Conference Report: Catalyzing Integrative Approaches to Obesity and Mental Health

On September 22nd, nearly 200 leaders from organizations across the country convened for the Second Annual Accountable Communities for Health Conference. Health care, public health, and community leaders came together with citizens in this daylong conversation around a shared challenge, how to catalyze health creation. With a focus on two unique spheres within the health commons, food and mental health, attendees learned from national leaders and engaged in facilitated dialogue to explore and develop shared strategies to address two of the top most identified community health needs – obesity prevention and mental health. This report provides a conference overview, observations, and ideas generated by conference participants.

The Framework – Place and Integration

The conference was organized with the recognition that the health of individuals derives in large part from the complex influence of social determinants—where we live, work, and play. Moreover, that the health of individuals is determined by the unique interplay of mental, spiritual, and physical dimensions in a broader context of family, community, and environment.

These changes in how we understand health and disease are reflective of an important dynamic occurring both with our culture and within clinical medicine, where the biomedical model is being supplanted by a systems view of life. Integrative, ecological, and relationship are descriptors used to describe a systems view of health, now recognized as integral to the new health creation model.

Two key themes, place and integration, were woven into conference presentations to highlight new science and catalytic ideas on how community and health care might work together on connected strategies to address the root cause of disease, embrace the art and science of connection, and support our innate resiliency.

A systems worldview brings important shifts in perception, which has the potential to positively influence health far beyond health care. This systems worldview implies the vital importance of “power within,” social relationships, and connection, and embraces the interplay of psycho-social, spiritual, environmental, and other factors in the support and promotion of individual health and resilience.
The Science of Health and Healing

Mimi Guarneri M.D, FACC ABIHM, President - Academy of Integrative Health and Medicine; Founder and Director - Taylor Academy for Integrative Medicine, Education, and Research

The United States spends more on medical care per person than any country, yet life expectancy is shorter than most developed countries and many developing countries. While our traditional medical care model offers some of the best acute care, trauma care, and surgery, when it is applied to chronic, complex, co-morbid illnesses, it falls short. Our present medical system is based around an organ system model with distinct & separate information silos, instead of a systems biology perspective. However, illness and disease are not confined to artificially ascribed organ system boundary definitions. This results in each individual diagnosis being viewed as a distinct entity unto itself, instead of looking at the whole patient. Moreover, there is no identification of the precipitating conditions that predispose the patient to the triggering of dysfunctional adaptive responses that lead to the diagnoses. No one asks “why does this person get _____” – it is in the “why” that the answer lies to solve the problem. We create a pill for the ill.

Our health care model is in the midst of a radical transformation. We know that 70-90% of our health is determined from social determinants – where we live, work, and play. Exercise, diet, stress, toxic exposure, trauma, drugs, alcohol, and smoking can intersect with genetic factors and express as disease. Our biography becomes our biology; our genes are not our destiny. Our current diets and sedentary lifestyles are closely associated to our burden of disease, though studies demonstrate significant chronic disease risk reduction through diet and exercise. Similarly, persistent organic pollutants (POPs) are associated with increased type 2 diabetes risk and a variety of toxics are recognized as “obesogens”, or obesity promoting; therefore, reduced exposure is important. Trauma and stress also interact with other factors in the promotion of chronic disease. The more traumas a child faces, such as fighting and hitting among parents, parents in jail, and sexual abuse, the higher the risk of major illness as well as drug and alcohol abuse. Stress plays an equally powerful role on one’s health status. A wide variety of stress reduction tools such as yoga, meditation, and other mind-body stress reduction tools have significant stress reduction benefits.

