

# COMMUNITY AS MEDICINE

*DR. ELIZABETH MARKLE*

*DR. BENJAMIN EMMERT-ARONSON*

*Azara User Conference*

*April 30, 2025*



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**GOOD LUCK  
WITH THAT,  
I'LL SEE YOU  
IN 6 MONTHS!**



## **BEHAVIORAL PRESCRIPTION**

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**DIRECTIONS:**

*Exercise more!*

*Eat better!*

*Reduce your stress!*

*Get some social support!*



**Open Source Wellness Mission: Create “Community as Medicine” by partnering with communities and healthcare to deliver joyful, trauma-informed, and culturally relevant programs for health, wellbeing, and human connection.**

Community As  
Medicine is an  
experiential,  
equity-centered,  
trauma-informed,  
and joyful approach  
to group health  
coaching.

# Community



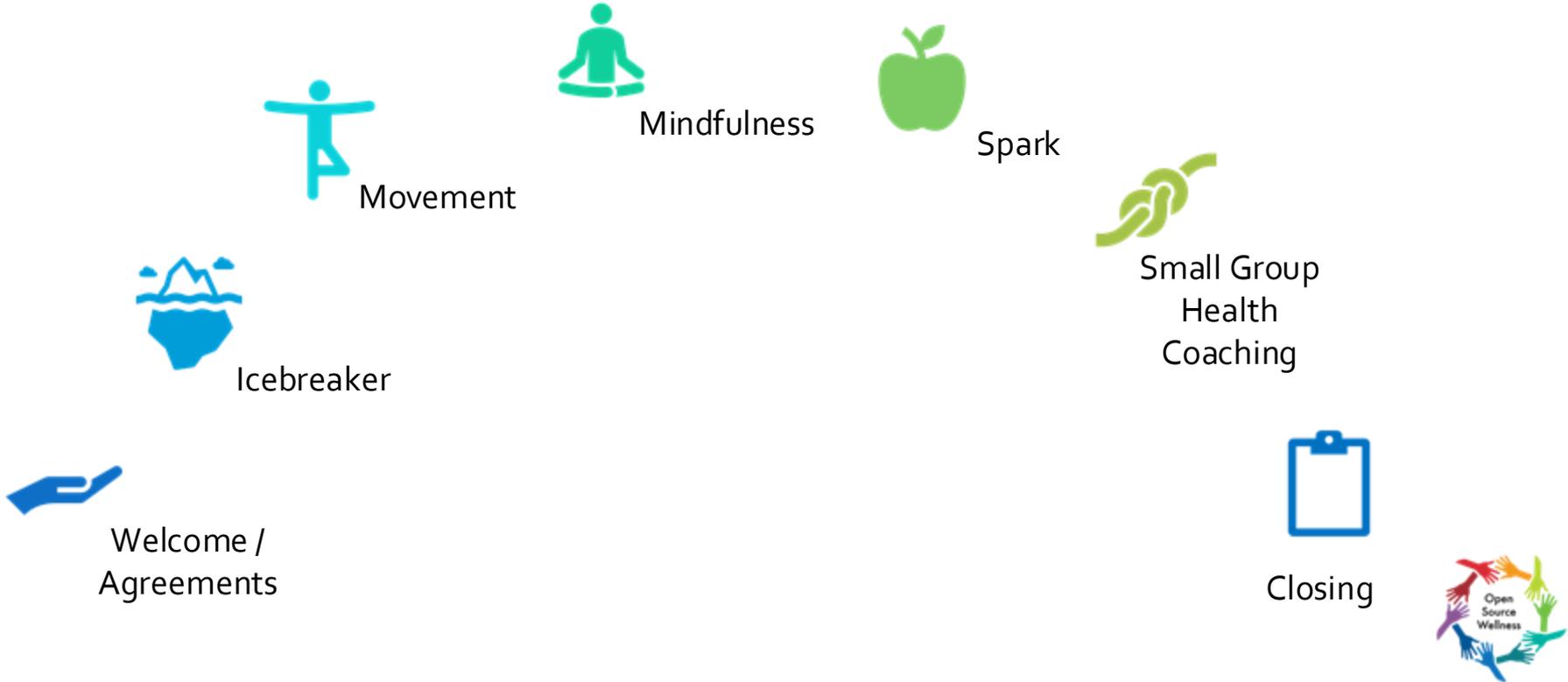
# As Medicine™

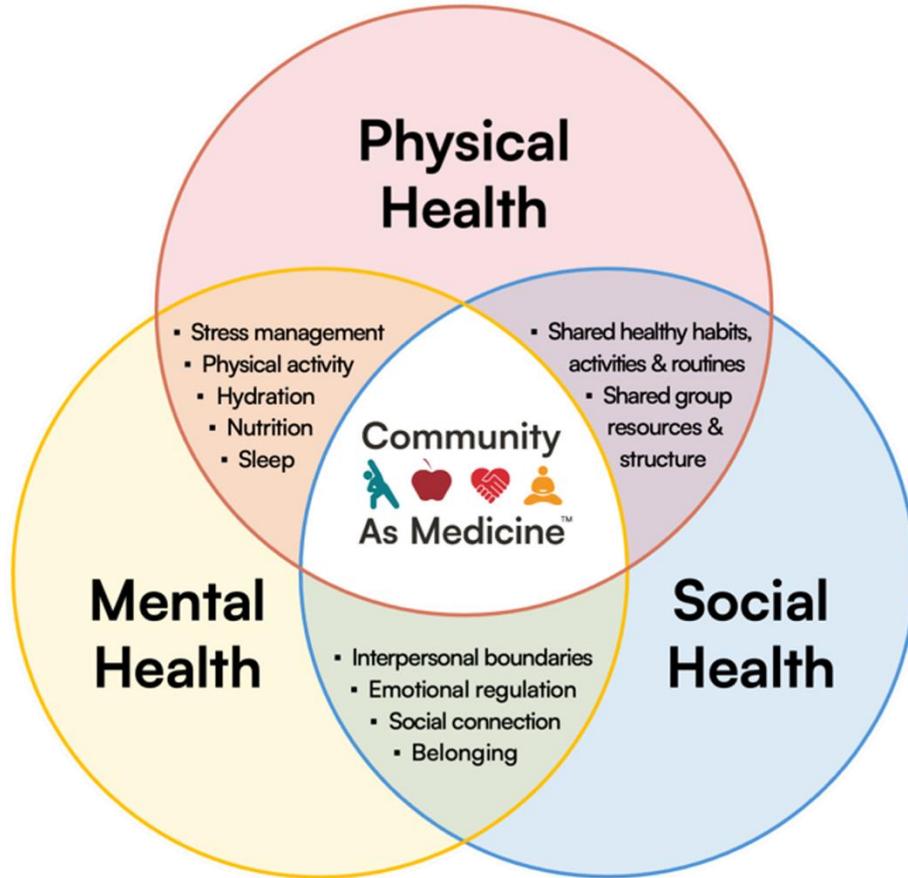
Move,  
Nourish,  
Connect,  
Be.



# The Arc of a CAM group

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- 
- Experiential
  - Transdiagnostic
  - Trauma-informed
  - Culturally Affirmative





# Community As Medicine Implementation Partners

Federally Qualified Health Centers  
Integrated Delivery Systems  
Payors  
Employers  
Low-Income Housing Orgs  
Food As Medicine programs  
YMCAs



