a daily basis, maintaining a proper body weight, and following a few simple nutritional practices we could eliminate 80% of all heart diseases and 91% of all diabetes.[25] Similar statistics exist for men. Thus, the power of positive lifestyle medicine practices is apparent and is not being fully applied within modern health care.

Practicing Evidence-Based Medicine

Health care systems and individual physicians are increasingly being called on to practice and deliver evidence-based medicine. Health care systems have developed numerous protocols in the areas of CHD, heart failure, and many other conditions based on evidence of the most effective therapies for each of these conditions. Certainly the physicians and clinical leaders of Orlando Health, like other tertiary academic medical centers' practitioners, have evolved to appreciate and embrace evidence-based medicine as part of their effort to keep the patient first.

Although the evidence that supports lifestyle medicine is no less robust, it is generally less familiar to individual physicians in the health care community. Nonetheless, the principles of lifestyle medicine are already incorporated in the national guidelines for the treatment of numerous conditions found in both children and adults. Examples of the inclusion of lifestyle medicine principles and modalities in national guidelines include the following:

- National Cholesterol Education Program[26]
- JNC VII Guidelines for Prevention and Management of Hypertension[27]
- Institute of Medicine Guidelines for Management of Obesity[2]
- Guidelines from the American Heart Association for the Prevention and Management of Coronary Artery Disease[28]
- Guidelines from the American Diabetes Association for the Management of Diabetes[29]
- Dietary Guidelines for Americans[30]
- American Heart Association Nutrition Implementation Guidelines[31]
- Guidelines from the American Academy of Pediatrics for the Prevention and Treatment of Childhood Obesity[32]
- Guidelines from the American Academy of Pediatrics for Heart Disease Risk Factor Reduction in Children[33]
- Guidelines from the American Heart Association and American Academy of Pediatrics for the Prevention and Treatment of Metabolic Syndrome[34]
- Joint statement from the American Heart Association and American Cancer Society on the prevention of heart disease and cancer.[35]

We felt from the earliest stages of developing the Lifestyle Medicine Initiative that it was important to emphasize these principles as important elements to the practice of evidence-based medicine in addition to beginning to reach outward to address the health and wellness of the communities we serve.

The Economic Case for Lifestyle Medicine

The economic burden of poor lifestyle choices is also impossible to ignore. According to the World Health Organization, the United States spends more than $6700 each year on what is basically "sickness" care for every man, woman, and child. In contrast, all the other major industrial economies in the world spend substantially less money on health care. To give one of many examples, Greece spends approximately $600 per year on every man, woman, and

child on health care, yet it achieves superior outcomes in virtually every internationally recognized health care outcome when compared with the United States. All the other industrialized economies also achieve better outcomes than the United States at substantially less cost. Clearly, this is a problem that cannot be solved simply by spending more money.

Furthermore, the recent debate over health care reform has focused the health care community on the dual imperatives of controlling costs and achieving better outcomes. Orlando Health, like many other hospitals and hospital systems, has been working diligently on the efficiency and cost control side of the equation for years, and significant savings have already been realized through the use of aggressive industry benchmarking and becoming fully self-sufficient in Lean/Six Sigma. Whereas these initiatives were helping reduce the cost of managing patients in the hospitals, the health system was doing little to address the fact that patients' daily habits and actions continued to adversely affect their health. And it has become increasingly obvious that improving outcomes will be increasingly dependent on our ability to significantly reduce the levels of self-induced physical afflictions. Clearly this is a shared responsibility among patients themselves, physicians, and health care institutions, but no one group was taking ownership.

