

**Montgomery County – DHHS
Asian American Health Initiative (AAHI) Steering Committee Meeting
Tuesday, August 13, 2019**

Steering Committee	Present	AAHI Staff	Present
Organizational Members		Perry Chan	X
Yesle Soh on behalf of JiYoung Cho	X	Betty Lam	X
Wilbur Friedman	X	Elsa Lau	X
Michael Lin	X	Karlie Leung	X
Hina Mehta		Sanjana Quasem	
Mayur Mody	X		
Sam Mukherjee	X		
Nguyen Nguyen (Chair)	X		
Tho Tran	X		
Thomas Tran			
Sovan Tun	X		
Yuchi Huang			
Individual Members	Present	Guests	Present
Shruti Bhatnagar		Jennie Yuda	X
Nerita Estampador	X		
Meng K. Lee (Vice-Chair)	X		
Sunmin Lee			
Cynthia Macri			
Judy Wang	X		
Affiliate Members	Present		
Anis Ahmed			

Welcome (Nguyen Nguyen, Chair)

- Nguyen Nguyen called the meeting to order at 6:12 PM.
- Perry Chan asked for permission to audio record the meeting. There were no objections.

ACTION: Audio recording of meeting is approved with no objections.
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Presentation on Bridging Environments for Health, LLC (Jennie Yuda)

- Perry introduced Jennie Yuda, consultant and owner of the Bridging Environments for Health, LLC, who provides consultation services to organizations in Maryland, including governments and non-profits. Perry collaborated with Jennie on producing a white paper on alternative medicine. The white paper provides background information such as common definitions and practices on alternative medicine in the U.S. It explores changing interests and

health insurance coverages for these services. It is meant to be used as the starting point for future program planning in alternative medicine. Instead of sending the white paper to the Steering Committee (SC), Jennie was invited to present key findings from the research. Perry emphasized that Jennie is not a practitioner of any type of alternative medicine but has done extensive research on this topic.

- Jennie led a presentation on the key findings from the white paper on alternative medicine. A copy of this presentation will be included with the minutes.
- According to the World Health Organization, wellness includes the physical, mental, and social well-being, and not merely the absence of disease or infirmity. Often in Western medicine, the social well-being and mental health aspect of wellness is forgotten. In order to maintain and achieve optimum wellness, we must look at our individual health goals. We also need to consider the environmental influence on our health.
- The three terms commonly used in alternative medical practices tend to be used incorrectly or used interchangeably.
 - Alternative medicine – a non-mainstream practice used in place of conventional medicine. For example, if someone is experiencing mild lower back pain but do not want to use a pharmaceutical drug, an alternative medicine is practicing yoga or tai-chi or something more holistic to relieve the pain.
 - Complementary medicine – a non-mainstream practice used together with conventional medicine. For example, the back pain has increased and you now need to take a pharmaceutical drug but you are also doing yoga or tai-chi to help relieve the pain.
 - Integrative health – coordination between conventional and complementary approaches by emphasizing a patient centered approach to care. This is a more complex approach that began in the last five to ten years. In integrative health, physicians and alternative care providers have a joint treatment plan together for a patient, following the patient from the beginning to the end of the treatment. This is a newer concept in health care in the U.S. Integrative health has been seen as a promise to build greater population wellness. If our providers are communicating more, such as between physicians and alternative care providers, then we can make sure patients have the best plan of care possible.
- Sam Mukherjee inquired about barriers that exist when alternative and conventional care collaborate.
 - Jennie responded that one of the major barriers is financial risk. In Western medicine, a typical medical doctor is governed by a large set of rules and regulations that they have to follow. From an insurance company's point of view, these rules and regulations help them determine if they want to pay for the services doctors provide. From an alternative medicine standpoint, many of those practitioners may or may not have to

follow the same regulations or licensing requirements. Insurance companies have only recently begun to reimburse these services. Large medical institutions need to consider how they can take on this financial risk of incorporating these alternative medicine providers into their systems.

