

IM4US 12th Annual Conference | Virtual

DECOLONIZING MEDICINE 2022

Centering and Rebuilding Grounded Approaches to Healthcare



Supporting inclusive and equitable integrative health care access for all communities





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CONFERENCE INFORMATION

Full Conference, 3-Day Registration Access

Your registration gives you access to each day's sessions and recordings through October 5, 2023.

Daily Conference Registration

Your registration fee gives you access to live Plenary Sessions, the daily, self-paced learning sessions launched on your day of registration, and other daily meetings as posted on the IM4US Schedule of Events. Daily, self-paced learning sessions may be viewed through October 5, 2023.

Live Plenary Sessions

All live sessions will be recorded and available for revisiting within 24 hours of the live session. IM4US registered attendees will have viewing access through October 5, 2023.

Continuing Medical Education

If you have registered for CME, a \$75 optional add-on, you will be emailed an Annual Meeting evaluation after the Annual Conference. Learners must complete an evaluation form to claim hours and attest to session attendance, to receive a certificate of completion. The Annual Meeting evaluation must be completed by November 8, 2022. You may however revisit recorded sessions through October 5, 2023.

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University of California, Irvine School of Medicine and Integrative Medicine for the Underserved. The University of California, Irvine School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement

The University of California, Irvine School of Medicine designates this live virtual activity for a maximum of 59 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

California Assembly Bill 1195

This activity is in compliance with California Assembly Bill 1195, which requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. For specific information regarding Bill 1195 and cultural and linguistic competency, please visit the CME website at www.meded.uci.edu/CME/.

Claiming CME Credits

After the conference, all attendees who have registered for CME will receive a link to the conference evaluation. After an attendee completes the evaluation, the attendee will attest to the credits each is claiming for sessions attended or recordings viewed during the conference. At the end of the survey, the CME certificate will populate in your browser, to be saved or printed. The certificate will also be emailed to the address you provide on the evaluation survey. The evaluation form must be completed and submitted online by November 8, 2022.

Non-physician healthcare professionals will receive an HCP certificate (Healthcare Provider Certificate). You may submit this certificate to your own credentialing board for determining transferable CEUs.

Attendees may access the conference recordings through October 5, 2023, but may only claim credits for the sessions attended live or for the recordings watched during the conference event, through November 8, 2022.



ANNUAL CONFERENCE COMMITTEE



Jude Bornstein-Chau, MD
CO-CHAIR
ANNUAL CONFERENCE COMMITTEE
Physician
Oak Street Health



Steven Chen, MD *Chief Medical Officer ALL IN Alameda County*



Patricia Standtal Clarke, MD, DMin, FAAFP, ABOIM, Didanawisqi Physician Red Road Medicine



S. Prasad Vinjamury, MD (Ayurveda), DACM, MPH Physician Southern California University of Health Sciences



Mia Short, CAE, CMP
CO-CHAIR
ANNUAL CONFERENCE COMMITTEE
Director of Education & Membership
Integrative Medicine for the Underserved

I have been waiting for content such as this for a long time and am so very grateful that IM4US took the leap.

- 2021 Conference Attendee





Decolonizing Medicine
Centering and Rebuilding Grounded
Approaches to Healthcare 2022





BOARD OF DIRECTORS



Deborah Gracia, DOIM4US BOARD PRESIDENT

Chief Medical Officer, Boringuen Health Centers

Dr. Deborah Gracia is the Chief Medical Officer at Borinquen Health Care Center, Inc., a federally qualified health center facility that has 9 sites and 31 schools and serves the underserved communities all throughout Miami Dade County. Dr. Gracia has been a provider and educator of Internal Medicine for over 20 years.

Dr. Gracia is Board Certified in Internal Medicine and a current fellow at The University of Arizona Andrew Weil Center of Integrative Medicine. The Borinquen Health Care Center (BHCC) clinics comprise one of South Florida's FQHC's serving patients who have disparities in access to healthcare. Being fluent in English and Spanish, French, and Haitian Creole has allowed Dr. Gracia to better assess the needs of patients and the community.



Ariana Thompson-Lastad, PhD

IM4US BOARD SECRETARY

Assistant Professor, UC San Francisco

Ariana Thompson-Lastad is an integrative health care researcher based in the San Francisco Bay Area. As an Assistant Professor of Family and Community Medicine at the UCSF Osher Center for Integrative Medicine, her research focuses on group medical visits and integrative approaches to advancing health equity in safety-net settings. Ariana spent five years as a health educator and group medical visit facilitator at a community health center and received her PhD in medical sociology from UC San Francisco. In addition, Ariana is a member of the Bay Area Structural Competency Working Group, where she co-facilitates training for health care practitioners and trainees.



Jude Bornstein-Chau, MDIM4US BOARD VICE-PRESIDENT

Physician, Oak Street Health

Jude Bornstein-Chau is a wife, mother, advocate, and Board-Certified Internist. Jude currently works as a primary care physician at Oak Street Health, which leverages data science and population health to drive primary care once more toward common-sense prevention in underserved populations. Of particular interest to her both personally and professionally are mind-body techniques for mental health and pain control, culinary medicine, Ayurveda, and palliative care.

Jude believes in Integrative Medicine as a powerful force for social change, and sees IM4US as the organization that can faithfully represent a multiplicity of voices, spurring the fight for social justice and healthier communities.



Steven Chen, MDIM4US BOARD TREASURER

Chief Medical Officer, Alameda County Recipe4Health

Steven Chen is Chief Medical Officer of Alameda County Recipe4Health (R4H), an award – winning food as medicine model that brings health care, food systems, and agriculture to improve food/nutrition insecurity, chronic disease, and health racial equity. While leading the scale and spred of R4H, Dr. Chen and team implemented one of California's first medically supportive food and nutrition services as a Medi – Cal (Medicaid) benefit.

A son of immigrants and a 2nd generation Taiwanese American, Dr. Chen developed integrative medicine services to offer acupuncture and osteopathic manipulative medicine services in FQHCs. Dr. Chen trained in LEAN process-improvement, designed a state of the art clinic with teaching kitchen, medical group visitconducive space, and pod-based care teams. Dr. Chen is on the California Medically Supportive Food & Nutrition Steering Committee, helped to craft two bills for the California legislature, and has given testimony to the House Rules Committee Roundtable on Food as Medicine.



Program Day 1 | Thursday, October 6, 2022

Decolonizing Medicine: Centering and Rebuilding Grounded Approaches to Healthcare *All Times in Eastern Daylight Time



Denotes CME applied for



Select a presenter to view full profile and bio.



OPENING CULTURAL CEREMONY (CME*

Sponsored by the Samueli Foundation



PATRICIA STANDTAL CLARKE, MD, DMIN, REV, DIDANAWISQI REDROAD MEDICINE

The Opening Ceremony honors indigenous healers and healing, and acknowledges the foundational connections indigenous people have recognized amongst individuals, communities, and environments. As integrative practitioners, we are profoundly grateful for the gifts of knowledge and teaching indigenous healers have held for centuries. With cultural humility and deep respect, we honor the willingness to share these practices with a broader audience in the service of improving the care of underserved populations.

11:30 AM

- 1:00 PM EDT

OPENING SESSION

LIVE PLENARY



PLENARY

Confidence in Conflict: Guide to Bringing Microaggression Response Tools to Your Workplace

Practitioners and clinic staff will acquire tools and skills to support themselves and their colleagues in times of stress, discomfort, and perceived lack of safety. We will review our workshop methodology which included a microaggression toolkit used to gain comfort with personalized strategies in responding to bias as well as a mindfulness component utilized to enhance sense of control and minimize trauma response. We will discuss what helps to foster a safe and supportive space for reflection, sharing, and discussion among staff who have faced bias in their work. We will practice these techniques to gain confidence in teaching and leading these skills in their own practices.



TIA TUCKER, MD, MPH
TUFTS FAMILY MEDICINE
RESIDENCY AT CAMBRIDGE
HEALTH ALLIANCE



CORTNEY CRESPO, MD

TUFTS UNIVERSITY FAMILY

MEDICINE RESIDENCY AT

CAMBRIDGE HEALTH ALLIANCE



2:00 PM - 2:30 PM EDT

WELLNESS

PLENARY

LIVE WELLNESS EXPERIENTIAL CME* Traditional Healing Sounds from Mount Emei for Rebalancing

Emei Qigong's Sacred Healing Sounds are over 1000 years old and have been shared from lineage holder to lineage holder to maintain its authenticity. This session provides an accessible way for attendees to learn and share this simple but effective practice with their communities per the desires and direction of the 12th and 13th lineage holders of the school.



