

Exploring Workforce Needs

Future Professional Roles for Naturopathic Physicians in Primary
Care and Global Health



NATURAL DOCTORS INTERNATIONAL (NDI)

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INTRODUCTION

In working with naturopathic medical education and the emerging naturopathic medical health profession over a period of years, I first observed, and then participated in conversations between national experts and progressive health system thinkers on the future of their profession and its potential impact on the American health care model. What I initially observed was a divergent group of individualists trying to identify common professional ground based on a shared philosophical approach to medicine. What I gained over time was an appreciation for the emerging gestalt of the process of building collaboration. By participating in the naturopathic medicine dialogue, I gained a real understanding of larger national health care and education debates through this parallel microcosm experience, where new ideas are not born, but where established ideas are debated, analyzed and reworked.

On one occasion, as I watched a gathering of naturopathic medical philosophers respectfully debate core precepts (such as the meaning of the term *Vis Naturae* or natural life force), in preparation for creating a new medical philosophy textbook, I was struck by the incredible importance of their discussion. There were no right answers to be decided upon. Their conversation was necessary to enhance each of their individual points of view and to improve their combined understanding.

What I learned over the next several years was an appreciation for the necessary natural progressive course of action that creates a fertile terrain for collaborative new ideas. Understanding how cultures view the practice of the art of medicine is vital to gain insight on how to approach population health. This exposure to a community with its own subculture born of a shared philosophy, taught me about non-traditional methodology and stimulated my creative approach to problem analysis and resolution. I also observed the process of integrating ideas through experiencing the birth of a new professional paradigm that incorporated both the best of modern science and of ancient healing traditions.

The emerging naturopathic medicine profession faces considerable challenges.

- It is small in numbers and clustered into a perceived counter-culture labeled as CAM (Complementary and Alternative Medicine), a terminology construct used to describe all non-allopathic or osteopathic professions and practices.
- Naturopathic medical education has adopted the rigorous curriculum model and standards established by other western medicine philosophies (allopathic and

osteopathic). However, continued exclusion from funded residency training and practice opportunities leaves graduating physicians marginalized and burdened with heavy debt.

- Naturopathic medicine has public policy barriers associated with state licensing and provider inclusion in insurance and federal reimbursement systems such as Medicare.
- Compensation for services rendered by naturopathic primary care physicians is at the lowest end of the pay scale when compared to that of colleagues who perform the same work.
- Perhaps most significant is the challenge of identifying appropriate roles for integrating naturopathic physician providers into already struggling healthcare systems.

In the face of national and international provider shortages, it is imperative to generate innovative models that stretch and overlap the boundaries of existing paradigms. Exploration of new models may be valuable in reframing the problem of how to integrate naturopathic physician primary care providers into models of care. This paper will use an interdisciplinary approach to address the issue of professional development by discussing the goodness of fit of naturopathic physicians to fill workforce needs as primary care providers in the U.S. and in global health settings, and will additionally explore the concept of utilizing ND's as trainers to traditional healers in global health settings.

METHODOLOGY

This report reviews workforce needs, models of care and naturopathic medicine professional competencies and priorities through a review of literature, a practical service project case study and a professional survey. A ten question survey was created and distributed on July 8, 2010 to physicians, students and educational leaders through the Natural Doctors International (NDI) mailing list, alumni lists and the Naturopathic Medical Student Association (NMSA) mailing list. Survey participation was voluntary and the construct was more in the model of a public opinion poll, rather than a scientific tool. The survey was intended as a snapshot of stakeholder priorities, in order to help leaders formulate strategic direction. Responses were collected through August 15, 2010. It is estimated that the survey invitation was sent to 700 naturopathic physicians, students and educators for voluntary response. Of 139 responders, 134 completed the survey. This represents approximately 19% of the invitees (*Appendix E. Survey analysis*).

NATUROPATHIC PHYSICIANS IN PRIMARY CARE AND GLOBAL HEALTH

The future roles for naturopathic physicians in the medical profession healthcare continuum have not yet been clearly defined. Unfortunately, current workforce models have not resulted in a living wage for practicing naturopathic physicians when considering a medical school graduate educational debt load averaging over \$100,000 US. For example, the U.S. Department of Labor reports a 2009 median wage for a conventional medicine internist at \$80.00 per hour or \$166,400 annually, as compared to \$31.36 hourly or \$65,220 annually for a

naturopathic physician. (BOL Wage Data, 2009) Policy makers have an ethical responsibility to participate in solving issues related to disparities in professional opportunities for naturopathic physicians. Given the median wages above, monthly student loan payments can exceed 20% of a naturopathic physician's gross income for 25 years. With the number of U.S. naturopathic physician graduates soon to be at 5000, this could represent a \$500 million government investment of educational dollars in the future success of naturopathic physicians. As a step toward identifying appropriate strategies for inclusion in workforce planning, I will use an interdisciplinary qualitative analysis of literature to discuss integrating naturopathic physicians into existing systems. Complex problems such as resolving the primary care physician shortage in the U.S. and effecting meaningful participation in global health are best approached in an interdisciplinary manner in order to generate future models of care that benefit communities in a sustainable way. This paper examines the possible roles for inclusion of naturopathic physicians in national and international health work. Medical training in traditional medical practices and conventional therapeutics combined with a focus on disease prevention uniquely qualifies naturopathic physicians to fill needed roles as primary care providers and to fill future roles in international medical relief work.

PRIMARY CARE NEEDS AND CAM

The growing lack of primary care physicians in the U.S. is expected to spike at a 45,000 doctor shortage in 2020. (Dill M., 2008) This issue has been publicized by healthcare workforce analyst, Richard Cooper, MD. Cooper foresaw the coming shortage of general practice internists in the U.S., initially caused by the intentional numbers limit on medical school graduates, instituted by medical educators and policy strategists in the late 1970's to prevent a perceived potential for physician glut in the U.S. He predicted that physician scarcity would be exacerbated by the impending health care needs of the aging "baby boomer" generation. (Richard Cooper, 2008) Confirming his conclusions, a recent Institute of Medicine (IOM) study analyzed the ability of the established conventional medical education system to meet future physician workforce needs and determined that the existing medical education infrastructure cannot produce enough trained primary care professionals to address the coming shortages. This study urged consideration of inclusion of -alternative medicine professions in meeting growing primary care needs. (Kreitzer, 2009, p. 2)

The terms "complementary" and/or "alternative" (CAM) medicine refers to all non-mainstream medical philosophies and disciplinary approaches to achieving optimum patient health. There are traditional and environmental influences in all cultures on how to identify and alleviate -dis-easell in the body. Every healing discipline utilizes an ethical imperative and set of tools/techniques to accomplish patient care. These techniques vary widely, from community prayer to herbal remedies to invasive surgeries. "Some forms of CAM are whole systems of medicine (e.g., Ayurveda, naturopathic medicine) and some are healing modalities that appear in a variety of medical systems (e.g., therapeutic massage)." (Quinn & Traub , 2002, p. 26) Among the physician professions, Western medical philosophy is currently dominated by biomedicine (sometimes referred to as allopathic) scientific method approaches that focus on identification

and treatment of disease using evidence based interventions- typically pharmaceutical drugs and surgery. Osteopathic physician philosophic approaches are similar, but incorporate manual physical manipulation techniques and a whole person approach. The naturopathic physician philosophical school of thought focuses *alternatively* on health promotion and encouraging the body's innate ability to heal itself.

The term primary care has its origin in the U.S. insurance industry and refers to a general health practitioner who is in an insurance designed gatekeeper role. This care provider acts as the primary contact for the patient, does preliminary diagnosis, acute care and management of chronic conditions, and is the source of referral for medical diagnostic testing and specialty care. In response to the growing trend toward medical doctor (M.D.) and doctor of osteopathy (D.O.) physicians opting for specialty professions, workforce analysts have expanded affiliated health professional training to create new primary care roles, e.g. nurse practitioners (N.P.) and physicians assistants (P.A.). These measures will not meet projected primary care workforce needs. (Dill, 2008, p. 5) For the purposes of this discussion, the term primary care provider will refer to the health practitioner that is the first contact for patient care, regardless of philosophical approach.

NATUROPATHIC PROFESSIONAL COMPETENCY

In 2001, the University of California issued a report proposing a model to evaluate emerging CAM health professions. The report proposes that all emerging professions should meet benchmarks in key areas in order to achieve public recognition by stakeholders. (Dower C., 2001, p. 1) These key areas will be used as a guideline below to create a framework for evaluating professional role development for naturopathic physicians.

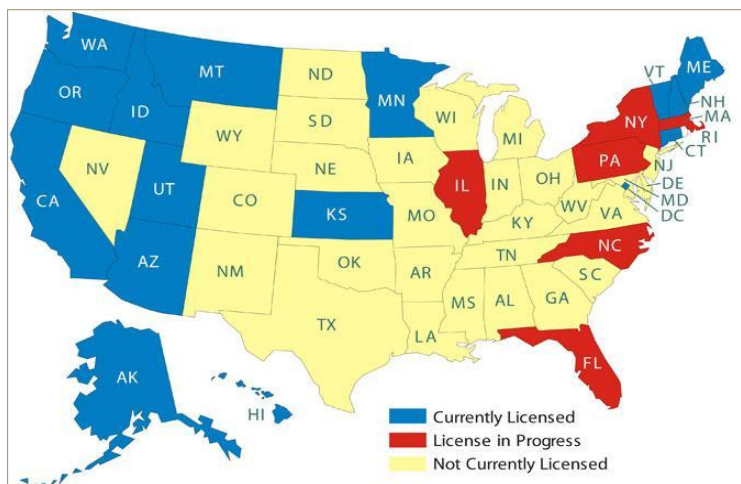
DESCRIPTION OF THE PROFESSION: The American Association of Naturopathic Physicians (AANP) endorsed the following professional description at its national convention in 1989. “Naturopathic medicine is a distinct system of primary health care — an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles which underlie and determine its practice. These principles are based upon the objective observation of the nature of health and disease, and are continually reexamined in the light of scientific advances. Methods used are consistent with these principles and are chosen upon the basis of patient individuality. Naturopathic physicians are primary health care practitioners, whose diverse techniques include modern and traditional, scientific and empirical methods.” (AANP, 1989, p. 2)

It is important to note that the U.S. Department of Labor, the Carnegie Foundation and other entities charged with generating professional workforce descriptions have struggled with generating accurate definitions for naturopathic physicians, largely due to the fact that there are lay practitioners who describe themselves as naturopaths or naturopathic doctors. Professional classification entities cluster all these practitioners, (along with hypnotherapists, lay homeopaths and “others”) together with licensed naturopathic physicians. It is for this reason that the AANP has lobbied for state laws that restrict the titles of naturopathic doctor/physician, to those who

have completed a four-year accredited medical school program of study. This effort is in turn opposed by both the informally trained practitioners and the osteopathic and allopathic professional associations, who view this effort as a potential political threat to professional turf and control of U.S. economic market share.

SAFETY AND EFFICACY: The record on naturopathic practice safety is seemingly unparalleled. According to the North Carolina Association of Naturopathic Physicians (NCANP), “The research firm, Jury Verdicts Northwest, conducted reviews on the results of health-related lawsuits. No malpractice judgments had been found against a naturopathic physician since they began keeping records in 1983. A review of similar research firms in other licensed states revealed the same result: there had not been a single case of an ND going to trial for malpractice in the United States. An examination of malpractice insurance rating scales for claims shows naturopathic physicians have the lowest incidence of malpractice claims of all licensed primary health care professions. Washington Health Casualty rates naturopathic physicians as 0.7, at the bottom of the scale of risk, below other low rate practitioners - dermatologists and family practitioners.” (NCANP, 2009, p. 3) Additionally, according to NCMIC Insurance Company, the primary professional liability insurer for NDs in licensed states, “In the five years that NCMIC has been insuring Naturopathic Physicians and the (*naturopathic*) colleges, we have never opened a claim against a Naturopathic Physician involving prescription medications” (Blood, 2007, p. 13).

GOVERNMENT AND PRIVATE SECTOR RECOGNITION: In terms of government recognition in North America, fourteen states, the District of Columbia, the US territories of Puerto Rico and the U.S. Virgin Islands, and five Canadian provinces currently have licensing laws for naturopathic physicians with varying scopes of practice.



States That License Naturopathic Physicians

Alaska * Arizona * California *
 Connecticut * District of Columbia
 * Hawaii * Idaho * Kansas *
 Maine * Minnesota * Montana *
 New Hampshire * Oregon * Utah
 * Vermont * Washington * Puerto
 Rico * U.S. Virgin Islands

Recognition of naturopathic medicine educational quality, community service and research excellence is mounting. For example, in 2007, the Princeton Review of Medical Schools started including U.S. Naturopathic Schools of Medicine in its annual review of the best 168 medical schools in the country. (The Princeton Review, 2007, p. 24) Additionally, national recognition was achieved through the American Council on Education (ACE) and Corporation for National and Community Service, who named National College of Natural Medicine to the President’s Higher Education Community Service Honor Roll in February 2008, for exemplary service efforts. “The Community Service Honor Roll is the highest federal recognition a school can achieve for its commitment to service-learning and civic engagement.” (Learn and Serve America, 2008)

Given the small numbers of the naturopathic profession, estimated at 4000 in the U.S., there has been significant inclusion in federal and state appointments and research fund awards. For example, Joseph E. Pizzorno, Jr., N.D., President Emeritus, Bastyr University was appointed to the White House Commission on Complementary and Alternative Medicine Policy in 2002 (White House Commission, 2002) and Les Moore, N.D., M.S.O.M., LAc. was appointed as Director of Complementary and Alternative Medicine Special Projects at the Office of Regulatory Reform at the New York State Department of Health. Moreover, the National Institute of Health National Center for Complementary and Alternative Medicine (NCCAM) provided funding for development of the Naturopathic Medical Research Agenda (NMRA) to “develop priorities for scientific exploration of naturopathic medical practices and principles. NMRA recommendations were published in 2006.” (NCCAM, 2010) NCCAM is also currently funding several naturopathic medicine research studies.