- Sam added that conventional medicine is based on scientific evidence and data, and governed by regulations, which can be another barrier for alternative medicine.
 - Jennie agreed that in Western medicine, the approach is more focused on the biological and chemical symptoms in the body and treating those symptoms. Alternative medicine is more focused on how to get to the root of the problem holistically.
- Nerita Estampador inquired about the liability in alternative medicine.
 - Jennie answered that for larger institutions, liability is still difficult to assess due to differences in perspectives and standards. There are some practitioners in alternative medicine, such as acupuncturists, who are held to strict standards and regulations in federal and state levels. Due to this, more insurance companies are now looking into reimbursing acupuncture treatments. In addition, the body of scientific evidence for the use of acupuncture for certain ailments has also grown.
- Michael Lin commented that while alternative medicine is sometimes called traditional medicine, whose tradition are we talking about. Western medicine is also developed differently with different philosophy behind its approach. Eastern medicine also tends to view a person as a whole rather than only focusing on certain parts of the body. He believes the philosophical difference between western medicine and alternative medicine should be introduced in the beginning.
- Wilbur Friedman mentioned that people may want to compare Asian medicine with medicine practiced in ancient Greece. It is relatively recent that we have scientific evidence in medical practice in the U.S., Europe, or China.
- Nguyen stated that though we often associate alternative medicine with Eastern medicine, there is a large portion of medical practice we do not discuss enough, such as practices from Africa and other areas. It is interesting to see how much alternative medicine is influenced by Eastern medicine and knowledge. Nguyen inquired if Jennie encountered any other influences in her research.
 - Jennie responded that she did find references to Greek and Roman medical practices. Villages were using aboriginal practices in Africa. The challenge with alternative medicine is that medical practices may not be publicly recorded and were passed down within the community. There are probably many practices and techniques that are not recorded because they are more closely held within the community with greater cultural and social significance to those practicing them.
- Sovan Tun inquired if alternative medicine includes supplements.

- Jennie answered that supplements are considered part of alternative medicine.
- Meng K. Lee questioned the purpose of the white paper.
 - Perry responded that the white paper provides foundational knowledge of alternative medicine and will inform future programming. Questions from the SC demonstrate the diversity and complexity of alternative medicine and are important for program planning. Perry did not intend to have answers to all the questions, but it is the first step in exploring this topic further. The SC may have a program committee to further discuss how to proceed with this topic.
- Michael added that understanding the definition of alternative medicine is important because different people use alternative medicine differently. The community may also be more receptive to the term complementary because you are integrating both sides.
- Nerita mentioned that in her experience, if parents of a patient want to add another type of intervention to their care, doctors would evaluate whether the intervention would cause any harm and allow for such actions. She believes integrative medicine may be better than alternative medicine.
- Jennie commented that the challenge for the SC would be determining how to define this alternative medical practice, whether it is alternative, complementary, or integrative medicine and which philosophies they may follow. Michael and Nguyen also added that it can be called holistic approach. Jennie agreed that holistic approach is used to describe all of the three previously mentioned approaches.
- Judy Wang mentioned that other dichotomies include Eastern vs. Western medicine or contemporary vs. traditional medicine. Integrative medicine can be used to describe the combination of Eastern and Western approaches. If we want to be more inclusive, we should call it an integrative approach.
- Jennie explained that many information and research on alternative approaches can be found at the National Center for Complementary and Integrative Health, a part of the National Institutes of Health. Some of the top trends include the increase in use of yoga and meditation for adults and children. There is also an increasing interest in chiropractic care for adults.
- Jennie provided an overview of different health practitioners, including licensed and non-licensed practitioners. Licensed health practitioners include:
 - In Maryland, an acupuncturist is licensed by the state's Board of Acupuncture and their license includes the use of herbs. Acupuncture is rooted in traditional Chinese medicine. In Western medicine, acupuncture has been shown to be effective at relieving lower back pain. More insurance companies are accepting acupuncture when used in conjunction with other therapies. It can also be used in treating osteoarthritis, knee, and neck pain.

