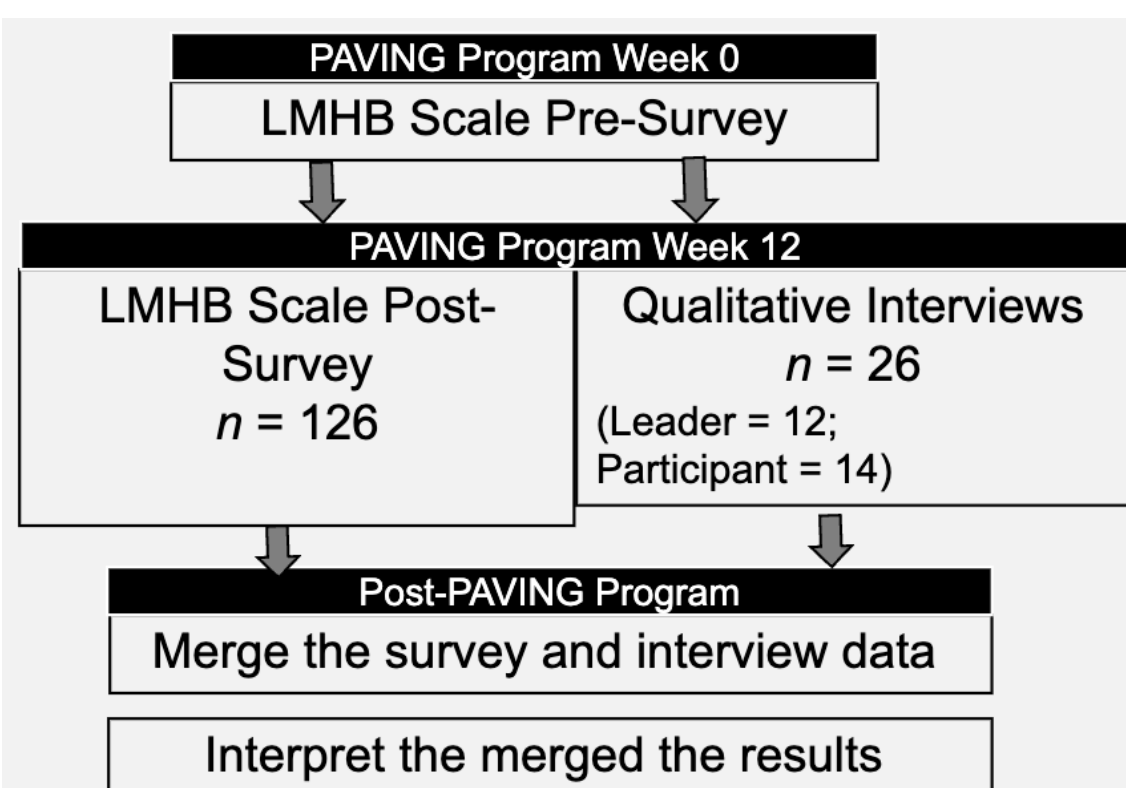


## Background

- Lifestyle medicine, a discipline that leverages evidence-based behavioral interventions to prevent and treat chronic disease, presents a promising path to address the chronic disease epidemic.
- Dissemination and implementation (D&I) research and trans-disciplinary approaches can promote effectiveness of lifestyle medicine programs in practice.
- The proposed study investigates the effectiveness and implementation of a group-based lifestyle medicine program, PAVING the Path to Wellness program or PAVING program.

## Methods

- Type 1 Hybrid Pilot Study
- Convergent Mixed Methods Design
  - Quantitative pre-/post-survey
    - Mixed linear models
  - Qualitative interviews with PAVING leaders and participants
    - Thematic and taxonomic analysis



LMHB: Lifestyle Medicine Health Behavior Scale

## Results

### Effectiveness

**Table**  
*Mixed Linear Model Estimates of Fixed Effects for Lifestyle Medicine Pillars*

	Overall	Subscales					
	Lifestyle Medicine	Nutrition	Physical Activity	Sleep	Social Connection	Stress Management	Substance Use
Fixed effects	Est.	Est.	Est.	Est.	Est.	Est.	Est.
Intercept	86.11***	19.37***	11.63***	10.75***	17.26***	10.72***	17.02***
Time (Pre to Post)	7.49***	2.19***	1.57**	1.07***	2.35***	-.83*	.23*
Race (BIPOC vs White)	5.67***	4.66**	.89	.96*	-1.46	.27	.17
Work status (Not working vs Working)	1.51	.48	.07	.38	.81	-.51	.70*
Sex (Female vs Male)	-2.09	-1.58	-.05	-.44	-.35	.30	-.17
Education (No college vs College)	2.95	.64	.23	1.45***	1.70	-.70	.34
Age	-.61	-.29	.53	-.06	-.46	.44*	-.55***

Note: \* p <.05, \*\* p <.01, \*\*\* p <.001.

Reference categories coded 0: Time = Pre, Race = BIPOC, Work Status = Not working, Sex = Female, Education = No college degree.

*“Doing this PAVING program made health a priority for me in a way, and by committing to it then I wanted to continue afterwards to keep making good choices.”* (Participant)

*“So, it's helped my blood sugar. It's helped my attitude. It's helped my energy. It's all around a good situation for me.”* (Participant)

### Implementation

#### Figure

*Heat map of implementation outcomes (negative and positive perceptions) by PAVING leader and participant.*

Implementation Outcome	Leader	Participants
Acceptability		
Adoption		
Feasibility		
Sustainability		

>60 codes; 41-60 codes; 21-40 codes; 0-20 codes

*“Yes, it was wonderful. It was extremely rewarding to finally be able to put a lot of my background into practice.”* (Leader)

*“I am not sure about the like, you know, how the structure, the cost structure, etc. will pan out in the future.”* (Leader)

## Conclusions

- The PAVING program significantly improved health behaviors (nutrition, physical activity, sleep, social connection, and substance use).
- Qualitative data highlighted the impact of the program on social support.
- Across implementation outcomes, acceptability emerged as a key facilitator.
- Primary barriers to implementation included feasibility and sustainability.

## Implications

- There is a need for trans-disciplinary models for lifestyle-based care and evaluation.
- Given the small sample size, results should be considered with caution.
- Future work on group-based lifestyle medicine programs should employ randomized controlled designs to more rigorously assess program effectiveness in real-world settings.