DAVID GASEOR, DACM, LAC, 14th GENERATION EMEI TEACHER

XIN PAZ OUTREACH

2:00 PM EDT

Pre-recorded sessions available for self-paced learning

SELF-PACED LEARNING SESSIONS

Sessions Available Thursday, 10/6:

- Critiquing the Buzzword: What is Decolonization
 and What makes an Initiative Decolonial?*
- Cultivating Compassion in Medical Training*
- Finding Common Ground: Exploring Power Differentials in Health Care*
- I Can't Afford That! The Paradigm of Functional Medicine Lab Testing*
- Implementing Group Medical Visits for Patients with Chronic Pain*
- Epistemological Pluralism in Integrative Health: Language and Interprofessional Collaboration*
- Complexities of Intersectionality: Caring for Children Living Sickle with Cell Disease*

- How to Evaluate and Gain Funding for your Care Intervention?*
- Interprofessional Experiential Learning Fosters Inclusive Integrative Healing in Patients and Healthcare Workers*
- Introducing Reiki into a Behavioral Health Clinic*
- Returning Equity to Health Risk for All People*
- The Client's Worldview: Framework to Guide Practice and Create Innovative Holistic Models of Care*
- Trapped in Trauma: Paving the Path to Health and Healing*

2:30 PM

- 3:30 PM EDT

PLENARY

COMMUNITY-BASED CARE

CULTURAL MISAPPROPRIATION

LIVE PLENARY (CME*)

Re-Rooting Kinship for Community Healing

"Roots Watering Hole" takes on the traditional and indigenous practice of oral storytelling. We engaged a diverse set of individuals around the US for a conversation to explore healing, specifically for those across the African Diaspora. In this session is to share the story of podcast development and delivery with some clips from the podcast to empower the attendees in forming collaborative partnerships that can expand and therefore harmonize our ability to heal. The participants will learn a range of healing opportunities using local and national experts. They will in turn transform cultural misappropriation in integrative health and support efforts to collaborate without co-optation.



ORRIN WILLIAMS

CPHP AT UIC



AKILAH MARTIN, PHD
AM ROOT BUILDERS, INC.

3:30 PM- 3:50 PM EDT

BREAK



3:50 PM - 4:50 PM EDT

PLENARY

COMMUNITY-BASED CARE

LIVE PLENARY (CME*)

Re-Building Black Utopias: Neighborhoods as Medicine

This session will deliver a case study of the "Building Black Utopias: Transforming Redlines into Green Spaces" project. The project went into formerly redlined neighborhoods and gathered resident stories of play, well-being and prosperity. The session will share this real-world success story of using the ancient diasporic tool of communal storytelling in a "green space" that was fought for in the Civil Rights movement, specifically a historic Black beach in South Florida, supported by the trauma-informed healing practices of the Center for Mind-Body Medicine. Participants will discover the opportunities to ground medicine through their communities' own rituals and safe spaces.



NERISSA STREET, BABE YOUR OWN ANSWER, LLC



UDAYA THOMAS, PHD,
MSN, MPH, APRN
NOVA SOUTHEASTERN UNIVERSITY

4:55 PM - 6:00 PM EDT

Virtual Exhibit Hall and Poster Sessions Open

6:00 PM

- 7:30 PM EDT

PLENARY

CULTURAL MISAPPROPRIATION

LIVE PLENARY CME*

Reconnect & Reclaim: Cultural Misappropriation and Healing Practice Acknowledgements (Part 1 of 2)

Each interactive session engages a panel of presenters and workshop participants in facilitated discussion groups. Over two sessions, we work on defining and exploring the complexities of cultural misappropriation, introducing healing practice acknowledgements, and creating a guideline for developing dialogue groups, safe space, aids for self-reflection, and methods for taking action.



KAREN ROSEMARIN KING EKWUEME, MD



SHALINI SINGH-KARNIK, MD
HONOR HEALTH



SONIA SOSA, MD



CHRISTA FERNANDO, MS2
BROWN UNIVERSITY



CHERYL MARTIN, MD, MA
BRONXCARE HEALTH SYSTEM



ELIZABETH ROCCO, MD

ONE MEDICAL



JOCELYN WENSEL, MA, MS2



RINA DESHPANDE, ED.M, MS.T., ERYT-500

7:45 PM - 8:15 PM EDT

LIVE Virtual Networking & Meet the Speakers

8:15 PM

ADJOURN

Day 1 | Thursday, Oct. 6



Program Day 2 | Friday, October 7, 2022

Decolonizing Medicine: Centering and Rebuilding Grounded **Approaches to Healthcare** *All Times in Eastern Daylight Time



(CME*) Denotes CME applied for



Select a presenter to view full profile and bio.



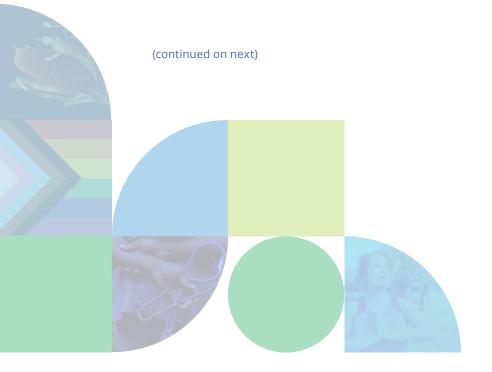
Pre-recorded sessions available for self-paced learning

SELF-PACED LEARNING SESSIONS

Available Sessions Friday:

- **Transforming the National Diabetes Prevention** Program through FQHC Partnerships*
- **Using Cultural Sensitivity and Traditional** Medicine in Integrative Health Practices*
- **Building Power with Community and Creating** Anti-Racist, Integrative Healthcare Systems*
- Integration of Chiropractic with Allopathic Medicine in an LGTBQ-centered FQHC*
- Speaking the Language of Safety in HRO systems as LAcs*
- Brief Energy Resets for Self-Care: Self-Massage, Tapping, Breath*
- An Integrative Approach to PCOS for Latinx and Mixtec Women*
- **Bending Together: Pathways Toward Engaging** Dance as Chronic Illness Research*

- Dancing to a New Beat: The Art and Science of Sound and Music Healing*
- **Decolonization Perspectives and Insights from Braiding Sweetgrass: A Panel Discussion***
- **Determining Affordability: An Introduction** to Economic Evaluation*
- **Nurse-IHW Student Partnerships with Portland** Street Response for Holistic Wellbeing*
- Post Acute Covid Syndrome (PACS)*
- Sharing Humanity through Arts, Reflection, & Expression (SHARE) for Integrative **Health Equity***
- **Through the Looking Glass Examines** Modern-Day Psychedelic Use Through the Lens of Homeopathy*
- Understanding the Barriers to Integrative Oncology for African Americans with Cancer*







10:45 AM - 12:00 PM EDT

PLENARY

COMMUNITY-BASED CARE

DECOLONIZATION

LIVE PLENARY CME*

Decolonizing Integrative Health: Community-Centered Wellness Education

We will describe the development of the curriculum using key principles of community engagement and share critical considerations; the implementation and evolution of the material to meet families' needs; program evaluation data including qualitative feedback; overall lessons learned; how we are expanding to community and organizational wellness programming; future directions; sustainability planning and implications for public policy. We hope sharing our curriculum will be one of many opportunities to facilitate growth of our curriculum and other opportunities aimed at decolonizing integrative medicine.



TIFFANY SILLIMAN COHEN, LMT, CPMTII, CIMTII CHILDREN'S HOSPITAL OF PHILADELPHIA



KEANNA RALPH, DSL, MPA CHILDREN'S HOSPITAL OF PHILADELPHIA



MICHELLE H. EL KHOURY, PHD
CHILDREN'S HOSPITAL OF
PHILADELPHIA



CAMYA VANCLIFF, BA CHILDREN'S HOSPITAL OF PHILADELPHIA



ROBIN ORTIZ, MD, MS, FAAP NYU GROSSMAN SCHOOL OF MEDICINE



ROBIN MICCIO, MS, LMT CHILDREN'S HOSPITAL OF PHILADELPHIA



DEJANABA GORDONCHILDREN'S HOSPITAL
OF PHILADELPHIA

12:00 PM - 12:15 PM EDT

BREAK | Virtual Exhibit Hall & Research Posters

12:15 PM- 1:00 PM EDT

PLENARY

LIVE PLENARY (CME*)

The Isolated Yanomami People: Reclaiming Healthcare Sovereignty while Confronting Colonization

Participants will have an in-depth look into the complexities of the healthcare crises of the Yanomami and other isolated indigenous peoples, the failure of both domestic and international medical interventions, the colonizing effects of federal indigenous healthcare and welfare programs, and the new innovative approaches being implemented by the Yanomami Healthcare Sovereignty Project. In this new paradigm, the indigenous communities and healers initiate every step of the way as they work together to discover the best approach to return a sense of vitality and sovereignty to their lives in the most sustainable, non-invasive means possible.