We were also cognizant of the increasing economic burden placed on our own system at Orlando Health by the fact that we insure the health care of most of our team members and their dependents. Over the past several years claims data have revealed the following among the population insured by Orlando Health:

- Hypertension: 1969 cases out of 19 987 insured (9.86%)
- Hyperlipidemia: 1749 cases out of 19 987 insured (8.75%)
- Diabetes: 957 cases out of 19 987 insured (4.78%)

Of these commonly reported conditions, diabetes carries the highest cost to our system per member per year at $9343 per individual while hyperlipidemia and hypertension follow closely at $8969 and $7803, respectively, in direct costs to our system per year. We were convinced that an emphasis on improved lifestyle practices could potentially decrease the economic burden of many chronic conditions to our system while also fulfilling our obligation to provide the best possible health care for our team members and dependents.

Recent Milestones Related to Lifestyle Medicine

We are encouraged to see numerous initiatives beginning to emerge that seek to encourage and implement positive lifestyle behaviors on the part of citizens throughout the United States. A few examples are given below.

The American Heart Association Strategic Plan through 2020.[36] Issued in 2010, this landmark document sets the strategic course for the American Heart Association (AHA) for the next 10 years to pursue a fundamentally new concept for this organization by moving beyond the prevention of risk factors and treatment of heart disease and into the area of "cardiovascular health." As stated in the document, the emphasis of the AHA will be on "primordial prevention at all levels of risk across the life span" with the goal that "by 2020 to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular disease and strokes by 20%."[36] The AHA Strategic Report goes on to state that

> health is a broader, more positive concept, than just the absence of clinically evidenced disease . . . it makes sense that the avoidance of adverse levels of risk factors in the first place may be the most effective means of avoiding clinical events during the remaining life span.

This formulation could not be more mainstream to lifestyle medicine.

2008 Physical Activity Guidelines for Americans.[1] This document, which parallels the Dietary Guidelines for Americans, for the first time puts the imprimatur of the Federal Government behind the critically important area of increasing physical activity for all Americans. This evidence-based document synthesizes an enormous amount of literature on the health-promoting benefits of regular physical activity and outlines specific recommendations and strategies for all Americans.

Scientific Statement on Implementing the American Heart Association Pediatric and Adult Nutrition Guidelines.[31] This Scientific Statement breaks new ground by emphasizing that future efforts must be placed on *implementing* heart healthy guidelines rather than simply promulgating new recommendations. The emphasis on practical strategies for implementing guidelines is a welcome and important step toward incorporating lifestyle medicine concepts into the mainstream practice of medicine.

New Guidelines for Lipid Screening and Cardiovascular Health in Childhood.[33] This important document from the American Academy of Pediatrics recognizes the correlation between lipid problems and the increasing epidemic of obesity among children. This document sets the American Academy of Pediatrics on a course toward confronting the startling rise of obesity among children in the United States in the past 30 years.

Dietary Guidelines for Americans 2010.[37] The Dietary Guidelines for Americans are issued every 5 years and synthesize modern understandings of nutrition and health. This process is guided by leading experts who comprise the Dietary Guidelines Advisory Council. Their comprehensive report for 2010 offers a newly developed emphasis on the total diet and how to integrate the nutritional recommendations into practical terms that "encourage personal choice but result in an eating pattern that is nutrient dense and calorie balanced." An additional chapter in the Advisory Council Report takes the goal of integrating and translating modern information on nutrition science into the "broader environmental

and social aspects that are crucial to full adoption and successful implementation of these recommendations."

Publication of Proposed Physician Competencies in Lifestyle Medicine.[38] The publication of findings of an Expert Panel on Proposed Physician Competencies in Lifestyle Medicine in the July 14, 2010, issue of the *Journal of the American Medical Association* is a welcome and important event. This Expert Panel brought together representatives of the American Medical Association, American Academy of Family Practitioners, American College of Preventive Medicine, American College of Sports Medicine, American Academy of Pediatrics, American College of Lifestyle Medicine, the *American Journal of Lifestyle Medicine*, Rippe Health, and many others to develop a framework for Proposed Physician Competencies related to the knowledge base and skills required to deliver lifestyle medicine.