- Sam stated that acupuncture can be used to treat more than the illnesses mentioned. He questioned if these are the only examples accepted by Western medicine. Jennie replied that these are examples accepted in Western culture on the use of acupuncture, primarily for lower back pain. Internationally, acupuncture may be used to treat migraines, but it has not been incorporated in Western medicine.
 - Chiropractors are licensed by the state Board of Chiropractic Examiners in Maryland and they can take a separate national exam for physical therapy. Chiropractic care can include manual spinal manipulation with the hands and may involve machines. Though there is no evidence of chiropractic care relieving long term pain, there is evidence of it relieving short term bursts of pain and improving neck and back function.
 - Licensed massage therapists are licensed by the state Board of Massage Therapy Examiners in Maryland. In Montgomery County, if someone wants to practice massage therapy in a non-health setting such as a spa, they are required to hold an operational permit in addition to the state Board certification. Swedish massage is the most common technique among the different types of massage. Other techniques include sports massage and clinical massage. In addition, there are ancient forms of massage such as shiatsu massage, a Japanese technique, and tui-na massage, a Chinese technique. Similar to chiropractic care, massage has not been shown to relieve long term pain, but it can help with neck and lower back pain and function.
 - Naturopathic medicine is practiced by doctors licensed in 22 states, with Maryland being one the states. A naturopathic doctor goes through four years of foundational medical training similar to other medical doctors, but their trainings is focused on holistic care and they use traditional herbs and plant-based approaches. They are allowed in Maryland to prescribe a set list of prescription drugs. Jennie added that it may be helpful for the SC to meet with a local naturopathic doctor to understand their approaches.
 - An osteopathic doctor is similar to a medical doctor, who are required to receive the foundational medical training, but their training is based on the interconnectedness of muscles, nerves, and organs. They are also trained in osteopathic treatment which is similar to chiropractic care. They use a manipulation technique to identify where the nerves and muscles could be having challenges based on the symptom's patients are exhibiting. Nguyen commented that a lot of osteopathic doctors practice more like a medical doctor now instead of using the manipulation technique.
 - Registered dietician is included because diet and lifestyle factors are important in any integrated practice.
- Non-licensed health practitioners include:

- For ayurvedic practitioners, their teachings are based on eating and lifestyle, focusing on how the external environment influences the internal health. They tend to look at things in pairs where if one thing is imbalanced, a person is likely to have an illness as a result of that imbalance. While ayurvedic practitioners are not licensed in the U.S., there are institutions in the country that train these practitioners.
- Traditional Chinese medicine practitioners engage the mind, body, and spirit collectively. They focus on four pillars: acupuncture, tai-chi, massage, and herbal products. Traditional Chinese medicine is seen as its stand-alone medical system based on ancient teachings. These teachings were eventually codified and recorded and traditional Chinese medicine became more formalized. These concepts were brought over to the U.S. in the 1970s.
- Homeopathic practitioners have received a bad reputation for being based on two theories that are not scientifically proven. This medical practice was founded in Germany. The first theory follows the idea of “like cures like”. If something is causing an ailment, they can use the same thing to cure it. The second theory is the law of minimum dose, where the lower a medication dosage is, the more effective it is. Culturally it does not seem to be as accepted except for the use of homeopathic products on colds.
- Energy practitioners use electromagnetic therapy. An electrical current is charged to become a magnet and used on different parts of the body to relieve pain. This practice is slowly being looked at by licensed practitioners, mostly in exploratory research. Some clinical evidence suggests electromagnetic therapy can help improve migraines and osteoarthritis. There are also energy practitioners who use reiki, an energy healing technique by channeling energy that is unseen and enhances an individual’s ability to heal.
- Mind practitioners use a training technique called biofeedback to help individuals moderate their body temperature, heart rates, and perspiration. You are hooked up to a machine and the sensors will show how you or your body is reacting. Mind practice can be used in conjunction with cognitive behavioral therapy, hypnotherapy, and other techniques to modify behavior. In some states, hypnotherapy can only be practiced by a licensed psychologist.
- Body practitioners are movement practitioners which incorporates exercise and movement with breathing regulation. This includes tai-chi, yoga, or other types of exercise that helps with destressing.
- The most prominent kind of natural products in the U.S. are dietary supplements. There are many supplements but there is no solid evidence on their quality, safety, or effectiveness. In traditional Chinese medicine, we commonly see this as herbal products, with over 100,000 different formularies. A formulary is

multiple different compounds and herbs mixed together at different quantities and ratios to help relieve a symptom or an ailment.