In spite of these achievements, without licensing laws in all 50 states, inclusion in federal health programs has been a barrier for naturopathic physicians. Lobbying efforts for inclusion in federal Medicare, Indian Health Service and rural practice loan forgiveness programs have not yet been successful. Though there are several model programs for third-party payer inclusion, this lack of federal recognition has, in many instances also excluded naturopathic physicians from being eligible primary care providers on health insurance plans.

EDUCATION AND TRAINING: There are currently seven accredited four-year post baccalaureate naturopathic medical schools and programs in the U.S. and Canada, graduating approximately 500 new naturopathic physicians annually. *As a comparison, conventional U.S. medical schools graduate 19,000 MD and DO physicians annually* (Dill, 2008, p. 7).

Naturopathic medicine colleges and programs are regionally and programmatically accredited by the Council on Naturopathic Medical Education (CNME) with comparable rigorous curriculum

Accredited Programs

Bastyr University
Boucher Institute
Bridgeport University
Canadian College of Naturopathic Medicine
National College of Natural Medicine
National University of Health Sciences
Southwest College of Naturopathic Medicine and Health Sciences

requirements to conventional and osteopathic medicine programs. (AANMC, 2007, p. 5) Graduates are eligible to sit for the “Naturopathic Physicians Licensing Examinations (NPLEX) administered by the North American Board of Naturopathic Examiners (NABNE), and to become licensed in those Canadian provinces and U.S. states that recognize the profession of naturopathic medicine.” (CAND, 2008, p. 11) Annual professional continuing medical education requirements are incorporated into U.S. state licensing laws. Of note is the fact that lack of access to residency opportunities presents a significant barrier to post-graduate clinical training for graduates. As the vast majority of U.S. residency programs are funded through Medicare funding, inclusion in federal Medicare coverage remains a priority objective for professional development for naturopathic physicians.

PROACTIVE PRACTICE MODEL & VIABILITY OF PROFESSION: Both the American Association of Naturopathic Physicians and the Canadian Association of Naturopathic Doctors have issued practice guidelines. In 2007, the Association of Accredited Naturopathic Medical Colleges (AANMC) issued a professional competency profile outlining the academic and training requirements for naturopathic physicians and the areas of expertise that licensed ND’s are trained and qualified to fill. (AANMC, 2007)

Regarding economic indicators, a recently released National Institutes of Health (NIH) study on cost effectiveness of naturopathic care for chronic back pain concluded, –that naturopathic care is more cost-effective than a patient education program in treating low-back pain. They also recommend further studies of the economic impact of naturopathic medicine. || (Herman, 2008, p. 33) In another study conducted by Green Mountain Wellness Solutions for the Vermont Automobile Dealers Association in 2005-2006, –848 employees were examined and advised by naturopathic physicians for one year. The organization saved \$1.5 million in direct and indirect medical costs the first year. Further, the drastic reduction in health risk factors has resulted in a decrease in insurance premiums for each year the program has been in place. || (NCANP, 2009, p. 3) Further such studies on cost effectiveness of care would enhance professional development efforts.

ASSESSING WORKFORCE ROLES: BEYOND PRIMARY CARE

It would seem that the benchmarks for professional competency: definition, safety, recognition and education have been adequately achieved in naturopathic medical professional formation. In light of the anticipated primary care physician workforce shortages in the U.S. naturopathic physicians are well qualified to fill needed primary care provider roles. Further development of practice models and professional visibility will evolve through additional government recognition and integration into federal health programs.

The naturopathic approach to prevention, wellness and minimal intervention could enhance primary care delivery systems. It is essential to understand that professional disciplines view the concept of prevention in different ways. In conventional medicine practice, prevention includes individual screening for early identification of disease, vaccinations and prophylactic medication (such as hormone therapy for menopausal women,) while public health prevention

efforts focus on population risk reduction (such as sexually transmitted disease education or fluoridating drinking water) and harm reduction (wearing bicycle helmets to prevent injury) in communities. Naturopathic preventive medicine focuses on health promotion activities at both the individual and community level, and includes environmental, dietary and lifestyle strategies to promote a strong immune system and optimum health.

Professional opportunities for naturopathic physicians may also exist in the global health realm where their training in traditional therapeutic modalities may be of particular benefit. In order to give direction to global health planners, the World Health Organization (WHO) office of traditional medicine began crafting guidelines on basic training and safety in Naturopathic Medicine, in 2005. The final guidelines have not yet published. However, in 1995, WHO did publish a model for physician training of traditional healers who are the primary health care providers in their communities. (WHO, 1995) From a global perspective, Western medicine is not the most commonly embraced approach, with spiritual practices and herbal medicines being the most frequently employed healing techniques. (Kreitzer, 2009) Medical pluralism exists in almost every culture, with scientific advances and traditional healing operating in parallel fashion in communities. For example, in Mexico, almost every community has a family of traditional shamanistic healers, *curanderos*, who pass on practical healing and spiritual knowledge, apprenticeship style, from one generation to the next. Concurrently, Mexico has one of the most scientifically advanced conventional medical systems in the Western hemisphere. Yet, the medical doctors and the *curanderos* do not typically communicate or collaborate- though they may share care of the same patients in the same community.

Every day, all over the world, Western medical teams arrive in remote locations to attempt to alleviate medical need in other cultures. Western techniques are as foreign to other cultures, as theirs are to the West. Consider the following metaphor. It is possible to imagine a circumstance where there is a natural disaster in the United States that generates mass casualties; perhaps a contagious epidemic. Due to the tremendous medical need, disaster response medical teams might arrive from China. The teams would not speak English. They could use physical examination techniques like looking at the back of tongues, studying fingernails and taking pulses in both wrists. After consulting amongst themselves, a translator might announce a diagnosis of stagnant liver qi. Acupuncture needles could then be inserted into the patient —to reduce chi stagnation—and a tea that contains a variety of strong smelling components might be offered. Previous medical records might not be referred to. There might be a recommendation to immediately discontinue all previous prescribed western medications. The American patient would be experiencing normal traditional Chinese medicine, but could be impacted by culture shock and innate distrust of the unfamiliar providers. Even if the American patients benefited from Chinese treatment, it would not be unusual if they wanted to return to their familiar family doctor at their earliest convenience. This is an analogy to describe a common experience for other patient cultures receiving Western medicine relief.

The issue of culturally competent healthcare delivery is the subject of much discussion among social scientists and policy makers. Health relief organizations from developed countries consistently appeal to the international community for additional resources in order to provide western medicine aid in remote areas of developing countries. While conventional medicine has produced medical advances that have revolutionized healthcare, the allopathic approach can be reductionist and ethnocentric when applied in global health problem solving. The conventional Western medical model has focused its practice on the physical body, which may explain why much of the published work on the subject of traditional healing is published through the lens of anthropology scholars, as opposed to medical researchers. Much like the scenario above, Western medical relief efforts in international settings operate in a parallel fashion beside traditional healers in target communities. It is usual for local governments to be consulted, while local healers are not. Yet, it is arguable that the actions of traditional healers and cultural factors have a greater long-term impact on community health than temporary medical relief. Islam asserts that, –In spite of phenomenal progress in the area of synthetic drugs, traditional medicine is the only form of medical care available to the mass population in many countries. It is relatively cheap, and its practitioners are usually more accessible, both geographically and culturally.‖ (Islam, 1995, p. 79) Future medical paradigms are challenged to meet the health needs of patient populations within existing cultural frameworks because, –Traditional beliefs and practices do not develop in isolation but are part of an integrated set of social institutions within a cultural system.‖ (p. 74).

Naturopathic medical philosophy is interdisciplinary, embracing international traditional healing in addition to bio-medicine and an environmental health approach to disease prevention. Naturopathic physicians may be ideally suited to act as a bridge profession in international settings, by displaying an appreciation of indigenous practices. According to WHO guidelines for training traditional healers, –It is very important that health workers who train or collaborate closely with traditional health providers be sensitive to the cultural beliefs and practices they have about traditional medicine and healing.‖ (WHO, 1995, p. 33) Naturopathic physicians, in addition to being adequately trained to step into vacant primary care roles, are arguably the best trained among the Western medicine professions to step into a role in training traditional healers around the world and promoting collaboration and cooperation with conventional medicine systems.

IDEAS FOR FURTHER DISCUSSION

The current health paradigm has not fully explored the beneficial role that naturopathic physicians can play in primary care and humanitarian medical relief efforts. Disparities in access to professional opportunities have generated inequity in workplace salaries and unreasonable debt burden for naturopathic physicians, presenting a need to explore future professional roles. Concurrently, the conventional medical model is not able to meet the coming needs for primary care providers in the U.S. and internationally. According to the White House Commission Task Force on CAM, “The Department of Health and Human Services and other appropriate Federal agencies should use health care workforce data, data from national surveys on use of CAM,

regional public health reports on CAM activities and other studies to identify current and future health care needs and the relevance of safe and effective CAM services for helping address these needs.”(White House Commission, 2002, p. 93) Naturopathic physicians are trained as general family practice providers and the profession has met or exceeded the benchmarks for public recognition proposed in the University of California model for evaluating emerging health professions. (Dower C., 2001) Federal inclusion in U.S. health programs as primary care providers could both expand professional opportunities and alleviate shortages. In a sociological analysis of traditional medicine, Islam proposed a model of collaborative medical pluralism with the aims of: Preserving and promoting traditional knowledge, collaboration with modern systems of health care, advancing research, and culturally competent policy development. (Islam, 1995, p. 83) This and similar models deserve further consideration in creating additional roles for naturopathic physicians in global health settings. Their unique training in a variety of practices and therapeutic modalities based upon cultural traditions from around the world make naturopathic physicians ideally suited for roles as trainers of traditional healers and as bridge communicators with conventional medicine systems in international settings. This discussion suggests that further analysis is warranted.

CASE STUDY- NATUROPATHIC MEDICINE GLOBAL HEALTH COUNCIL

This section documents a multi-organizational response to a disaster incident and the formation of a professional inter-organizational global health strategic planning body for naturopathic medicine.

BACKGROUND

Natural Doctors International (NDI) is a 501C3 U.S. nonprofit service organization, founded in 2003 with a mission to “promote global health and social justice through natural medicine through service, education & the advancement of natural medicine globally.” (NDI, 2010) NDI has established a permanent integrated medical relief clinic in Ometepe, Nicaragua and offers service learning opportunities to U.S. medical students and health professionals through its “Natural Medicine in Global Health” courses. It was the first specifically naturopathic international health organization established to do international service work. Though several other small international

Haiti Disaster
Response Committee
Representation

Accredited Association
of Naturopathic Medical
Colleges (AANMC)

American Association of
Naturopathic Medicine
(AANP)

Bastyr University (BU)

Boucher Institute of
Naturopathic Medicine
(BINM)

Canadian College of
Naturopathic Medicine
(CCNM)

Institute for Natural
Medicine (INM)

National College of
Natural Medicine
(NCNM)

Natural Doctors
International (NDI)

Naturopathic Medical
Students Association
(NMSA)

New England School of
Homeopathy (NESH)

Southwest College of
Naturopathic Medicine
(SCNM)

University of Bridgeport
College of Naturopathic
Medicine (UBCNM)

Federal Emergency
Management Agency
(FEMA)

NDI Security Consultant

organizations and projects had been founded within the five years prior, NDI had the greatest stakeholder (N.D. physicians and naturopathic medical students) visibility in January 2010, when the earthquake tragedy struck Haiti. This global disaster triggered a series of events that began with an outpouring of unsolicited financial support to NDI and a flood of naturopathic physician interest in serving in a disaster response role in Haiti. Since NDI previously had a mission that was limited to humanitarian medical relief, and not to disaster response, a leadership group with broad organizational representation was assembled to address the questions of whether and how NDI and the naturopathic profession were prepared to engage in global health efforts including both humanitarian efforts and disaster response. This group (Haiti Disaster Response Committee (HDRC)) was charged to assess the ability of naturopathic medicine to effectively contribute to relief efforts for Haiti. Additional questions arose within the group as it analyzed its capacity and resources to respond:

- Where, outside of North America, are naturopathic physicians practicing?
- Who among the naturopathic community has already received emergency response training, or participated in clinical humanitarian or disaster relief efforts?
- What international clinical relief sites are currently utilizing naturopathic physicians?
- What international educational experiences are available to naturopathic medical students?
- What international research collaborations have been accomplished, or are in progress?
- Who among the naturopathic community is participating in public health, disaster response or global health policy development?

