Integrative Medicine for the Underserved: A Seat at the Table

By Kristen E. Porter, PhD, MS, MAc, LAc and Elizabeth Sommers, PhD, MPH, LAc

Numerous organizations have risen to the challenge of providing care to medically-underserved populations and here we feature one such group. Integrative Medicine for the Underserved (IM4US) is an organization without walls that has members throughout the U.S. IM4US began in 2009 as an interest group at the Society of Teachers of Family Medicine Spring Conference and has since grown to be an inclusive and diverse organization of faculty and community care providers and administrators, including MD’s, DO’s, naturopaths, acupuncturists, nurses, dieticians, and others who are passionate about the mission. As IM4US states: "This is medicine that needs to come out of the boutique and spread to the streets."

The group describes itself as "...a collaborative, multidisciplinary group of people committed to affordable, accessible integrative health care for all. Through outreach, education, research, and advocacy, we support those dedicated to promoting health in underserved populations. Together we work to shift the current paradigm towards wellness, prevention, patient empowerment, and self-care.” The group’s philosophy is:

- We believe health care is a right.
- We believe optimal health care focuses on wellness as much as on treating disease.
- We believe optimal health care addresses mind, body, and spirit.
- We believe that the social determinants of health must be addressed.
- We believe in the power of integrating diverse health care modalities and disciplines.
- We believe underserved patients and those providing their care need unique kinds of support.
- We believe collaboration and sharing improves patient outcomes and inspires providers to remain whole-heartedly engaged in this work.

Their website includes an e-toolkit for teachers and healthcare providers and covers topics like nutrition, mind-body approaches, nutriceuticals and herbs, environmental medicine, Ayurvedic medicine, energy approaches such as Reiki and Jin Shin Jyutsu, homeopathy, osteopathy, and Traditional Chinese Medicine. Acupuncturists and allies occupy a number of leadership roles within the organization. We interviewed three of these board members. Benjamin Zappin, LAc, is a practitioner of Chinese and Western herbal medicine. Maria Chao, DrPH, MPA, is a public health researcher whose work focuses on leveraging integrative
medicine to improve quality of life and to advance health equity among underserved populations. She is Assistant Professor of Medicine at the University of California and the Division of General Internal Medicine at San Francisco General Hospital. Jeffrey Geller MD, practices Family Medicine and is the Director of Integrative Medical and the Medical Group Visit Program for the Greater Lawrence Family Health Center in Massachusetts. As a health educator, he created the HIP (Holistic, Integrative, Pluralistic) Fellowship.

Each offered a critical perspective on the organization and its role in promoting acupuncture and Traditional Chinese Medicine.

AT: How did you become involved in the organization?

Zappin: I had been approached to submit proposals for their conferences for a couple of years. When I attended, it was quite a homecoming feeling. The attendees included an assemblage of health care practitioners I had crossed paths with over the past 20 years, along with so many new, open individuals who were enthusiastic about building relationships with the dual objectives of cultivating themselves as better practitioners and increasing access to natural medicine for underserved populations. Soon after the conference some friends/colleagues suggested that I may be a good fit for the Board which was aiming to diversify its profile from an exclusively MD organized board.

Chao: For the first decade of my career, I had colleagues in public health and colleagues in integrative medicine, but I interacted with very few others who were focused on the intersection of these fields. When I attended the first conference of IM4US in 2011, being in the same room with more than 100 people who shared a similar vision gave me a sense of being part of a professional community for one of the first times in my career. This idea of a professional community really can’t be understated, especially for a relatively nascent field. IM4US provides tangible resources for practitioners providing care for the underserved and a forum for us to learn and grow from each other. In addition, having this type of network creates rich opportunities for us to learn across disciplines.

