



## **School of Medicine Greenville**

UNIVERSITY OF SOUTH CAROLINA

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### **Advancing the Next Generation of America's Health Care Workforce**

#### **House Committee on Ways and Means Subcommittee on Health**

Testimony submitted by:

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Chair, Ranking Member, and Members of the Committee:

Thank you for the opportunity to testify on how we can better prepare the next generation of America's health care workforce to meet the realities of chronic disease while supporting fiscal sustainability within Medicare and the broader healthcare system.

I am a founding faculty member, tenured professor, and the Director of Lifestyle Medicine Programs at the University of South Carolina School of Medicine Greenville (SOM Greenville).<sup>1</sup> I am also the founding Director of Lifestyle Medicine Education Collaborative (LMEd), an evidence-based, open-sourced curricular resource that also provides implementation support to medical schools across the United States.<sup>2</sup> This innovative curriculum helps other medical schools that are seeking to integrate nutrition and lifestyle medicine training into their school's medical education. For 14 years, I have dedicated my career to equipping future physicians not only to treat lifestyle-related, non-communicable chronic diseases, but also how to prevent patient chronic disease by addressing the root cause, which many times is the result of poor diet and other unhealthy lifestyle behaviors. I also have served on national advisory efforts and collaborated with leaders across administrations to align medical training with the health challenges facing our nation. Examples include providing commitments for the 2022 White House Conference, serving as an invited panelist at the 2024 Food is Medicine Summit, serving in 2024 and 2026 our United States Army as a content expert for the US Army's Holistic Health and Fitness program to improve soldier readiness, and providing commitments to the U.S. DHHS to improve nutrition in medical education by submitting additional commitments to the current administration, which will be highlighted at the March 5<sup>th</sup> DHHS event.

#### **Why Nutrition in Medical Education Matters for Patient Outcomes and Costs**

The CDC reports 90% of \$4.9 Trillion in U.S. annual healthcare expenditures are for people with chronic and mental health conditions.<sup>3</sup> Six in ten adults in the United States live with at least one chronic

disease; four in ten live with two or more.<sup>4</sup> The majority of healthcare spending is directed toward managing conditions that are largely preventable and strongly influenced by modifiable behaviors—poor nutrition, physical inactivity, inadequate sleep, chronic stress, and substance use.

Yet our health care system remains predominantly structured around acute care and pharmacologic intervention.

If we are to advance the next generation of America’s health care workforce, physician training must reflect the epidemiology of chronic disease.

The scientific evidence supports that:

- Dietary interventions lower blood pressure and cardiovascular risk
- Intensive lifestyle programs that can reduce progression to and initiate remission of type 2 diabetes
- Nutrition-focused interventions improve lipid profiles and weight management outcomes

However, these interventions depend on physicians who are confident and competent in delivering them.

Medical students increasingly recognize that the diseases they will treat are behavior-driven and prevention-sensitive. Therefore, if resident physicians are trained in nutrition, lifestyle and prevention medicine, the healthcare system will benefit from future physicians who:

- Counsel patients more effectively
- Integrate lifestyle interventions alongside pharmacotherapy
- Engage patients in self-management
- Align naturally with value-based care incentives

This directly supports the fiscal goals of Medicare and broader healthcare reform efforts. What we need now is stronger curricular frameworks and competencies for lifestyle medicine integration.

### **USC School of Medicine Greenville’s Classroom-Clinic-Community Model**

At the University of South Carolina School of Medicine Greenville, we intentionally embedded lifestyle medicine into the required core curriculum across all four years—not as an elective, but as foundational training. SOM Greenville’s nutrition and lifestyle curriculum is one of the nation’s first fully integrated, four-year lifestyle medicine curricula embedded into the core medical education framework. Our students receive, as a requirement for graduation, over 100 hours of lifestyle medicine content, of which 52% of those hours incorporate nutrition.

Our undergraduate curriculum includes:

- Integrated nutrition and lifestyle medicine education within organ-system blocks
- Education on evidence-based dietary patterns such the Mediterranean diet, DASH diet, nutrient-dense diet approaches
- Experiential culinary medicine training in a state-of-the-art teaching kitchen

- Motivational interviewing and structured behavior change counseling
- Physical activity assessment and prescription
- Sleep health and stress resilience training
- Interprofessional education alongside dietitians and other health professionals

All curricular integration of nutrition and lifestyle medicine is mapped to satisfy LCME requirements, and all students are assessed on the above competencies just as they are assessed on the biomedical sciences such as anatomy, physiology, pharmacology or pathology.

*Physicians trained in lifestyle medicine use that knowledge in patient care.* In our fourth-year Student Experience survey taken by graduating medical students, 87% of our most recent 2025 graduating class stated that they professionally implement LM principles in the way that they care for their patients as a result of LM curriculum during medical school, while 86% stating that they apply LM in their daily lives as a result of the lifestyle medicine curriculum they had in medical school.