SAMARPAN ANAND BUCHALTER, DC YANOMAMI HEALTHCARE SOVEREIGNTY PROJECT

1:00 PM- 1:15 PM EDT

BREAK





1:15 PM - 1:45 PM EDT

PLENARY

GROUP MEDICAL VISITS

BASED CARE

COMMUNITY **HEALTH CENTER/ FQHC**

LIVE PLENARY (CME*)

Continuous Glucose Monitoring Group Visits: A Unique Integrative Approach to Diabetes Management in Community **Health Care**

In 2022, Boringuen Medical Centers of Miami-Dade County introduced a new model of diabetes care, using historically successful care models – group medical visits, paired with modern diabetes technology – continuous glucose monitors. This program promotes collaborative care among a diverse team of providers - PCP, Endocrinologist, Clinical Pharmacist, Wellness Coach and Peer Coach. The program allows patients to experience a minimum of a 2-week trial with the continuous glucose monitors. This trial allows the provider to address any medication changes; and gives patients real-time information on how their diet and health behaviors impact their blood sugar. The group medical visit setting allows for adequate education on the medical device, as well as a supportive environment to begin to address behavior modifications. Attendees will learn the benefits of CGM use in a group visit setting, and will be given an outline of the workflow and billing model. Attendees will understand how to incorporate coaching into their care model to bridge the gap between medical care and health & wellness.



MAGGIE QUINN, ND BORINQUEN MEDICAL CENTERS BORINQUEN MEDICAL CENTERS



DEBORAH GRACIA, DO

1:45 PM

- 2:00 PM EDT

BREAK

2:00 PM

- 2:45 PM EDT

PLENARY

CULTURAL IISAPPROPRIATION

LIVE PLENARY (CME*)

Reconnect & Reclaim: Panel on Fostering Cultural Exchange (Part 2 of 2)

In Part Two, we discuss the complexities of cultural misappropriation, healing practice acknowledgements, and define guidelines for moving forward.



KAREN ROSEMARIN KING EKWUEME, MD



SHALINI SINGH-KARNIK, MD HONOR HEALTH



CHERYL MARTIN, MD, MA BRONXCARE HEALTH SYSTEM

2:45 PM

- 3:00 PM EDT

BREAK



3:00 PM- 4:00 PM EDT

PLENARY

LIVE PLENARY (CME*)

Seeing Mental Health Through New Eyes: Integrative and Indigenous Approaches to Emotional and Spiritual Healing

This workshop will introduce the audience to a large, ecological framework of mental health which includes, cultural and ancestral strengths, the trauma of colonization and its connection to mental health, and our current, limited, and often harmful lens for treating mental health issues. Examples of alternative frameworks and patient stories will be presented, along with experiential exercises of ritual, connection, and honoring of the land and people with which we work. The audience will learn to identify ways the mental health profession has been colonized, ways to connect, diagnoses, and see "treatment" from a strength-based perspective while building healing communities as part of developing treatment approaches. Miguel Rivera is a Native Elder, Quechen and Lakota medicine ways mineage and Lewis Mehl-Medrona, MD is a physician, Cherokee Medicine and Native Elder. Omid Naim, MD and Tobi Fishel, PhD are trained in western ways and by native healers.



TOBI FISHEL, PHD USC/LAC+USC



LEWIS MEHL-MADRONA, MD, PHD WABANAKI PUBLIC HEALTH AND WELLNESS



OMID NAIM, MD La Maida Project



MIGUEL RIVERA

NATIVE ELDER,
INDIGENOUS HEALER

4:00 PM - 4:15 PM EDT

BREAK

4:15 PM - 5:00 PM EDT

PLENARY

LIVE PLENARY STAGE

Native Ground: Toes in the Soil CME*

Traditional Healer, physician, and priest shares her journey walking in two worlds: Native and Anglo. Learn tools in a Didanawisqi medicine bag: physical medicine, plant medicine, dreamwork, thorn puncture, laws of nature, ritual and ceremony (soul of medicine), and teachings of right relations.



PATRICIA STANDTAL CLARKE, MD, DMIN, REV, DIDANAWISQI

REDROAD MEDICINE

5:10 PM - 5:40 PM EDT

PLENARY

Lifestyle GEMS (Grow, Eat, Move) Program for VA HUD/VASH Patients (CME*)

HUD-VASH is a collaboration between HUD and VA that combines HUD housing vouchers with VA supportive services to help homeless Veterans and their families find housing. Many Veterans receiving HUD/VASH vouchers live in communities which are Food Deserts and with minimal green space. Local statistics indicate that one out of four Atlantans live in a food desert. Residing in a food desert has been associated with increased diabetes, obesity and cardiovascular disease. Living in urban areas with minimal green space has been associated with decreased physical activity, low mood and increased stress. We describe how we partnered with community resources to provide education for HUD/VASH recipients in nutrition, supermarket shopping, healthy cooking and growing food in urban areas such as windowsill and community gardens. In addition, participants were offered physical activity instruction virtually and live. The effects on the veterans are described.





ALICE FANN, MD, PHD, LAC
ATLANTA VA HEALTHCARE
SYSTEM



STEPHANIE BROWN-JOHNSON, MD
ATLANTA VA HEALTHCARE



SHERRI DORN, PHD
UNIVERSITY OF GEORGIA

5:45 PM

- 6:15 PM EDT

PLENARY

COMMUNITY HEALTH CENTER/ FQHC

COMMUNITY-

Centering Food in Healthcare: Gardening and Cooking for Healing (CME*)

This session offers insights on effectively engaging clinical leadership and patient and community stakeholders to develop new paradigms for healing. CommuniCare Health Centers (CCHC) offers patient-centered food programs as a modality for holistic healing. CCHC, in Yolo County, California, is rich in agricultural heritage and home to the world's leading agricultural institution, UC Davis.



EDYE KUYPER
COMMUNICARE
HEALTH CENTERS



MARINA CONTRERAS

COMMUNICARE



BRIAN BOYCE

COMMUNICARE
HEALTH CLINIC

6:20 PM - 6:50 PM EDT

PLENARY

Moving Towards Equity in Integrative Health: A Model for Institutional Change & Lessons learned from the AIHM BIPOC CME*

Participants will learn barriers, hurdles, challenges and tools to address equity in integrative health. Essential elements and learnings will be shared, from the critical first step of creating safe spaces for the community to share through the AIHM 'Crucial Conversations' series in integrative health equity, to internal reflection and training of board and staff with a newly created health equity curriculum to undertake this critical work. In sharing our journey we hope that other organizations and health systems will also make the long-term commitment required for sustained organizational change towards health equity in integrative health.



RASHMI MULLUR, MD
UCLA



YVETTE MILLER, MD, ABIHM



JEAN DAVIS, PHD, DC, PA



TABATHA PARKER, ND

ACADEMY OF INTEGRATIVE
HEALTH & MEDICINE (AIHM)

7:00 PM ADJOURN



Program Day 3 | Saturday, October 8, 2022

Decolonizing Medicine: Centering and Rebuilding Grounded **Approaches to Healthcare** *All Times in Eastern Daylight Time



(CME*) Denotes CME applied for



Select a presenter to view full profile and bio.



Pre-recorded sessions available for self-paced learning

SELF-PACED LEARNING SESSIONS

Available Sessions Saturday:

- Anti-Racism 202: Moving Your Organization Towards Equity and Inclusion*
- Disparities in Pediatric Food Allergy*
- **Efficacy of Utilizing Qigong in Addiction** Treatment and Recovery*
- **Examining Implementation Determinants** of Centering Parenting during the Pandemic through a PBRN*
- Exploring Your 7 Core Areas of Health*
- FAJ Deep Wellness Project: Decolonizing and Centering Resilience at Work*

- **Group Ketamine Therapy: Community Outreach** and Its Challenges*
- Healing Inside Out: NADA Ear Acupuncture in **Corrections Settings***
- Honoring and Uplifting the Emotional Resilience of BIPOC Communities*
- Self-Care for the Workplace: Breema and the Nine Principles of Harmony
- Sustainable GMV Pay Models in an Integrated Private Practice for the Underserved*

10:00 AM - 11:00 AM EDT

PLENARY

LIVE PLENARY (CME*)



Community Resiliency Model: Using Your Own Nervous **System for Resilience**

CRM helps individuals understand their responses to stress and learn to read sensations connected to their own well-being. CRM's goal is to help to create trauma-informed and resiliency-focused communities. We will describe our CRM research with front-line workers and describe our local and international crosssector efforts, including current efforts in Ukraine, to disseminate this body-based, sensory-awareness resiliency model. CRM is already changing systems to incorporate trauma-informed and resiliency-focused elements and impacting individuals, institutions, and communities.



LINDA GRABBE, PHD, **FNP-BC, PMHNP-BC EMORY UNIVERSITY SCHOOL OF NURSING**



ELAINE MILLER-KARAS, MSW, LCSW TRAUMA RESOURCE INSTITUTE



11:05 AM - 12:05 PM EDT

PLENARY

LIVE PLENARY (CME*)



IM4US Tomorrow: Member Plenary & Closing Ceremony

Are you ready to talk about how to collaborate and achieve more, moving forward? Join IM4US leadership for a discussion on equitable strategies, innovative design, inclusive ideas and real-world model healthcare strategies for all. Leave the IM4US Plenary inspired, connected and with a vision for the future of integrative medicine in underserved communities.