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A multitude of factors within the context of community integrate to define the health status of individuals. Health and resilience can be supported by understanding the root causes and clinical approaches which support this interplay. Individuals are whole people, not their diseases. This integrative approach is transforming health care and is central to new health creation model.
The development of healthy communities necessitates a transition from a sick care system to a system focused on health and wellness. Implicit in this transformation is a shift from a health care led model, to a community led model. Several factors are helping drive this transformation. Surveys of primary care physicians help us understand that a large majority of clinicians identify social factors as more important to the health of their patients than medical care. Moreover, social determinants of health – where we live, work, and play – are responsible for determining the majority of our health outcomes. Our zip code becomes more important than our genetic code, reminding us that health begins in community.

Thus, healthy communities, health promotion, and disease prevention are interconnected. In order to be effective in supporting healthy communities, hospitals and related health systems must strengthen relationships with their local communities and work together to develop place-based solutions to community health needs.

Underlying place-based strategies are key commons principles, or rules that have been used to effectively manage shared, but limited, resources. These rules have gained traction through the Nobel Prize winning work of Elinor Ostrom. They include the need for defined boundaries, or sense of place, and participation from a diversity of stakeholders in decision making. This sense of place can be a community or neighborhood and can help define a health commons or the collective resources - economic, physical, and social - used to treat disease and to promote health and well-being. These can include medical technologies, healthcare facilities, and clinicians, but also embody healthy food systems, access to safe drinking water, safe and affordable housing, livable jobs, parks, and other social determinants of health.

In the context of the Affordable Care Act (ACA), a commons framework is embedded within the new Community Health Needs Assessment (CHNA) requirements, where hospitals are required to conduct a CHNA and adopt an implementation strategy at least once every three years. Importantly, it includes the requirement to collect input from community leaders and representatives and members of the medically underserved, low-income and minority populations, and populations with chronic disease needs within the community served by the hospital facility.

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Health creation models are rapidly transforming our understanding of how and where we derive health. It is clear that successful models must include place-based approaches with a diversity of stakeholders, clinically and within the community, involved in decision making. Moreover, successful models reinforce whole-person and team-based approaches in the context of community and environment which support a narrative of relationship. Though health care is not responsible for solving our health care crises, the metaphor they create for community effort is vital; “we share in the health of one another”.

A Health Commons and Sub-Commons Example

[Diagram of a Health Commons and Sub-Commons Example]

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A Health Commons and Sub-Commons Example
The industrial food model is highly consolidated, characterized by global supply chains, commoditized foods, and externalized health, environment, and social costs. The results of these changes include the loss of regional food processing infrastructure, independent grocery stores, and family farms, which were supplanted by large transnational retail chains and agribusinesses utilizing agricultural practices with a host of unintended social and ecological health impacts. Obesity is now a global health concern while diet-related medical costs for six major health conditions in the United States exceeded $190 billion in 2012. Poor nutrition is a risk factor for four of the six leading causes of death nationally—heart disease, stroke, diabetes, and cancer. And according to recent data, ten percent of households with children were unable at times, during the year, to provide adequate, nutritious food for their children. It is clear that health is connected to food, in ways that go far beyond a strict nutritional perspective.

In many ways the adage “we are what we eat” holds true, though a central obstacle to changing what we eat is that our current food system doesn’t provide, or promote, what is healthy for people, communities, and the planet. Many efforts are underway, working to change specific aspects of this food system but are challenged because these efforts are still connected to, and thus influenced by, the old system. To address this challenge, the Food Commons has developed a fully integrated local food system with prototypes underway. The Food Commons model is a networked system of physical, financial, and organizational infrastructure that allows new local and regional markets to operate efficiently and small to mid-sized food enterprises — from farms to processors, distributors, and retailers — to compete and thrive according to principles of sustainability, fairness, and public accountability.