A Marylhurst University internship with Natural Doctors International was arranged to facilitate the national leadership group in the United States. The internship role was charged with assisting in the formation of the Naturopathic Global Health Council (NGHC) for the purposes of establishing participation in worldwide humanitarian medical relief and disaster response efforts, further developing naturopathic physician training and expertise in global health, gathering data for professional research and participating in global health policy. There were several specific tasks to accomplish in this role:

1. Collaborating with international N.D. medical leadership on the global health council leadership team to plan and prepare for a national strategic planning meeting, *(Appendix B. NGHC Leadership Team Roster with bios)*
2. Planning an international public forum, *(Appendix C. Public Forum Summary)*
3. Selecting relevant current global health issues data and natural medicine models for inclusion in a presentation targeted at medical professionals, medical educators and others, *(Appendix D. NGHC forum presentation)*
4. Developing mechanisms for community participation, feedback and evaluation. This took the form of conducting a profession-wide survey. *(Appendix E. Survey analysis)*

The process used to complete these tasks included facilitating several meetings of the leadership team, gathering data on individual and organization global health activities already in progress, conducting a survey targeted at students and physicians in order to gauge the level of professional interest in medical relief work, and planning an international discussion forum.

TARGETED OUTCOMES

Specifically, this internship created an opportunity to design and conduct an international professional meeting on global health planning, gain stakeholder insights, identify professional priorities and to create a media presentation highlighting accomplishments and challenges in disaster healthcare response participation. This was accomplished through facilitation of the Natural Doctors International Naturopathic Global Health Council (NGHC).

The original service project initiated by the NGHC was to send a team of physicians on a fact-finding mission to Haiti, in order to determine how best to contribute to relief efforts. One of the participating physicians, a native Haitian and leader of the medical team, Dr. Sabine Thomas, spent significant time educating the leadership team on issues of cultural competency. The NGHC also obtained expert advice from a FEMA expert and a consulting security advisor with extensive military experience in global emergencies. After considering the input from these expert contributors, the team resolved to consider the importance of strategic partnerships and gaining the wisdom and advice of organizations with considerable experience in disaster response. As a result, the group adopted the following guiding precepts:

Vision: “The vision of the Naturopathic Global Health Council (NGHC) is to collectively pool the resources and experience of the North American naturopathic community to create policy, guidelines and facilitate responsible participation in global health efforts.”

Values:

1. Enhancement of the general health, welfare, and safety of populations and communities.
2. Respect for human dignity.
3. Protection of the environment, recognition of environmental health risks, and prudent utilization of natural resources.
4. Participation in the development of health policies that incorporate a culturally competent perspective.
5. Assurance of access to affordable quality health services for all people.
6. Respect for established medicine traditions.
7. Enhancement of cultural diversity in our professional endeavors.
8. Development of partnerships for learning and service with organizations to meet the health needs of the community.
9. Responsibility for lifelong learning and inquiry both within and across disciplines.
10. Pursuit of interdisciplinary remedies to resolve community health issues.

The project culminated in an international professional forum on global health that occurred on August 13, 2010 at the Portland Convention Center in conjunction with the

American Association of Naturopathic Physicians' annual convention. The forum sought to engage a wide range of participants in meaningful dialogue based on common values in order to build a network of educational and medical resources and opportunities, create partnerships, facilitate communication and generate mechanisms for needs assessment and data gathering.

At the public forum, it was resolved that the Naturopathic Global Health Council would remain as a new standing collaborative entity that would remain for the time being under the umbrella of Natural Doctors International, but would also have representation from many other organizations and individuals including Naturopaths without Borders and Health Bridges International, FIMAFRICA from Kenya and M Soma from Congo Africa. Through establishment of this council, naturopathic medicine would have a representative forum for policy development, training and global health project participation.

IMPLICATIONS

At this writing, issues of continuity and sustainability have caused the work initiated by the NGHC to reach a standstill, meaning that there are no resources allocated and there is no consensus on next steps. This is likely due to a number of considerations that create barriers to continued collaborative efforts. The foremost among these is an issue of human and financial resources to maintain communications and facilitate further efforts. However it is important to note that conflicting motivations and organizational roles challenge progress. For example, the primary purpose of interested individuals and organizations is to provide services to patients in need, not the generation of public policy, curriculum development, crafting of inclusive models or creation of hierarchal authoritative entities to influence individual and organizational decision making. Participating leaders have been in large part medical providers with a personal service mission. Given the tremendous global health interest in the stakeholder groups as indicated by the survey results, perhaps future efforts should be more focused on workforce development through global health training and creation of service opportunities. The systems and planning work of incident response and global health relief has a much bigger logistical, political and economic framework than most medical providers are qualified and educated to address. Sharing resources and developing a certified curricula in global health might best benefit both naturopathic physicians and the global health community by generating capacity to provide a trained workforce to integrate into existing global health service models.

EXPLORATION OF MEDICAL MODEL DISCUSSIONS

An overview of literature on future medical models conveys two dominant perspectives. The first is a call for the greatest good for the greatest number, with an emphasis on increasing access to care, research and data gathering, and a corresponding decrease in health care disparities. The second view focuses on promoting community-based, individualized care that prioritizes cultural competency. The first view is most compatible with a disease based model, while the second is most compatible with wellness models. These viewpoints may not be mutually exclusive. An understanding of multiple disciplinary approaches is useful in exploring

options for interdisciplinary models of care that include opportunities for naturopathic medicine participation. Following are some viewpoints that may be helpful to further the discussion.

PHILOSOPHICAL PERSPECTIVES; MECHANISM AND VITALISM

A system of medicine refers to a comprehensive body of health care theory and practice. Among the many traditional systems of medicine practiced throughout the world are Traditional Chinese Medicine and Ayurvedic Medicine, which are based on theories that imbalances are the cause of disease. “Other systems have been developed by Native Americans, Africans, Middle Eastern, Tibetan, Central and South American cultures.” (Beck, July 16, 2008, p. 10) More recently, the past two centuries have given rise to vitalistic Western medical systems that include Homeopathy and Naturopathic medicine, as well as rationalistic conventional bio-medicine (allopathic.) This section focuses on an exploration of vitalistic and mechanistic system approaches. In the following table, Beck compares the basis of vitalistic and mechanistic philosophies, and the primary theories that guide their medical practice.

TWO MODELS OF MEDICINE	
<p>Rationalistic Model:</p> <p>(MECHANISTIC)</p> <ul style="list-style-type: none"> • Reason, deduction, what can be clearly seen. • External, material, mechanical. • Reduce a thing to its smallest parts. • Remove diseased parts, control function. • Remove symptoms and health is restored. <p>—GERM THEORY </p> <ul style="list-style-type: none"> • Evidence Based Medicine • Prove it works first then use it 	<p>Vitalistic Model:</p> <p>(EMPIRICAL)</p> <ul style="list-style-type: none"> • A Invisible but observable vital spark or energy exists. • Internal, mysterious, complex, more than the sum of its parts. • Symptoms are manifestations of healing effort. • The process of healing is the treatment for the disease. <p>—TERRAIN THEORY </p> <ul style="list-style-type: none"> • Functional Based Medicine (Use what works then understand why)

(Beck, July 16, 2008, p. 16)

There is some question as to how effectively these different philosophic approaches can integrate and collaborate. The key philosophical difference in medical approaches is the existence of a life force in the healing process (vitalistic) versus an empirical approach to addressing symptoms in the physical body (mechanistic). Though there are barriers to integrating these schools of thought, there is much discussion on interdisciplinary team approaches. In a 2008 presentation at the OSHER Lifelong Living Institute, Beck proposed a definition for integrative medicine as, “An approach to medicine in which providers from different whole

medical systems network with one another for the purpose of sharing their knowledge and skills in a way that treats disease, prevents disease and promotes healthy living in the safest and most cost efficient way for the patient” (Beck, July 16, 2008).

VIEWING HEALTH CARE AS A SERVICE INDUSTRY VS. A PRODUCT INDUSTRY; THE MEDICAL HOME MODEL

In his argument in support of the Medical Home Model for Native American Communities, Doug Eby compares these two processes, with the mechanistic system being linear and viewing the body as a machine, and regarding vitalistic traditional systems as being more circular, holistic and based on relationships. (Eby, March 2006) Eby asserts that a system view based on access to products (number of visits, medications etc.) is ineffective given that quality healthcare is based upon relationships. He describes the reasons that patients seek care as:

Why Patients Seek Health Care

- Concern - Reassurance – explanations – what and why and how.
- Information – interpretation - coordination
- Recommendations - things to do
- Resources – medications, durable medical equipment
- Procedures
- Relief – treatment of pain, discomfort. (p.13)

Eby supports a paradigm shift away from a healthcare product perspective and toward a culturally competent patient-centered community-based service model with the healthcare provider viewed as the primary healthcare resource. (pp. 34-36) The medical home model features regular patient access to consistent, timely primary care in the patient’s community, including evenings and weekends. “A medical home is defined as a health care setting that provides patients with timely, well-organized care and enhanced access to providers.” (Beal, 2007, p. 9) Studies conducted by the Commonwealth Fund support the medical home model concept:

Few providers or health care systems can say with certainty that there are no disparities in the quality of care delivered to their patients. However, the medical home holds extraordinary promise as a model for delivering high-quality care and eliminating disparities experienced by racial and ethnic minorities and uninsured patients. Replication of this model, particularly among safety net providers, could potentially improve the quality of care delivered to all patients while reducing disparities in care experienced by vulnerable patient populations. (Beal, 2007, p. 44)

This model of care provides for both access to care (greatest number for the greatest good) and culturally competent individualized care, and is worth further consideration because of its patient-centered focus and its friendliness to providers from different philosophical disciplines.

HEALTH WORKFORCE STRATEGISTS: INSTITUTE OF MEDICINE

In 2009, the Institute of Medicine hosted a conference on integrative medicine that included discussion on workforce planning and education. The final report states that, “Federally-funded national workforce planning commissions have tended to have a limited focus, often concentrating on one profession or a limited series of issues, rather than a broad strategic vision... a broader, more integrated national strategic vision is needed if complex and urgent health workforce issues are to be addressed effectively” (Kreitzer, 2009, p. 3). The report includes recommendations that will “advance integrative health care and enable the movement from the current U.S. health care system that is sporadic, reactive, disease-oriented, and physician-centric to one that fosters an emphasis on health, wellness, early intervention for disease, patient empowerment, and a focus on the full range of physical, mental, and social support needed to improve health and minimize the burden of disease” (p.43).

A GLOBAL PERSPECTIVE: TRAINING TRADITIONAL HEALERS IN PRIMARY CARE

SOCIETAL ETHICS AND HEALTH CARE POLICY DEVELOPMENT

Medical educators, social strategists and policy makers have proposed models for addressing future medical needs. It is important to note that discussions of medical relief models include aid to marginalized patient populations in the Western world as well as in developing countries. “Forty percent of Americans, approximately 117 million people, are underinsured or do not have any health insurance.” (ConsumerReports.org, 2007) In “The Logic of the Healthcare Debate,” Lakoff proposes general requirements for future models based upon the concepts of empathy, responsibility and protection that can be summarized as: access to care, elimination of profit motive, prevention, patient choice, reasonable work conditions for providers, cost effectiveness and safety. Lakoff suggests, “The best way to proceed is to keep what we care the most about at the center of the discussion of health care security. What we care the most about is the actual health and well-being of flesh-and-blood people. Keeping this care in our hearts does not mean that temporary compromises will not be necessary. It means only that we don't begin with compromise” (George Lakoff, 2007).

PROPOSAL FOR A NEW MODEL

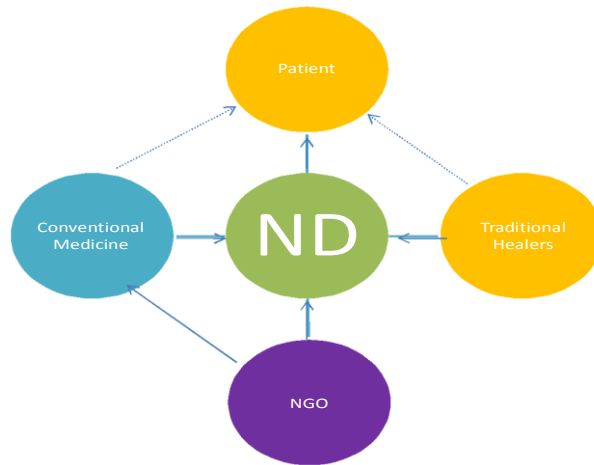
Seemingly, the shortages of primary care physician in the U.S. and in global health relief settings may be alleviated in part by incorporating naturopathic physicians into federal health programs and non-governmental organizations dedicated to medical relief. However, in exploring roles for naturopathic physicians in future medical models, it may also be beneficial to look beyond the role of service provider, and to consider the unique expertise of N.D.'s as trainers and educators. The 1995 World Health Organization recommendations for training traditional healers in primary care concluded that, “To be most effective, staff who participate in

training and provide support to TP [traditional practitioners], should have respect for and sensitivity to TP's and have a basic understanding of traditional medicine and healing practices. Doctors, nurses and other professionals should be able to communicate effectively with TP's and to integrate, where possible, the teaching of PHC [primary health care] knowledge and skills with basic beliefs of traditional healing. These attitudes and skills are particularly essential for establishing good collaboration and referrals between modern health staff and TP's¹ (WHO, 1995). Though the report identified curriculum and strategies, and highlighted the success of pilot projects, it did not identify a specific source of trainers. In 2010, this problem remains unresolved. Given the particular expertise of naturopathic physicians in both modern medicine and a variety of ancient traditional medicine modalities, it is worth considering N.D.s for these training roles. In fact, one of the core principles of naturopathic philosophy is the concept of *The Physician as Teacher (Docere)*. Due to the small numbers of the naturopathic profession, many of the most accomplished are already called upon to teach. In a recent interview, when asked about the difficult decision of leaving clinical practice in favor of teaching and program administration, Dr. Christine Girard, executive vice president of academic and clinical affairs for the Southwest College of Naturopathic Medicine, explained, –I knew I could reach more patients through the hands of my students than I could ever touch myself¹ (Snyder, March 2010).