**NATIVE AMERICAN  
HEALTH CENTER**  
Serving the community since 1972

**Genentech**



**LifeLong  
Medical  
Care**  
Health Services For All Ages  
a california *health*.center



# Community As Medicine Participant Population



PEOPLE  
OF COLOR



BELOW FEDERAL  
POVERTY LINE



ON  
MEDICAID



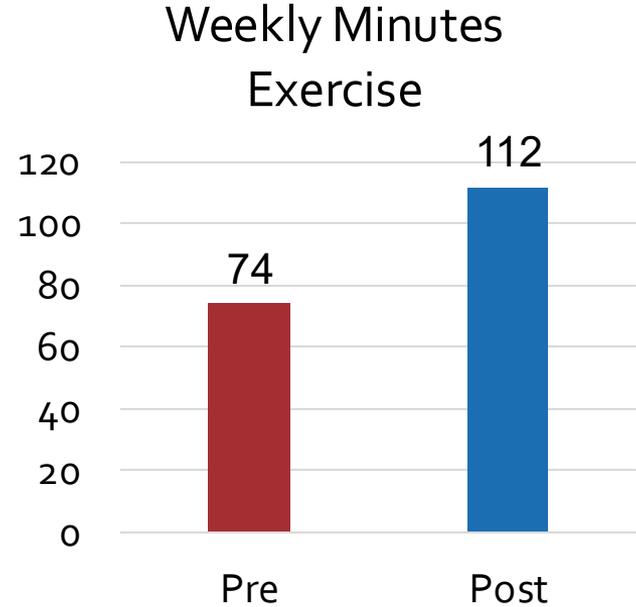
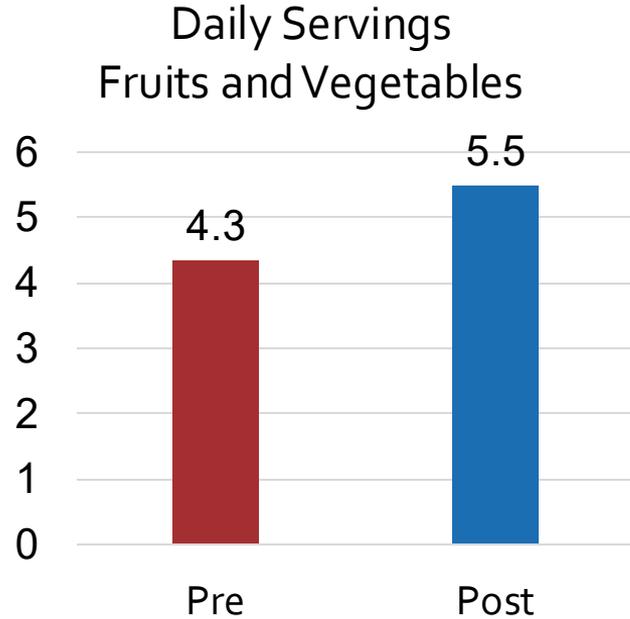
NON-ENGLISH  
SPEAKERS



WITHOUT  
INSURANCE



# Community As Medicine: Behavior Change

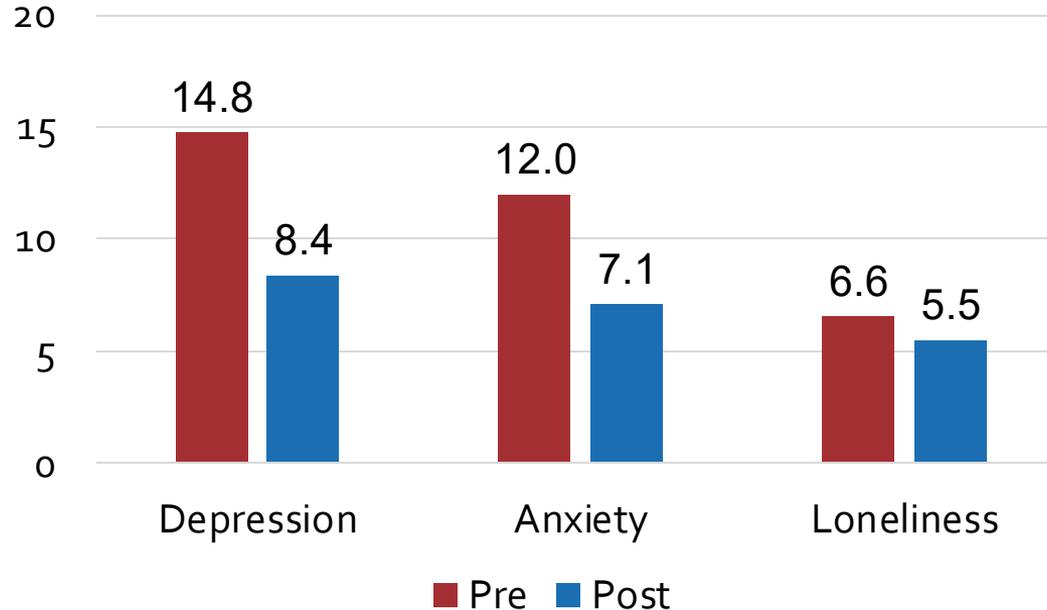


All p's < .001, full sample, n = 744 and n = 755

Data from Alameda Health System, Native American Health Center, Tiburcio Vasquez Health Center, Family Medicine Associates, Lifelong Medical Care, and Prevention Institute partnerships