- Most alternative and complementary medical practices and services in the U.S. are not covered by insurance and are paid out-of-pocket by consumers. It is estimated that consumers spend about 30 billion dollars on these types of practices, therapies, or over the counter supplements annually. In public insurance marketplace, there is a big interest in incorporating acupuncture for people who have chronic pain symptoms. In Medicaid, acupuncture is introduced in many states as a pilot to see if it can help with those struggling with opioid addiction as a result of their chronic pain. Acupuncture has to be prescribed by a Medicaid physician. Medicare covers chiropractic care and medical nutrition services when deemed necessary. Acupuncture is newly added only for treatment of lower back pain. There will be an announcement in October 2019 on whether Medicare will cover acupuncture treatment of lower back pain.
- In private insurance, there is a range of coverage for acupuncture, chiropractic care, massage, and nutrition counseling. Coverage varies based on how comprehensive an individual's plan is.
- Key takeaways:
 - With all the different factors – terminology, coverage, providers – there is still a disconnect between clinical medicine and public health. To obtain optimal wellness, there is a need to consider a systemic approach across physical, social, mental, and community health.
 - The systemic approach looks at individual behavioral change to community and societal influences. In the white paper, different case studies on integrative health, complementary medicine, or alternative medicine in mainstream practice were examined to determine how these practices can be applied in Montgomery County.
 - At the community level, more evidence-based exercise can be integrated into parks and recreational programs. There are some tai-chi programs specifically formulated for arthritis and diabetes to help relieve symptoms.
 - At a societal level, Jennie suggested thinking about how to systematically bring these concepts into the workplace and incorporate them to enhance wellness.
- The next step would be to assess what the population needs.
- Another suggestion is to develop an internal business case for the program to ensure the program is measuring the quality of indicators the SC is trying to capture and to be able to show improvements. Key stakeholders should be involved early on, which means engaging local practitioners to understand these treatments and hearing responses from the community on these services.
- In addition, the SC should construct a sustainability plan that will be useful several years ahead.

Approval of Agenda (Nguyen Nguyen)

- Today's meeting agenda was shared with members prior to the meeting. Nguyen asked if there were any objections to the agenda.
- Wilbur moved to approve the agenda and Sovan seconded the motion. The meeting agenda was approved.

ACTION: Meeting agenda approved with no objections.

Approval of Meeting Minutes (Nguyen Nguyen)

- The SC meeting minutes from Tuesday, May 14, 2019 were shared with members prior to the meeting. A motion to approve the minutes was presented.
- Mayur Mody stated that the DC Chapter of Suicide Prevention 5K walk will be held on September 22, 2019 instead of 23.

ACTION ITEM: AAHI will update the meeting minutes from Tuesday, May 14, 2019.

- A motion to approve the agenda was presented. Mayur moved to adopt the minutes and Wilbur seconded the motion. The minutes were approved.

ACTION: Meeting minutes approved with no objections.

Program Updates

- Perry shared that Fiscal Year 2019 ended on June 30, 2019 and AAHI staff has been busy with program planning for Fiscal Year 2020.
- A Friends' Corner session was held at the Rockville Senior Center targeting Chinese and Korean speaking seniors at the center.
- AAHI has begun planning for the Mental Health Photonovel 6 focusing on Asian American caregivers and older adults.
- In June, AAHI hosted the Empowering Community Health Organizations (ECHO) Workshop on job application with Montgomery County. There were 44 individuals representing 21 organizations in attendance. Attendees asked great questions to the County's Office of Human Resources Specialist on the job application process.
- Elsa Lau, AAHI's new Office Services Coordinator, was introduced. Elsa previously worked in the Patient Navigator Program and will be assisting with AAHI's overall office operation.
- During the last SC meeting, Perry and Sanjana Quasem, AAHI Program Manager I, shared information on pedestrian safety. Through their research using Montgomery County Department of Police's press release, they have been

monitoring pedestrian accidents in the County from 2018 to the present that may involve Asian Americans. AAHI was only able to collect this informal data because no other data is available regarding Asian American pedestrian accidents from Vision Zero or Data Montgomery. From this research, Perry has concluded that there is an issue with pedestrian safety among Asian Americans but larger county groups, such as Vision Zero and Data Montgomery, are not paying particular attention to this issue since data is not available.