Several aspects of this initiative are particularly important. First, this represents a first step toward potential board certification in the area of lifestyle medicine for physicians. Second, the fact that numerous, mainstream medical organizations were represented indicates that the concept of lifestyle medicine is now becoming deeply embedded in mainstream medicine. Third, and perhaps most important, it is now clear that as this discipline moves forward it will be called "Lifestyle Medicine." In this regard, the development of a special track in lifestyle medicine at the American College of Preventive Medicine, as well as the establishment of the American College of Lifestyle Medicine, Lifestyle Medicine Association, and, of course, the publication of the *American Journal of Lifestyle Medicine* all point toward an increasing recognition that not only is this field important, but that it is emerging to meet the needs of physicians desiring increased knowledge and perhaps ultimately board certification.

All these recent Scientific Statements and recommendations from prestigious organizations and expert panels focus on implementing components of positive lifestyle choices into both prevention and treatment of disease and are a welcome new emphasis complementing and expanding the area of lifestyle medicine.

The Lifestyle Medicine Initiative at Orlando Health: A Brief History

The timing for Orlando Health to launch a significant initiative in lifestyle medicine was particularly propitious. The organization had recently gone through a process of redefining its mission and vision. As a major health care provider and employer in Central Florida, Orlando Health felt it had an opportunity and obligation to its staff and patients to explore evidence-based, cutting-edge ideas to improve health care outcomes and create additional efficiencies. This mandate was clearly recognized when the former Orlando Regional Healthcare announced in May 2008 that it was changing its name to Orlando Health and announced its new vision statement:

> Orlando Health: a trusted leader inspiring hope through the advancement of health.

With this newly articulated view of a broader vision of health, it seemed natural to incorporate the concepts of lifestyle medicine into the broader initiative. With this in mind, Orlando Health partnered with Dr Rippe's organization, Rippe Health, to help develop a Lifestyle Medicine Initiative. From its inception, we felt that is was critically important that the program be grounded on evidence-based concepts that would be embraced by the medical community and other significant stakeholders. Lifestyle medicine clearly met those criteria. We also felt it was important to establish a mission statement for the program that would be completely consistent with the newly articulated vision of Orlando Health. With this in mind, the following mission statement was adopted by the Lifestyle Medicine Initiative at Orlando Health:

> To foster a culture within Orlando Health that embraces the principles of lifestyle medicine as an essential component of modern health care.

It was critically important to establish a level of support for this initiative within the Orlando Health organization, and fortunately the CEO at the time and other senior executives embraced the concept.

The first 6 months of the Lifestyle Medicine Initiative at Orlando Health were devoted to establishing an organizational structure and physical presence on the Orlando Health campus. A major step forward took place when a well-known member of the Orlando Health leadership team, with a background in nutrition and exercise physiology, agreed to take on the full-time job of Lifestyle Medicine corporate manager at Orlando Health. A 3000 square foot office, research, and educational space was allocated on the main campus and the program officially launched.

A key priority for the next 6 months' work was to identify and work with multiple stakeholders. Like many health care organizations, Orlando Health already had a number of initiatives in the general area of "wellness" in progress. Our vision from the outset was that the Lifestyle Medicine Initiative would not seek to replace any of the initiatives currently in place. Rather, it would serve as an umbrella initiative to bring more coordination and credibility within the Orlando Health community to already existing efforts as well as providing a launch pad for research and the development of evidence-based protocols. The Lifestyle Medicine corporate manager has devoted enormous energy to building coalitions toward this goal among stakeholders within administration, various programs, the physician community and ancillary health care workers, as well as the various stakeholders in the communities Orlando Health serves.

Progress to Date

While numerous challenges remain, we are pleased to report that tremendous progress has been achieved over the first 18 months of the Lifestyle Medicine

Initiative at Orlando Health. Perhaps most important, a strong consensus has emerged throughout various stakeholders within the Orlando Health communities that the Lifestyle Medicine Initiative is a needed and beneficial effort and is completely consistent with the direction the organization is pursuing. We have been enormously pleased that numerous stakeholders within existing programs, administrators at every level of the Orlando Health organization, and the many members of the physician and ancillary health care communities have embraced the concept of lifestyle medicine. Indeed, many have articulated the belief that such an initiative has been much needed.

