Commons Health 2015

Accelerating Integrative Approaches to Health, Community and Well-being

In early September, citizens across the country from community organizations, local government, business, healthcare, public health, human services and education, gathered for Commons Health 2015. The conference focused on new ideas and new approaches to support integrative health and well-being and to address the connected issues of obesity and mental health.

This event has heart. Perhaps this is why Commons Health is so engaging because it draws attendees that care deeply, want to make a difference and believe in the possible! Keep it coming!
— JANICE T.

Commons Health is a collaboration of organizations working to advance the Next Health System. At its core is the recognition that if we are to support health, we need a new path forward that begins with whole persons in the context of place. We collaborate with interested partners to catalyze new thinking, new approaches, new models of health and a community of change.

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“Sense of Place”
Commons Health 2015 Attendee Survey
Climate change, the epidemic of obesity, widespread pharmaceutical contamination of our waterways, pesticide and toxin contaminated wombs, skyrocketing healthcare costs, and wide disparities in health inform us of the intimate connection between the health of our environment, the health our communities, and the health of individuals.

A systems model of health will necessitate a transition to a new health operating system that emphasizes relationships, collaborations, networks, teams, and transparency rather than mechanistic system traits of power, hierarchy and control.

Many of these daunting challenges are a function of a linear, mechanistic worldview upon which we’ve built many of our institutions, communities and businesses, imagining we could silo or disconnect human relationships and activities from our ecosystem. A systems worldview represents the path forward, and new models are rapidly emerging.

For example, the Institutes of Medicine acknowledges that systemic approaches that take full account of social, economic, ecological, and evolutionary factors and processes will be required to meet challenges to the U.S. food system in the 21st century. Similarly, the biomedical model is being supplanted by the more expansive integrative health, or whole person systems model of health, which better reflects current science.

We live in complexity and in intimate relationship with community and ecological systems. A key to health creation is to acknowledge this relationship and work to align and advance systems approaches at the individual, community and planetary levels. We must begin with the recognition that humans are whole systems of mind, body, and spirit, whose health and well-being and the ability to lead a satisfying life, are largely predicated on the interplay of social, environmental and economic systems.
Health creation is a function of understanding individuals holistically, is place-based and a shared community creation. Ultimately, communities are going to need to take responsibility; true reform will only become possible when action is taken close to home.

A systems model of health will necessitate a transition to a new health operating system that emphasizes relationships, collaborations, networks, teams, and transparency rather than mechanistic system traits of power, hierarchy and control.

A whole person or integrative model of health provides an important systems approach—a linchpin—which has the potential for health creation to become realized.

Key components for community health and well-being include community wealth building approaches such as housing land trusts, anchor institutions, local purchasing and cooperative businesses. They also involve an invigoration of local democracy and application of other commons-based approaches to the management of land, food, seed, air and other shared legacies. Across the globe, there is an emerging understanding that to create health, we must let people decide what health means to them, rather than rely strictly on biometric measures. A whole person or integrative model of health provides an important systems approach—a linchpin—which has the potential for health creation to become realized.

**THE NEXT HEALTH SYSTEM—THE WHOLE PERSON OR INTEGRATIVE MODEL OF HEALTH.**
Integrative Medicine and the Whole Person Approach to Health

Courtney Baechler, M.D., MS,
Chief Wellness Officer – Vice President Penny George Institute for Health and Healing, Allina Health

We have to change our thinking. For the first time ever, children in the United States are expected to live shorter lives than their parents. 70-90% of all visits to health care are related to stress manifestations, and 70% of our health-care costs are related to lifestyle causes. Health care represents 16% of our nation’s GDP, double the amount of other developed nations, yet we are ranked 37th in the world in health outcomes. The US accounts for about half of all pharmaceutical sales. We have unsustainable costs and unsustainable outcomes.

We need a new approach beyond the traditional disease focused model, to one that it is holistic. A holistic model is a whole person model, a mind-body-spirit approach which recognizes the interplay of exercise, nutrition, environment, stress, spirituality and sense of connectedness, on health. Moreover, a holistic model empowers patients and incorporates a philosophy of wellness at any stage of care.

Through the Penny George Institute for Health and Healing, a holistic is model is rapidly expanding across Allina Health, a thirteen-hospital sixty-clinic system serving Minnesota and Western Wisconsin. Inpatient and outpatient multidisciplinary clinical teams include integrative medicine physicians, functional nutritionists, Traditional Chinese Medicine experts, integrative health psychologists (offering biofeedback, hypnosis, and EMDR), health coaches, massage therapists, spiritual directors, holistic tobacco cessation programs and mindfulness training.