Consistent with commons management principles, the Food Commons is a place-based, community-owned food system. It operates through local decision-making from core principles, which shape and define the organizational structures that make up this new food system. Though the scale and power of the global industrial food system is such that it still easily resists change, its foundation is crumbling. The Food Commons offers an exciting alternative and transformative model, which curbs the excesses found in the current system and better balances forces like competition and cooperation. Moreover, through its vision and value based approach, not only is it aligned but it also reinforces the values and vision of the new health creation paradigm.
Mental Health
Scott Shannon, M.D. ABIHM, Founder – Wholeness Center

We are in the midst of a mental health epidemic, and since our children are our future, it is fitting to focus on pediatric mental health. The United States now consumes 80% of all stimulant medications and American children have the most psychological illnesses in the world. Our response to pediatric mental health has been more than a tripling of psychiatric medications over the last 15 years. Yet, there is inadequate data for the efficacy of psychiatric medications outside of stimulants, little science of long-term safety, very limited science on synergistic impacts for children, and moreover, few psychiatric medications have FDA indication for children.

There is now a clear pattern emerging as more and more children are exhibiting behavioral and emotional symptoms. We label, we medicate, we blame the child, even though the science behind labeling and medicating children is weak. Though we are losing ground in the US, there has been little attempt to identify and alter triggers. It also offers us the opportunity to ask whether these mental health issues are illnesses or rather, a non-specific indication of a bigger problem. We know virtually all human diseases result from the interaction of genetic susceptibility and modifiable environmental factors. An ecological (also called integrative, or systems) perspective shifts our study and emphasis to the systems and networks in which the individual is placed and allows study of the whole pattern of interactions. Through this lens, we observe an ecological disaster resulting from a multitude of stressors for children and our future adults. From studies, we understand that these include:

- Poor nutrition from the standard American diet (SAD)
- Maternal depression
- Poor fit with school and learning style
- Child-parent fit issues
- Over-stimulation and lack of sleep
- Obesity
- Divorce

To support mental health we must begin to resist the pathologization of our youth, especially as it doesn’t provide solutions. Psychiatric symptoms are a call to examine the child’s world.

What our kids need is:
- Relational based life
- Engaged, emotionally sound parents
- Physical activity and fitness
- Proper sleep and relaxation
- Fit with parents: acceptance and understanding
- Proper fit at school for learning style
- Limited screen time
- God time: spirituality, sunlight and nature
- Proper nutrition and supplementation
- Success experiences: find gifts and talents
- Sense of closeness to parents
- Clean environment
- A lack of violence
Civic Stewardship Applicable to Multiple Intractable Issues
Deb Nankivell, CEO - Fresno Business Council

As intractable issues are interdependent, finding ways to get beyond siloed thinking, systems, and incentives is a critical 21st century challenge. In Fresno, the concept of stewarding the whole has gained traction for over a decade. Leaders in all sectors are challenged to let go of their day job and reflect for a while in what Fresno calls the Fourth Sphere. This is the civic space where citizens work together to set the agenda, craft a strategy, and align assets to execute a plan. With these tools, along with shared values and a community scorecard, organizations of all sizes can align and leverage resources to achieve outcomes that benefit all.

A critical element is highly skilled, private sector leaders who are committed to taking responsibility for the conditions in their community. An accountable community requires everyone to step up to restore an earlier tradition of barn raising. Stewardship is taking responsibility for the assets entrusted to you. For Americans, this goes beyond personal and community assets. For us, this includes stewarding a bold, transformative idea—individuals have rights and some of them are inalienable. In addition to rights, citizens have responsibilities and without a commitment to both, these concepts will slip away along with our freedoms.

Stewardship Approach to Transformation

The Four Sphere Framework

From Movement to Models

Permanent Supportive Housing and the Role for Health Care
Nancy Cashman, Center City Housing

Center City Housing provides supportive housing services to single men, women, chronic alcoholics and homeless families. For many homeless families there is often violence, trauma and crisis, and mental and physical health issues. Children mimic these environments and their lived experience often results in social and emotional delays. To build a bridge to a healthy future, housing stability and trauma services are provided with a key goal of addressing the needs of children. Permanent supportive housing is demonstrating dramatic successes and has an important impact by addressing multiple social determinants of health. By ending generational cycles of homelessness and trauma, and improving health status, permanent supportive housing is health care.

