

# Integrative Medicine in Community Health Centers (CHCs) for Chronic Disease Prevention and Management

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## Abstract

Child abuse is a critical public health issue that can cause significant harm to the child's physical and emotional well-being. Early detection of maltreatment can be challenging. A missed diagnosis of abuse could result in continued abuse and severe negative outcomes for the child. To ensure the optimal evaluation of suspected child abuse cases, a multidisciplinary team approach is necessary. Pediatricians lead the assessment, relying on radiologists to analyze the images of the suspected cases. Therefore, radiologists play a crucial role in detecting evidence of non-accidental injuries (NAI) and differentiating these findings from other causes. Fractures are the second most common NAI after cutaneous lesions such as bruises. Classic metaphyseal lesions (CMLs) and rib fractures are types of injuries that may indicate physical abuse in young children. Skeletal surveys are the standard screening tool for detecting CMLs, while ultrasound provides better visualization of the knee metaphysis. Chest X-rays are the primary modality for rib assessment, while CT scans are more effective in detecting rib fractures and costochondral junction fractures. An interdisciplinary team utilizing vigilant and systematic imaging techniques and evaluation is essential in identifying child abuse and protecting vulnerable children.

**Keywords:** community health centers; alternative medicine; cam

## Introduction

Five of the seven top causes of death in the United States can be attributed to lifestyle-related chronic diseases (3). Each year, the United States spends about \$3 trillion on healthcare and an estimated three-quarters of this goes towards treating lifestyle-related chronic diseases (3). Lifestyle related health risk factors are among the top modifiable components to prevent and manage chronic disease (4). The rise in integrative medicine, which seeks to address lifestyle related health risk factors, can serve as an important framework for implementation into Community Health Centers (CHCs).

In the United States, some may refer to the healthcare system as being a "disease-centric" medical model (13). In this model, care is oriented towards acute problems and chronic disease treatment rather than prevention (13). Some argue this may be due to a rise in the primary care physician shortage, while others believe there is a lack of overall education in integrative topics such as nutrition, exercise, and stress management in medical schools and residency programs (13, 1). Nevertheless, there has been growing interest in recent years amongst the U.S. population in seeking out complementary and alternative medicine (CAM) services. This push has largely been consumer driven, indicating a lack of care/services currently offered within the conventional medicine framework (13). Driving this push towards CAM are

patients with "medically unexplained symptoms" and patients with chronic diseases who benefit from addressing the lifestyle related risk factors that initially lead to their symptoms (7). Regardless of why patients may initially seek out CAM, the benefits to having these resources and services accessible for all patients is needed.

Integrative medicine, which includes CAM services, can be an important addition implemented to primary care services in Community Health Centers. CHCs treat a large portion of underserved and vulnerable populations, which are disproportionately affected by chronic diseases. The implementation of Integrative medicine into these communities through their primary care providers can serve as a way to address lifestyle related health risk factors. This paper will discuss the various ways in which integrative medicine may be beneficial to patients in CHCs.

## Review:

### *Integrative medicine*

There is growing interest and recognition into the field of integrative medicine as a powerful way to treat chronic disease through its combination of both conventional and alternative medical approaches. The "alternative"

aspect is better known as complementary and alternative medicine or CAM. Integrative medicine can be defined as, “the treatment of patients through the spiritual, emotional, mental, and environmental in addition to the physical means” (1). Conventional, or allopathic medicine, with the use of evidence based research has the ability to recognize symptoms, diagnose a disease, and treat with proper medication in a relatively quick and efficient manner. This approach, while instrumental in modern medicine, does not always consider the various factors that originally contribute to one's disease. Integrative medicine conversely incorporates the functional medicine model into its' practice, which according to the Institute of Functional Medicine, aims to “treat root causes of disease and restore healthy function through a personalized patient experience” (2). By looking into the various factors that can influence disease, integrative medicine aims to go past a quick “band aid” approach that conventional medical care alone may provide for some chronic diseases. Integrative medicine focuses on the notion that our bodies' organ systems are all interconnected and can contribute to disease over time based on a variety of environmental, physical, and social determinants (5). With these ideas, integrative medicine focuses on whole person healthcare, placing an emphasis on cultivating relationships with patients to gain full insight into one's health status. In clinical practice, the use of integrative medicine provides patients with a comprehensive understanding of all available treatment options to them which in turn can empower patients to make informed personal healthcare decisions.