The Naturopathic Medicine Bridge: In 1997, Clyde Jensen, PhD. published a detailed curriculum comparison of M.D., D.O. and N.D. medical school programs. Jensen concluded, –With such commonalities, the three medical education programs should seek opportunities for mutually beneficial collaborations¹ (Jensen, August, 1997). Creating innovative, community-based global health models would allow such collaborations to generate new models of care.

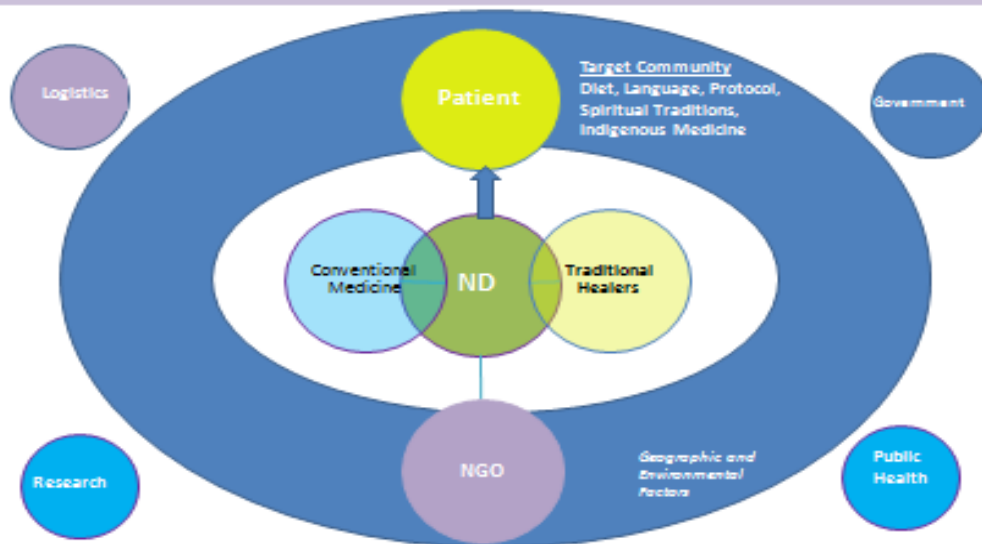
The concept of a health continuum refers to patient care from wellness care through advanced specialty needs. Similarly, there is a health profession continuum that ranges from health coaches to physician hyper-specialists (*Appendix A. Therapeutic Modality Table by Profession*). Consideration of naturopathic physicians in a bridge teaching role between conventional medicine providers and traditional healers could help facilitate the kind of collaborative effort that Jensen envisioned in future models. One possible illustration of how the naturopathic physician could fill the teaching/training role in medical relief settings is depicted in the following figure, a non-government organization relief setting, with both conventional medicine providers and traditional healers providing care, and with a naturopathic physician facilitating communication between, to provide primary care training to traditional healers and to inform conventional providers on cultural healing traditions. In this type of model, the naturopathic physician and the traditional healer would provide primary care services, freeing up conventional medical providers to deal with issues of specialty care.

Medical Relief Proposing ND's as Bridge on the Healthcare Continuum



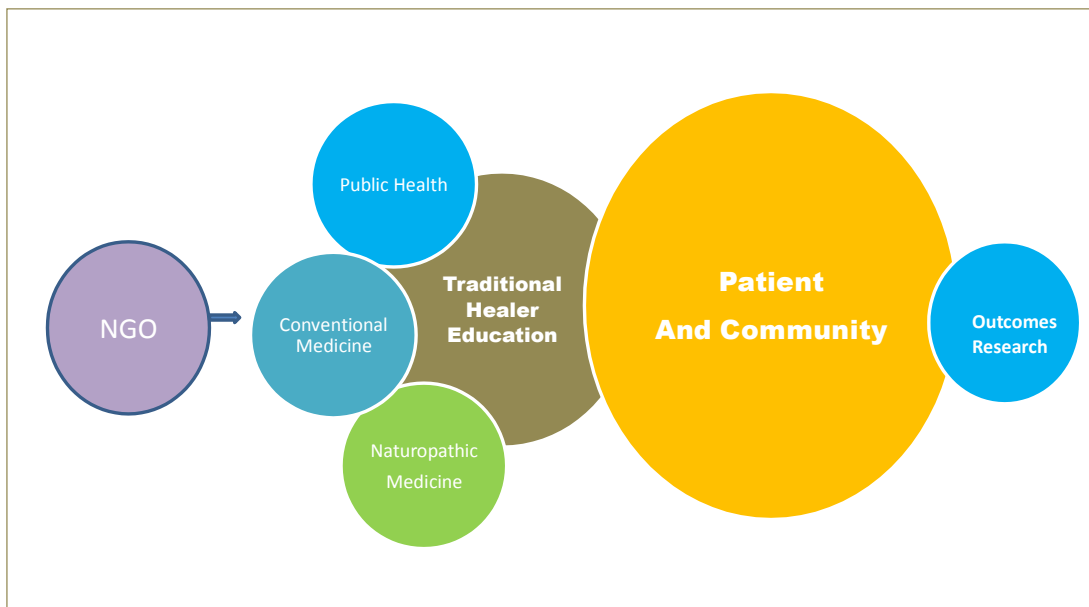
The World Health Organization report on training traditional practitioners asked, “Can improved collaboration contribute toward creating a more acceptable and sustainable system of health services to communities?”(WHO, 1995) The following figure (below) expands upon the model to envision a system for a target community.

Community Model for Health Service



The ultimate desired outcome of medical relief efforts in developing countries is to create a sustainable system of care and to create measurably improved patient outcomes. The following figure demonstrates a model of education where conventional medicine, public health and naturopathic medicine support training of the indigenous practitioners that provide sustainable care and patient education in communities. Tracking measurements of social determinants of health through outcomes research would generate data on effectiveness and efficient use of human resources.

Integrated Patient Education



The model figures above were generated to provoke further discussion among the various strategists, public health researchers and medical educators on the suitability of naturopathic physicians to fill this needed role in the global health professional continuum.

This sort of discussion might be useful in a climate of self-selection, where NGO's and American non-profits choose target communities and models of care, and where physicians and other providers volunteer their patient services as time allows. A more conscious effort to generate sustainable services through preparing collaborative teams to educate local healers could make this work more effective by leaving a legacy of continued care in communities after the teams have departed.

FINDINGS AND TOPICS FOR FURTHER DISCUSSION

This analysis and discussion has focused on identifying healthcare workforce needs, and identifying possible roles for integrating naturopathic physicians into systems.

IDENTIFIED NEEDS:

- There needs to be a shift from viewing healthcare as a product industry, to a service industry, with healthcare workforce as the primary resource.
- Disparities in access to professional opportunities have generated inequity in workplace salaries and unreasonable debt burden for naturopathic physicians, presenting a need to explore future professional roles.
- Projected primary care workforce needs are escalating in the U.S. and globally, beyond the ability of existing conventional medicine education systems to fill the need.
- Medical pluralism exists in almost every culture, with scientific advances and traditional healing operating in parallel fashion in communities. Traditional healers need to be better trained in order to provide integrated primary care services in their communities.
- A global training workforce needs to be developed in order to support sustainable services to communities through their traditional healer primary care providers.

POSSIBLE ROLES FOR INTEGRATING NATUROPATHIC PHYSICIANS INTO HEALTH SYSTEMS

- Naturopathic physicians have met the competency criteria to fill immediate and future primary care roles.
- The naturopathic approach to prevention, wellness and minimal intervention could enhance primary care delivery systems.
- Naturopathic students and physicians have expressed an interest in filling roles in community service work in the U.S. and globally.
- Naturopathic physicians can fill disaster response roles with the same global health training and preparation as conventional primary care professionals.
- Naturopathic physicians may be uniquely qualified to fill needed roles as trainers and educators to traditional healers in global health settings.

FINAL THOUGHTS

The process of cultivating the Naturopathic Global Health Council revealed that individual physicians and naturopathic clinical education programs are already engaged in safety net clinic services across the U.S. and Canada, that healthcare disparities research is in progress at naturopathic research institutions and that naturopathic physicians are providing services to marginalized communities throughout the world both as disaster responders and in medical relief settings. One of the advantages of sustaining this group would be to create a central platform for gathering and disseminating this information. The NGHC goals of creating a mechanism for

discussion, resource sharing, curriculum development, student involvement, and policy participation further demonstrate the need for perpetuating this professional discussion. As a provider-based group, the NGHC would also benefit from a strategic network of global health service systems, to encourage further meaningful engagement.

The healthcare planners of today will leave a legacy for the next generation. The economic, social and political pressure generated by the vast healthcare needs of the present will only be exacerbated in the future. It would be prudent to consider exploration of new models and to include naturopathic physicians in healthcare workforce professional development strategies.



NGHC Leadership Team- May 2010, Portland, OR.

APPENDICES

APPENDIX A. THERAPEUTIC MODALITY TABLE BY PROFESSION

Medical Therapeutic Modality Table by Professional Role

<i>(Licensed Medical Professions)</i>	Prayer/meditation Breathing	Lifestyle Counseling	Mind-Body	Esthetics	Diet	hydro therapy	Physical Medicine	Homeopathy	Herbs	Acupuncture	Lab Tests	Drugs	IV therapy	Surge ry	Exercise	Emerg Medic
Allopathic Physician		*		*	*						*	*	*	*	*	*
Osteopathic Physician		*		*	*		*				*	*	*	*	*	*
Naturopathic Physician	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
<i>(non-physician formal education)</i>																
Chiropractor		*			*		*		*						*	
Licensed Acupuncturist		*							*	*						
Physician's Assistant		*		*	*						*	*	*		*	
Licensed Midwife	*	*			*										*	
Clergy- ThD	*	*														
Physical Therapist		*				*	*								*	
Nurse Practitioner		*		*	*		*				*	*	*		*	
Massage therapist							*									
Nutritionist/ Dietician		*			*											
<i>(Traditional Medicine Training)</i>																
Shaman	*	*	*		*				*							
Coach		*		*	*										*	
Herbalist		*			*				*							
Lay Homeopath		*						*								
Ayurveda	*	*	*		*		*		*						*	
Unani	*	*	*		*		*		*						*	

The above table represents a sampling of physician and non-physician health practitioners on the healthcare continuum.

12/15/2010

APPENDIX B. NGHC 2010 LEADERSHIP TEAM ROSTER WITH BIOS

Co-Chair

Natural Doctors International (NDI)

Dr. Tabatha Parker, ND is the Executive Director and co-founder of Natural Doctors International (NDI) the first international naturopathic organization of its kind, Dr. Parker strives to bring naturopathic medicine to its rightful place in global health. Her dedication to find solutions to global health through natural medicine has led her to make the conscious choice to reside outside of the United States. Living on the island of Ometepe in Nicaragua, Central America, the second poorest country in the Western hemisphere, Dr. Parker works as Executive & Medical Director of NDI, attends patients in NDI's free community clinics, and has led 100s of students and doctors on global health courses in Nicaragua. As an international doctor, she works in the trenches everyday seeing structural violence in developing nations. She thrives to use her activism in natural medicine to inspire students and doctors to become active globally. In addition to her clinical work, Tabatha is a writer, social justice activist, and dedicated wife & mother. She is an active member of the American Association of Naturopathic Physicians (AANP) Doctors for Global Health (DGH) and the Global Health Council (GHC).

Co-Chair

Dr. Sabine Thomas, ND - Dr. Sabine Thomas graduated from Mount Holyoke College with a Bachelors of Art in Sociomedical Sciences and received her Doctorate in Naturopathic Medicine from Bastyr University. She is a recipient of an individual National Institute of Health (NIH), National Center for Complementary and Alternative Medicine (NCCAM) Health, Post-Doctoral Research Fellowship Award. This fellowship award supported by Bastyr University Institutional Training Grant is designed to develop or enhance research training opportunities for post-doctoral fellows who are training in biomedical and behavioral research. Dr. Thomas aims to perform extensive yet focused research projects for publication in the field of Complementary Alternative Integrative Medicine (CAIM), community public health, health disparities and global health. She is completing a graduate certificate in Global Health from the University of Washington in Seattle. In 2006 and 2007, Dr. Thomas led teams of naturopathic physicians to work in integrative clinics in Lubumbashi, Democratic Republic of Congo (her birth country). On January 14th, two days after the fatal earthquake that shook the island nation of Haiti and claimed the lives of two of her own Haitian family members, she called upon Natural Doctors International (NDI) to coordinate North American naturopathic post-relief efforts for Haiti. She now chairs the Haiti Disaster Relief Committee (HDRC).