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There is also a strong research component with goals towards clinical relevance in triple aim metrics. The research is demonstrating decreased pain, anxiety, stress and length of stay with integrative therapies. Resiliency training is demonstrating 63-70% reduction in depression, 48% reduction in stress, 23% reduction in anxiety, and numerous improvements in quality of life including a 52% reduction in lost productivity.

Similar results are being observed with the use of acupuncture in emergency rooms, where there is an acceptance rate by patients of 86%. Therapies such as acupuncture and medical massage reduced self-reported pain levels by 47% and cut anxiety levels by 56% for cancer patients at Abbott Northwestern Hospital.

The workforce is now being redefined to:
- leverage the term “provider” rather than physician
- utilize a cross disciplinary approach
- include a transformative nurse training program
- include a fellowship with Northwestern School of Acupuncture
- include aromatherapy as mandatory training
- Include physician CME in integrative health

Allina Health is moving to align their whole person model with their community health efforts in a true integrative and integrated model.
Food, Nutrition and Mental Health
Carolyn Denton, MA, LN

Food and nutrition play an important role in our physical and mental health. Food provides essential nutrients, each with a specific job or function in the body, without which body metabolism would slow or stop. Nutrients support immune system function, nerve impulses, tissue repair and formation, and metabolism. Food becomes information, containing messages or directions to the systems of the body about function. This allows us to understand that the focus should be on foods to include rather than foods to exclude. Foods can play an important role on our mood.

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For example, the neurotransmitter serotonin creates a sense of well-being, and an imbalance is associated with pain sensitivity, negative thoughts, low self-esteem, sleep disorders, PTSD, SAD, depression and anxiety. Dopamine similarly influences our mood and an imbalance is associated with ADD and ADHD, difficulty concentrating, impulsivity and anxiety. Foods can play an important role in improving mood, through an understanding of which foods can support synthesis of these neurotransmitters.

We must recognize the inter-relationship between mental and physical self and a food-nutrition nexus.

Other factors affecting mood and mental health interact in a complex system. For example, inflammation is becoming recognized as an important underlying cause of mood disorders. The risk for the development of depression is associated with inflammation through factors including psychosocial stressors, poor diet, physical inactivity, obesity, smoking, altered gut permeability, dental caries, poor sleep and vitamin D deficiency. The microbiome, or total population of gut bacteria, also plays an important role in metabolizing hormones and steroids and strengthening the immune system. These bacteria actively affect energy, metabolism, mood and behavior. Certain foods can stimulate the growth and activity of one or a limited number of these bacteria in the intestines and affect host health. Stress also plays a role, resulting in a variety of impacts such as suppressed digestion and immune function, and stimulation of inflammatory mediators, resulting in energy loss and mood fluctuations. Here, techniques such as mindfulness and mindful eating can play an important role in supporting physical and mental health.

The pivotal element is that most of these factors are plastic and amenable to intervention, both therapeutic and preventive, with most of the power existing in prevention. Central to this approach is that we must recognize the inter-relationship between mental and physical self and a food-nutrition nexus.

Techniques such as mindfulness and mindful eating can play an important role in supporting physical and mental health.
The Genetic Code and Our Zip Code

Scott Shannon, M.D. ABIHM, Founder, Wholeness Center

Epigenetics includes both heritable changes in gene activity and expression but also stable, long-term alterations in the transcriptional potential of a cell that are not necessarily heritable. This tells us that rather than our genes being solely responsible for our destiny, factors such as exercise, nutrition, environmental toxins and emotional health can change gene expression and be passed on to future generations.

Brain regions contain genes that are affected by the presence of gut bacteria which can result in changed mental health status.

Maternal diet is linked to persistent epigenetic changes in infants (though the paternal diet may also be important) and linked to later behavioral issues. Diet related epigenetic changes are also associated with depression, anxiety, and suicide in a variety of studies. This is important because a significant percent of U.S. population is not meeting the daily required intake for specific nutrients. Brain regions contain genes that are affected by the presence of gut bacteria which can result in changed mental health status. This interplay helps us understand the relationship between diet and mental health, and the implications of antibiotic use on mental health.

Adverse Childhood Exposures (ACE’s) correlate in graded fashion with every negative outcome in affective, somatic, memory, substance abuse, aggression and sexual disorders. Abuse results in epigenetic changes linked to schizophrenia, mood disorders and suicide.