Geller: I was delighted to meet many of the original IM4US organizers and members through a fellowship in integrative medicine for the underserved that we’ve offered at the greater Lawrence family health center in Massachusetts since 2005. I was consulted to help with the formation of another such fellowship in Santa Rosa, Calif. (Ironically alternative medicine such as hypnosis, acupuncture, osteopathy, herbal medicine and other relatively inexpensive and effective therapies are not affordable since payments need to be made out
of pocket.) IM4US filled a need for me as I was very isolated and unaware of all the others doing good work in their communities. I now feel I am not just part of an organization, but of a community with an openness and understanding of the complexities/politics involved in simply delivering good healthcare.

**AT:** How do you see acupuncture interfacing with the work of IM4US?

**Zappin:** I hope that Licensed Acupuncturists in the United States and other health care practitioners who offer related modalities in their practices can participate in the conferences and online offerings both as contributors and attendees. One of my hopes is that through the advocacy that this organization provides, Federally Qualified Healthcare Centers (FQHC’s) and not for profit healthcare outlets may increasingly see the value of employing acupuncturists and herbalists to provide care in their organizations. A potent area of conversation that IM4US has consistently kept alive is the modelling of collaborative care environments and exploring ways of propagating more of what are determined to be successful strategies of providing affordable and accessible healthcare.

**Chao:** IM4US was founded by a group of family medicine doctors dedicated to diversity on multiple levels. The mission of the organization is steeped in commitments to reaching and serving diverse patient populations, as well as to recognizing and celebrating the diverse range of health practices available to improve health of underserved populations. Acupuncture is one part of this tapestry. In previous conferences, acupuncture services offered at FQHCs have been showcased in plenary talks and acupuncture treatments have been offered as part of hands on experiential sessions. In addition, acupuncturists are in leadership positions in the organization.

**Geller:** IM4Us has the goals of bringing acupuncture and other alternative healing practices to the underserved. This may include getting acupuncture covered by insurance in a reasonable (living wage) way. This would open up more markets for acupuncturists and allow for collaboration between allopathic and other groups. I also see a better collaboration between disciplines of healing as we all learn more about one another and our different viewpoints.

**AT:** What is your vision for acupuncture in a public health context in the U.S.?

**Zappin:** I see an increasing number of opportunities for L.Ac’s to find employment providing more service to a greater number of people. While my primary devotion to our craft has been as an herbalist, I think that the intersection of the profound results acupuncture can provide with how non-resource intensive it is makes
it an extremely unique modality for alleviation of suffering to large numbers of people. I see many hospitals and non-profits increasingly offering acupuncture to their patients. I also have numerous colleagues who devote a lot of their time, if not their lives, to serving with acupuncture and related modalities without any expectation of remuneration.

**Chao:** Speaking from a personal perspective and not necessarily for IM4US, I see acupuncture as having tremendous widespread potential to fill critical public health needs in the U.S. Low hanging fruit that seem like ripe opportunities for acupuncture include helping to address the opioid epidemic by broadening options available for pain management, particularly among underserved populations; manage chronic conditions like cancer and diabetes that disproportionately burden low-income and racial/ethnic minorities; and meet the shortage of primary care providers. Those are three examples of acupuncturists working within the public health system. But I also think there are important untapped public health opportunities for acupuncturists outside conventional health systems. For instance, a study conducted by colleagues at San Francisco State University and the University of California – San Francisco found that incorporating acupuncturists as part of community based public health promotion was a promising approach to improve colorectal cancer screenings among Chinese Americans.

**Geller:** I see acupuncture as an effective therapy that will find its place in all communities of healing. We already see acupuncture used more in hospital settings, community health centers, palliative care programs and this is just a start. With recent changes to the Joint Commission language about using non-pharmacologic therapies as first line treatment for pain, acupuncture is poised to become a part of the medical community as a first line intervention.

We’re grateful to each of the interviewees for their time and thoughtful reflections on our profession.

This year’s IM4US conference will be held in Boston at Tufts University School of Medicine in August. For more information, visit [http://im4us.org/2015+Conference+Location](http://im4us.org/2015+Conference+Location).

Click [here](http://im4us.org/2015+Conference+Location) for more information about Kristen E. Porter, PhD, MS, MAc, LAc.

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