Hospital to Respite - Home Care for the Homeless
Dawn Petroskas RN, PhD, Catholic Charities

This one-year, multi-organizational pilot project had the goal to provide safe and dignified space for homeless people being discharged from North Memorial hospital so that they might recover from acute illness or injury, or to allow them to stabilize from an exacerbation of chronic illness. The site of the pilot project was the Exodus Residence, a transitional housing facility in downtown Minneapolis. It’s well understood that it is very difficult to recover from sickness while living on the streets or in homeless shelters. It is also hard to manage medication, rest, put your feet up, and recover, under these difficult living conditions.

Moreover, those individuals with mental health issues may refuse to stay in shelters, as they are often too crowded and chaotic for their liking. Hospitals are discharging people much
sooner and much sicker than they had in the past. In this pilot project with fourteen people, 50% had mental illness, 40% chemical dependency, and a majority were over 50 years old. Using Medicaid claims data, the pilot demonstrated a significant reduction in emergency room visits (50%) and 67% fewer hospital episodes, one year post-respite care. Additionally, 12 out of 14 were successfully, permanently housed. The estimated “avoided” healthcare costs were close to $500,000. What we see is “Housing is Health Care”: that home care for the homeless becomes health care, as it results in health benefits. While there are significant economic benefits to the hospital, perhaps more importantly, it helps us to extend our thinking about the value of relationships between community and health care.

Community Integrative Mental Health
Laura Sandquist, DNP

The Touchstone’s Community Health and Wellness Center incorporates a variety of healing elements in its design, including Feng shui, Calming colors, and soothing sounds. Their approach includes a comprehensive wellness list of eight key elements, such as sleep, purpose, nutrition, spirituality, and more. From this wellness care model a wellness plan is developed with patients and utilizes a team of integrative disciplines. Fundamentally, this model has an unconditional positive regard for individual resilience and capacity and moves from a disease treatment, symptom management, siloed model to a health promotion, team based, wellness model. Currently, services are covered by two Medicaid providers, offer a sliding scale fee for cash payment, and are continuing to negotiate with commercial providers to be contracted for our services.

Food, Yoga and Stress Reduction in Community Based Care
Dana Christmas, North Home Children’s Services

North Home provides community-based treatment and care to children and families. Yoga Calm has been introduced to support the health of the youth. Yoga Calm is an education method that reduces stress and helps children develop emotional intelligence, communication skills, trust, and empathy. It nurtures teamwork and leadership, and integrates social and emotional aspects of the individual into movement. Through this practice and training, children who have had trouble sitting still and have caused physical damage to their environment have been able to relax and still themselves for up to twenty minutes. Many of these clients had previously been on medications. The obvious success of the program has encouraged other employees to explore these methods and pursue training in this technique. Because of the connection between mental health and nutrition, a food and garden program was also introduced. Many of the clients, raised with poor dietary habits, learned how to garden, grow, and cook with fresh produce. Together, these low cost efforts are bringing an integrative, whole-person approach to clients.

Health Coaching in Lincoln Park
Elizabeth Devaney, RN, Community Action Duluth

Community Action Duluth (CAD) works to mobilize low-income people and the broader community, to build assets that prevent poverty, create equality, and strengthen our social fabric. In this innovative program, CAD provides a health coach for its Lincoln Park community. Lincoln Park is a food desert with a life expectancy 11 years less than that of nearby neighborhoods. The health coach provides a holistic health approach with a focus on education on food and health such as purchasing, cooking and label-reading strategies. Central to the holistic approach is that clients are in charge of their own goals. This patient empowerment model allows patients to take control over something they want to change, help support confidence, and personal control.