Beginning with exposure in the womb, all humans carry a body burden from exposure to industrial chemicals. Toxins such as mercury, bis-phenol A (BPA), and certain pesticides can create epimutations. In Central Minnesota, residents...
in potato growing areas are regularly exposed to pesticides. Toxins can alter estrogenic development and have effects lasting up to four generations. Research is demonstrating how certain toxins are causing epigenetic changes associated with ADHD, and changes in learning and behaviors. Our brains are neuroplastic, meaning that they have a means to change and adapt. Certain growth factors help increase the rate of cell birth, maturation and survival. Neurofeedback has demonstrated significant improvements in attention, hyperactivity or impulsivity as compared to controls. By combining these approaches with safe and healthy environments, coaching on exercise, cognitive skills, diet, supplementation (omega 3 essential fatty acids), and mindfulness we can shift to a new model of health.

The psychiatry and mental health care we want:
- Change oriented
- Empowering
- Individualized
- Ecological (system based and sustainable)
- Safe
- Effective

Psychiatry must embrace a model of health.
Psychiatry must accept epigenetics and neuroplasticity as foundational.
We must move to an ecological/systems oriented model that emphasizes the power of change.
We must advocate for the safety of our epigenome (environmental toxins, ACEs, etc.)
We need to respond to the unique details of person and place.

Lessons Learned: Community Health Needs Assessments and Catalyzing Health
Michelle Craig Ed.D.
Community Catalyst

Health outcomes derive from key health factors including clinical care (20%), health behaviors (30%), our physical environment (10%) and social and economic factors (40%).

KEY FACTORS IN HEALTH OUTCOMES

- Clinical Care: 20%
- Health Behaviors: 30%
- Physical Environment: 10%
- Social & Economic Factors: 40%

County Health Rankings Model, 2010, UWPH

What is clear is that community involvement can lead to more effective programs, especially as official statistics alone don’t tell the community’s story.

Until recently, hospital community benefit spending has focused on clinical care (subsidized, unreimbursed, charity) rather than the (80%) of health factors which determine health outcomes. The Affordable Care Act now requires hospitals to assess community health needs and adopt an Implementation Plan to address these factors. This community health needs assessment (CHNA) is required at least every three years and hospitals must develop an implementation strategy, describing how they will address “significant” community health needs. What is “significant” is determined by the hospital and may include programs or other resources necessary to maintain or improve health, financial and other barriers to care, and a look upstream at social, behavioral and economic factors that affect health.
Finally, the CHNA must prioritize the needs and develop strategies to address them (which become part of the Implementation Plan). The CHNA requires input from public health and community members and hospital board approval and serves as an important tool for advocates to weigh-in on health equity, access, and public health issues that impact the community.

In a 2014 national survey, hospitals reported that up to one quarter of potential local government partners are not yet involved. There are similar levels of non-participation of community organizations, such as the YMCA and faith-based organizations. This may be a lack of understanding about the CHNA process, that the CHNA is a relatively new process, or lack of understanding on how to reach out to those in community organizations.

It is important for the community members to identify a hospital contact managing the CHNA process, and build a shared understanding of the ultimate goals and the shared value of participation.

What is clear is that community involvement can lead to more effective programs especially as official statistics alone don’t tell the community’s story. In addition, an effective CHNA process has the potential to shift community mindset from merely being consumers of services to active agents for change in partnership with hospitals to build culturally appropriate programs and messaging. Finally, an effective process can support a win-win for the community and the hospital when community leaders can become ambassadors for the CHNA and its implementation. An effective CHNA is a vital component in the shift towards a community-driven health care model.

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Lessons Learned from a Group Wellness Model

Rachel Gilbertson, University of Minnesota-Duluth

The University of Minnesota - Duluth has shifted their wellness program to a well-being model, which focuses on the whole person: mind, body and spirit, and includes components such as health and vitality, financial wellness, and a welcoming and sustainable environment. In the context of organizational health and work-life harmony, it has also included a focus on purpose, hope and engagement. This has meant a corresponding shift away from a biomedical frame which focuses on physical health, health screenings, traditional risk factors, incentive programs and underlying organizational drivers such as employee cost containment.

A group approach was adopted, as it is powerful means to build a sense of connection and shared support. Initially, weekly group health coaching session had pre-assigned topics. The model has now shifted to allow the individuals within these groups to focus on areas of well-being that they are motivated to address. These meaningful conversations have served as informal needs assessments of what is needed to support health behaviors. Resiliency programming is offered and includes an 8-week program that focuses on mindful meditation for stress management.

The well-being model has gained campus wide resonance and has helped catalyze the development of a campus Wellness Collaborative which aims to cultivate connections for current and potential interdisciplinary opportunities for initiatives, education, and research that address the interconnection of physical, emotional, social, spiritual, intellectual and occupational wellness on health and wellbeing.