*Healthy doctors, healthy patients.* Multiple scientific studies have demonstrated that physicians who practice healthy lifestyle behaviors are more likely to counsel patients to engage in healthy lifestyles, as they are role models for their patients. In Oberg et al. 2012, titled, “Healthy Docs = Healthy Patients: Arguably the Most Important Reason to Care about Physician Health,” the authors summarized that physicians who exercise more, adhere to healthy nutrition practices, and avoid tobacco and other substance use are more likely to provide counseling to their patients about lifestyle choices. While patients, seeing their physicians as role models, are more likely to follow their physician’s advice.<sup>5</sup> Carlos et al. 2020 demonstrated that out of 890 physicians aged ≤65 years, the more the physician adhered to the Mediterranean diet and engaged in physical activity, the longer time that physician spent with their patients counselling them on better nutrition and physical activity for health. Conversely, physicians with higher body mass index (BMI) tended to not counsel their patients on healthy lifestyle practices.<sup>7</sup>

SOM Greenville’s nutrition and lifestyle medicine training has garnered national attention through the following:

- 2019 - LMed received the US President’s Council on Sports, Fitness and Nutrition Community leadership award
- 2020 - SOM Greenville received the 2020 AIMEE Aspire curricular innovation award
- 2022 – Recognized commitments at the White House Conference on Hunger, Nutrition and Health, which have served 52 US medical schools through curricular integration counseling to date.
- 2024 - Platinum Plus certification of the American College of Lifestyle Medicine
- 2026 – Mapped to the JAMA published Proposed Competencies Satisfy most of the JAMA Competencies for LCME accreditation
- 2026 – Will be recognized as a leading medical school at the March 5<sup>th</sup> U.S. DHHS event for Nutrition in Medical Education

The cost of chronic disease in the state of South Carolina is staggering. Out of 5 million residents, \$59.2 billion are directly linked to chronic disease management, with \$11,774 per capita.<sup>8</sup> To address the needs of the state, SOM Greenville’s also launched our **Primary Care Accelerated Track (PCAT)** to

increase the number of primary care physicians in South Carolina. PCAT is a *specialized, 3-year accelerated pathway* designed to train and retain more family medicine physicians in South Carolina.<sup>9</sup> Students receive a full tuition scholarship, directly transition into a three-year family medicine residency with one of the partnered Prisma Health primary care programs that span across 3 counties, and then provide a four-year commitment to provide primary care within Prisma Health after completing residency. Keeping these students in-state, trained in nutrition and lifestyle medicine, will help shape the future of health care in South Carolina.

Already having graduated almost 800 physicians since our opening, SOM Greenville is positioned to advance the next generation of America's workforce trained and competent in prevention-oriented care.

### **Maximizing Training Partnerships and Impact on Residency Placement**

Strengthening nutrition and lifestyle medicine training early-on creates strategic opportunities to expand institutional partnerships and enhance residency placement outcomes. Students become assets during clinical rotations, and health systems increasingly value trainees who contribute to quality improvement goals tied to reimbursement. Residency directors seek applicants who understand team-based care, quality metrics, and preventive medicine. Demonstrated experience in patient nutrition and lifestyle counseling differentiates students in competitive primary care, internal medicine, family medicine, preventive medicine, and even cardiology tracks. Residency programs are increasingly emphasizing collaborative practice and population health. Students with documented interprofessional training experience align well with ACGME core competencies, particularly systems-based practice and interpersonal communication. We have witnessed this at SOM Greenville, as fourth-year medical students undergoing the interview process consistently report that residency directors ask the student's experiences in culinary medicine and how the education they received helped the students with chronic disease management in their clinical rotations. Knowing that these incoming residents will be able to immediately contribute productively with chronic disease management, population health metrics, value-based care performance, and Medicare quality benchmarks (e.g., diabetes control, hypertension management) becomes a strength in the training partnership.

### **Developing Community-Based Prevention Partnerships**

Meeting patients outside of the hospital and clinics, to where they live work, pray and play is essential to reducing health care expenditures, particularly in the rural and underserved communities. Through creating community partnerships, students and residents can engage in lifestyle interventions with a larger reach, particularly in underserved populations—an area of high national workforce need. These partnerships can include community teaching kitchens, YMCAs or local wellness initiatives, rural health clinics, community-based chronic disease programs, and Federally Qualified Health Centers (FQHCs). As residency programs prioritize applicants with demonstrated commitment to underserved populations and preventive care, medical students trained in nutrition and lifestyle medicine education for community engagement (Root Cause) strengthens applications and aligns with federal workforce priorities.

An example of this is the *Root Cause* program at the SOM Greenville, a student-led, community health and public-services initiative designed to improve health, increase access to care, and address underlying contributors to poor health in the local community.<sup>10</sup> Root Cause brings medical students, faculty,

Prisma Health partners, and community organizations together to host a free, recurring event that includes healthy meals, produce distribution, blood pressure screenings, wellness workshops, CPR demonstrations, benefits sign-ups, and movement and health education sessions—all designed to promote preventive care and wellness in the underserved community.

### **Policy Considerations for the Health Subcommittee**

The Ways and Means Health Subcommittee oversees Medicare and physician workforce funding, which entails an interest in how physician training shapes seniors' health outcomes and long-term healthcare spending.

