

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6696

### **Title**

*Rural Ontario Complete Lifestyle Medicine Intervention Program (CLIP-ON)*

### **Priority 1 (Research Category)**

Dissemination and implementation research

### **Presenters**

Kush Patel, BHSc, MMI, Caroline Rheaume, MD, PhD, CCMF, FCMF, dipABLM, dipIBLM, Lisa Allen, Mylene Juneau, MD, CCFP, DipABLM

### **Abstract**

**Context:**Chronic illness is at a record high in society. Lifestyle medicine programs have demonstrated a positive impact in managing these diseases but are poorly implemented and unavailable in rural communities. Lifestyle medicine involves ongoing engagement with a multidisciplinary team to support health-improving lifestyle changes. **Objective:**To assess the feasibility of implementing a lifestyle medicine program in a rural Ontario community for patients with chronic diseases. **Study Design and Analysis:**A prospective, mixed design feasibility study in which participants are followed over six months by an interdisciplinary team including a health coach, lifestyle medicine physician, dietician, and kinesiologist. It includes 22 weekly group classes and monthly appointments. The first 14 weeks discuss the six pillars of lifestyle medicine followed by an 8-week structured exercise program. Feasibility is assessed by participant recruitment, retention, satisfaction, fidelity, and sustainability metrics. Qualitative feedback is collected through questionnaires and focus groups. **Setting:**Program was conducted in Parry Sound, ON with participants recruited from the local community. **Population Studied:**Adults ( $\geq 18$  yrs) with chronic diseases such as prediabetes, type 2 diabetes, hypertension, coronary heart disease, peripheral vascular disease, dyslipidemia, and/or concerns related to body weight ( $BMI \geq 25$ ). **Instrument:**Participant and provider progress, satisfaction and feedback were elicited through questionnaires and focus groups. **Outcome Measures:**Participant characteristics (ie. gender, age, race, education, etc.), physical, social, emotional, spiritual and mental health information collected with well-being and lifestyle medicine tools, and anthropometric and cardiometabolic variables. **Results:**Cohort one of eight participants completed CLIP-ON in April 2024. Early findings confirm a 100% completion rate and 80% program satisfaction. All participants increased their physical activity with 80% progressing towards their health goals. Challenges included scheduling difficulties related to a diverse cohort and providers, difficulties with hybrid options, and participants requesting more group time for social connectedness. **Conclusion:**CLIP-ON has demonstrated patient and provider interest, and logistical

feasibility in this rural setting. Addressing the current challenges will make CLIP-ON a model for other communities interested in implementing lifestyle medicine programs.

Downloaded from the Annals of Family Medicine website at [www.AnnFamMed.org](http://www.AnnFamMed.org). Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact [copyrights@aafp.org](mailto:copyrights@aafp.org) for copyright questions and/or permission requests.