Yoga for Improving Health: Community Organizations, City-Wide Collaborations, and Community Health Centers

Greg Van Hyfte,
Co-Founder and Co-Director – Yoga Care

YogaCare is a Chicago program which brings yoga to the Englewood and Chicago Community Health Centers in South Chicago. Yoga is recognized for a variety of health benefits. Program participants are primarily African American and Hispanic, 43% of whom live in poverty, 58% are uninsured and are referred by their provider (20%), while other referrals come from fliers posted in clinics (50%) and word of mouth (30%). Top health conditions are high blood pressure, arthritis and high cholesterol.
Program participants have demonstrated statistically significant reductions in pain and stress levels, and for some, a reported decreased need for pharmaceutical use. Moreover, 80% of participants report adopting and using yoga techniques at home. The program has an initial effect on patients by reducing pain and stress. In the Theory of Change model, this translates into behavior change with increased adherence to classes and commitment to self-care, and furthermore, to health maintenance through compliance with taking care of one’s health, including healthcare visits. The program is building out evaluation planning to include these measures to show the link between yoga and health utilization and self-management.

YogaCare is granting scholarships to students of the classes to become teachers in their own communities to build the future workforce of community-led yoga services. This group model of customized yoga services allows for more a more cost-effective way to reach more patients and community members through a service that is not yet reimbursed through health insurance.

Pathways out of Poverty

Xavier Bell, Director of Community Engagement, Community Action Duluth

The “status quo” approach of engaging marginalized community interest will not result in achieving different outcomes. Strong community attachment is achieved when people engage in problem solving from beginning to the end. The status quo within the human service fields, the non-profit sectors and the health industry is to convene culturally specific focus groups and then move forward “solutions” without involving the people impacted in the process of change. Institutions tend to shy away from joint efforts to address structural issues of race within communities of color specifically despite the data and rational to engage and empower people to solve their own concerns. This is structural race advantage within the institutions. “Race” is a man-made social construct designed to keep people separated and marginalized.

To build strong “social capital” connections people must be engaged in a much deeper way by building bonding capital. The work must center on the need to build cultural cohesion to address internalized oppression and the feeling of powerlessness through civic education, shared cultural experiences, and by building bridges with institutions of power, to ensure that authentic and inclusive efforts to collaborate move forward.

The activities related to civic engagement activities must be determined by the communities involved. Organizations must engage leaders, allies and program participants in a way that affirms the need to fashion a “place” to build social assets broadly on their terms. People should be able to embrace the reality that the efforts moving forward on behalf a community partner organization are about them and be empowered to develop a safe space to enhance their sense of belonging. These types of efforts will instill the confidence within marginalized community to speak up on their own behalf because they see themselves as equal community partners in an effort to make community better.
Community Listening Sessions:
Health and the Co-creation of a Community Equity Agenda

Liz Olson, Duluth Organizing and Policy Manager, Take Action Minnesota

Vision Duluth utilizes a collaborative model which includes many organizations representing the diverse people of the community. The approach is grounded in the belief that community members must be engaged in defining their interests and in manifesting what they believe is possible for their community and direct how they can make it happen. To get a sense of particular needs and interests, organizers reached 8,000 individuals (about 10% of the Duluth population) through emails, on-line surveys, door knocking, community conversations, meetings and social media. Facilitated conversations included people of color, people living in poverty, individuals leaving incarceration, teachers, and labor leaders, representing a diversity of neighborhoods.

The Vision Duluth Community Equity Agenda

- Jobs with livable wages and benefits and transportation to these jobs
- Housing that is affordable and accessible for all
- Resources w/ consideration of needs spread equitably across the City
- Safe and free recreation activities for youth
- Protected Urban green spaces
- Elected officials who work on behalf of all people

The effort recognized that the organizations and individuals must work together with elected officials and those impacted by decisions, on policy solutions. Vision Duluth provides both a powerful community engagement model and vision tightly connected to community health needs.

As part of our collective journey in healing, the nation needs to acknowledge a deeper problem, the legacy of belief in a hierarchy of human value that is woven into the fabric of our society.

“Health and Community”

Gail C. Christopher, DN, Vice President for Policy and Senior Advisor - W.K. Kellogg Foundation

Through story-telling and personal experience, Dr. Christopher touched hearts and helped us understand that as part of our collective journey in healing, the nation needs to acknowledge a deeper problem, the legacy of belief in a hierarchy of human value that is woven into the fabric of our society from its beginnings and continues to play out today. We need all sectors to work together and address this legacy, which will cloud the future if it is not healed. It’s up to all of us to work together to produce the change that our nation’s future requires.
The national Community Land Trust (CLT) model is about forty years old. A CLT is a nonprofit, community-based organization that works to provide perpetually affordable home ownership opportunities. It works by acquiring land and removing it from the speculative, for-profit, real estate market. CLT’s hold the land they own, anchoring it “in trust” forever for the benefit of the community by ensuring that it will always remain affordable for homebuyers. When a CLT household decides to sell a CLT home, they pass the home it on to another household with a limited income, while retaining any equity investments in the house.