- Betty Lam inquired whether those data sets have other racial information collected. Perry stated that there is data on whites, African Americans, and Hispanics but not Asians.
- Perry mentioned that in a newsletter from a Councilmember which stated pedestrian safety is an equity issue as Latino and African American residents have 33% higher traffic fatality rate compared to other residents. However, from AAHI's informal research, it seemed that Asians also have a high percentage of traffic accidents.
- Betty wondered if data from Vision Zero has a higher total number of pedestrian accidents and when they look at the overall numbers, Whites, Latinos, and African Americans represent a much higher percentage but Asians do not. Thus, Asians were not shown in the reporting.
- Sam also suggested that some of the names from the press release that sound Latino may be Asian.
- Meng commented that the number of accidents involving Asian Americans seemed small. Therefore, no accurate conclusion can be made.
- Judy mentioned that from the police's press release, the number of accidents involving Asian American pedestrians is 27%, which is comparable to traffic accidents rate of other racial groups reported. Perry suggested working with Judy and Sunmin Lee to research further into the data.
- Wilbur inquired if some data may be missing in the handout since the first accident from 2018 happened in June, which seemed unlikely.
- Sam agreed that data collected this way is not comprehensive but it is important to raise awareness of the issue when the SC meets with County Councilmembers.
- Betty suggested that there may be more data from the police reports that are not included in the press releases. It is a good starting point to discuss this issue with Vision Zero's managers.
- Nerita pointed out that those involved in the pedestrian accidents are older Asian Americans. She wondered if vision or hearing may be a problem. Perry commented that being an immigrant and not understanding the traffic system in the U.S. may be factors as well.
- Nguyen suggested that Perry start a discussion with Vision Zero to see if there are more data sources they can look into. The Advocacy Committee

can also raise this concern with councilmembers when they meet in the future.

ACTION ITEM: Perry will contact Vision Zero to discuss concerns of Asian Americans pedestrian safety overlooked in reporting.

ACTION ITEM: The SC Advocacy Committee will raise awareness of Asian American pedestrian safety to County Councilmembers.

- Perry introduced Yesle Soh, who is representing the Korean Community Service Center of Greater Washington (KCSC) for today's meeting.

Retreat Planning Discussion (Perry Chan)

- A questionnaire was sent to the SC regarding the SC retreat. From the responses gathered, Perry stated that topic for this year's retreat will be the creation of a wellness initiative. The majority of those who filled out the questionnaire were flexible on when to hold the retreat and Perry proposed to hold the retreat in October.
- Sovan suggested to hold the retreat in late October.

ACTION ITEM: Perry will send out save-the-dates once location and time is confirmed.

- Perry will work with Nguyen and Sam to set up a Planning Committee to organize the retreat.

ACTION ITEM: Perry will work with Nguyen and Sam on planning the retreat.

Updates from Nomination and Membership Committee (Wilbur Friedman)

- Wilbur stated that the Nomination and Membership Committee, which includes Wilbur, Nerita, Sovan, and Mayur, will be recruiting three new organizational members to join the SC.
- Nerita inquired if the organization has to have an office in Montgomery County. Meng clarified that an organization is qualified as long as the organization has a substantial relationship in Montgomery County and serves the local community.
- Nguyen clarified that the SC would like to bring in new organizational members from organizations that are not represented in the SC. The committee identified what groups to invite and would reach out to those groups to participate in the SC. Based on personal relationships, some of the communities the SC will reach out to include the Filipino, Thai, Sri Lankan, and Mongolian communities. Nguyen suggested the SC to reach out and meet with those groups.