DEBORAH GRACIA. DO BORINQUEN MEDICAL CENTERS IM4US PRESIDENT



IUDE BORNSTEIN-CHAU. MD OAK STREET HEALTH **IM4US VICE PRESIDENT**



STEVEN CHEN, MD RECIPE4HEALTH ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY **IM4US TREASURER**



ARIANA THOMPSON-LASTAD, PHD UC SAN FRANCISCO **IM4US SECRETARY**

12:00 PM **CONFERENCE ADJOURNS**





Explore PCE offerings at www.muih.edu/ce or email ce@muih.edu

> Maryland University PCE of Integrative Health Profes





Learn more today at saybrook.edu



Available 2:00pm EDT, Thursday, Oct. 6

Decolonizing Medicine: Centering and Rebuilding Grounded Approaches to Healthcare | Oct. 6-8, 2022, Virtual | im4us.org/conference

(CME*) Denotes CME applied for



Select a presenter to view full profile and bio.

Complexities of Intersectionality: Caring for Children Living with Sickle Cell Disease (CME*)

Sickle cell disease (SCD) is an inherited chronic disease that impacts millions of persons worldwide; however, in the United States (US), the myth of SCD being a 'Black disease' persists. Healthcare disparities, structural racism, misinformation, and adverse social determinants of health complicate care and exacerbates the chronic pain and emotional/ psychological stress that many children living with SCD contend with across the lifespan. This presentation will provide a brief historical overview of SCD in the US, the sociocultural-political contexts that may complicate children and their families' experiences, the manifestation of the disease and implications for mental well-being, and theoretical frameworks that may contribute to effective treatment/intervention.



THEOPIA JACKSON, **PHD**

DECOLONIZATION

Critiquing the Buzzword: What is Decolonization and What makes an Initiative Decolonial? (CME*)

As we create and innovate within integrative medicine and in healing spaces, it is vital that we not only dedicate ourselves to thinking about decolonization and understanding what it really means to organize in this movement, but we also act to decolonize. Deconstructing settler-imposed systems that continue to oppress Black, Brown, and Indigenous people, requires deeply considering and changing the way we teach, what we teach and how we teach it. Framing who decolonization work is about and for is an integral step in moving forward with effective decolonial action. Learn what you can do in your organization, class, clinic, spaces that is actionable and true to the movement. I will share the process of creating and rewriting the Food is Power curriculum I co-created with Julia Hesse Fong that teaches Afro Centric, decolonized culinary medicine to middle schoolers on Chicago's South Side, as well as reflections from being a medic healer at Standing Rock during the NODAPL protest in 2016.



GEETA MAKER-CLARK, MD, ABOIM NORTH SHORE UNIVERSITY HEALTH SYSTEM, UNIVERSITY OF CHICAGO



JULIA FONG

WELLNESS **EDUCATION**

Cultivating Compassion in Medical Training CME*

Compassion is beneficial for patients, providers, and health systems, yet little has been done to inculcate allopathic medical training with the deliberate cultivation and development of compassion. Via an implementation science framework, our group sought to uncover what medical students and educators believe about the role of compassion in training future physicians. In this session, we will outline the elements of day-to-day healthcare and health education that support or hinder compassion, as well as the factors that contribute to compassion being perceived as sustaining or draining. Additionally, we will share the pedagogies and curricular content that could be incorporated into undergraduate medical training to help students and their mentors develop a more inclusive and enactive compassion, and the identified barriers to implementing such a curriculum.



CHARLES LANE, MEDICAL STUDENT, Y4 **EMORY UNIVERSITY** SCHOOL OF MEDICINE



EMORY UNIVERSITY





Available 2:00pm EDT, Thursday, Oct. 6

Decolonizing Medicine: Centering and Rebuilding Grounded Approaches to Healthcare | Oct. 6-8, 2022, Virtual | im4us.org/conference

Epistemological Pluralism in Integrative Health: Language and Interprofessional Collaboration CME*

Higher education health and medicine programs have been taking a critical look in the past several years at what they are teaching students and how it re-enforces the hegemonic dominant biomedical model, which marginalizes patients, communities, and traditional healers. Without exploring the culture and history of Sacred Healing Traditions, the terminology and philosophies have, in some cases, been adapted to the receiving culture here in the US, resulting in the appropriation of healing approaches uprooted from their originating cultures and further marginalization. Developing awareness and acceptance of the diversity of health and wellbeing philosophies is a core component of interprofessional communication in integrative health. This presentation will explore the differences between biomedical epistemic philosophy and epistemic pluralism. Attendees will learn about a teaching tool implemented in a first-year graduate course surveying complementary health approaches to facilitate active learning opportunities to develop epistemic pluralism through the exploration of language in preparation for their future practices in integrative health. The lessons learned, insights gained, and next steps in development will be discussed, including exploring the current challenges with identifying authoritative sources of Sacred Healing Traditions within academia.



MARYBETH MISSENDA. MS RPH, HERBALIST MARYLAND UNIVERSITY OF INTEGRATIVE HEALTH

Finding Common Ground: Exploring Power Differentials in Health Care CME*

This presentation is for health care workers in Western models, such as doctors, nurses, psychotherapists, psychiatrists, and social workers, to complementary/alternative and traditional models such as acupuncturists, chiropractors, homeopaths, and other types of healers. This presentation will explore power dynamics at play in practitioner patient interactions. We will examine how we view and experience ourselves as health care practitioners and how we view and experience the people we serve. Participants will have the chance to explore the implicit and explicit messages regarding power and authority they received during their training and impart in their profession. Through interactive selfreflective exercises, participants will begin to consider the notion of common ground and unpack how many of these implicit messages serve us as practitioners. Participants will also reflect on their own experiences as patients/clients. Finally, participants will look at how binary power dynamics impact client agency and consequently health outcomes in the practitioner patient economy.



VANESSA BLACK, **DOCTORAL CANDIDATE,** M.A., D.HOM **FUNCTIONAL ALCHEMY**



PATRICIA MAHER. **HMC MSW** DEEPENING HUMANTIY IN НОМЕОРАТНУ

How to Evaluate and Gain Funding for your Care Intervention? (CME*)

Gaining financial support and a champion to start a program can be challenging. In this session, attendees will learn how to develop a pitch for private equity investors to gain capital funding to start their integrative practice. Attendees will learn the key areas to address in developing their business plan and/or how to develop a PDSA (PLAN DO STUDY ACT) proposal to evaluate and improve their current program (fit for those who are in an establish health setting). Attendees will also learn about the quadruple aim and how to develop tools to collect data for ongoing studies to continue getting support from their key stakeholders.



AMY TRUONG, DTCM, L.AC ROAD TO WELLNESS



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BASED CARE

I Can't Afford That! The Paradigm of Functional Medicine Lab Testing (CME*)

Integrative medicine interventions are mostly rooted in ancient medical wisdom, however, the lack of insurance coverage, the cost of supplements and expensive functional medicine testing (\$\$\$) have dissipated the ancient wisdom into an issue of social justice and health equity. As described by Dr Saper. (Saper,R. Global Adv Health Med. 2016;5(1):5-8), there are 4 categories of barriers to integrative services: Awareness-Availability-Accessibility-Affordability. These characteristics can also describe attributes of the populations that are most afflicted with health disparities. The issue of affordability creates an additional imbalance in our already imbalanced national health system. The participant will be able to create a personalized plan of care that can create better health outcomes, without obtaining microbiome or genomic testing.



RITA WADHWANI, RN, MSN, NP, CNS, RNC-NIC

GROUP
MEDICAL VISITS

COMMUNITY-

COMMUNITY
HEALTH CENTER/
FQHC

Implementing Group Medical Visits for Patients with Chronic Pain (CME*)

In this session, we will discuss findings from a systematic review of barriers and facilitators to implementation of group medical visits for patients with chronic pain, as well as practical experience from our presenters on implementing group medical visits. Group medical visits, particularly those that incorporate integrative health content, such as mindfulness, nutrition, and other self-care techniques, offer a promising format for delivering integrative health content in an accessible way. Understanding barriers and facilitators to implementation can assist in designing effective strategies to successfully implement group medical visits in practices serving populations with chronic pain. Participants will gain an understanding of what has been documented, and what questions remain unanswered in regards to implementing group medical visits for patients with chronic pain.



ISABEL ROTH,
DRPH, MS
UNIVERSITY OF
NORTH CAROLINA AT
CHAPEL HILL SCHOOL
OF MEDICINE



CARRIE BRINTZ, PHD



JENNIFER LEEMAN, DRPH, MDIV



ARIANA THOMPSON-LASTAD, PHD UC SAN FRANCISCO



MALIK TIEDT, RESEARCH ASSISTANT UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL



PAULA GARDINER, MD, MPH UMASS CHAN MEDICAL SCHOOL

Interprofessional Experiential Learning Fosters Inclusive Integrative Healing in Patients and Healthcare Workers (CME*)

In this session we discuss the use of ceremonial methodology in the design and implementation of group experiential workshops to promote whole person health and clinician well-being. Panelists will discuss their experience in various settings including multidisciplinary Integrative Medicine in Residency learning, behavioral groups for health-care professionals, and community wellness activities for the underserved. By exploring our interdependence and the power of collaboration, participants will discover accessible ways to create bidirectional healing experiences at work and in their personal lives.