A household’s ability to make a mortgage payment is tied to physical, mental and spiritual health and studies have shown that stable, affordable housing leads to better health.

The CLT success is tied to the success of the homeowner, noting that success means much more than a closing and mortgage payments. A household’s ability to make a mortgage payment is tied to physical, mental and spiritual health and studies have shown that stable, affordable housing leads to better health.

In the recent recession, CLCLT homeowners were approximately 50% less likely to fall into foreclosure than other property owners in Minneapolis. Foreclosures have been tied to hypertension, heart disease, anxiety and depression. Women experiencing housing instability are less likely to use social services for custody reasons.

A 2012 CLCLT homeowner survey showed CLCLT household incomes grew by 18% (or $5,800) after an average of only 2.8 years and CLCLT homeowners felt that their children experienced an enhanced sense of stability (64%), increased involvement in extra-curricular activities (47%), and improved academics (28%).

Low-income households that spend more than 50% of their income on housing costs spend less on food and health care; these findings are worse in rural areas. With fewer housing costs, families have proven to make more investments in food and health care. Studies also show that 40% of asthma cases for children are attributable to residential conditions. Low-income households are at greatest risk, as they typically have to live in the most substandard housing due to housing costs. CLT homes in MN are all compliant in one or more green standards or criteria.

Affordable and sustained CLT homeownership creates stability in housing and fosters health and well-being through healthy homes, improved academics, sense of stability, and financial security. An investment in affordable housing is an investment in health.
Community Supported Agriculture and Health Plan Partnerships: A National Model for Community Health and Well-Being

Erika Jones, Executive Director - FairShare CSA Coalition

Community Supported Agriculture (CSA) refers to a group of individuals who have pledged to support one or more local farms, sharing the risks and benefits of food production with the producer. CSA members (subscribers) pay at the onset of the growing season for a share of the anticipated harvest; once harvesting begins, they receive “shares”, typically weekly, of produce.

By 2014, more than 50 farms were involved, providing over 9200 shares to the regional community and millions of dollars in direct economic benefit. Moreover, all Fairshare CSA farms abide by an organic policy. With health plan participation, the CSA rebate model is easily replicable.

CSA farms are a key component of individual well-being and community health creation by supporting social, economic and ecological health benefits.

Fairshare is a Madison, Wisconsin area organization which began representing a group of CSA farms in 1992. Since 2005, growth has been exponential, driven in large part by the engagement of three health plans providing CSA Rebates ($100 for one person households; or $200 for couples and families) much like they provide a rebate for gym memberships. An additional health plan allows CSA members to receive points in their “Healthy Living Plan”. Studies demonstrate that CSA membership increases the variety and quantity of vegetables consumed by members.

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Awakening, Humanness and Alzheimer’s – How Integrative Approaches Can Improve Quality of Life and Decrease Cost

Maria Reyes, R.N.
Awakenings Project Director - Ecumen

The goals of the Awakenings program include improvement of quality of life, reduction in the use of unnecessary medications and the improvement in quality of care by facilitating a culture change. The program began as a three-year pilot project and involves the replacing of psychoactive drugs with exercise, aromatherapy, and one-on-one attention and the collaboration of the person, care professionals, physicians, pharmacists and loved ones.

Changes in meaningful activity and social relationship were assessed, which helped illustrate that at the core of the program is culture change, so that drugs are used as a last resort, instead of the first line approach.

For example, instead of rushing residents through meals, they were allowed to finish on their own time. Signage on doors helps all staff understand favorite colors or activities that would soothe residents, and drugs were replaced with one-on-one attention.

By changing the culture to consider residents as whole persons, rather than identifying them as their diseases, the program has “awakened” residents to their families, while saving approximately $6000/year/ca in psychotropic and other drug use and resulted in an average of only 12% of patients using psychotropic drug use versus an average of 20% nationally.