ACTION ITEM: The SC will reach out to the Filipino, Thai, Sri Lankan, and Mongolian communities.

- Nguyen asked the Nomination and Membership Committee to report at every SC meeting so that the SC can get updates on recruitment.

ACTION ITEM: The Nomination and Membership Committee will provide updates at upcoming SC meetings.

Updates from Liaisons and Members

- **Health Montgomery (Nguyen Nguyen)**
 - Update from Healthy Montgomery was not recorded in meeting minutes.
- **County Executive Asian American Advisory Committee (Sam Mukherjee)**
 - Sam reported that the committee is at a standstill since the inception of the new County Executive. Yi Shen has been recruited to replace Diane Vu but no meeting has convened.
 - Sam has discussed the purpose of this committee with Marc Elrich and changes may happen in the future. Sam also commented that he was unhappy to witness different advisory groups competing on the amount of grants they received.
- **Governor's Commission on Asian American Affairs (Sovan Tun)**
 - The commission did not have a quorum at the last meeting, thus no meeting was held.
 - Nguyen inquired about the frequency of meetings. Sovan responded that the commission meets every two months.
- **Commission on Aging (Tho Tran)**
 - Tho Tran did not attend the last meeting and they are currently on summer break.
- **Governor's Commission on South Asian American Affairs (Mayur Mody)**
 - The commission will be hosting a celebration for South Asian month in October. The celebration may be held in Silver Spring and they will be inviting Governor Larry Hogan to attend.
 - The commission will be unveiling a health book for local hospitals in October. The health book serves as a guide on various cultural and religious customs so that hospitals can better cater to the needs of their patients. An electronic copy of the book was launched in the Asian Pacific American Heritage Month. Mayur will send the health book to the SC once it is officially published.

ACTION ITEM: Mayur will send the health book to the SC after it is officially published.

- **Leadership Institute for Equity and the Elimination of Disparities (LIEED) (Sam Mukherjee)**
 - Sam mentioned that they have been meeting with all the County Councilmembers. Some of them are aware of LIEED while others are not. It seemed that Raymond Crowel, Director of the Montgomery County Department of Health and Human Services, did not bring up LIEED during his meetings with the County Council.
 - Marc Elrich is starting an office on racial equity and Sam strongly stated that community stakeholders should be involved in the office. LIEED may not be an advisory group anymore.
 - Mayur commented that from his experience, regarding social injustice and racial equity, AAHI should be standing up for the community and for smaller organizations who may not have the connections to the County Council or the government.

- **Others**
 - Tho announced that the Vietnamese American Services (VAS) will be hosting a Mid-Autumn Festival in September. If any SC members would like to have a table at the event, please let her know.

ACTION ITEM: The SC will let Tho know if they would like to participate in the Mid-Autumn Festival in September.

Adjourn (Nguyen Nguyen):

- Nguyen adjourned the meeting at 8:35 PM.

ACTION: Meeting adjourned at 8:35 PM.

Next Meeting: Tuesday, September 10, 2019.

Alternative Medicine

Key Findings from

A White Paper

*Exploring Opportunities to Enhance the Wellness
of Asian Americans
in Montgomery County, Maryland*

Presented to the AAHI Steering Committee
August 13, 2019



What is Wellness?

The WHO defines wellness as
“a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”¹