ARLENE BETANCOURT, MD



AIDEE GRANADOS, MED ROSA ES ROJO, INC.





Available 2:00pm EDT, Thursday, Oct. 6

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Introducing Reiki into a Behavioral Health Clinic CME*

Reiki is an ancient healing system from Japan which is safe and has been incorporated into many leading healthcare systems across the USA. Participants will learn about the history of Reiki, its benefits for stress reduction and overall wellbeing, as well as its use in healthcare settings and an overview of current research using this healing system. We will demonstrate Reiki and share the results of incorporating Reiki as a complementary therapy at Zumbro Valley Health Center which serves the underserved and homeless in Rochester, Minnesota. Learn how to incorporate Reiki into your practice.





MARIE NEHER SISTER SEEKERS



DIANE ANDERSON SISTER SEEKERS

Moving from Didactics to Embodiment of Ayurveda: A Novel Educational Model (CME*)

Attendees of this session will:

- Explore what happens when self-care, as defined in ancient, living healing systems, is implemented in supportive ways to promote community building and uplift source cultures
- Gain a greater understanding of the group visit, group coaching model
- · Discern attributes of participatory models of care (vs. transactional and authoritative)
- Apply and use a sensory-based approach for reconnecting with innate awareness and nourishing presence with appreciative joy (mudita).



SIRI CHAND KHALSA, MD, MS CHANDRIMA LLC



RASHMI BISMARK. MD, MPH

Returning Equity to Health Risk for All People CME*

This session will look at underlying reasons for higher risks among underserved groups. Although many risks are known to be higher, they are often presented to the victims as inevitable. In fact, many are multi-factorial, with strong socio-economic and historical components. Inclusion or exclusion in identifiable groups is further blurred in the United States by historic biases, stereotypes and remnants of eugenic ideas. Participants will learn how to differentiate improvements that require major outside changes from those that can be effective within the community or group or at an individual level.



IRVING COHEN, MD, MPH FOUNDATION FOR PREVENTION





Available 2:00pm EDT, Thursday, Oct. 6

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The Client's Worldview: Framework to Guide Practice and Create Innovative Holistic Models of Care (CME*)

This presentation provides a framework that can be applied by any healthcare provider working with individuals; or larger groups or populations to create effective and grounded approaches/models of care, that support holistic health, healing, coping, wellbeing/well-becoming and a higher quality of life.



MARGARET FRICKSON PHD, RN, CNS, APRN, APHN-BC, SGAHN AHNCC

Trapped in Trauma: Paving the Path To Health and Healing CME*

This panel discussion engages the audience and capitalizes on the group's collective intelligence to discuss the impact of trauma, particularly in our underserved, BIPOC patients whose individual, familial, systemic, and generational traumas are often neglected when being cared for. A panel of presenters (4 physicians and 1 psychologist) who care for underserved patients at 3 different urban Family Medicine health centers in NYC will offer their insights on how trauma affects patients' presenting symptoms, quality of life, relationships, somatic experience, physical health, and mental health. The content of this presentation will be within the framework of providing integrative services to communities that primarily serve people of color, under-resourced, underfunded, and affected by systematic abuse and racism.



KRISHNA DESAI, MD, **FAAFP COLUMBIA UNIVERSITY** MEDICAL CENTER



NATALIYA PILIPENKO, PHD, ABPP **CUIMC**



POOJA AMY SHAH, MD, DIPL. ABOIM, RYT-200 **COLUMBIA UNIVERSITY**



SHEILA HARMON, MSN, APRN, CDCES, PCMH-CCE





CHAVA COGAN, MD, MED NEW YORK PRESBYTERIAN/ **COLUMBIA UNIVERSITY**



SHARON CHACKO, MD COLUMBIA UNIVERSITY



MOLLY WARREN. MD IFH





Available 9:00am EDT, Friday, Oct. 7

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(CME*) Denotes CME applied for



Select a presenter to view full profile and bio.

An Integrative Approach to PCOS for Latinx and Mixtec Women (CME*)

This session will discuss the incidence and impact of PCOS diagnosis and management in a Latinx/Mixteco population, and provide resources for integrative management. Lifestyle factors, nutrition, supplements, botanicals, and educational materials are presented as treatment modalities, in a context of cultural humility and awareness.



ANNE KENNARD, DO. FACOG. ABOIM, DIPL-ABLM MARIAN REGIONAL MEDICAL CENTER



TERI NGUYEN-GUO, BS

Bending Together: Pathways Toward Engaging Dance as Chronic Illness Research (CME*)

This session will detail a performance-based community which culminated in the dance piece, "A Bending of Its Own Kind, 2.0," a partnership between FALL Aerial and Contemporary Dance and the Osher Center for Integrative Health at Vanderbilt. The piece functions to amplify patient voices with the intent of enhancing the legibility of chronic illness experience to individuals in the community and health care providers.

The session will document the collaborative process in this piece, translation of qualitative data into aesthetic movement, and findings from engaging with healthcare providers with this performance.



LANDREW SEVEL, PHD OSHER CENTER FOR **INTEGRATIVE MEDICINE** AT VANDERBILT



REBEKAH HAMPTON BARGER FALL

WELLNESS

Brief Energy Resets for Self-Care: Self-Massage, Tapping, Breath CME*

Let's take a break from the disembodied white supremacy culture hustle together and reconnect to the wisdom of the body. Learn energy resets you can do in between patients, or teach your patients, in just 1–3 minutes. Energy psychology is based on thousands of years of wisdom from Tibet, India, China, and indigenous cultures around the globe. Learn nervous system restoration and have fun. We will practice self-massage, tapping, breath, and movement. LGBTQ+ people, fat people, people in large bodies, and people with disabilities are welcome to join, and variations will be offered.



L. REBECCA CONNELL, LCSW **NOURISH YOUR MOOD**



Available 9:00am EDT, Friday, Oct. 7

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COMMUNITY **HEALTH CENTER/ FQHC**

Building Power with Community and Creating Anti-Racist, Integrative Healthcare Systems (CME*)

What does it mean to build systems of care that disrupt the medical industrial complex, that are sustainable, and that integrate healing modalities and decolonize the practice of medicine? And what is our role in building power and solidarity with community? Anjali Taneja will share the history and vision of Casa de Salud, an integrative, culturally humble, and antiracist clinic in the South Valley of Albuquerque, New Mexico. Anjali will share lessons learned and tools that can be utilized at various levels of building local systems of care and organizing with community. She will share some structured questions with participants.



ANJALI TANEJA, MD, MPH, FASAM CASA DE SALUD

Dancing to a New Beat: The Art and Science of Sound and Music Healing CME*

The suffering of patients with chronic medical conditions and chronic pain is significant in terms of emotional suffering, cost in healthcare dollars, and preventing individuals from leading their most meaningful lives within the larger community. Integrative medicine is about seeing the whole person, using all healing methods that have a scientific basis, and collaborating through a meaningful relationship to promote a person's own, intrinsic healing wisdom. Sound and music healing has a long tradition in many cultures as a healing modality that decreases pain, increases emotional vibrancy, and lifts the spirit. I will present scientific evidence for sound and music healing in a variety of patient populations. A variety of practices utilizing different sound healing modalities will be shared, including those using singing drum and/or bowls, shofar (ram's horn), and sound/toning. We will then reflect on our own shifts that we experience during the workshop and how these practices are applicable to the healer as well.



TOBI FISHEL, PHD USC/LAC+USC

Decolonization Perspectives and Insights from Braiding Sweetgrass: A Panel Discussion CME*

This panel discusses and reviews Braiding Sweetgrass: Indigenous Wisdom, Scientific Knowledge, and the Teachings of Plants. Milkweed. Kimmerer, R. W. (2013). Thought leaders will illustrate multiple perspectives, open dialogue and advance understanding of decolonization in medicine.

- Discuss key issues related to decolonizing healthcare in North America and globally
- Examine cultural misappropriation in integrative healthcare
- Explore possibilities for integrative health research methodology more authentic to cultural context and humanistic practices



MODERATOR: LUANN FORTUNE. PHD, LMT SAYBROOK UNIVERSITY



SOFIA CHAVEZ, DNM, MINISTER, LMT, CCA, COTA, NADA



JENNIFER RIOUX, PHD, AD, IAYT, AYT, RH, CCA-III





JOHN COURIE, MS MARYLAND UNIVERSITY OF INTEGRATIVE HEALTH





Available 9:00am EDT, Friday, Oct. 7

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Determining Affordability: An Introduction to Economic Evaluation (CME*)

The overall goals of this workshop are threefold: 1) to introduce participants to the basics of economic evaluation with an emphasis on identifying the appropriate perspectives of the analysis to target the appropriate decision makers; 2) to enable participants to better interpret the economic evaluation literature; and 3) to prepare those interested in performing an economic evaluation. This workshop will use a combination of lecture and individual and whole and small group exercises to give participants a strong foundation in economic evaluation in general, and the cost-effectiveness, cost-utility, and cost-benefit analysis specifically. Participants will also benefit from a list of resources offering additional information on the topics covered.