According to the National Center for Complementary and Integrative Medicine (NCCIH), Americans spent \$30.2 billion out of pocket on complementary healthcare in 2016 (8). Nearly half of this, \$14.7 billion, was spent on visits to complementary practitioners (8). The rise of Americans intentionally seeking healthcare practitioners that are knowledgeable about complementary and alternative medicine (CAM) shows the importance of increasing the access and availability of CAM into primary care practices. The overall usage of CAM seems to prevail amongst the female population that is better educated and earns a higher income (7). Additionally, individuals who are more opted to seek CAM are those that suffer from chronic health conditions (7). Although the reason for seeking CAM may be different for individuals with chronic disease, the numbers show there is a growing interest in seeking alternative therapies for chronic conditions. Another important factor to consider is that out-of-pocket spending on CAM depends significantly on family income. The NCCIH found that, “the average per user out-of-pocket expenditure for complementary health approaches was \$435 for people with family incomes of less than \$25,000, and \$590 for those with family incomes of \$100,000 or more” (8). Therefore, the accessibility and affordability of CAM greatly favors those with higher incomes. However, this is not surprising as CAM is not widely integrated into healthcare practices, especially those in rural/underserved populations. Consequently, many patients must go out of their way to seek this additional care which requires both the knowledge and the resources to do so. The problem is that a large portion of the U.S. population becomes left behind, unable to access or benefit from the advancement of CAM practices. And, this population may be largely represented in our country's community health centers, or CHCs.

### Community Health Centers (CHCs)

Community Health Centers (CHCs) in the United States serve an integral role in our nation's primary healthcare system. They act as a health “safety net” for historically low-income, racial/ethnic minority patients (5). CHC's provide healthcare to our nation's underserved and most vulnerable populations. Nearly two-thirds of all patients that use CHCs are either at or below the poverty line and two thirds of patients are racial/ethnic minorities (9). Through federally funded grants, CHCs can provide care to patients no matter their income or insurance status. CHC's are a vital component of providing primary care to underserved populations, giving them access to several primary medical services throughout their lifetime. Because of this, CHC's are thought to be, “critical for achieving key preventative, health promotion, and chronic care goals (9).” A large majority of patients that go to CHC's being at or below the poverty line are less likely able to access the

same CAM practices than those with insurance and higher income use more often. A promising way to bridge this gap is through implementing integrative services into federally qualified community health centers (10).

### Benefits of Implementing Integrative Medicine into Community Health Centers

The overall goals and model of a Community Health Center provide an ideal setting for the use of integrative medicine. Further, the use of integrative medicine in a CHC provides an opportunity to reach vulnerable populations suffering from chronic diseases that are largely lifestyle driven. CHC's play an important role in the prevention and management of chronic disease throughout one's health journey (9). *CHC's therefore can serve as an ideal model for the implementation of integrative medicine due to their ability to reduce healthcare gaps/disparities, through the use of narrative medicine, and the use of interprofessional care and multidisciplinary teams.*

Lifestyle related risk factors for chronic disease such as environment, access to food, income, and education have been shown to greatly affect the lower income and minority populations, widening the gap between health disparities amongst populations (4). One of the main goals of a CHC is to reduce these health disparities and improve health access amongst underserved and vulnerable populations. One of the requirements of a CHC is to address all social determinants of health and attempt to remove common barriers that a community may be facing (5). These social determinants of health are variable, based on the specific population and setting of the CHC. Data has shown that among CHC users, health disparities do not exist between racial and ethnic minorities when compared to whites (11). However, when looking at racial and ethnic minorities that do not use CHCs, significant health disparities do exist in the population (11). Therefore, the CHC model has proven to be beneficial in addressing the gap in health disparities amongst vulnerable populations. However, this gap may widen again as the progress and use of lifestyle/integrative medicine trends towards higher income, more educated populations (7,4). Because we know the CHC model has been beneficial in reducing health disparities, the implementation of integrative medicine into CHC's may help to prevent further lifestyle related health disparities from arising amongst vulnerable populations (4). While a main goal of CHC's is recognizing that care should be patient-centered, this is also a main goal of integrative medicine (9). Patient centered care is care that reduces the severity of illness, increases use of preventative measures, and is responsive to the wishes of the patient (9). The use of narrative medicine is an aspect of integrative healthcare that can be beneficial in the CHC setting. Narrative medicine is a term that recognizes the power behind listening to a patient's stories for key indicators of disease onset and progression (6). Stories may provide the missing pieces of information needed to properly prevent, manage, or treat disease. These stories are transformed into “functional medicine timelines” which lay out a detailed health history that may highlight key social determinants or lifestyle factors that are known to be indicators of disease (6). Because integrative medicine places emphasis on an individual's life story, they can gain insight into root causes of disease progression while also recognizing key lifestyle and social factors that may have contributed to disease. This idea of narrative medicine could be extremely beneficial in a CHC setting due to the inherent nature of CHC's to provide primary care services to the same patients over the course of their life (9).