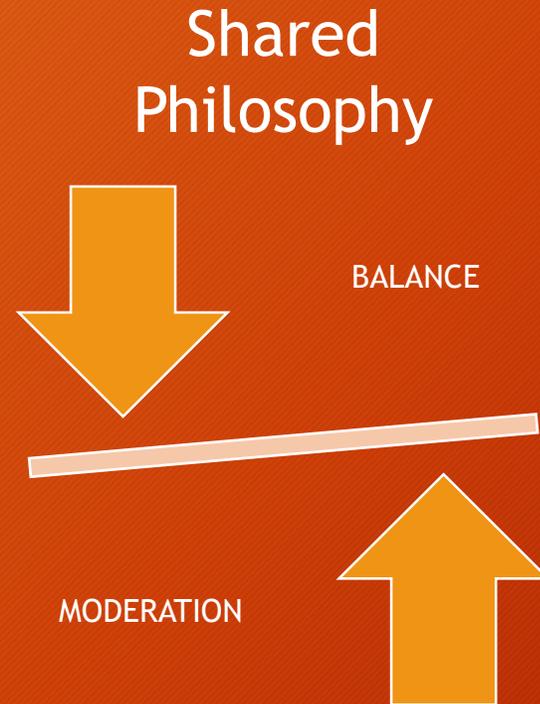
¹ World Health Organization. (2019). Mental health: a state of well-being. Retrieved from https://www.who.int/features/factfiles/mental_health/en/.

What is Alternative Medicine?



Earliest Forms of Alternative Medicine

Ayurveda -
5,000 years old
teachings of medical
practices and
traditions of India



Traditional Chinese
Medicine -
over 3,000 years old
teachings of medical
practices and
traditions of China

Definitions

Alternative Medicine

“A non-mainstream practice used in place of conventional medicine”²

Complementary Medicine

“A non-mainstream practice used together with conventional medicine”²

Integrative Health

Coordinates conventional and complementary approaches by emphasizing a patient-centered approach to care.²

Individual Wellness

Population Wellness

² National Institute of Health’s National Center for Complementary and Integrative Health (NCCIH). (2019). Complementary, Alternative, or Integrative Health: What’s In a Name? Retrieved from <https://nccih.nih.gov/health/integrative-health>.

U.S. Trends

U.S. Department of Health & Human Services • National Institutes of Health



Use of Yoga and Meditation, U.S. Adults Aged 18 and Over



Source: Clarke TC, Barnes PM, Black LI, Stussman BJ, Nahin RL. Use of yoga, meditation, and chiropractors among U.S. adults aged 18 and over. NCHS Data Brief, no 325. Hyattsville, MD: National Center for Health Statistics. 2018.

nccih.nih.gov

Licensed Health Practitioners

- Acupuncturists
- Chiropractors
- Licensed Massage Therapists
- Naturopath
- Osteopath
- Registered Dietician



Non-licensed Health Practitioners

- Ayurvedic Practitioner
- Traditional Chinese Medicine Practitioner
- Homeopathic Practitioner
- Energy Practitioners
- Mind Practitioners
- Body Practitioners

Natural Products

- Natural products encompass vitamins, nutrients, mineral compounds extracted from marine life, bacteria, fungi, plants, herbs and animals.
- Dietary Supplements
- TCM Herbal Products



Insurance Coverage and Reimbursement

Most alternative and complementary medical practices and services in the U.S. are paid for without insurance.

Public Insurance

- Medicaid - Acupuncture
- Medicare - Acupuncture*
Chiropractic
Medical Nutrition Services