A major breakthrough occurred when the wellness components of the Human Resources Department at Orlando Health, which had been functioning under the name of Healthy U, were incorporated within the Lifestyle Medicine Initiative so that Healthy U is now considered a component of the Lifestyle Medicine Initiative. This will allow significant integration between lifestyle medicine principles and the health and wellness needs of the Orlando Health staff.

Significant internal marketing efforts have occurred within the Lifestyle Medicine Initiative at Orlando Health including the establishment of website pages for the program and numerous presentations to administrators and health care personnel in both adult and pediatric hospitals that are components of Orlando Health.

External marketing efforts have included articles published by local media including both print and electronic as well as presentations to the Orlando Health Foundation and its donor community. Several publication opportunities have arisen including a comprehensive article on "Lifestyle Interventions in the Prevention and Treatment of Cancer," published in the *American Journal of Lifestyle Medicine*, written by Clarence H. Brown III, MD, President/CEO, M. D. Anderson Cancer Center, Orlando, and a number of staff physicians at M. D. Anderson Cancer Center, Orlando.[39] Resident Rounds have been conducted in lifestyle medicine for physicians in training in the Orlando Health Internal Medicine Residency Program and have been recently published.[40] Other educational opportunities have included webinars and the establishment of continuing medical education credits for various Lifestyle Medicine Initiative components as well as CEUs for nurses and dietitians.

An important component of the Lifestyle Medicine Initiative is to bring evidence-based protocols in lifestyle modalities first to the staff at Orlando Health and ultimately to the community. Dr Rippe's organization has provided evidence-based programs in physical activity (emphasizing walking), as well as fitness standards in a variety of areas to potentially be incorporated into biometric screenings being conducted in accordance with national guidelines, which also include measurements of body mass index, blood pressure, and serum cholesterol levels. Future protocols are anticipated in nutrition and weight management.

We have made great strides in the interest of proper nutrition for our team members, guests, and visitors. A collaborative effort between the clinical nutrition team at Orlando Health and its food vendor has brought nutritional guidelines that have been tailored to meet the mission of the Lifestyle Medicine Initiative. Significant pressure is being applied in this area to ensure our hospital patients and visitors have a considerable opportunity to select healthy food choices when dining in any of our hospitals. We have established the criteria that we will accept no less than 40% of our cafeteria choices and 60% of our vending machine options meet our established criteria for healthy nutrition.

Toward the Future

Although significant progress has been made, enormous challenges remain. After all, the concepts of increased physical activity, proper nutrition, weight management, and smoking cessation have been around for a long time, and whereas some progress has been made in all these areas with the health care providers, full integration into the health care system has been frustratingly slow. From the inception of the program, we have viewed the Lifestyle Medicine Initiative as a "marathon, not a sprint." It is also critically important to find ways of moving this initiative forward without alienating or criticizing current stakeholders who play such a vital role in the success of everything that Orlando Health does.

Among our goals for the future, we have identified the following priorities:

- *Further engaging the medical community.* It is vitally important that the medical community embrace the importance of counseling and motivating their patients to adopt more positive lifestyle habits and behaviors. Numerous studies have shown that physician recommendation is a powerful incentive for individuals to change their behavior.[41] Other studies have shown that if individual physicians do not observe healthful behaviors in their own lives, they are less likely to discuss these issues with their patients.[42-45] Thus, we have adopted the dual approach of encouraging physicians to counsel their patients in positive lifestyle behaviors as well as incorporating these practices in their own lives.
  - We start from the premise that physicians want to practice state-of-the-art, excellent medicine and are motivated by the desire to do well by their patients. We also recognize that the economic realities of modern medical practice make it challenging for physicians to add additional, time-consuming concepts to an already very full plate. Whereas these challenges are significant, we believe that we will help physicians to increasingly adopt concepts of lifestyle medicine as an added benefit to the delivery of modern, evidence-based medicine as well as incorporating health promoting behaviors in their own lives.
  - *Care algorithms.* Most physicians in major health care systems are familiar with best practice protocols and procedures in numerous aspects of acute care. It will be critically important to find ways that specific