I respectfully offer the following considerations:

1. Encourage Medicare-supported physician training pathways that are proven to focus on reducing chronic disease and embrace whole-person care.
2. Support pilot programs or grants that incentivize participants to embed structured nutrition and lifestyle medicine competencies into required curricula.
3. Promote collaboration between CMS innovation initiatives and academic medical centers to evaluate long-term outcomes of prevention-trained physician cohorts.

### **Conclusion**

If we want to advance the next generation of America's healthcare workforce, we must ensure that prevention science is incorporated into care for future physicians. The chronic disease burden facing Medicare and the nation requires a workforce trained from day one to address the root causes of disease. At the University of South Carolina School of Medicine Greenville, we have demonstrated that comprehensive nutrition and lifestyle medicine education is feasible, scalable, and aligned with national health priorities. With thoughtful federal initiatives, we can ensure that future physicians are equipped not only to treat disease—but to prevent it. Prevention can become foundational to the American health care system.

Thank you for your leadership and your commitment to strengthening both the health of the American people and the sustainability of our healthcare system. I look forward to your questions.

Sincerely,



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## References

1. Lifestyle Medicine Education. University of South Carolina School of Medicine Greenville. (2026)  
[https://www.sc.edu/study/colleges\\_schools/medicine\\_greenville/medical\\_education/lifestyle\\_medicine/index.php](https://www.sc.edu/study/colleges_schools/medicine_greenville/medical_education/lifestyle_medicine/index.php). Accessed February 20, 2026.
2. Lifestyle Medicine Education (LMEd). (2026). [www.LifestyleMedicineEducation.org](http://www.LifestyleMedicineEducation.org). Accessed February 20, 2026,
3. Fast Facts: Health and Economic Costs of Chronic Conditions. (2024) Center for Disease Control and Prevention. <https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html>. Accessed February 20, 2026.
4. About Chronic Disease. (2024) Center for Disease Control and Prevention. <https://www.cdc.gov/chronic-disease/about/index.html>. Accessed February 20, 2026.
5. Oberg, Erica, and others, 'Healthy Docs = Healthy Patients: Arguably the Most Important Reason to Care about Physician Health', *First Do No Self Harm: Understanding and Promoting Physician Stress Resilience* (2013; online edn, Oxford Academic, 23 Jan. 2014), <https://doi.org/10.1093/acprof:oso/9780195383263.003.0011>, accessed 22 Feb. 2026.
6. Silvia Carlos, Anaïs Rico-Campà, Carmen de la Fuente-Arrillaga, María Echavarri, Alejandro Fernandez-Montero, Alfredo Gea, Camino Salazar, Miguel Angel Martínez-González, Do healthy doctors deliver better messages of health promotion to their patients?: Data from the SUN cohort study, *European Journal of Public Health*, Volume 30, Issue 3, June 2020, Pages 438–444, <https://doi.org/10.1093/eurpub/ckaa019>.
7. Bleich SN, Bennett WL, Gudzone KA, Cooper LA. Impact of physician BMI on obesity care and beliefs. *Obesity* (Silver Spring). 2012 May;20(5):999-1005. doi: 10.1038/oby.2011.402. Epub 2012 Jan 19. PMID: 22262162; PMCID: PMC3645927.
8. Waters, H., Graf, M. The Costs of Chronic Disease in the U.S. The Milkenin Institute. (2018), [https://milkeninstitute.org/content-hub/research-and-reports/reports/costs-chronic-disease-us?gad\\_source=1&gad\\_campaignid=13515791003&gbraid=0AAAAADi39b1wybjlKV8nw8GAJxd-Rq2Wo&gclid=Cj0KCOiA7-rMBhCFARIsAKnLKtDcG1BpNJVxXIJaOMVB4ZAdB\\_gUKJQj\\_zHACgEftNQk1s6h98rU9EoaAkjSEALw\\_wcB](https://milkeninstitute.org/content-hub/research-and-reports/reports/costs-chronic-disease-us?gad_source=1&gad_campaignid=13515791003&gbraid=0AAAAADi39b1wybjlKV8nw8GAJxd-Rq2Wo&gclid=Cj0KCOiA7-rMBhCFARIsAKnLKtDcG1BpNJVxXIJaOMVB4ZAdB_gUKJQj_zHACgEftNQk1s6h98rU9EoaAkjSEALw_wcB). Accessed February 20, 2026.
9. Primary Care Accelerated Track (PCAT). University of South Carolina School of Medicine Greenville. (2026)  
[https://sc.edu/study/colleges\\_schools/medicine\\_greenville/medical\\_education/pcat/](https://sc.edu/study/colleges_schools/medicine_greenville/medical_education/pcat/). Accessed February 20, 2026.
10. Root Cause. University of South Carolina School of Medicine Greenville. (2026)  
[https://sc.edu/study/colleges\\_schools/medicine\\_greenville/life\\_on\\_campus/student\\_life\\_and\\_engagement/community\\_engagement/root\\_cause/](https://sc.edu/study/colleges_schools/medicine_greenville/life_on_campus/student_life_and_engagement/community_engagement/root_cause/). Accessed February 20, 2026.