Private Insurance

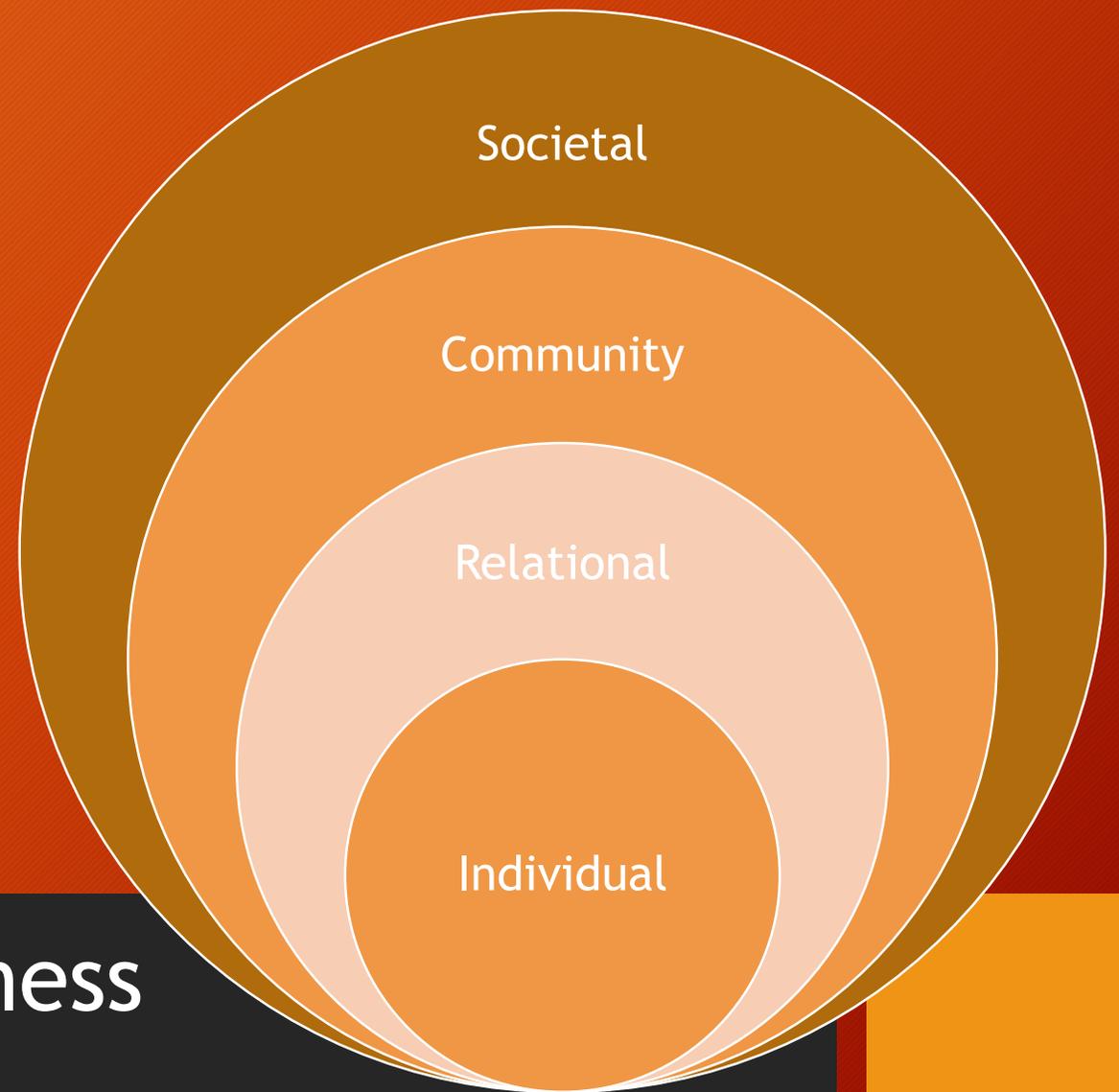
- Acupuncture
- Chiropractic with or without physical therapy
- Massage with or without physical therapy
- Nutrition Counseling

*CMS to determine coverage changes by October 2019 for use in treating low-back pain.³

³ Centers for Medicare & Medicaid Services. (2019). National Coverage Analysis (NCA) Tracking Sheet for Acupuncture for Low-Back Pain. Retrieved from <https://www.cms.gov/medicare-coverage-database/details/nca-tracking-sheet.aspx?NCAId=295&bc=ACAAAAAAQAAA&>.

KEY TAKEAWAYS

- **Individual:**
Stream audio meditation and imagery therapies as a discrete option for reducing stress.
- **Community:**
Offer evidence-based Tai Chi programs in partnership with a Parks and Recreation Office to improve programming for specific ailments like arthritis and diabetes.
- **Societal (Organizational):**
Group Mindfulness Courses in workplace settings may reduce stress, increase social interaction, shift perceptions, increase emotional intelligence and facilitate mindful communication among colleagues.



How can we Enhance Wellness with Alternative Medicine?

Roadmap for Health Departments to Implement Alternative Medicine Programs

1. Assess Population Needs
2. Develop Your Business Case
3. Engage Key Stakeholders
4. Construct a Sustainability Plan



Thank You

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