protocols based on modern evidence in the areas of lifestyle medicine, such as specific algorithms to encourage and guide patients to increase physical activity, adopt proper nutrition, practice weight management, and begin smoking cessation, are incorporated seamlessly into each physician's practice. To do this, protocols will need to be easily delivered, evidence based, understandable, and able to be imparted within the very limited time constraints under which most physicians function. We hope and believe that electronic records will provide help in this area.

- *Outcome driven research*. It is vitally important that well-designed research trials be undertaken to demonstrate both improved outcomes and cost efficiency from incorporation of lifestyle medicine principles into modern medical practice. Physicians and hospital administrators are data driven, and demonstration of specific beneficial outcomes will be critical to the broader adoption of lifestyle medicine principles in health care systems. Early stages of discussions about such outcomes-driven research projects are currently in progress at Orlando Health. We anticipate that some of these research projects will focus on the lifestyle habits and practices of Orlando Health team members. A future goal involves research projects in this area for the patient populations served by Orlando Health.
- *Further embedding lifestyle medicine into the Orlando Health culture*. We have articulated within the Mission Statement of the Lifestyle Medicine Initiative at Orlando Health that we will "foster a culture that embraces the principles of lifestyle medicine." The culture of any organization is based on shared values. Our initial exploration of lifestyle medicine principles with multiple stakeholders at Orlando Health has been enormously encouraging. We need to continue to emphasize the long-term commitment that our health care system has to both prevention and treatment with the high aspiration of bringing true value by achieving superior outcomes without the false sense of economic progress benefit that can come from restricting care.
- *Reaching out into the broader communities*. Our emphasis has been on building strong consensus within Orlando Health as a health care community before reaching out to the wider communities we serve. Clearly, there are enormous health needs to be met within these broader communities. These needs are particularly pressing among underserved and economically disadvantaged populations. Bringing the principles of lifestyle medicine to these broader communities remains a significant challenge for the future.

Conclusions/Summary

If the recent vigorous debate on health care reform has taught us anything, it is that change within the system will not come easily, but it is possible. There is now overwhelming evidence that what each of us does in our daily lives profoundly influences our short-term and long-term health and quality of life. These considerations can and must become part of health care in the future.

We hope and believe that the Lifestyle Medicine Initiative at Orlando Health can serve as a template for other health care organizations to join us in embracing an expanded role in areas such as increased physical activity, proper nutrition, weight management, and smoking cessation, with the goal of these areas being incorporated into the mainstream practices of modern health care. This is the underlying hope and vision for our Lifestyle Medicine Initiative.

Several years ago, Kim and Mauborgne[46] published a book titled *Blue Ocean Strategy*. In this book the authors argued that most companies fight in enclosed environments, which the authors likened to battling in small harbors, trying to win market share from other competitors. These battles in small spaces create carnage, resulting in "red oceans" as blood is spilled in the small space of the harbor. The authors argued that by pursuing fundamentally new strategies, a company can break out of these harbors and pursue a "blue ocean strategy" where there is clear sailing. For early adopters of lifestyle medicine within the health care community we believe that such a "blue ocean" strategy opportunity exists.

There is no longer any doubt that we must engage patients in paying more attention to their daily habits and actions. This is a shared goal and responsibility among patients, physicians, and, we would submit, health care organizations. We hope that our initial experience in integrating lifestyle medicine principles within the core operating principles of Orlando Health will be a useful guide to other health care organizations seeking to sail in this "blue ocean." We invite your comments and further dialogue in an area where we firmly believe that "the future is now." AJLM

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