The use of interprofessional collaboration making up multidisciplinary teams within CHC's can serve as a great foundation for the implementation of integrative medicine. Traditionally, conventional medicine and integrative medicine practice in separate entities from one another. However, it has been shown that when complementary integrative health providers work in collaboration with conventional providers at community health centers there is a positive impact on patient care and the medical practice (12). In addition, the use of both approaches under one medical practice has been shown to be beneficial treating patients with chronic conditions, especially within underserved populations (12). In her paper, Rosenthal outlines several practical scenarios of what this may look like in a clinical setting. For

example, Rosenthal notes that, “a naturopathic doctor could work alongside a conventional medicine doctor to treat chronic conditions which may benefit from a holistic approach but require prescription pharmaceuticals” (12). Another good example Rosenthal used is that, “instead of offering conventional pain medication to a patient with chronic pain, a conventional medical doctor could refer a patient to an acupuncturist, naturopathic doctor, chiropractor or massage therapist for a more conservative approach” (12). Patients at CHC’s may greatly benefit from the use of integrative medical services as a more conservative and cost-efficient approach when necessary (1). A major benefit is that it gives patients options and provides access to services and resources they may otherwise have not been able to access.

### Barriers to Implementation

One barrier that must be overcome is the unwillingness of patients to reveal CAM usage to their conventional physicians (14, 7). It was shown that fewer than 40% of CAM patients disclose CAM use to their conventional physician (7). While the exact reason for this varies, it shows that there is a current disconnect between the fields leaving patients feeling insecure about disclosing this information. It is important that patients fully feel seen and heard with their physician to be given the best possible care. It is also important physicians be aware of all their patients’ current treatments in order to recommend the best care. A survey of physicians has shown that the majority do not feel comfortable talking to patients about CAM use due to their lack of overall training on the topic throughout their medical school and residency (14). However, the majority did express general willingness of using CAM if knowledgeable on the subject (14). To address these issues, training and knowledge of CAM should be introduced early into medical education.

A major barrier in the clinical setting is time, a high commodity. Time is generally very limited when it comes to face-to-face interactions with physicians. One of the key considerations with integrative medicine is increasing time with patients to fully hear and understand their symptoms and stories. Many primary care physicians struggle with implementing interventions to address lifestyle risk factors, modifications in diet, or exercise recommendations because they feel there is not enough time allotted to each patient (3). One interesting barrier for some physicians is that if they do not personally feel they live “healthy” lives themselves, they also feel as though they are not equipped to provide counseling to patients on the subject (3). Going off this, physicians that do practice healthy behaviors in their lives tend to promote these behaviors to their patients. This idea creates a scenario of “modeling” lifestyle changes that are well received by these patients (7).

### Conclusion:

Integrative medicine in Community Health Centers may serve as a foundation for treating and preventing chronic diseases amongst underserved and vulnerable populations. One goal of integrative medicine is to assess chronic diseases with a holistic mindset, addressing the root causes of illness. In a CHC, this process can begin early with prevention strategies such as education about lifestyle related risk factors for chronic disease. Patients at CHCs may benefit from having access to the options that integrative medicine provides, in addition to having the standard conventional medicine treatment. Integrative health and CAM services are usually paid for out of pocket; therefore, it creates a large cost barrier that prevents many low-income patients from being able to access. Providing access and affordability of these services to our most vulnerable populations is key for preventing future health disparities. While there are few barriers to implementing

integrative medicine into CHCs, this paper suggests that doing so would be beneficial in the long-term health of patients at CHCs.

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