# Community As Medicine: Mental Health

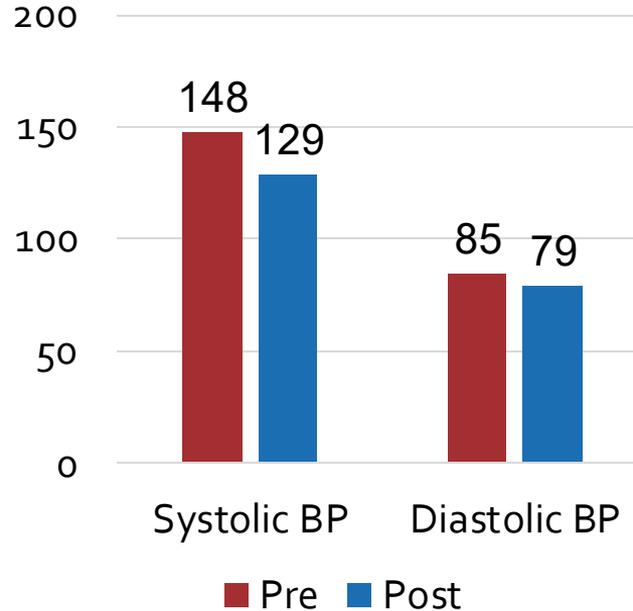
(PHQ-9, GAD-7, UCLA 3-Item Loneliness)



All  $p$ 's < .001, depressed subsample,  $n$ 's = 244, 142, and 241

Data from Alameda Health System, Native American Health Center, Tiburcio Vasquez Health Center, Family Medicine Associates, Lifelong Medical Care, and Prevention Institute partnerships

# Community As Medicine: Blood Pressure

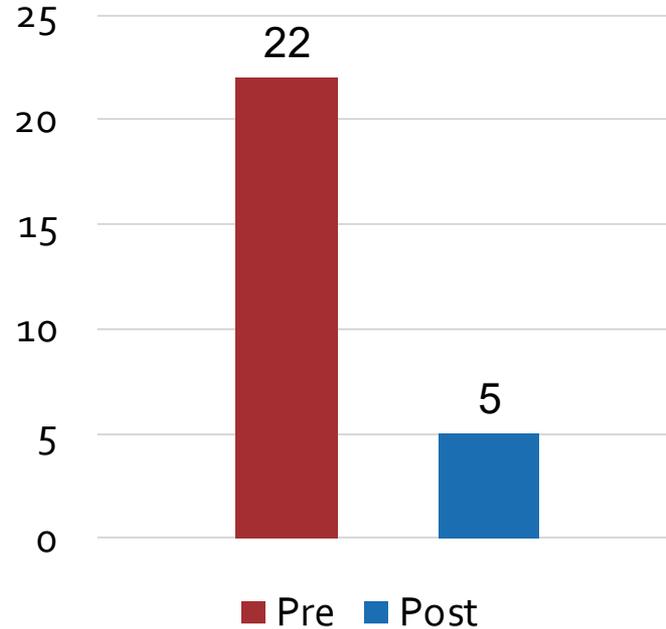


Systolic  $p < .001$ , Diastolic  $p < .05$ , hypertensive subsample,  $n = 85$

Data from Alameda Health System, Native American Health Center, Tiburcio Vasquez Health Center, Family Medicine Associates, Lifelong Medical Care, and Prevention Institute partnerships

# Community As Medicine: Acute Care

## ED Visits/Unplanned Hospitalizations



$p = .14$ , EHR review subsample,  $n = 49$

Data from Alameda Health System, Native American Health Center, Tiburcio Vasquez Health Center, Family Medicine Associates, Lifelong Medical Care, and Prevention Institute partnerships

A Microdose-sized  
Taste of  
“Community As  
Medicine”