Care Coordination: What’s the Deal?
Pam White NP, Health Empowerment Resource (HER) Center

The Health Empowerment Resource Center (HER), a nurse practitioner-owned business, partnered with community health workers, has a special focus on the African American population and utilizes holistic, multidisciplinary health care that honors the cultural, social, and community perspectives of those served. People want to take care of themselves and provide cultural care. “People need to see other people who look like them”. Community Health Workers (CHW) work in the community and have a variety of roles. These include outreach, advocacy, navigation, education, and skills building. These practitioners must know how to practice in a different way. CHW has to understand the health information in order to act as an extension of the health care provider. Skills-building is
Connecting Employee Health and Community Health

Bill Marks, Director of Food and Nutrition, Hennepin County Medical Center (HCMC)

HCMC sees over 100,000 patients per year and is a large, safety-net hospital. HCMC has a variety of programs including revamped menus, source separated organics, an organic herb garden for use in the cafeteria, and an organic Hmong herb garden, to meet the unique needs of our patients and local community. HCMC manages a therapeutic Food Pharmacy which served 74,579 people in 2013, providing 84,050 pounds of food. It is accessible for those at 200% of Poverty or below and is one of only two food shelves run out of a hospital in the country. The motto is “it’s hard to be healthy when you are hungry”. Little is donated for free, though bulk purchasing reduces costs. The program works with volunteers and the community paramedic program, which will bring food to houses in need.

HCMC was perhaps the first hospital in Minnesota to host an employee Community Supported agriculture (CSA) drop-off location. Studies demonstrate that participation in a CSA increases the quantity and variety of vegetables consumed. The program was an immediate success when it began six years ago. The hospital offers a location in the kitchen walk-in refrigerator where employees can pick up their food box. CSA shares that are not picked up are donated to a food shelf.

HCMC also hosts a children’s summer meal program for food-insecure families. Anyone up to the age of 18 is qualified to participate in the program. Last year, the hospital served 2000-3000 individuals. Program participants are welcomed into the hospital cafeteria and eat along with hospital employees. These programs provide some innovative examples of ways in which the hospital is connecting and building relationship with community, through food and health.

Hospital Gardens, CSA’s and Community Health Needs

Jean Weiler, Hudson Hospital Manager of Nutrition

Hudson Hospital is a 25-bed, critical access, non-profit hospital in Hudson, WI. Hudson Hospital has a well-recognized local food and health initiative. The facility began with small steps. Several years ago, in an effort to support 4-H and the local community, the hospital began purchasing beef at auction. In this continuing effort, the beef is locally processed and served in the facility cafeteria. In a related initiative, with the goal of supporting local farms, improved nutrition, and socio-economic health, the hospital began hosting a CSA drop off location for employees. This effort has since expanded to include produce purchases and now a variety of local producers supply the facility with produce, turkey, chicken, beef, and more. The Hospital also supports an on-site community garden program. Both the CSA and community garden program are part of the hospital’s Community Health Needs Assessment goals to increase physical activity and address nutrition. At the heart, this comprehensive program is more than just about food, it is about community and relationship building.
Conference planners designed the agenda to allow attendees to engage in conversation and weave their experience and knowledge with the ideas and frameworks presented. Breakout 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.

Following, is a distillation of their conversations including key comments, questions and observations, grouped into overarching themes.

**Breakthrough Conversations**

**Creating Health Requires a Systems Focus**
Many participants highlighted their awareness that many of the issues confronting health care are a result of silo thinking and that the focus on treating disease gets in the way of solutions. “The idea that mind, body, and spirit are connected seems very logical and consistent with our lived lives.” “What if health systems incorporated more of an understanding and training on meditation, yoga, or other techniques and focused less on drugs and technology?” “It seems clear that both obesity and mental health have a strong food component, yet we seem to focus on the disease rather than the root cause.” “What if we worked on the connection between food, mental health, and obesity?” “We can embrace a new systems paradigm, rather than attacking the old.”