PATRICIA M. HERMAN. ND, PHD RAND CORPORATION

COMMUNITY **HEALTH CENTER/ FQHC**

BASED CARE

Integration of Chiropractic with Allopathic Medicine in an LGTBQ-centered FQHC CME*

This presentation will focus on the development and implementation of an inclusive, and affirming approach to healthcare through the integration of medical, and chiropractic services in an FQHC with a trauma-informed perspective. We will discuss the role chiropractic has played since being implemented within the Howard Brown health system, and the positive results documented by our patients. We will describe the process of implementing a holistic approach into the medical model and the timeline it took to get us there. You will gain the knowledge of how chiropractic has the ability to change the way we think about pain management and the many other benefits it has to offer our patients and communities.



DONALD MASON, DC



CORI BLUM, MD, AAHIVS HOWARD BROWN HEALTH

Post Acute Covid Syndrome (PACS) CME*

As practitioners certified in functional medicine, we will present a case-based session illustrating the presentation, work up and possible treatments for PACS. We explore theories around physiology and background of PACS, offering ways to approach the patient with "long COVID", emphasizing integrative modalities including breath work, osteopathy, botanical medicines and physical activity. We will present evidence for these approaches to facilitate understanding of utility.



MD, FAAFP, IFMCP MDFMR



FMP, IFMCP





Available 9:00am EDT, Friday, Oct. 7

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Nurse-IHW Student Partnerships with Portland Street Response for Holistic Wellbeing (CME*)

The University of Portland School of Nursing & Health Innovations (UP SONHI) has been working in partnership with Portland Fire & Rescue/Portland Street Response since fall 2020, with nursing students offering street outreach nursing care to primarily unhoused, unsheltered community members (including survival supplies, wound care, showers, food, vaccinations, care coordination). In the spring of 2022, the first cohort of Integrative Health and Wellness Bachelor of Science students entered into a practicum with PDX Fire & Rescue Street response Team. The purpose of this presentation is to describe the IHW-Street Response Practicum experience of including integrative health and wellness modalities into this community setting. Both challenges, strengths and areas for improvement of the partnership with IHW will be discussed. The value of this partnership to the community will be highlighted. Attendees will gain knowledge on the IHW Bachelor of Science program, the practicum experience structure and outcomes to date. The integration of Portland Street Response with both Nursing and IHW students will be discussed. Actionable take-aways include how to both implement and partner with educational organizations for IHW student education in traditional healthcare education environments.



KALA MAYER, PHD, MPH, RN, CNE, MCHES UNIVERSITY OF PORTLAND



ALICIA PRINTEMPS-HERGET, MS, RN UNIVERSITY OF PORTLAND SCHOOL OF NURSING AND HEALTH INNOVATIONS



BRYLEE KIMINSKI
UNIVERSITY OF
PORTLAND



HAIKA MUSHI, MBA

Sharing Humanity through Arts, Reflection, & Expression (SHARE) for Integrative Health Equity (CME*)

Develop ideas to advance healthcare and bridge gaps in integrative health equity in your community. SHARE offers a group activity space to learn mind-body and technological skills. Both elements help bridge inequities in access for underserved populations. Attending to your body language, facial expressions, emotional tone, and sensory perceptions, you will develop insight into nonverbal forms of communication that can help you better understand yourself and others. Sharing Humanity through Arts, Reflection, and Expression (SHARE) is a project co-developed by the UCSF Osher Center for Integrative Health and Shanti Project with grant award support from the Mount Zion Health Fund.



LIZ STUMM, MPH
SHANTI PROJECT



SELENA CHAN, DO
UCSF OSHER CENTER
FOR INTEGRATIVE
MEDICINE



CHRISTOPHER GILBERT, PHD UCSF OSHER CENTER FOR INTEGRATIVE HEALTH



TAMMY KREMER, MA





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HEALTHCARE

Speaking the Language of Safety in HRO systems as LAcs (CME*)

This conference session reviews the HHP workgroup's current list of categories related to safety-in-practice. Broad categories include quality assurance standards, quality improvement processes, patient safety, and workplace safety on LAcs working in the U.S. healthcare system-based practice environment.



MSAOM, LAC

Through the Looking Glass Examines Modern-Day Psychedelic Use Through the Lens of Homeopathy and Depth Psychology (CME*)

Through the looking glass explores current trends in psychedelic use, research, and funding using the lens of homeopathy and depth psychology. Participants will explore everything from the hope that psychedelics offer, in terms of mental health issues such as depression, post-traumatic stress disorder, and suicidal ideation, to the ways in which psychedelics are being promoted, procured, used, and studied. This wholistic exploration will also examine the decontextualization of sacred medicinal substances and issues of appropriation, sexual abuse, and the colonization of psychic space.



VANESSA BLACK. DOCTORAL CANDIDATE, M.A., D.HOM

FUNCTIONAL ALCHEMY

COMMUNITY **HEALTH CENTER/ FOHC**

Transforming the National Diabetes Prevention Program through FQHC Partnerships (CME*)

This session will describe implementation of the DPP by BIPOC clinicians and community health workers in an FQHC setting, which serves primarily lower income Black and Latino patients. Mile Square Health Center (MSHC), a Federally Qualified Health Center under the UI Health Hospital Systems implemented the (DPP) among six cohorts of patients and community members. Learn how all participants lost 5-7% of their body weight and achieved the recommended number of exercise minutes. The MSHC implementation of the DPP exemplifies a successful decolonizing approach to a standard government health-focused program.



SHEILA HARMON, APRN. CDCES, PCMH-CCE UI HEALTH OFFICE OF AND NEIGHBORHOOD HEALTH PARTNERSHIPS





Available 9:00am EDT, Friday, Oct. 7

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Understanding the Barriers to Integrative Oncology for African Americans with Cancer (CME*)

Despite modern advances in screening, diagnosis, and treatment, Black individuals in the US remain disproportionately affected by cancer and have the highest mortality and lowest survival for most cancers. To date, there is minimal data on the uptake and acceptability of integrative oncology among Black individuals, likely due to a lack of diversity in study participants, poor accrual, and racial/ethnic or cultural differences in the acceptability of study interventions/instruments. Research lacks the acceptability of complementary approaches for cancer prevention/disease modification or management of cancer/treatment-related side effects in this population. Results from this pilot will guide efforts to enhance the recruitment of Black individuals to integrative oncology programs. This study will provide data to support integrative oncology programs specifically for Black patients with cancer. Findings will also help to guide future research on what modalities are most efficacious as well as recommendations to increase engagement in research for this patient population.



CHANDA WILLIAMS. MA, C-IAYT, RYT E-500 UNIVERSITY OF CALIFORNIA, SAN FRANCISCO



SORBARIKOR PIAWAH

COMMUNITY HEALTH CENTER/

CULTURAL MISAPPROPRIATION

Using Cultural Sensitivity and Traditional Medicine in Integrative Health Practices CME*

During the implementation of an Integrative Health Practice training program with staff at a Federally Qualified Community Health Center, our research identified important cultural sensitivity considerations to use in development and implementation of the training. In addition, we also found many common threads involving the importance of acknowledging and incorporating certain components of traditional medicines. These findings were generated not only by the study participants, but also the student research assistants involved in this participatory research study. Attendees of this session will learn about the study design and quantitative results as well as the qualitative results that address cultural sensitivity and traditional medicine. Finally, we will share our recommendations regarding how to prepare researchers, trainers, and clinicians to assess their own cultural sensitivity in a way that will have a positive impact on patients.



RUTHANN RUSSO, PHD, DAC, MPH, LAC KEAN UNIVERSITY



DIANA STEVENS. MPA KEAN UNIVERSITY



BEATRIZ BUENO. MD KEAN UNIVERSITY



Available 8:00am EDT, Saturday, Oct. 8

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(CME*) Denotes CME applied for



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Anti-Racism 202: Moving Your Organization Towards Equity and Inclusion CME*

Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. Attendees will identify painful stigma and microaggressions experienced by marginalized groups daily; unpack and analyze how unacknowledgements can harm clients and clinicians; and develop an action plan for fostering a more inclusive environment within your own healthcare organization.



KEVONYA ELZIA, MA, BS, RN ILLUMINATING HEARTS. LLC

Disparities in Pediatric Food Allergy CME*

This session will provide an overview of socioeconomic, racial and ethnic disparities that exist in pediatric food allergy.