Committee Members (Listed in alphabetical order by organization, then by individual)

Organizations Represented: American Association of Naturopathic Medicine (AANP), Bastyr University (BU), Boucher Institute of Naturopathic Medicine (BINM), Canadian College of Naturopathic Medicine (CCNM), Institute of Natural Medicine (INM), Natural Doctors International (NDI), Naturopathic Medical Students Association (NMSA), New England School of Homeopathy (NESH), Southwest College of Naturopathic Medicine (SCNM), University of Bridgeport College of Naturopathic Medicine (UBCNM)

American Association of Naturopathic Physicians (AANP)

Dr. Bill Benda, MD – After graduating cum laude from Duke University, Dr. Benda was a founding paramedic/firefighter for the City of Delray Beach Fire Department. He subsequently received his medical degree from the University of Miami School of Medicine at Jackson Memorial Hospital. Following his residency in Emergency Medicine at Harbor-UCLA Medical Center, he remained as director of Emergency Medical Services and Assistant Clinical Professor of Medicine at UCLA, with an appointment as Base Hospital Medical Director. He also served as Director of the Hospital Emergency Response Team (HERT), Director of the Disaster Management Assistance Team (DMAT), and flight surgeon for the County of Los Angeles Fire Department. Dr. Benda has been actively involved in the instruction of medical students and residents and has lectured at numerous professional conferences. He maintains memberships in the American Academy of Emergency Medicine as well as various organizations promoting human rights and medical care in developing countries. In 1994 he served as the sole physician in Eastern Rwanda following the genocide and during subsequent cholera epidemic.

Upon his return Dr. Benda served as medical director of the Big Sur Health Center while continuing to staff local emergency departments. Continual personal inquiry and a desire for the return of health to his own profession led to a two-year fellowship in the Program in Integrative Medicine at the University of Arizona under Dr. Andrew Weil. During his tenure he presented this new concept of health care delivery extensively at various academic and corporate symposia. His research and clinical work focused on patients with breast cancer, animal-assisted therapy, and physician health and well-being. He has served as a principle investigator through the National Center for Complementary and Alternative Medicine of the NIH. Dr. Benda also co-created a non-profit organization, the National Integrative Medicine Council, and served as Director of Medical and Public Affairs. Currently Dr. Benda's focus is his ongoing research in the realm of equine-assisted therapy as applied to children with physical and emotional disabilities, his consulting work with academic and clinical institutions, and his publications, as well as continuation of clinical work in Emergency Medicine. He serves as Associate Editor of both the Journal of Alternative and Complementary Medicine and Integrative Medicine – A Clinician's Journal. He is the first medical doctor to be elected to the Board of Directors of the American Association of Naturopathic Physicians.

Bastyr University (BU)

Tom Bull, Director Alumni Relations & Career Services came to Bastyr University in August of 2007. Tom is responsible for overseeing all alumni programming for Bastyr University, ensuring that all alumni, students and friends will have the opportunities to stay connected to the University and its myriad endeavors. In 2009, Tom was appointed director for career services by Susan Wieder, Vice President for Student Affairs and the Dean of Students. Tom has been in the field of non-profit education for more than 15 years. Before bringing his expertise to Bastyr University, he worked for Northwestern University, Loyola University Chicago, and DePaul University implementing various alumni and fundraising programming. His other appointment includes the Executive Committee for the Council on Advancement in Support of Education (CASE). Tom received his bachelor's degree in Organization Development from Loyola University Chicago and a Masters of Science (MS) in Communications from Northwestern University.

Boucher Institute of Naturopathic Medicine (BINM)

Dr. Kevin R Nolan MD, ND is on teaching faculty at Boucher Institute, and a founding Board member 1999-2005. He graduated from Canadian College in 1989 (ND) and London UK (MD) 1969. Dr. Nolan practices as an MD (including naturopathic principals) and also in Urgent Care Clinics. He is a member of the BC College of Naturopathic Physicians Association. Dr. Nolan resides on the coast of Vancouver Island and in Vancouver. His interests include many outdoor ocean and mountain sports, movement, music, travel and creativity. His formative years were in Cornwall and London, UK. Dr. Nolan is interested in supporting the Haiti Initiative in person if needed, and communicating needs and plans to the naturopathic school and community in BC.

Canadian College of Naturopathic Medicine (CCNM)

Dr. Ellen Wong, ND is a 2009 graduate from the Canadian College of Naturopathic Medicine (CCNM). She currently has an eclectic practice with focuses of gastrointestinal and women's health as well as cancer support at the Integrative Healthcare Clinic. She is also one of CCNM's clinic residents and supervises 4th year interns and is involved in teaching various courses. Ellen has had experience working with developing nations and has made several visits to rural areas-in-need in China.

Institute for Natural Medicine (INM)

Susan Yirku has been responsible for organizational leadership, community relations, addressing regulatory issues and training in education, healthcare and social service settings for over 25 years Sue is the president of the Institute for Natural Medicine, the primary philanthropic foundation for naturopathic medicine, and has served a role in this organization since 1997. She also served as the Associate Vice President of College Relations at the National College of Natural Medicine in Portland Oregon. Her contributions to the naturopathic medicine community include participation in founding the Naturopathic Coordinating Council, the Accredited Association of Naturopathic Medical Colleges, the Naturopathic Medical Student Association and the Foundations of Naturopathic Medicine Project.

Natural Doctors International (NDI) Security Advisor

William Wolfe Military and safety strategist.

Naturopathic Association of Medical Students (NMSA)

Erin Moore is a first year ND student at NCNM and the Global Health Chair of NMSA. Erin is excited to be a part of this committee and hopes that over her next 5 years of school to support the growth and development of the committee into something strong and lasting. New to the world of Naturopathic Medicine (domestic and international) Erin is most interested in the strengths and weaknesses of our medicine in a global setting, and the best way to use our unique skills for maximum benefit. Erin represents the Naturopathic Medical Student Association and students around North America that are excited to support the growth of Naturopathic Medicine in areas of great need.

National College of Naturopathic Medicine (NCNM)

Dr. Dohn R. Kruschwitz, MD, ND is an Associate Professor, Chief Medical Officer and Associate Dean of Naturopathic Medicine at National College of Natural Medicine. As a medical doctor and naturopathic physician, his areas of expertise include: Minor Surgery, Herbal Medicine, Urology, Men's Health, Thyroid disease, General medicine. Since 1998, Dr. Kruschwitz has been a full-time associate professor of academic and clinical medicine at NCNM. He has served on the NCNM residency advisory committee since 1997 and helped NCNM develop the first certified naturopathic residency training program in the country. He currently acts as chief medical officer at Natural Health Center, teaches courses in minor surgery and clinical medicine, and supervises student interns on teaching clinic rotations. Dr. Kruschwitz received his medical doctorate degree from University of Iowa College of Medicine in 1966, and subsequently pursued a family practice residency in Des Moines, Iowa. After practicing for two years in a mission hospital in Puerto Rico, he spent over 25 years practicing family and emergency medicine in the Midwest. It was during this time that he became interested in alternative medicine. Dr. Kruschwitz began pursuing a doctorate in naturopathic medicine at NCNM in 1995. Following his completion of the naturopathic doctoral program in 1997, he fulfilled a one-year residency in naturopathic medicine.

New England School of Homeopathy (NESH)

Dr. Amy Rothenberg, ND has been in practice since 1986. Specializing in homeopathy, she offers first aid, acute and constitutional care to patients alongside other CAM approaches. Rothenberg teaches and writes widely on topics natural medicine and has a special interest in empowering patients and communities to use naturopathic approaches. A founder of the New England School of Homeopathy, she is an instructor of ongoing courses for physicians and medical school students from allopathic and naturopathic tracks. She also teaches a course at Hampshire College entitled, Complementary and Alternative Medicine, Understanding the Modalities, Assessing the Research.. Dr. Rothenberg was the editor of the New England Journal of Homeopathy for ten years until 2002. She served on the Board of Health in Amherst Massachusetts for six years, reflecting her strong interest in public health issues and the promise that naturopathic medicine offers in that arena. Rothenberg is further interested in the development and execution of research studies that examine efficacy in natural medicine approaches.. Her book, *The A Cappella Singer Who Lost Her Voice and Other Clinical Stories from Natural Medicine* will be published by B.Jain-Archbel in 2010. For more information see www.nesh.com and

Southwest College of Naturopathic Medicine (SCNM)

Dr. Christine L. Girard, ND is the Executive Vice President of Academic and Clinical Affairs for the Southwest College of Naturopathic Medicine in Tempe, AZ. Dr. Girard completed her undergraduate degree at Goddard College, Plainfield, VT and received her Doctorate of Naturopathic Medicine from the National College of Naturopathic Medicine, Portland, OR. She participated in and completed the first hospital-based residency for naturopathic physicians at Griffin Hospital in Derby, Connecticut. Dr. Girard's career has focused on hospital-based integrative medicine and leadership in undergraduate and post-graduate naturopathic medical education. She is the co-founder and past co-director of the Integrative Medicine Center at Griffin Hospital where she created, in conjunction with the University of Bridgeport College of Naturopathic Medicine, an integrative medicine residency program for naturopathic physicians. Dr. Girard served as a Clinical Research Specialist at the Yale-Griffin Prevention Research Center and is the former Director of Naturopathic Medicine at Southwestern Regional Medical Center in Tulsa, Oklahoma—a Cancer Treatment Centers of America hospital. A past board member of the American Association of Naturopathic Medicine and the Council on Naturopathic Medical Education, her volunteer work includes support of the Sojourner Center, a domestic violence shelter in the Greater Phoenix area, and the Leukemia and Lymphoma Society.

University of Bridgeport College of Naturopathic Medicine (UCNM)

Dr. Kristie Ferreira, ND graduated from the University of Bridgeport College of Naturopathic Medicine in May 2008 and the Institute of Acupuncture in December of 2009. Dr. Ferreira was inspired to her path into medicine during several trips to Haiti where she worked as a volunteer at mobile medical clinics that operated in the city of Port-au-Prince and outlying rural villages. Dr. Ferreira is owner and principal of NorthStar Environmental Management LLC, a multidisciplinary environmental consulting firm. NorthStar offers environmental consulting services to the financial; commercial/industrial and construction industry. Dr. Ferreira has been a member of the Guilford, CT volunteer Fire Department for fifteen years where she is certified as an emergency medical technician, fire fighter, rescue diver and hazardous materials technician. Dr. Ferreira is in the planning stages of opening a private practice in naturopathic medicine and acupuncture in Guilford Connecticut.

University of Bridgeport College of Naturopathic Medicine (UCNM)

Dr. Emma Norton, ND Adjunct Clinical Faculty, University of Bridgeport Naturopathic Medicine program.

Dr. Brandy Rose Lipscomb, ND is a graduate of Bastyr University, established a busy primary care clinic in rural Washington state in 2006. Sky River Natural Health Center in Sultan, WA serves over 600 patients a year with a practical approach that blends conventional and holistic treatments tailored to meet the needs of each individual. Dr. Lipscomb's background includes eight years of service as a combat medic with the Washington National Guard. She spent a year in Iraq gaining invaluable experience in triage, wound care, physical therapy, minor surgery, and pharmacology. She is also certified in IV therapy and craniosacral therapy. In her free time, Dr. Lipscomb enjoys hiking with her dog, telemark skiing, and whitewater kayaking in the mountains around her home.

Dr. Chris Holder, ND is a naturopathic physician and acupuncturist at Seattle Integrative Medicine. Dr. Holder in addition to practicing integrative oncology and integrative neurology, has interests in mind-body medicine, global health and psychoneuroimmunology. Dr. Holder has traveled to 15 countries studying other medical systems, healthcare delivery, and healing paradigms. Incorporating a global medicine perspective to heal individuals and their relationship to the planet is Dr. Holder's mission in working with clients.

Dr. Firlande Volcy graduated from University of Florida with a Bachelor of Science degree in Microbiology and Cell Science and a Minor in Chemistry. She received her Doctorate Degree from Southwest College of Naturopathic Medicine (SCNM), a 4-year accredited Naturopathic Medical School in Tempe, AZ. In 2006, she attended the American Medical College of Homeopathy (AMCH) and completed a year-long study in Classical Homeopathy. In 2007, she became a licensed Naturopathic physician by the state of Arizona Naturopathic Physicians medical board (NPBomex). In addition, Dr. Volcy is the author of several health books currently pending publications. She is the CEO and founder of -Naturally Fit and Healthyl, a team with the mission to keep individuals active and focus on their health and wellness through fitness and Nutrition; and -Let's talk about Healthl, a health group set up to discuss current health issues and the subsequent role of alternative / preventative medicine. She is an active board member of the Naturopathic Medicine for Global Health and the Georgia Haitian American Association (GHAA). Dr. Volcy stays engaged in her community by presenting monthly health lectures and seminars and by participating in health fairs. She currently practices in Atlanta, GA.

Dr. JoAnna Forwell, ND - originally from Canada, Dr. Forwell came to Seattle to study medicine at Bastyr University, graduated in 1992, and has been practicing medicine in the Emerald City ever since. Her specialty area is in injury and pain management using prolotherapy and other injection techniques. She is a former member of the board of both the American and Washington Associations of Naturopathic Physicians is a current board member with the Naturopathic Academy of Therapeutic Injections (NATI) & has Diplomate status with the American Academy of Pain Management. In March of 2009, she was the first ND to join a group of American doctors & nurses on a medical mission to Haiti with the FOTCOH organization (Friends Of The Children Of Haiti). There, she spent 2 weeks jointly tending to 200+ Haitians a day, treating all manner of common and tropical illnesses. She is looking forward to continuing to work in Haiti and is hopeful to revive and expand the use of plant medicines there. Naturopathic medicine offers such beautiful complementarities with cultures that typically have a rich tradition of nature-based lore. She is eager to help the NDI-HDRC foster a purposeful international presence for the practice of naturopathic medicine. Her web presence is at: www.drforwell.com.

