

The Road Less Traveled: Integrative Medicine and U.S. Health

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The United States is among the wealthiest nations in the world, but it is far from the healthiest. In fact, according to the groundbreaking report *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, the United States has a distinct health disadvantage. For many years, **Americans have been dying at younger ages than people in almost all other high-income countries** (National Research Council and IOM 2013). The study authors point to the health system, health behaviors, social and economic conditions, and physical environments as factors contributing to our nation's health disadvantage. No single factor can fully explain our conundrum of highest health care expenditures and such poor outcomes. It is clearly time to re-evaluate and look for innovation and systemic changes in mindsets and health care practice, as well as in the social environment of our country. A deeper understanding and integration of the principles and practices of complementary and alternative health care systems offers some significant opportunities for change.

The National Center for Complementary and Alternative Medicine (NCCAM) defines complementary and alternative medicine (CAM) as diverse medical and health care systems, practices, and products that are not generally considered to be part of today's conventional (allopathic) medical practice. CAM includes natural products, such as functional foods, herbs, and dietary supplements, and body and mind practices, such as yoga, meditation, acupuncture, chiropractic, naprapathic, massage, and other forms of manual medicine. Integrative health care, a collaborative and integral part of the health care system, combines conventional or allopathic medicine and complementary approaches, ideally in a coordinated way to create optimal environments and opportunities for healing (NCCAM 2013). It includes shared management of the patient, shared practice guidelines, and common values and goals to address health needs of the whole person (Khorsan et al. 2010).

While the use of CAM and its modalities in mainstream

health care delivery systems can be described as "the road less traveled," it is a road traveled nonetheless. David Eisenberg and colleagues (1993) authored a landmark study involving a survey that revealed that over one-third of Americans regularly used CAM practices and paid out-of-pocket for them. This survey estimated that the number of visits to CAM practitioners exceeded the number of visits to all primary care physicians. In the decades that followed, the Office of Alternative Medicine at the National Institutes of Health was created and evolved into NCCAM with a budget of \$125 million per year. Related research and practice has grown exponentially through research centers and institutional networks across the country.

A large aging population coupled with expanding income and economic inequality now predispose this nation to increased burdens of chronic disease. Effective management of chronic diseases requires high levels of personal agency and self-care along with adherence to medical treatment recom-

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mendations. Today much is known about how environmental factors, social factors, nutrition, stress, access to quality and affordable health care, adversity, and exercise, along with individual skills for prevention and personal health management, can and do influence disease susceptibility, disease progression, and subsequent individual and societal health care costs. The best of what is known about the power, efficacy, and consequences of both allopathic medical treatments and CAM should be made available to all, preferably in an integrated way.

AN ILLUSTRATION OF INTEGRATED CARE

Mildred is 88 years old. Like a rapidly increasing number of aging Americans, she has experienced progressive dementia.

Mildred lived in an assisted living facility until recently. Her 64-year-old daughter and son-in-law, now retired, decided to relocate to Florida and take her out of the facility and provide in-home care. When informed about her medications, they were told that she was taking 10 different medications, five of which were laxatives. The couple, aware of CAM's utility, began immediately to seek out professional help to improve her nutritional status; normalize her digestive and eliminative functions; support her cognitive capabilities; and improve her fitness levels, muscle tone, and subsequent cardiovascular health and circulation.

Within a matter of weeks, they saw dramatic improvements. Mildred gained back weight she had lost within the previous six months. She was fed and ate vegetables, whole grains, fresh fruits, figs, and lean protein each day. She was also given daily doses of probiotics. All laxatives were stopped, and she regained normal elimination capabilities. Her new medical doctor, after reading a recent journal review article that evaluated the benefit of antihypertensive medications in people aged 85 and older, thought her medications might be causing unwarranted side effects and suggested reducing the number she took. The nutritional health consultant, in addition to dietary recommendations, shared research with Mildred's daughter and son-in-law about the role of omega 3 oils in brain health and dementia, along with articles on the relationship between blood sugar regulation and brain function. Mildred's intake of food was then designed to help her avoid blood sugar spikes and low blood sugar episodes. She is kept well hydrated and physically active. Mildred began to re-recognize and verbally interact with her daughter and son-in-law within a month; she was unable to do either when she first joined them.

This story is an example of integrated medical/health care, albeit late in Mildred's disease trajectory and life course, and not in a health care institution or clinic. It illustrates the promise and challenge of moving our nation toward integrative models of care that include CAM approaches.

MOVING FORWARD

Many celebrated the U.S. Supreme Court's decision to uphold the Affordable Care Act (ACA), and leaders in health philanthropy are funding creative efforts to optimize its implementation within states. The ACA's less publicized emphasis on prevention and health promotion include opportunities to do more to foster the use of integrative health care.

President Obama gave us a sobering reminder in his 2013 State of the Union Address when he said, "Rising health care costs are THE biggest driver of the federal deficit." Those costs are largely related to the management of preventable yet chronic lifestyle conditions such as diabetes, obesity, and hypertension. Even our comparative success in screening, early detection, and treatment of many forms of cancer and of HIV/AIDS has turned these diagnoses into chronic conditions that must be well managed over the patient and families'

lifetimes. It is in this context in which the benefits of integrative medicine and CAM are important considerations for today's diagnostically-focused, high-tech, crisis-driven, and pharmaceutically-based medical system.

CAM systems and modalities often work to empower individuals to play a sustained proactive and informed role in managing their own stress levels, nutritional health, immune capabilities, movement and fitness levels, and social relationships important to overall well-being and disease prevention. When integrated with conventional medicine, this is often described as "whole patient" care. No matter the modality or care system, definition, or place of access, health care practitioners and policymakers have increasingly recognized that patients are using integrative health care to improve their wellness and to help manage their conditions.

Grantmakers in health and health care face a unique opportunity as the ACA is implemented and the demand for an expanding health care workforce is realized in the context of greater demands for outcome accountability, innovation, and efficiencies. An emerging research and practice infrastructure for integrative medicine and CAM has been supported by both public and philanthropic dollars for the last 20 years. It would be prudent for more health grantmakers to connect to these networks, expand them locally, and leverage their potential as partners in changing our nation's pattern of "poorer health and shorter lives."

SOURCES

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