GARY SOFFER, MD, FAAP YALE SCHOOL OF MEDICINE

Efficacy of Utilizing Qigong in Addiction Treatment and Recovery CME*

Addiction affects health and well-being. Furthermore, addiction is often accompanied by trauma, depression, anxiety, grief and loss, and potential health issues and consequences. Qigong as a therapeutic tool has the utility to address complex symptoms and communicate across diverse populations to positively impact health and well-being. A growing evidence base indicates that gigong can improve both regulation and resilience of the nervous system, affecting physical, physiological, and psychological health. Qigong has been shown to be effective in addressing chronic pain, smoking cessation, and heroin withdrawal. It has been shown to be effective in preventing relapse in substance abuse.



SARAH ELIZABETH **GARZA-LEVITT, MSW,** CSW, E-RYT, C-IAYT, CQI THE UNIVERSITY OF UTAH AND THE HUNTSMAN **CANCER INSTITUTE**



ANGELEA PANOS, PHD, LCSW, LMFT





Available 8:00am EDT, Saturday, Oct. 8

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Examining Implementation Determinants of Centering Parenting during the Pandemic through a PBRN CME*

We are conducting a retrospective mixed methods survey study to explore implementation determinants of CenteringParenting group well-child care during the pandemic. In describing our development process with this project, attendees will gain an understanding of how Practice Based Research Networks (PBRNs) can enable the quick and targeted generation of research relevant to a particular community or interest group. As part of the presentation, we will outline how the GROW BABY Research Network decided on which sitelevel variables (i.e., CenteringParenting launch date, number of groups, strategies for patient recruitment, duration of pauses, helpful factors or barriers to implementation) to collect from a purposive sample of clinic and community partners that have either received CHI funding or those included in the GROW BABY Research Network. We will also provide a summary of the results of the survey.



HASSAN LUBEGA BOSTON MEDICAL CENTER



MICHELLE GALLAS. DO, FAAP UNIVERSITY OF TEXAS -DELL MEDICAL SCHOOL



CYNTHIA DIMOVITZ. MSN, CLC, PMHS, CPNP CHILDREN'S HEALTH CENTER/TOWER HEALTH



ESTHER LIU. MD. FAAP UNIVERSITY OF MARYLAND BALTIMORE



CLARE VIGLIONE. MPH, RD BOSTON MEDICAL CENTER

Exploring Your 7 Core Areas of Health CME*

This session will facilitate an exploration of the participant's 7 Core Areas of Health: Sleep, Nutrition, Movement, Environment, Resilience, Relationship, and Spirituality. Participants will reflect on why they want to be healthy/healthier, what they value most, are there related values conflict, and choose a core area to focus on making a behavior change. By the end of the session, participants will have the next steps to create a SMART Goal and first action step that focuses on that desired behavior change. Participants will know more about this coaching-based approach to support patients and clients with behavior change around health and wellness.



MOLLY BURKE, MFA, CMT ANDREW WEIL CENTER FOR INTEGRATIVE MEDICINE, **UNIVERSITY OF ARIZONA**

FAJ Deep Wellness Project: Decolonizing and Centering Resilience at Work CME*

Since 1973, Filipino Advocates for Justice (FAJ) has been an advocate for immigrant and civil rights by providing direct services, developing leaders, and organizing and advocating on issues important to the Filipino community. We serve at-risk middle and high school-age youth, low-wage workers vulnerable to exploitation, and the newly arrived immigrants and undocumented, by helping them navigate the challenges of life in the US. With the Covid-19 pandemic and the rising tide of anti-Asian hate throughout the nation, the mental health and well-being of our community has been severely impacted. FAJ started the Deep Wellness Project in 2021 to focus on integrative health, mental health, decolonization, addressing trauma, and promoting healing amongst its staff. This workshop gives opportunity to witness the story of our process, our progress, where we are headed, and how we intend on getting there.



FILIPINO ADVOCATES FOR JUSTICE



KAREN VILLANUEVA, DAIM. LAC, DIPL.OM, RN, FAIHM KILUSAN WELLNESS





Available 8:00am EDT, Saturday, Oct. 8

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Group Ketamine Therapy: Community Outreach and Its Challenges (CME*)

This session begins with a didactic portion and finishes with a facilitated group discussion. Presenters will describe how the Riverbird Clinic in Portland, ME uses the group medical visit model to offer ketamine assisted therapy (KAT) to a variety of patients. The didactic will also discuss Riverbird's intentions behind the use of group KAT, including increasing accessibility while simultaneously shifting away from the Western linear model of individualized therapy towards a trauma-informed relational model of community care. After the didactic portion, attendees will participate in a facilitated discussion centered around the challenges of expanding accessibility to people of all socioeconomic backgrounds and the need for decolonization of the therapeutic space. Attendees will leave the session with knowledge around using this group model for community outreach and its applicability to a range of patient populations including individuals with mental health diagnoses, healthcare providers, and those seeking psychospiritual growth.



SELMA HOLDEN, MD, MPH RIVERBIRD CLINIC -UNECOM

Healing Inside Out: NADA Ear Acupuncture in Corrections Settings (CME*)

This session will highlight the use of the NADA ear acupuncture protocol within corrections' settings as a tool for healing and recovery.

We will hear from a panel of three individuals who received the ear acupuncture treatment known as the NADA protocol during and/or after their period of incarceration. Sara Bursac and Rachael Fryrear, both coordinators of ear acupuncture services in carceral settings, will share a brief description of the protocol as utilized in the states of Wyoming and Colorado, and invite panel members to share their firsthand experience with ear acupuncture, and the support they gained from the treatment, as part of their healing journey.

Skills/abilities session participants will gain:

- Deep listening that activates a sense of connection to experiences that might be new for them, building a space of empathy and self-awareness;
- Insight into the culture of corrections settings that can help to support introducing an ear acupuncture program with greater awareness of the challenges typically encountered



Honoring and Uplifting the Emotional Resilience of BIPOC Communities (CME*)

Marginalized, poor and underserved populations experience a higher rate of stress and burnout due to the inequitable structural oppressions placed on these communities. While practical emotional support is essential to help individuals cope with the effects they may experience from structural trauma, we must also center and lift up the emotional resilience and strength of these communities, in order to shift the narrative and work toward decolonized medicine. This session shares best practices to integrate emotional health and resilience. Our expertise lies in evidence-based approaches to increasing the wellbeing and resilience of health equity providers, and we propose presenting how to apply these approaches to the work of caring for underserved, marginalized, and indigenous communities.





ALI ANDERSON, MPH



Available 8:00am EDT, Saturday, Oct. 8

Decolonizing Medicine: Centering and Rebuilding Grounded Approaches to Healthcare | Oct. 6-8, 2022, Virtual | im4us.org/conference

Removing Barriers & Centering DEI: Alexander Technique in 2022 CME*

This workshop will introduce participants to two community-based collaborative projects, The Poise Project, and the Alexander Technique Liberation Project, initiated in 2016 to identify and separate the colonial and socially elite aspects of AT pedagogy and practices from the vitally transformative and more universal aspects of AT's central principles, and to increase their access internationally.



MONIKA GROSS, BFA, M.AMSAT, M.ATI, RSME THE POISE PROIECT



RENEE SCHNEIDER, AMSAT, SOBI, ATLP



KRISTIN MOZEIKO, BM, MM, DMA, AMSAT **ALEXANDER TECHNIQUE** LIBERATION PROJECT

Self-Care for the Workplace: Breema and the Nine **Principles of Harmony**

Gain tools to maintain a mutually supportive therapeutic atmosphere while seeing patients online or in person. By reestablishing the natural connection between body and mind, we can minimize and alleviate burnout and professional fatigue. We'll introduce you to simple exercises for self-care that that can be integrated into the workday and patient care. We'll learn and practice Self-Breema exercises that establish an experiential relationship to Breema's Nine Principles of Harmony. These principles form a solid foundation that can help us experience real health, as well as harmony, in our professional and personal relations with others.

Learn tools to maintain a mutually supportive therapeutic atmosphere while seeing patients online or in person.



ALEXANDRA JOHNSON, MD



KAREN BURT-IMIRA, MD

GROUP **MEDICAL VISITS**

Sustainable GMV Pay Models in an Integrated Private Practice for the Underserved (CME*)

Medical Group Visits celebrate the cultural health practices. This model is one that could be replicated in most communities. It should be shared to help to bring health Equity to those who cannot afford integrative health care. Gain a valuable roadmap to elicit what cultural health practices are important to group members, facilitate conversations to build consensus of which practices to discuss in group visits, and empower patients to teach each other. Participants will learn about the efficiency of group medical visits and different group visit models and will explore ideas for integrated and allopathic care providers to work collaboratively within the current finance structure.



