

Lifestyle medicine: A tool for health creation and equity

In 2025, only 46% of adults in Canada met the recommended 150 minutes of moderate to vigorous physical activity per week. Although physical activity is a leading modifiable risk factor for many chronic diseases and all-cause mortality,¹ physicians do not regularly prescribe exercise to patients.² Doctors of BC's Council on Health Promotion has long supported exercise as medicine,³ but this can be expanded to include a more holistic approach of lifestyle medicine.

Lifestyle medicine is an evidence-based clinical discipline guided by six pillars to prevent, treat, and reverse chronic conditions: whole-food plant-predominant nutrition, physical activity, restorative sleep, stress management, positive social connection, and substance use avoidance.⁴ When implemented with sufficient intensity and support, lifestyle medicine can support meaningful reductions in cardiovascular disease, type 2 diabetes, obesity, and other noncommunicable diseases. Many of the pillars can be adapted to different cultural contexts. Social connection is foundational in many cultural worldviews, including for Indigenous Peoples, who consider belonging and kinship to be integral to health.⁵

In Canada, lifestyle medicine is situated in a population health framework that recognizes the interaction between individual agency and structural determinants. Lifestyle medicine is most powerful when its influence shifts from helping individuals make better choices to informing the design of systems that make healthy

Lifestyle medicine tools

- Canadian Academy of Sport and Exercise Medicine: Resources on medicine through movement (www.casem-acmse.org/resources/resource-directory)
- McGill University: Motivational interviewing techniques to facilitate behavior change (www.mcgill.ca/familymed/files/familymed/motivational_counseling.pdf)
- Canadian Society for Exercise Physiology: *24-Hour Movement Guidelines* (<https://csepguidelines.ca>)
- Sleepwell: Insomnia resources, including on cognitive-behavioral therapy (<https://mysleepwell.ca>)
- The "Community as Medicine" model (<https://doi.org/10.1177/15598276251325799>)

choices possible: accessible, affordable, and culturally meaningful. Despite Canada's comparative wealth, federal and provincial data consistently show that income, housing stability, food security, geography, racism, and access to primary care are social determinants from which chronic disease risk increases.⁶

Although it is easy to mention the six pillars to patients, patients must feel empowered to make behavioral changes that are sustainable and life-lasting, increasing their health span rather than merely prolonging the years lived. In addition, without attention to health inequities, lifestyle medicine can inadvertently reinforce stigma or "lifestyle blame," particularly among communities facing systemic barriers.

Lifestyle medicine is not just for the wealthy; everyone deserves access to it.⁷ The pillars of lifestyle medicine must be equitable.⁸ Reimagining the pillars as a bridge between health-based clinical care and community well-being is a tool for creating healthy communities.

Rather than assuming that patients affected by adverse social determinants of health are neither willing nor able to attempt behavior modifications, clinicians should have conversations with patients

about the powerful outcomes of even small lifestyle changes, meeting them where they are, identifying solutions together, and providing referrals to community-based organizations with resources to help.⁹ This requires community engagement, cultural competency, and the application of multilevel and intersectoral approaches.⁸ All physicians, regardless of our field, should be advising patients on essential health practices and, most importantly, taking this good advice ourselves. ■

—Eileen M. Wong, MD, CCFP, FCFP
Council on Health Promotion Member

—Katharine McKeen, MD, MBA, FCFP
Council on Health Promotion Chair

References

1. ParticipACTION. Key statistics. Accessed 16 February 2026. www.participaction.com/the-science/key-facts-and-stats.
2. Laberge S, Gosselin V, Lestage K, et al. Promotion of physical activity by Québec primary care physicians: What has changed in the last decade? *J Phys Act Health* 2024;21:508-518. <https://doi.org/10.1123/jpah.2023-0379>.
3. Solmundson K. Is current medical training preparing physicians to prescribe exercise to their patients? *BCM J* 2018;60:170-171.
4. American College of Lifestyle Medicine. What is lifestyle medicine? Accessed 5 March 2026. <https://lifestylemedicine.org/about-lifestyle-medicine>.

References continued on page 150

This article is the opinion of the authors and not necessarily the Council on Health Promotion or Doctors of BC. This article has not been peer reviewed by the BCMJ Editorial Board.

CLASSIFIEDS

skill development. Ideal for a physician early in aesthetic practice. Please email your CV to VahidSahih@gmail.com.

MEDICAL OFFICE SPACE

LANGLEY, WILLOUGHBY TOWN CENTRE—MEDICAL OFFICE SPACE, PRIME LOCATION

Three or four brand-new medical exam rooms available in Willoughby Town Centre. The clinic is built to a luxury standard, with high ceilings and lots of parking spaces for visitors; ideal for physicians, specialists or other health care providers. Reception area, Wi-Fi, and utilities included. For more information, please contact Jeff at 778 862-5153.