Karen Schwartz, Herbalist & Homeopath is a herbalist and homeopath in Seattle, an adjunct faculty at Bastyr University, and friend and colleague of Dr. Sabine Thomas. Her experience with disaster relief stems from being a

part of the original group of founders of what has become the Common Ground Clinic in New Orleans, begun in the wake of hurricane Katrina. Karen was one of their major procurement people for the first year of the response, particularly in the first 6 months when she organized fundraising, donation procuring and supply coordination. Karen also worked in the clinic, during 3 separate trips to NOLA, for a total of about 2 months volunteer time. The experience was invaluable on so many levels, not least of which was observing the many different dynamics of power, ego and personal agenda at play in different folks' motivation as volunteers. Karen did a lot of counseling and secondary trauma work while there, and also a lot of mediating between different members of the core crew.

Dr. William F. Wulsin, ND, MPH, MA, LAc, has been a physician, an acupuncturist and the director of Health Development Resources since 1991. In that capacity he consults for public health and research projects in the areas of project identification, design, and implementation. His primary focus is with nutrition and food security and integration of traditional medicine. He is focused primarily with people in communities devastated by the impacts of chronic disease and poverty. He has worked with natural resource management and health development for over twenty years in many counties, and has also organized facilitated and presented at several workshops, symposia and conferences, which involve health and personal development. He also maintains a private practice in Seattle. Dr. Wulsin provided psychological trauma/PTSD mitigation care to survivors and responders in New Orleans after Hurricanes Katrina and Rita with NGOs Acupuncturists Without Borders in October 2005 and In Port Au Prince, Haiti with Tzu Chi in 2010.

Canadian Association of Naturopathic Physicians – Shawn O'Reilly is the Executive Director and Director of Government Relations for the Canadian Association of Naturopathic Doctors (CAND). Ms. O'Reilly has been involved in the field of natural medicine for over 15 years holding senior positions with two of Canada's professional line nutraceutical companies and a holistic compounding pharmacy prior to joining the CAND in 2002. Previously, Ms. O'Reilly spent 17 years as a senior litigation law clerk and Law Clerk Manager for several top Canadian law firms.

North American Board of Naturopathic Examiners – Christa Louise, PhD. is the Executive Director of NABNE. The purpose of NABNE is to determine the qualifications of applicants to take the NPLEX, to administer the NPLEX to examinees, and to prepare and send exam results and transcripts to licensing/regulatory authorities. The institutions that regulate naturopathic medicine grant authority to NABNE to be the examining body for the naturopathic profession through their agreement to use the results of the NPLEX Examinations in their determination of the candidate's eligibility for licensure (United States) or registration (Canada).

**Natural Doctors International
2010 Update on NDI Haiti delegation and the Naturopathic Global Health Council Public
Forum and Leadership Meeting**

Vision: The vision of the Naturopathic Global Health Council (NGHC) is to collectively pool the resources and experience of the North American naturopathic community to effectively participate in global health efforts. NDI has agreed to umbrella the Naturopathic Global Health Council at this time.

Purpose: The Naturopathic Global Health Council has formed to explore participation in worldwide humanitarian medical relief and disaster response efforts, to further develop naturopathic physician training and expertise in global health, to gather data for professional research and to develop global health policy.

Values:

1. Enhancement of the general health, welfare, and safety of populations and communities.
2. Respect for human dignity.
3. Protection of the environment, recognition of environmental health risks, and prudent utilization of natural resources.
4. Participation in the development of health policies that incorporate a culturally competent perspective.
5. Assurance of access to affordable quality health services for all people.
6. Respect for established medicine traditions.
7. Enhancement of cultural diversity in our professional endeavors.
8. Development of partnerships for learning and service with community organizations to meet the health needs of the community.
9. Responsibility for lifelong learning and inquiry both within and across disciplines.
10. Pursuit of interdisciplinary remedies to resolve community health issues.

Outcomes: Through establishment of this council, naturopathic medicine will have a representative forum for policy development, training and global health project participation.

Introduction: The newly constituted **NDI Naturopathic Global Health Council (NGHC)** is the successor to the **Natural Doctors International (NDI) - Haiti Disaster Relief Committee**, which formed in response to an outpouring of financial support and naturopathic physician interest in serving in a disaster response role after the January 12, 2010 earthquake in Haiti. Since NDI previously had a mission that was limited to humanitarian medical relief, and not to disaster response, a leadership consortium was assembled to address the questions of whether and how NDI and the naturopathic profession was prepared to engage in global health efforts including both humanitarian efforts and disaster response.

History: The initial service project initiated by the NGHC was to send a team of physicians on a fact-finding mission to Haiti, in order to determine how best to contribute to relief efforts. In participating in the planning of this trip, The team also obtained expert advice from a FEMA expert and a consulting security advisor with extensive military experience in global

emergencies. After hearing the presentations from these expert contributors, the team was redirected to consider the importance of strategic partnerships and gaining the wisdom and advice of organizations with considerable experience in disaster response. As a result, the group adopted the following guiding precepts:

- Natural Doctors International will sponsor the activities of the Naturopathic Global Health Council to function as the collaborative leadership group on global health issues impacting naturopathic medicine.
- We agree to address the following key areas: safety, legality, professionalism and qualifications of the team by collectively working together to send a medical relief team to Haiti.
- We agree with the AMA's position that volunteers must be part of the solution, not the problem and that the –spontaneous volunteerll has no place in disaster relief in Haiti.
- We agree that the collective efforts of the naturopathic community will better serve both the Haitian people and the profession.
- We agree to the follow SPHERE PROJECT protocol.
- We adopt the Humanitarian Charter and Minimum Standards in Disaster Response.
- We adopt the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief.

Haiti Delegation Report:

Dr. Sabine Thomas, a Naturopathic Physician with family affected by the earthquake in Haiti contacted NDI on January 14th to collect funds online to establish and help with coordinating efforts to send an interdisciplinary team of practitioners to Haiti. Generous donations from the naturopathic community and offers of support led to the formation of the Haiti Disaster Relief Committee (HDRC) with NDI leading the national coordinating efforts.

A Team consisting of Dr. Thomas and several members of the HDRC Traveled to Port-Au-Prince (PAP), from February 24, 2010 to March 4, 2010. The purpose of the trip was to assess the situation on the ground, connect with the Ministry of Health and connect with established, trustworthy organizations in Haiti that can support natural medicine practitioners and best ensure the safety of our team.

The team established relationships with potential established NGO partners and the the Haitian ministry of Health in anticipation of future humanitarian efforts in Haiti. The group made recommendations that included logistical preparations, and advice to only include delegation physicians with previous disaster response experience on future trips, until such time as disaster response training and certification is available to interested participants.

First Annual Naturopathic Global Health Public Forum

Two volunteers, Marylhurst University intern, Susan Yirku and Naturopathic Medical Student Association representative Erin Moore assisted in coordinating and planning an international professional meeting on global health. The international naturopathic professional forum on global health occurred on August 13, 2010 at the Portland Convention Center in conjunction with the American Association of Naturopathic Physicians 2010 convention.

The public forum was planned to give the entire naturopathic community an opportunity to share experience and analyze and address policy and ethical practice issues in

international medical relief and disaster response work. In preparation for the event, a global health survey was sent to naturopathic physicians, medical students and educators. There were 137 voluntary responses. Key findings were used to assist in crafting the meeting agenda.

The NGHC public forum discussed naturopathic medicine participation in new forms of collaboration at the national and international level. The forum sought to engage a wide range of participants in meaningful dialogue based on common values in order to:

- Build a network of educational and medical resources and opportunities
- Create partnerships
- Facilitate communication
- Generate mechanisms for needs assessment and data gathering

Key concepts exercise

Participants in the global health public forum were asked to participate in an exercise where they briefly noted their thoughts about the global health council and planning for increased participation in global health efforts. On the topic of forming the Naturopathic Global Health Council as a consortium on humanitarian healthcare and disaster response participation- attendees were asked to answer questions, keeping in mind the issues of: policy, strategic partnering, resource needs, physician training and student engagement. They responded to four questions, which are listed below along with the key concepts that were raised in their combined responses.

1. What excites you about working collaboratively in global health?

Key concepts: Opportunity to serve , training opportunity, interdisciplinary collaboration, and cultural preservation of traditional practices

2. What are your concerns?

Key concepts: Sustainability, recognizing boundaries and limitations, adequate training and preparation, cultural and political competency, central communication and logistical support, appropriate student involvement, appropriate integration with affiliated services.

3. What are your priorities?

Key concepts: Funding, access to quality preparation and training, engagement with established global health organizations, patient and provider safety, best practices standards, collaboration, recognition and voice in global health policy, research and data gathering.

4. What could make this council succeed/fail?

Key concepts: Leadership, quality training, proceeding too quickly without adequate supports in place, ability to retain professional autonomy, cooperative relationships with other organizations and government agencies.

NGHC Leadership Council Meeting – August 13, 2010

The NGHC public forum was followed by a meeting of the leadership council and guests focused on establishing a construct for sustainability, communications and planning for next steps. It was universally expressed that attendees found the forum to be a valuable event as a community building exercise.

There were diverse opinions expressed on the resource capacity of the represented organizations to support an ongoing consortium. The advantages of a public policy forum were discussed, as well as advantages in communicating with foreign ministries of health. Training opportunities and communications advantages were also cited. Natural Doctors International offered to continue to umbrella efforts that included hosting the leadership council, and facilitating virtual communications. There were objections by some attendees to creating a perception that NDI had authority over other representative groups. After discussion, it was formally voted that NDI would umbrella the Global Health Council and communications for an interim period while other options were identified. The following concepts for a global health consortium were endorsed in principle:

Purposes: Service, Communication, Networking, Education

Goals: Discussion Forum, Resource sharing, Curriculum development, Student engagement, Policy participation

- Strategies:**
- Create a web presence that includes a discussion forum, news and events calendar, and resource library and links.
 - NDI to umbrella activities to include administrative support, communications facilitation and web hosting.
 - Create a committee to create 2011 educational opportunities in global health.
 - Build strategic partners network.
 - Create intern/work-study opportunities in the U.S.

APPENDIX D. GLOBAL HEALTH FORUM POWERPOINT PRESENTATION

Link to presentation:

<http://www.sendspace.com/file/s9pb6n>



APPENDIX E. NATUROPATHIC GLOBAL HEALTH SURVEY ANALYSIS

Natural Doctors International Naturopathic Global Health Survey Analysis

Introduction: The newly constituted NDI Naturopathic Global Health Council (NGHC) is the successor to the Natural Doctors International (NDI) - Haiti Disaster Relief Committee, which formed in response to an outpouring of financial support and naturopathic physician interest in serving in a disaster response role after the January 12, 2010 earthquake in Haiti. Since NDI previously had a mission that was limited to humanitarian medical relief, and not to disaster response, a leadership consortium was assembled to address the questions of whether and how NDI and the naturopathic profession was prepared to engage in global health efforts including both humanitarian efforts and disaster response.

Among the research questions identified by the NGHC Leadership Council:

- Where, outside of North America, are naturopathic physicians practicing?
- Who among the naturopathic community has received special training, or participated in clinical humanitarian or disaster relief efforts?
- What international clinical relief sites are currently utilizing naturopathic physicians?
- What international educational experiences are available to naturopathic medical students?
- What international research collaborations have been accomplished, or are in progress?
- Who among the naturopathic community is participating in public health, disaster response or global health policy development?

In order to begin to answer some of these questions and ascertain professional status and interest in expanding global health participation, a profession-wide preliminary survey was conducted by NDI in July 2010. The following is a summary of key findings and trends identified by the respondents.

NDi Naturopathic Global Health Survey Analysis

A ten question survey was created and distributed to physicians, students and key thought leaders through the NDi mailing list, alumni lists and the Naturopathic Medical Student Association mailing list on July 8, 2010. Survey participation was voluntary and the construct was more in the model of a public opinion poll than a scientific tool. The survey was intended as a snapshot of stakeholder priorities, in order to help leaders formulate strategic direction. Responses were collected through August 15, 2010. It is estimated that the survey invitation was sent to 700 naturopathic physicians, students and educators for voluntary response. Of 139 responders, 134 completed the survey. This represents approximately 19% of the invitees.

The survey was designed to gather informal data on community expertise and experience in global health settings, self-assessment of educational preparedness of naturopathic physicians for emergency response and interest in continuing education and participation in global health activities.

Demographics (Questions 1 and 2)

Survey respondents were asked two demographic questions, relating to their professional status and City or country of origin. Responders gave origins from 10 countries (U.S.A., Canada, Mexico, Australia, Congo, Nicaragua, Korea, Italy, Pakistan and South Africa). 50% of the responders were naturopathic physicians. 30% were naturopathic medical students with the remaining 20% split between educators, thought leaders and other medical professionals. (See Chart 1.)

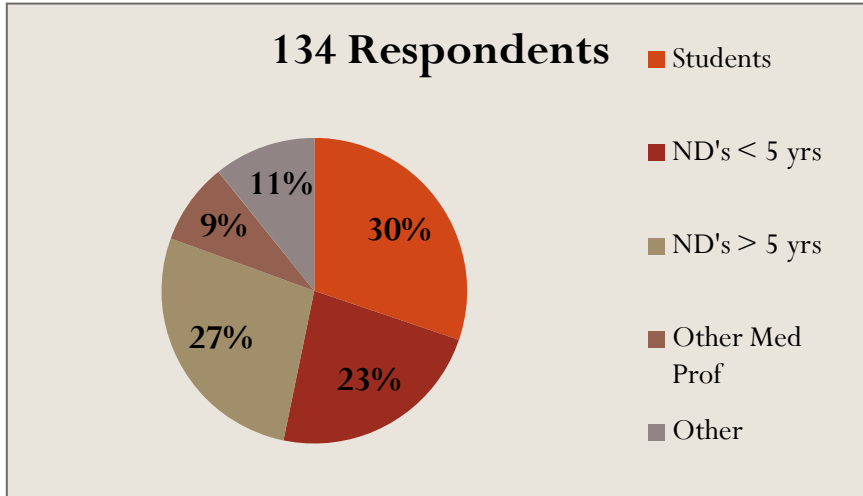


Chart 1.