A Naturally Healthy Beverage Policy National Model: Sugar-free, Artificial-free

Natasha Ward, RDN, CD - Baldwin Medical Center

In 2013, Baldwin Area Medical Center recognized that it had to address the abundance of unhealthy foods provided in their vending machines. Sugar sweetened beverages and candies with high sugar intake are linked to metabolic syndrome and preliminary studies also link artificially sweetened beverages to obesity. With support from leadership and the Wellness Committee, a new policy was adopted and communicated to employees. The policy included a sales phase-out of sugary beverages and artificially sweetened sodas. The initiative has received more positive comments than negative such as “This broke my pop addiction! It’s not here, so I don’t buy it.” “I can’t thank you enough for changing the vending machines. I am trying to lose weight, and I’m no longer tempted every day.” In addition, it received considerable media attention and helped accelerate their wellness culture. Work environments make a big difference in behaviors, as we spend more than one third of our time at work. In addition, it sends patients the message, “What we permit, we promote.” In Baldwin’s new facility, they will own all vending, have bottle filling stations throughout, focus on fresh and local foods in the cafeteria, sell healthy foods sold at cost, sell less healthy foods at a higher markup, and will work to support community business efforts to replicate their healthy food and beverage policies.
Community Perspectives on Employee and Community Health and Well-Being

Adam Reese, President – Essentia Health Central Region; Dan Russell, Executive Director – Duluth Entertainment and Convention Center; Sue Ross, Executive Vice-President Human Resources – Maurices

Dan Russell (DECC), Sue Ross (Maurices) and Adam Reese (Essentia Health) joined Commons Health founder Jamie Harvie in a conversation on employee and community health and well-being. Topics ranged from the role of green buildings as a health issue, community wide breast feeding promotion, employment disparities, healthy beverage policies and expanded coverage by health plans for licensed integrative health disciplines.

Maurices, a North America wide fashion retailer is excited about their new headquarters, a green building, which the company anticipates will continue to foster good teamwork and deepen their focus on wellness. Maurices has already made a commitment to incorporate wellness in their leadership program. They offer a 2-day mindfulness training and daily 30 minute mindfulness sessions as a way to foster leaders instead of “teaching them how to delegate.”

The DECC is a green building pioneer and has made a commitment to create a healthy work environment and encourage diversity. They’ve removed soda machines, received environmental awards and encourage health and well-being through activities such as personal training opportunities, gym participation, and yoga.

Employee well-being is inclusive of nutrition, exercise, purpose, social connectivity, and environment.

Essentia Health (Brainerd) has implemented the Spirit of Caring as a way to engage employees. They are also committed to improving the health of the community through programs such as Healthy Choices, which develops sustainable strategies and encourages healthy choices.

Several key points were raised as a foundation for further discussion. These included the refrain that “we (healthcare) must listen to the needs of the community”, that we must shift focus to root causes and away from costly pharmaceuticals and explore expanded health plan coverage for integrative disciplines and that, employee well-being is inclusive of nutrition, exercise, purpose, social connectivity, and environment.
Touchstone’s Community Health and Wellness Center: Bringing Functional Medicine and Integrative Medicine to the Underserved

Lori Knutson RN, BSN, HNB-BC, Laura Sandquist, DNP, R.N., - Touchstone Mental Health

The whole body is a system and you cannot separate physical and mental health.

Mental health is an integral part of health; indeed, mental health is health determined by socio-economic, biological and environmental factors. One in four Minnesotans will experience mental illness in their lifetime. Touchstone Mental Health provides housing, home and community based services, care coordination, targeted case management, intensive community rehabilitation services, residential treatment, and a community health and wellness center.

The Touchstone integrated model has had to overcome a host of challenges, including complexity of payers, community readiness and more, even though integrated models have been shown to decrease homelessness, mental health related hospitalization visits, and detox with savings of up to $15,000/yr/ca. Beyond this fiscal benefit is an equally important health creation metric, or social return on investment (SROI), which includes a variety of principles including but not limited to stakeholder involvement, an understanding of what changes for stakeholders, valuing what matters.

A new model emerges, shifting from one of treating and surviving, to one of vitality, hope and thriving. It is based on understanding root cause versus treating symptoms and disease. This requires an understanding that the whole body is a system and you cannot separate physical and mental health. This has ushered in a provider and payer shift from a siloed protocol of managing and suppressing symptoms, to wellness and health promotion using collaborative, integrative teams. Teams included nurse practitioners, registered dieticians, fitness specialists and acupuncturists. Relationships drive results in who you are, in what you do. Successful relationships involve deep listening, partnerships and collaboration, authenticity, safe-space and non-judgment.

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Mental Health is a public health issue, and mental illness can exist within a continuum of optimal or poor mental health. The Community Integration Group (CIG) is a project of the community organization CHUM and the Duluth Police Department (DPD). CIG was created as a community wide response to improve the quality of life for a group of chronically homeless people with mental illness, addictions and living outside (the “frequent users”). Goals included the reduction in the number of police contacts and coordination of services and interventions that result in stable housing. CIG includes many organizational members including city and county attorneys, hospitals, corrections, human services and more.