IEFFREY GELLER, MD ICGMV



PAULA GARDINER, MD, MPH UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL



Cellulitis in Street Medicine and Bridging Care

VICTORIA DAHL

MEDICAL STUDENT
MIAMI STREET MEDICINE

POSTERS

Street medicine is an initiative to improve low resource healthcare settings. The organization was formed to help bridge gaps in access to traditional clinics for Patients Experiencing Homelessness (PEH), and we work to provide preventative medicine through maintenance care and follow-up. However, there are limits to what street medicine can accomplish given the geographic radius they cover, lack of available transportation options, and vulnerable sleeping locations night-to-night for the patients served. The subject of this case report is a 59-year-old Spanishspeaking unsheltered male who began his care with a Street Medicine Team. He was unable to attend medical appointments due to relocation, complicating his venous stasis disease course and resulting in cellulitis hospitalization. Postdischarge he stayed within radius and was treated by the Street Team. Increased emphasis on the effects of housing insecurity could help prevent downstream deterioration of manageable diseases, and should be an area of active interest for Street Medicine team expansion. This case highlights the role of street medicine organizations as a connection between the street and clinical setting for patients experiencing homelessness, especially due to major gaps in delivery of care in the current healthcare system.

Cultivating Compassion for Ourselves and Others

CHARLES LANE

MEDICAL STUDENT
EMORY UNIVERSITY SCHOOL OF MEDICINE

Compassion is an affectionate motivation to help relieve the suffering of others. It is an essential part of health and healing. Indeed, medicine and the medical-industrial complex itself have emerged thanks to the evolution of compassion as a human trait. Beyond this, compassion has been shown to be physiologically and psychologically beneficial for the one experiencing a compassionate motivation. Importantly, compassion requires two crucial ingredients: 1) that we be aware of another's suffering, and 2) that we care about the well-being of the one suffering. This guided meditation will help us to build a resilient base within ourselves so that we can grow a more inclusive and sustaining compassion that can emerge when we need it most.

Curanderes as Portals of Trauma Healing and Liberatory Community Care Practices

GISELLE PEREZ-AGUILAR, MSW

SOCIOLOGY DOCTORAL STUDENT UNIVERSITY OF CALIFORNIA, SAN FRANCISCO OF MEDICINE In this poster session, attendees will gain insight about Curandersimo as a liberatory healing practice that can be incorporated in western health spaces and address physical, emotional, and spiritual wellness health as intertwined elements of health. Attendees will hear about the powerful narratives from four Bay Area based traditional healers who facilitate trauma healing for folks of color, and do so with grace, love, and liberation in mind.





Decolonizing Data: Diversifying Cancer Registries to Include the SWANA Community

GULEER SHAHAB

PHD STUDENT VIRGINIA COMMONWEALTH UNIVERSITY

Cancer disparities for Southwest Asian/North African communities (SWANA) are largely unavailable because these ethnic groups are misclassified within the U.S. racial schema. We assessed the perception of racialization and prescribed-categorization of SWANA community members through guided focus groups in the greater Richmond area (n=10). We will review themes that emerged from our focus groups that differentiate SWANA from white. Additionally, we attempted to identify for the first time the extent of racial misclassification experienced by SWANA using our SWANA Surname Algorithm (SSA) as a tool to increase precision in cancer registries. Much like the naming algorithms used in cancer registries to identify LatinX, the SSA will allow us to search for individuals within the EMR that match as SWANA based on letter patterns and ethno-linguistic rules in their surnames. Algorithms have been developed extensively for LatinX, Asian, and Pacific Islander communities and studies cite an upward specificity and sensitivity of over 90% which makes naming algorithms a strong tool in identifying minority populations. This has potential equity implications to culturally relevant clinical care and cancer disparities research in the SWANA community. Downstream, we hope that this work will inform the development of cancer screening care tools that incorporate inclusive language and cultural values of the SWANA community.

Descriptive Survey of Mental Health and Skin Picking Behaviors

ORLY MORGAN, B.A.

MEDICAL STUDENT
UNIVERSITY OF MIAMI

Patients experiencing homelessness (PEH) disproportionately suffer from suboptimal mental health, which manifest as lack of care on other aspects of life. Mental health can have direct effects on every organ system, including the integumentary system. For example, mental illness can manifest as skin excoriation, self-injury, and trichotillomania. Understanding the psychological conditions that can confound with excoriation behaviors is essential in treating an already vulnerable patient population. This project presents descriptive statistics around mental illness and skin conditions seen at a mobile clinic for unhoused populations in Miami Dade County. The objective is to understand the prevalence of both conditions in order to see how common overlap in these clinical conditions and as such be better equipped to provide adequate treatment.

Developing Resilience: Stress Mitigation Program for La Clínica Families

IMAN KAZAH

PROJECT MANAGER, LA CLÍNICA DE LA RAZA

CO-PRESENTER:
ALEXA ROJAS-CARROLL

The goal of the Resiliency Team is to enhance trauma-informed care within La Clínica de la Raza, a federally qualified health center in Northern California. The program is designed to promote whole family wellness and to interrupt intergenerational ACEs. Within our primary care clinic, children aged 0-5 years old and their primary caregivers are screened for ACEs and offered resiliency support. Each of these families is eligible to attend the Resiliency Team irregardless of their ACEs screening score. We recognize that many childhood traumas that could lead to toxic stress are not captured by ACEs screening. These include systemic racism, poverty, serious medical conditions and many others.

The Resiliency Team includes eight sessions with each session focused on a different data supported stress mitigation strategy including: access to nature, nutrition, exercise, relationships, sleep, mindfulness and mental health. There is an additional session devoted to team building and intention setting. To encourage sustainability of the different practices, families are linked to community resources at each session. Surveys are given to participants before and after the eight weeks to assess the efficacy of the program.

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Attendees at our poster session will gain an understanding of the potential harmful effects of adverse childhood experiences, including the development of toxic stress and ACEs associated health conditions (AAHCs). They will learn strategies to mitigate those harmful effects of ACEs by promoting stressbusters/pillars of wellness. The Resiliency Team is an innovative approach to empower families to incorporate health and wellness into their daily practice. The attendees will be inspired to organize a similar program within their own agency. They will understand the goal of integrating community resources into primary care and the need to make this model the new norm.

Group Ketamine Therapy in Southern Maine

RACHEL HAMPTON

OSTEOPATHIC MEDICAL STUDENT UNECOM

CO-PRESENTERS:
IAN GRAF AND ARJUN MANN (OMS-III),
ADITI DESAI AND SOPHIA BLANCHARD
(OMS-I), SELMA HOLDEN (MD, MPH)

This poster session will provide demographic data around several Ketamine Assisted Therapy (KAT) groups that have run at the Riverbird Clinic in Portland, ME, beginning in 2020. Other components that will be included in the session are descriptions of the KAT group experience and Riverbird's intentions in using this model. The groups include cohorts ranging from community members with mental health diagnoses, to those seeking psychospiritual growth, and to those who identify as working in healing professions. There will also be some discussion around the current KAT group research occurring at Riverbird with preliminary results. Attendees of the session will learn about different ways of implementing this model and the community members who are utilizing it.

Integrating Teledermatology in Street Medicine Evaluations for Patients Experiencing Homelessness

TAHA RASUL

MEDICAL STUDENT
UNIVERSITY OF MIAMI MILLER SCHOOL
OF MEDICINE

Patients experiencing homelessness (PEH) are a medically underserved demographic with suboptimal health outcomes. Infectious and non-infectious skin conditions are a source of morbidity in this community, and rarely get specialist referral due to barriers of access. What's more, PEH have a large range of racial diversity, and many providers are not adequately prepared to diagnose diseases presenting on skin of color. Our pilot program investigates cases of diagnostic accuracy in the evaluation of PEH by Street Medicine volunteer providers, and demonstrates the need for specialized teledermatology services to better suit the diversity of presentation of skin diseases in this at- risk population.



Mapping Skin Conditions in the Unsheltered Community of Miami-Dade

MILLIE CHOKSHI

MEDICAL STUDENT
UNIVERSITY OF MIAMI
MILLER SCHOOL OF MEDICINE

Patients experiencing homelessness (PEH) are at increased risk for contracting infectious and non-infectious skin diseases due to a complicated intersection of issues, including lack of access to hygiene maintenance sites, as well as subjection to environmental toxins. However few PEH have access to a proper in-clinic dermatologist workup. As chronic skin disease can act as a nidus for more serious infections, the goal of the study is for PEH to be treated preemptively preventing further deterioration of health. PEH encountered during weekly mobile clinics from January–March 2022, continuing until June 2022, were provided basic medical care followed by a skin survey. A board-certified dermatologist was consulted for conditions which had low diagnostic certainty. After diagnosis via dermatologist clinical impression, patients were provided guided treatments. 67 participants were interviewed, 33 had skin conditions and, so far, in 10 cases the initial diagnosis were modified based on dermatologist evaluation. Therefore, correct diagnosis of cutaneous conditions in a non-traditional clinical environment could help prevent further condition deterioration, and use of dermatologist clinical impression can help towards that goal.





At the Susan Samueli Integrative Health Institute, it is our mission to transform healthcare through the practice of integrative health by conducting rigorous research, promoting evidence-based treatment modalities, educating the public on wellbeing practices, providing individualized, patient-centered clinical care and providing services to the community that focus on obtaining optimal health.

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