Experience/ Background (Question 3.)

Respondents were asked to indicate their background experience in global health or disaster response. 66% of the responders indicated no experience or special training. 34% reported having experience in either disaster response work or international medical relief work. (see Chart 2.)

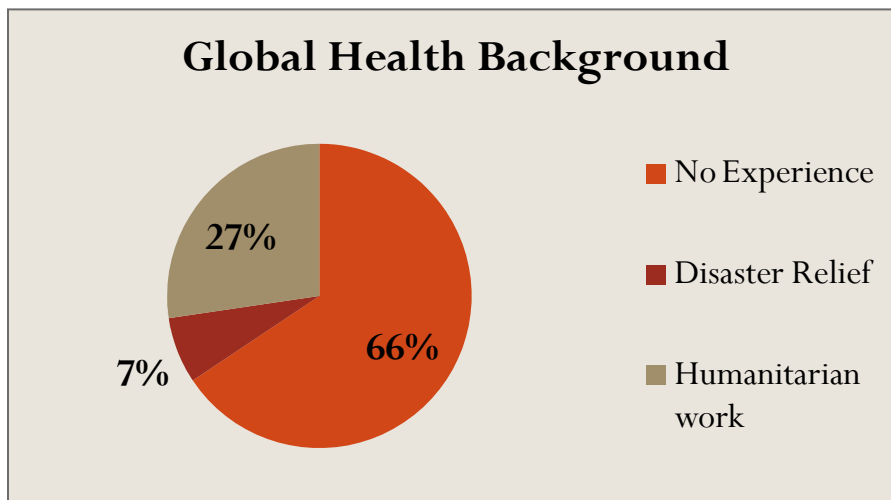


Chart 2.

Global Health Importance (Question 4.)

Survey participants were asked for a personal opinion: *-Is there a need for naturopathic medicine to prioritize global health issues as part of its policy agenda?*” 92 % responded that global health issues were either somewhat important or very important. (See Chart 3.)

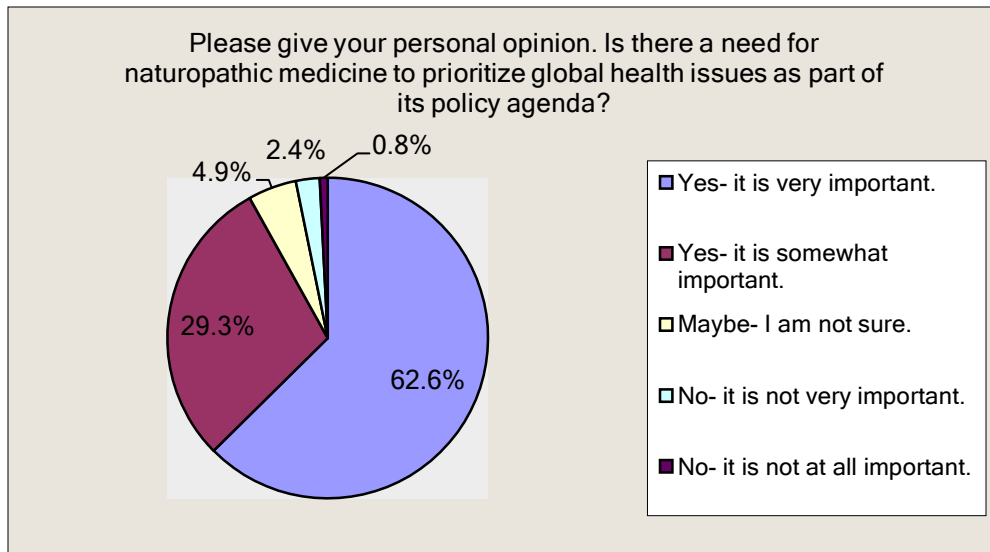


Chart 3.

Strategic Partnerships/ Collaboration (Question 5.)

Participants were asked: “How important do you think it is to create opportunities to link with other healthcare movements, other health professions and their constituencies on issues relating to global health?” Over 86% of the responses indicated that professional links are very important. (See Chart 4.)

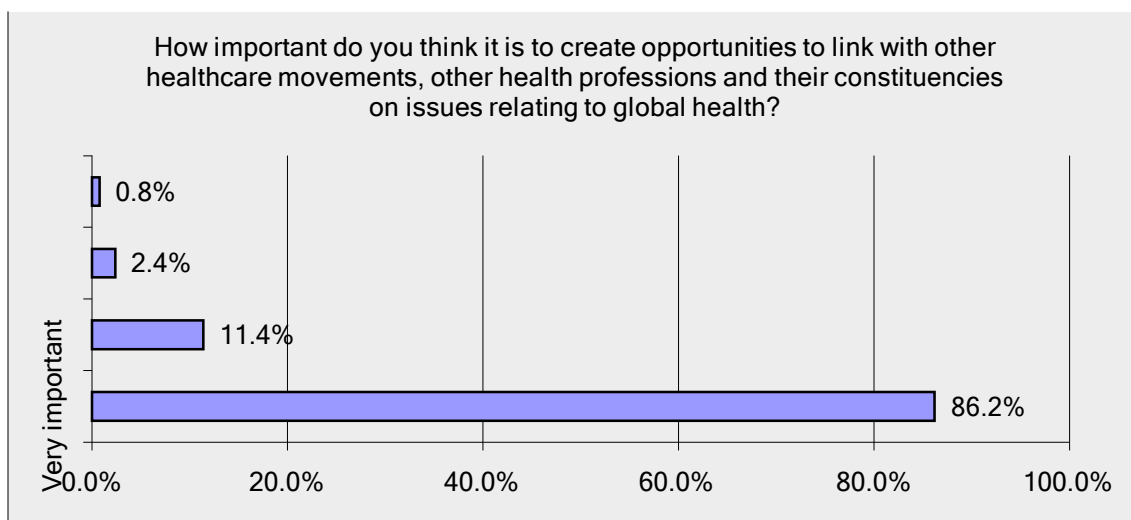


Chart 4.

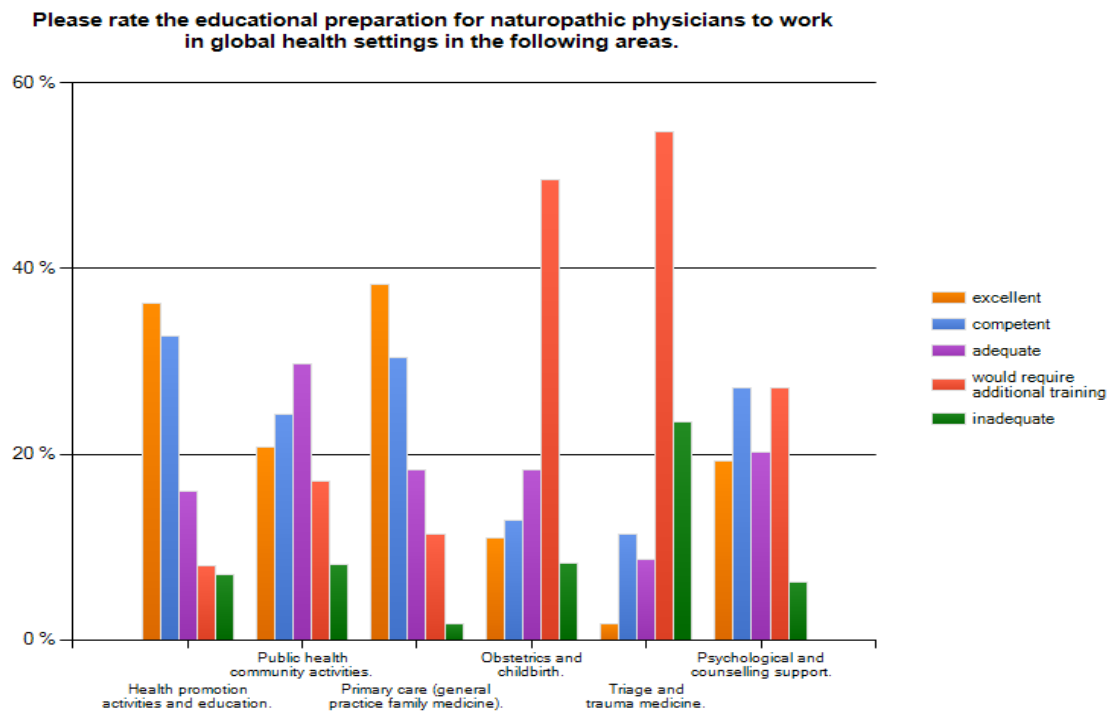
Educational Preparedness (Question 6.)

Participants were asked to rank their educational training and preparation for global health work as *excellent*, *competent*, *adequate*, *would need additional training* or *inadequate* in a variety of professional roles. The following charts illustrate the responses to the question:

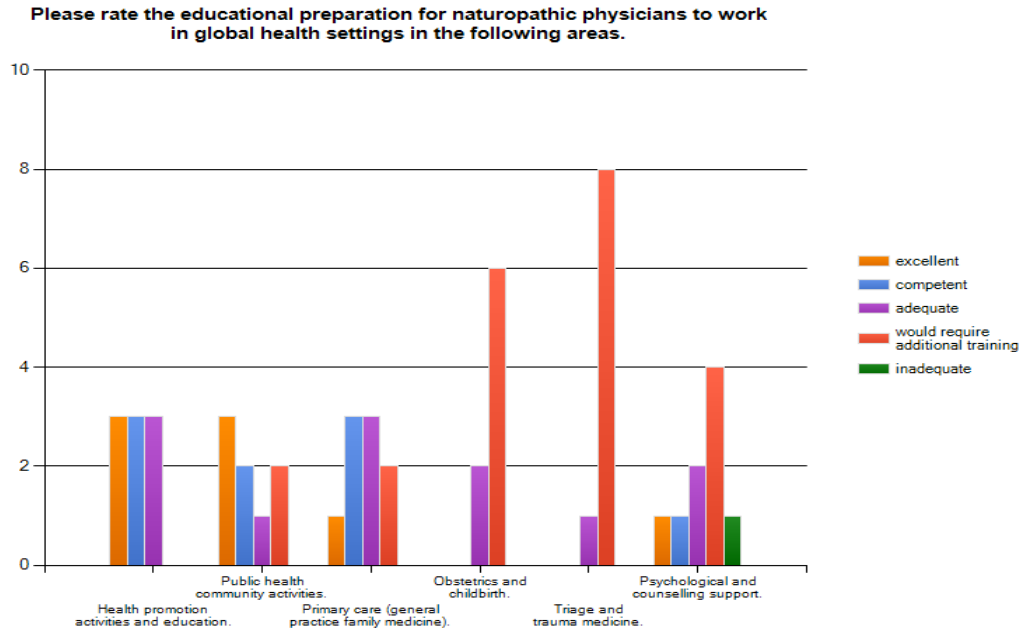
-Please rate the educational preparation for naturopathic physicians to work in global health settings in the following areas.

- *Health promotion activities and education.*
- *Public health community activities.*
- *Primary care (general practice family medicine).*
- *Obstetrics and childbirth.*
- *Triage and trauma medicine.*
- *Psychological and counseling support.*

The question was designed to assess physician and student perceptions of their educational preparation to competently participate in various global health roles. The first chart (Chart 5.) includes the responses of all participants. The second chart (Chart 6.) was filtered to include only the responses of experienced disaster responders to see if there was any significant difference in perceptions among those who had actually been involved in emergency management situations.



ALL RESPONDENTS (Chart 5.)



EXPERIENCED IN DISASTER RESPONSE ONLY (Chart 6.)

It is interesting to note that among the experienced disaster response providers there are no responders who perceive their education as inadequate to provide triage and trauma services or obstetrics and childbirth services. This is a stark contrast to the 23% of overall responders who rated their educational preparation as inadequate to provide these services. The survey does not analyze whether this difference in perception is due to specialized training already obtained by those individuals, or due to confidence gained by experiential testing of their educational competencies. Experienced disaster responders added the following comments to their responses:

~“Naturopaths seem to be reasonably well trained to be excellent primary care providers, although it takes about ten years to gain the exposure to an adequate volume of patients compared to that seen by MDs in a single year. As PCP's NDs can adapt well to resource poor settings because of our focus on healing from within and emphasis on minimal intervention. It is important to understand though that in a "global health" clinical setting, most medical issues are related to infectious diseases that cannot be managed well solely with natural therapeutics or similar traumatic injuries.”

~“I feel that public health issues for each situation would need to be reviewed - such as infectious diseases common to a region, resources on the ground for sanitation and clean drinking water, cultural understanding of sexual health, etc. would always need to be researched and reviewed. Primary care in a given region will require review of clinical presentation of commonly found conditions (ie: Tb, malaria, typhoid) and how they are treated. OB and childbirth, triage and trauma should be reviewed by any ND who wants to work in global health.”

The responses consistently indicated the areas of triage and trauma medicine, obstetrics and childbirth and psychological and counseling support as areas where they felt additional training would be beneficial to those who work in global health settings. Of note is the fact that no question was included on contagious disease outbreaks and epidemiology, an exclusion that would likely have resulted in an interest in further training.