CIG has monthly team (interagency) meetings to review lists of high contact individuals create community response (outreach, treatment referral, etc.). There is also a weekly “group” for support and positive activities, access to mental health professionals, access to health care and a recently established special CIG court.

In one month, the services for 25 frequent users of hospitals, detox, police, ambulance, jail and fire department amounted to $225,751.
This is less than the cost of annual rent for 25 studio apartments and a full time social worker.

In the last five years, 125 people have made the successful transition off the high contact list (more than four contacts with police in one month). In one month, the services for 25 frequent users of hospitals, detox, police, ambulance, jail and fire department amounted to $225,751. This is less than the cost of annual rent for 25 studio apartments and a full time social worker. Data collection has been helpful at illustrating that we all pay for homelessness and that an integrated community-driven approach has shared social and economic benefits. While challenges remain, working in silos is not working, is less humane, and costs too much.
As we believe in the richness of experience, depth of wisdom and powerful ideas within presenters and participants alike, we work to include both deep discussion and presentation in our conference agenda. Breakout discussion groups were tasked with identifying ideas that excited them or allowed them to think differently. And they worked to identify catalytic strategies and ideas that they might bring back to their communities. The following is a distillation of their conversations post-conference, including key comments, questions and observations grouped into overarching themes. As we acknowledged during the event, the ideal process would have included time for participants to be involved in the distillation and prioritization of discussion items.

Place-Based Health Creation: We can do it!

Two connected concepts woven through discussions were “the possible” and “community-driven”. As one group shared, “We can do it; the pieces are here; they just need to be connected”.

“Health requires a shift from transactions to relationships.”

Many comments, such as “Health requires a shift from transactions to relationships” and “Community organizations have to learn about and engage in their CHNA process”, reflected the potential of the Community Health Needs Assessment (CHNA) process to catalyze a new shared community stewarded health model. Similar comments reinforced this deeper realization that hospitals don’t create health, and that, “Business, government and community organizations have to become part of the process and involved in the solution.”

Integrative Health Care and Integrative Health Coverage

Another strong theme was the call for integrative health within health systems and health plan coverage. The example of Allina embracing integrative health and medicine and using acupuncture in the emergency room seemed to be very potent. This acknowledgment was reflected in comments such as, “Healing touch, acupuncture and other hands-on modalities seem central to the power of connection and healing” and “It was exciting to learn about the examples of multidisciplinary teams of clinicians” and “How can we better integrate holistic disciplines into the healthcare system?” Many groups realized that our current model needs change, perhaps best summarized by, “Why do the
Another group shared, “We need new skills to better engage stakeholders and to use the resources and wisdom in our communities.” It was clear that the ideas and examples of those “doing the work” in community helped demonstrate how change can and does happen and that it is possible to engage the community members in conversations about what matters to them.

**Systems Change and Community Engagement**

Across the board was a profound sense that many systems and institutions are failing people and their communities. Comments such as “We must change the systems surrounding individuals” and “Systems have failed many people” were reflected throughout all groups. There was also a strong sense of optimism and engagement in solutions for moving forward, which reflected the need for local solutions and the need to listen to the community, such as, “People know best. Listen to them” and “Users need to be part of the solution.”

As one group shared, “I liked the example of the organization that worked on community engagement and listening sessions. Imagine if our hospitals systems could do the same thing. Why reinvent the wheel? That would be transformational.”

Another group shared, “We need new skills to better engage stakeholders and to use the resources and wisdom in our communities.” It was clear that the ideas and examples of those “doing the work” in community helped demonstrate how change can and does happen and that it is possible to engage the community members in conversations about what matters to them.

**Ending Institutionalized Inequality and Generational Poverty**

The roles of social, environmental and economic determinants in generational poverty were understood within the context of institutionalized inequality. Comments that summarized this awareness included, “It was “eye opening to learn about epigenetics” and “….how poor nutrition, social isolation, adverse childhood exposures, powerlessness, toxic exposures all impact health and can be passed on to future generations.” The science on epigenetics seemed to provide many attendees with new tools and optimism as it helped them see how to intervene to end the cycle and that, “it is not simply about ‘choices’” and that our systems and institutions have a “deeply embedded mindset from which we need to change and heal.” “We can and we have to invest in, and build new systems for healthy food, safe and healthy homes, economic opportunities, empowerment and stress reduction so that we can end this cycle and we must begin with the children.”