NEWTON (SURREY)—CLINIC SPACE FOR SPECIALIST

Share 2500 sq. ft. of premium clinic space in Newton, Surrey. Join a medical subspecialist in a professional, turnkey environment perfectly suited for specialist use. Enjoy a reasonable split in a high-demand area. Secure

your spot in this modern medical hub. Text 236 862-0006 or email adeepsarao@hotmail.com.

NORTH VANCOUVER—BRAND-NEW MEDICAL OFFICE SPACE

New medical office space in a prime location in North Vancouver, with 2 or 3 exam rooms available for lease. Wi-Fi, utilities, and reception area included, with access to public transit as well as underground public parking near the SeaBus. Please contact Jeff at 778 862-5153 for details.

MISCELLANEOUS

CORTES ISLAND—CULTIVATING WELL-BEING FOR HEALTH PROFESSIONALS: 14–19 JUNE 2026

Created by and for health professionals facing the growing pressures of modern health care, this 6-day retreat invites you to step away and recharge through meditation, nature, and evidence-based practices led by psychiatrists Drs Andrea Grabovac and Erin Burrell. Dive deep into mindfulness

techniques, reconnect with what matters, and be supported by peers in unparalleled surroundings. Past participants call it “pure nourishment for the soul.” CFCP accredited. Partners welcome. Visit www.hollyhock.ca or email dr.burrell@hushmail.com.

TOFINO/CORTES ISLAND/SALTSPRING ISLAND/BALI—MINDFULNESS IN MEDICINE

Join Dr Mark Sherman and your colleagues for a workshop or retreat exploring burnout, meaning, and joy in our lives. Workshops are 4 half days in Tofino, with partners, learning the foundations of mindfulness theory and practice while integrating on the land and ocean. Retreats are 5–7 days of immersive experience and deeply healing journeys. Tofino, Mindfulness in Medicine, 24–27 April 2026. Cortes Island, Heal Thyself, 31 May–5 Jun 2026. Saltspring Island, Heal Thyself, 24–29 September 2026. Bali, Indonesia, Honoring the Sacred, 13–20 February 2027. Visit <https://livingthismoment.ca>, or email mark@livingthismoment.ca.

SHARED CARE

Continued from page 148

Through sharing expertise across sectors, collaboration can strengthen coordinated crisis responses and support compassionate care for vulnerable populations and providers. ■

—**Shirley Sze, MD, CCFP, FCFP**
Chair, ACEs Working Group
Co-Chair, CYMHSU CoP Steering Committee

—**Sergeant Michael Grandia, BA**
Course Coordinator, Surrey Police Service

References

1. Shared Care Committee. Child and Youth Mental Health and Substance Use Community of Practice and Surrey Police Service: Trauma-informed practices post-event report. 28 May 2025. Accessed 17 March 2026. <https://sharedcarebc.ca/sites/default/files/2025-05-28%20CYMHSU-Surrey%20Police%20Service%20Workshop%20Post-Event%20Report.pdf>.

2. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med* 1998;14:245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8).
3. Bethell C, Jones J, Gombojav N, et al. Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatr* 2019;173:e193007. <https://doi.org/10.1001/jamapediatrics.2019.3007>.
4. Government of British Columbia. Extended learning document: Primary care approaches to addressing the impacts of trauma and adverse childhood experiences (ACEs). BC Guidelines. 17 January 2024. Accessed 17 March 2026. www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/extended-learning-document-primary-care-approaches-to-addressing-the-impacts-of-trauma-and-adverse-childhood-experiences-aces.

COHP

References continued from page 145

5. Indigenous Primary Health Care Council. A holistic and strength-based approach for measuring health and wellness: Considerations for public health indicators. March 2025. Accessed 5 March 2026. <https://iphcc.ca/wp-content/uploads/2025/03/Public-Health-Indigenous-Indicator-Framework.pdf>.
6. Public Health Agency of Canada. Social determinants of health and health inequalities. Modified 18 July 2024. Accessed 5 March 2026. www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html.
7. Collings C. Lifestyle medicine: Not just for the wealthy. MDedge. 7 October 2024. Accessed 5 March 2026. www.mdedge.com/content/lifestyle-medicine-not-just-wealthy.
8. Duplantier SC, Barach R, St. John S, et al. Equitable access to lifestyle medicine: FQHCs, YMCAs, trauma-informed health coaching, and “community as medicine.” *Am J Lifestyle Med* 2025;19:1092-1100. <https://doi.org/10.1177/15598276251325799>.
9. Krishnaswami J, Sardana J, Daxini A. Community-engaged lifestyle medicine as a framework for health equity: Principles for lifestyle medicine in low-resource settings. *Am J Lifestyle Med* 2019; 13:443-450.