As the responder comment above notes, regional incidence of disease and health risks must always be considered when entering a geographic location. This type of review would be considered usual and customary preparation for a particular relief project that would be in addition to the continuing medical education that would better qualify providers. The survey question refers more to professional qualification than this type of project preparation.

Interest in Additional Physician Training (Question 7.)

In addition to being asked what training would be appropriate to better qualify naturopathic physicians to participate in global health, participants were asked about their personal interest in receiving additional training. An overwhelming 94.9% were at least somewhat interested in additional education. (See Chart 7.) Several participants commented that their primary interest in getting training was not targeted at interest in international work, but was rather to better qualify them for medical relief efforts at home (U.S.A. and Canada).

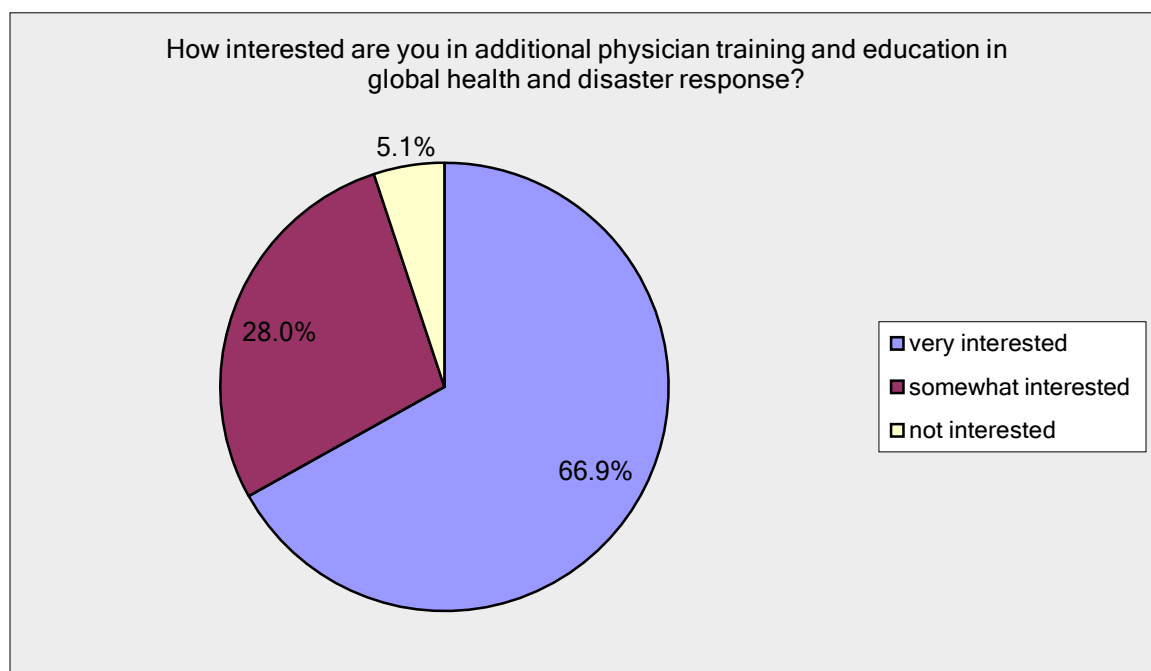


Chart 7.

Interest in Participation (Question 8.)

Respondents were then asked how likely they would be to personally participate as a volunteer in either disaster response or humanitarian medical relief work. Over 86% expressed an interest in participating in volunteer efforts of some kind. (See Chart 8.)

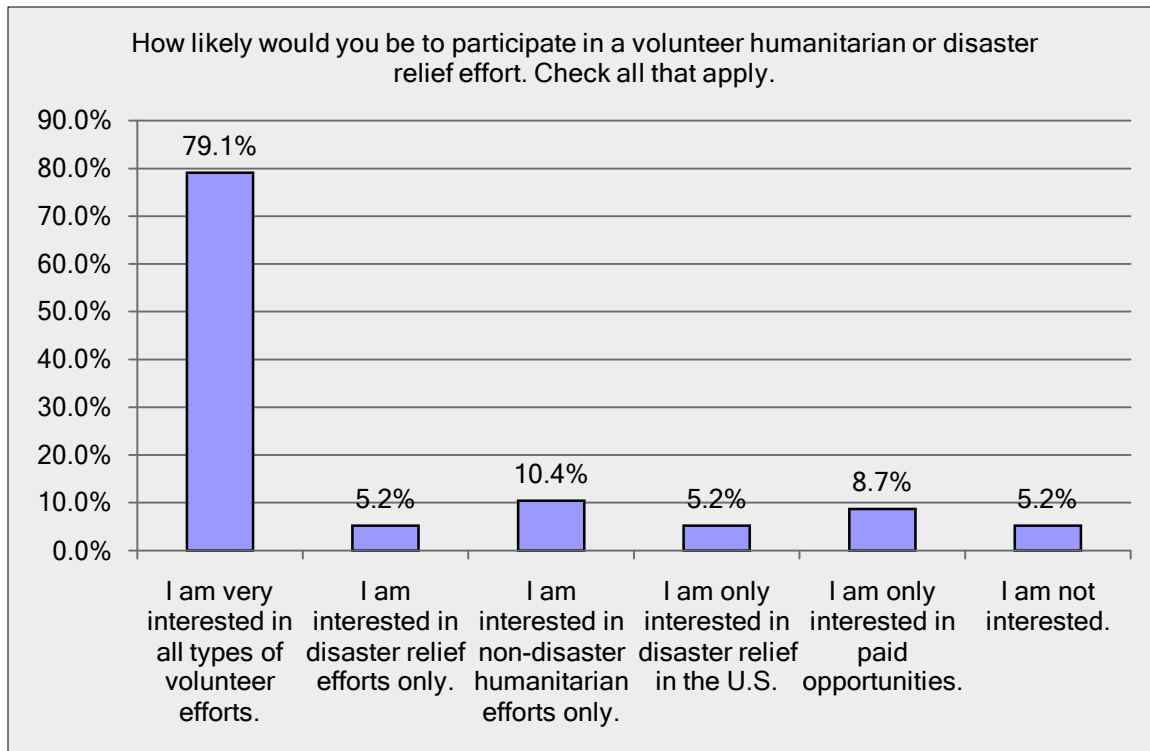


Chart 8.

Naturopathic Medical Student Participation (Question 9.)

The question on the value of incorporating global health into student training and service learning experiences generated a diverse response (See Chart 9.) and a variety of comments:

“A rotation abroad (and/or with marginalized populations in the States) would be an excellent requirement for ND programs. It's an essential piece of the puzzle that we face as physicians and humans on this shrinking planet.”

~ International relief ND in practice > 5 years, Bacalar, Mexico

“It should be a graduation requirement. at the very least there should be a rural community clinic rotation/requirement. it would be a great way to incorporate community education credit requirements and continuing ed after graduation.”

~ Naturopathic Medical Student, Portland, Oregon

“I think some people would not be able or be willing to participate in a global health training service, though I think global health training would be beneficial to all.”

~ Naturopathic Medical Student, Melbourne, Australia

“Students who engage in specific global health and public health programs will benefit, but this is way beyond the scope of medical schools to provide.”

~ ND, Lac in practice > 5 years, Seattle, WA

“This type of service is a long way from being central to the mission of our profession. Many people are pulled to this work, but that doesn't mean that we should be requiring it any time soon.”

ND, MPH. in practice < 5 years, Portland, OR.

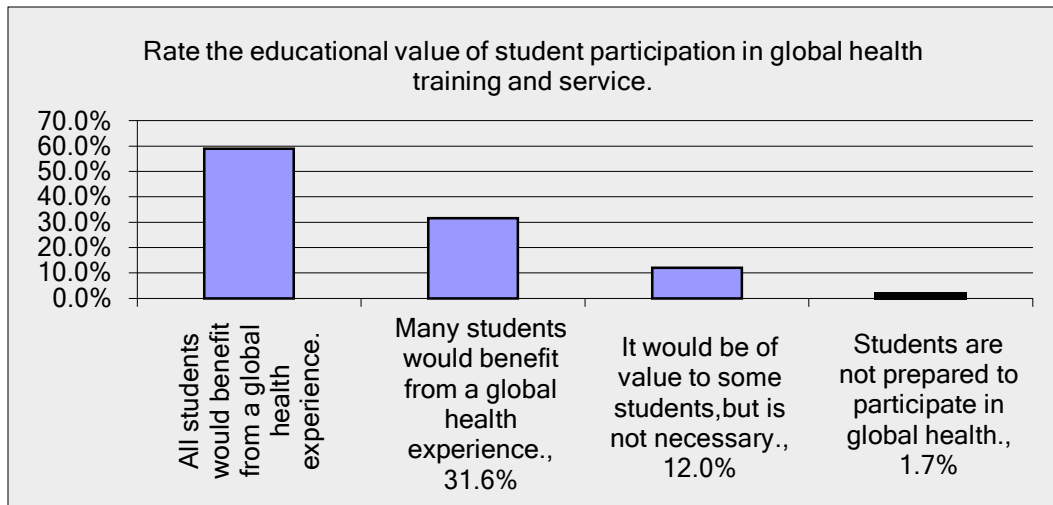


Chart 9.

Is the Naturopathic Global Health Council Important? (Question 10.)

The final question of the survey asked, *“I think the establishment of the Naturopathic Global Health Council is important to create a representative forum for policy development, training and global health project participation. Please indicate whether you agree and add your comments, questions and concerns.”* In retrospect, it is clearly a biased question that could have been worded in a less leading manner. Nevertheless, the response was overwhelmingly in support of advancing the involvement of naturopathic medicine in global health in a more strategic and formalized way than has been done in the past. (See Chart 10.)

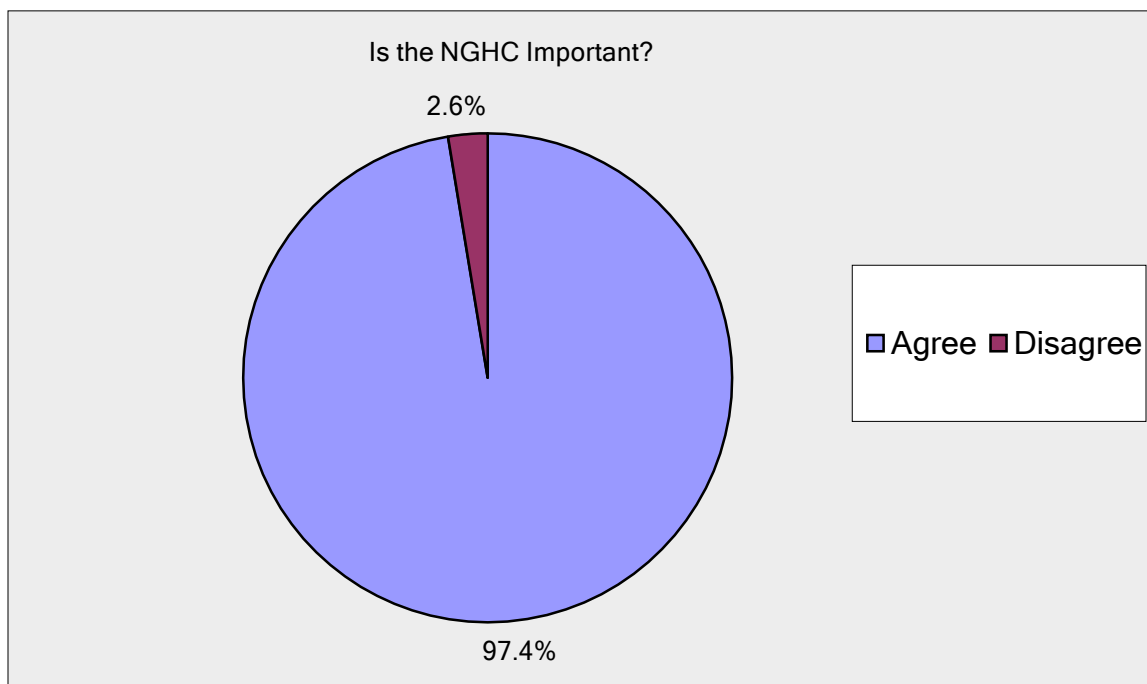


Chart 10.

The extensive participant final comments are too numerous to be reproduced here.

Conclusions:

Most participants felt that global health preparedness was not adequately addressed in their curricula and almost all wanted more instruction. In addition, the participants overwhelmingly expressed an interest in participating in volunteer efforts. Based on the results of this survey, we propose integration of at least one global health course including instructional endeavors in disaster response and contagious diseases into medical education curricula. We recommend the offering of a more comprehensive continuing medical education course for those physicians pursuing emergency medical relief work. A web-based course may be a desirable alternative for institutions that could not otherwise add this training to their curriculum due to logistical reasons or time constraints. Further research is needed to determine the feasibility and effectiveness of these educational strategies. This survey is not scientific in that the respondents were voluntary responders and likely represent the sectors of students and physicians who already had an existing interest in global health. However, the response rate indicates that there is significant interest in advancing global health efforts on a profession-wide basis in at least 20% of the population of naturopathic students and physicians. This survey and its results indicate the need for a more comprehensive scientific look at naturopathic medicine integration into the global health professional continuum.

Naturopathic Medicine Global Health Forum

<http://nghhealthforum.weebly.com/>

The naturopathic medicine global health forum is a place for all who strive for improvement and equity in global health and have news, information and resources they want to share.

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