**Skills for the New Health Operating System**

Across groups was a desire to connect and collaborate with local business, local government and community organizations on shared strategies for community health and well-being. All breakout groups used the words “teams”, “collaborations” and “relationships” and appreciated the importance of this operating style. Consider these comments: “Collaboration over com-
There were three threads connecting the emergence of a new health system. The first reflected a powerful shift in awareness of a community, rather than medical system of health and how the CSA, Community Land Trust and other examples “brought to life” the understanding of how these new community-designed models were creating systems of health around individuals, within their communities. As one group stated, “My thinking shifted about affordable housing, so that I now see it as an essential part of a new community health system.”

Another thread delineated a sense of the obvious and impatience for these community ownership models to be

Whole Health and Well-Being

All groups underscored the importance of thinking about whole persons and well-being. “The idea that we are whole persons—mind, body and spirit—is simply logical,” was one comment that was reflected in different ways. Repeatedly, groups used the words “holistic”, “mind, body, spirit” “well-being” “empowerment” “relationships” and “purpose”. The integrative or well-being model seemed to offer a sense of liberation, opportunity and optimism. As one group remarked, “If we are going to truly shift to a culture of health, we are going to have to address root causes and transition to an integrative model, rather than treating and thinking of people as diseases.” While another groups shared, “Health is about how we feel and how we can affect change, not diseases!”

Others seemed to appreciate how a well-being model could help connect individual health to broader social determinants and connect economics to community health and well-being. “A well-being model helps business, healthcare and community see the win, win, win.”
widely supported and fully valued for the multiple benefits they provide to health and well-being. Comments included: “If health plans can support CSA rebates in Wisconsin, change what people eat and radically transform the local, sustainable food system, why can’t they do so in MN, or anywhere? Isn’t this the systems change we need?” Or “What if hospitals partnered with businesses and community on sugary-beverage reductions?”, and “We need to expand and build on these models and create a new health narrative.” As another group astutely shared, “We learn from doing and there are so many things we can do together.”

The final thread emphasized the importance of highlighting all health benefits—social, environmental and financial. In many groups the CHUM-Police Department example was cited as an example of how we all pay for the homeless, but by working together we can actually save substantial money and be compassionate. Similarly, the CSA example was helpful in demonstrating multiple community health benefits, beyond primary economic driving factors.

The Gut Brain Connection and a Systems Model of Mental Health

Across conversations there was a clear sense of the interrelationship between mental, physical and spiritual health and a profound appreciation for how mental and physical health are both connected through food and the gut. The science of neuroplasticity and epigenetics helped provide a strong sense of optimism around a preventative and supportive systems model of mental health, which embodies health itself.

Also commonly expressed was a clear drive to create a network of change and a “shift from pills to people”, in which every interaction with a person can have a positive influence on health. As one group commented, “The Alzheimer’s example showed how we can reduce medications, and save significant amounts of money through simple culture change.” Some groups were already imagining next steps, proposing a reversed assisted living model which starts with the most intensive care and support, through services to more autonomy. Others, readily identified with the Touchstone example, highlighting how, “supportive housing is needed, integrated in community, not segregated and isolated with care coordination – more services, partnerships”, while others remarked on the need to “begin in schools and with housing and healthy environments for the children.”

The conversation confirmed what many are experiencing in their communities, that it is important to reassess the numbers and that to shift, “we are going to have to be more upstream and change environments”, with an investment in education and awareness building regarding mental health and mental illness. As one group summarized:

“We need an integrative and integrated approach to mental health. We are all part of the solution.”
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Resources

Academy of Integrative Health and Medicine. AIHM unites the many voices in integrative health to build bridges between professions and offer credible education and training to healthcare providers. www.aihm.org

Commons Health. A collaborative network working to advance place-based health creation models and the Next Health System. www.commonshealth.org

Community Catalyst. Works to organize and sustain a powerful consumer voice to ensure that all individuals and communities can influence the local, state and national decisions that affect their health. www.communitycatalyst.org/


Democracy Collaborative. Engages with communities and institutions to connect them with innovative strategies, models and training to build community wealth in their neighborhoods. www.democracycollaborative.org

The Food Commons. A new economic paradigm and whole system approach for regional food. www.thefoodcommons.org

Institute for a Sustainable Future. Through art and science works at the intersection of health, environment, sustainable food systems, and collaborative leadership. www.isfusa.org

Integrative Medicine for the Underserved. A collaborative, multidisciplinary group of people committed to affordable, accessible integrative health care for all. www.im4us.org

The Efficacy and Cost-Effectiveness of Integrative Medicine (pdf) www.bravewell.org/integrative_medicine/efficacy_cost/


Powerpoints and conference materials are available at the conference website www.accountablecommunities.org

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To get involved or learn more about Commons Health and the Institute for a Sustainable Future Next Health System Project visit the Commons Health website at www.commonshealth.org. For Commons Health conference downloads visit www.accountablecommunities.org.

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