**Engaging People and Communities Within a Health Commons**
Many groups highlighted the need for communities to be directly involved in establishing health care priorities. “Since most of the work of community-based organizations on housing and food access are really health issues, what if we worked to get these organizations to the table along with health care in the development of health promoting strategies?” An occurring theme was the value of thinking about health through lens-of-place, or a health commons. “Our health is a shared community responsibility which includes more than health care.” “Communities understand their needs best.” “We have smart people within community, government, business, and education.”

**Empower People and Listen to Community**
Individuals don’t want to be sick. Many just want control in their lives. Providing people with the ability to decide on and develop their own health goals is a very powerful way to make stepwise progress. “People are not used to having options, the idea that they do is empowering.” “We can empower people to advocate for themselves and their community.” “We liked the ideas of motivating from love not fear”, shared one group. Cultural care also held resonance. “We need to make sure our workforce is culturally reflective of our communities.”

**We Don’t Always Need Doctors**
It was helpful to hear the cardiologist say that, "often we just need to get out of the way". Community Health Workers and Health Coaches, especially with target populations through cultural care, provide an important role in working with patients and the community to address health needs where they begin. “We need to mobilize health promoters and peer outreach, massage therapists, and more.”

**Teams, Cooperation and New Language**
Many groups highlighted their excitement around the idea of teams, collaborations, and cooperation and how these were powerfully connected to health. Health is about relationship! Team-based work, community health workers, and patient navigators need to be part of a new model. What if our county and state health departments had cross over teams to explore linkages between mental health and obesity? The concept of using new language, or words, to discuss health was also highlighted as important. Resilience, connection, sharing, cooperation, relationship, partnership, empower, are examples.

**Spirituality and Health**
Health and spirituality are not often discussed together. "It was affirming to hear the importance of spirituality and health and how the notion of connecting to something greater, influenced health outcomes.” “The idea of meditation, prayer, and traditional practices such as yoga or healing touch was helpful to hear in a health care context.”
Get to the Root of the Problem, Don’t Treat the Symptom
Another clear theme was the excitement around the potential to move away from simply treating disease. It is time to move towards thinking about people as individuals, not people as a disease. “This made me think. I don’t think often enough about getting at the core of the problem.” On a related theme, one group shared their excitement around the potential for change. “We must reclaim health and food as commons, not as commodities.” “We are not our genes. Genes are not our destiny.”

More Integrative Models
Many groups highlighted the need to see more examples of new models in practice. “This feels right, but we need more training, or examples around what works and what is most successful.” “We need our health plans to cover a great range of disciplines.” “How can we change the thinking in our institutions?” “What other community organizations are thinking about services from an integrative perspective?” “I want to be part of this!”

Housing as Healthcare
Another key theme, was a new awareness for the role of community organizations in supporting health and wellbeing. “I’d never given any thought to how housing is connected to health care.” “What if housing organizations talked about health?” “Could we establish hospital and housing collaborations? It would seem to be a big win-win for health and savings?” “Housing is good for communities, whether they see it or not. It is a shared benefit.” “This really helped open my eyes to how helping those in need actually helps everyone.”

A Community Food Commons
The recognition that food is more than nutrition and the need for community wide engagement, was similarly highlighted. “The idea of the Food Commons as a fully interconnected system, managed by and for the community, would have community interests in hand, we can do this.” “I never thought about the connection between food access and local food.” “What great examples from the hospitals, but why aren’t other hospitals doing more?” “It seems that our businesses, schools, and hospitals could work together to support local food and good jobs for the community.”

Mental Health, Thinking Differently, and New Ideas
The mental health of community was a new and exciting concept, with resonance around the idea of a whole-community approach. “We should take a community wide approach to mental health through new partnerships that look at housing, food, stress, and more, beginning with kids.” What would that look like? “It seems that materialism and consumerism and the push by the medical industry is actually driving sickness, instead of making us feel well.” “Health begins in community!”

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For more information visit:
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