BASKETBALL

HOME 47 GUEST 45

6:01

PERIOD 9

BONUS

TIMEOUTS

LEFT

FOULS

9

FOULS PLAYER

15:32

LEFT

FOULS

2

BONUS

TIMEOUTS

LEFT

FOULS

2











**Family**

**Work-life Balance**

**Body Care**

**Mental / Emotional Health**

**Friendships**

**Dating/Partnership**

**Substance Use**

**Nutrition**

**Stress Management**

**Social Life**

**Spiritual Well Being**

**Meaning, Purpose**

**Recreation**

**Work Performance**

**Work Relationships**



# Rx FOR YOUR HEALTH AND WELLBEING

Name: \_\_\_\_\_

PHYSICAL  
ACTIVITY



MOVE

HEALTHY  
MEALS



NOURISH

SOCIAL  
SUPPORT



CONNECT

STRESS  
REDUCTION



BE



# Debriefing the Taste of Community As Medicine



# Essential Active Ingredients of Community As Medicine:

1. Vitality
2. Vulnerability
3. Creation



# Essential Ingredients of *Community Culture:*

1. Vitality
2. Vulnerability
3. Creation



# How might we bring the spirit of Community As Medicine to YOUR people?



# Option 1: Turnkey Implementation

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- Partner with Open Source Wellness to easily offer Community As Medicine to your patients, teams, community members.
- We handle:
  - Engagement
  - Program Delivery, Staffing
  - Data Gathering and Statistical Analysis



# Implementing Community As Medicine

## The Team:

- 1-4 Health Coaches (dependent on group size)
- One PCP (optional, if delivering as Group Medical Visit)

## Design Choices:

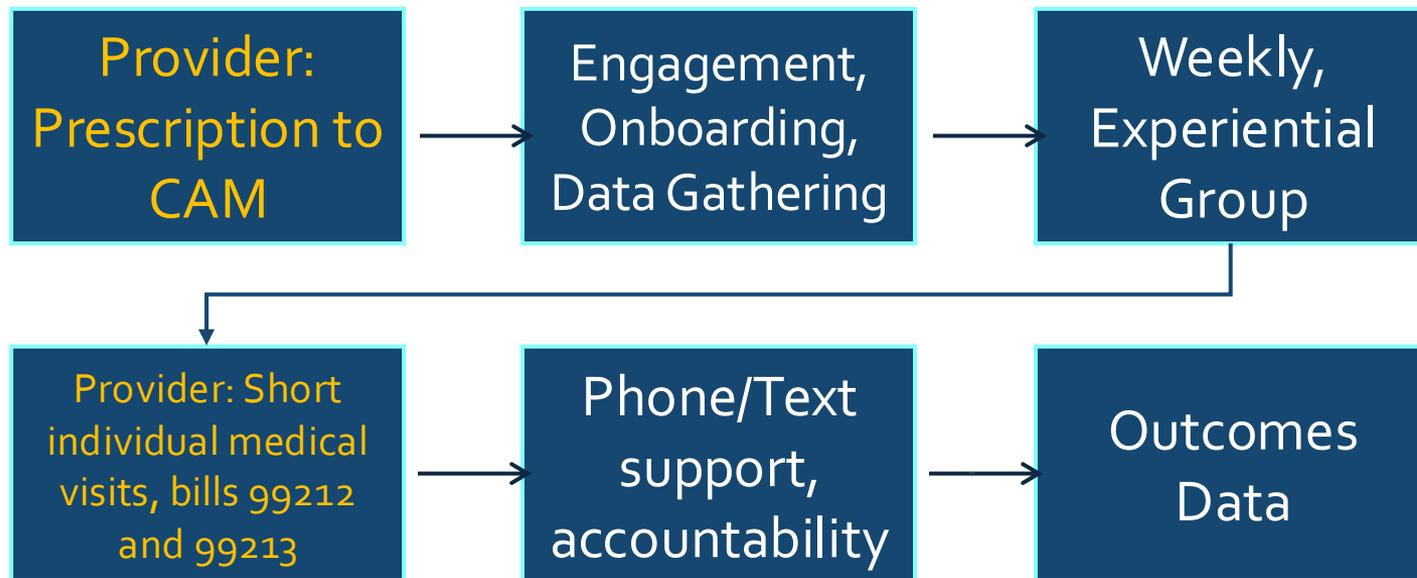
- In Person or Virtual
- English, Spanish, Cantonese, other languages
- Group Length: 60, 75, or 90 min.
- Group size: up to 24 patients.

## Financial Sustainability Options

- Group Medical Visits
- Philanthropic Support



# CAM Group Medical Visit Workflow



# GROUP MEDICAL VISIT REVENUE GENERATION

With CAM: 16.2 Patients

Without CAM: 9 Patients

Extra: 7.2 Patients/week/group

$7.2 \times \sim \$225/\text{visit}$ : \$81,000 extra revenue/year

Minus CAM Costs(\$20,000 - \$70,000/year): **\$11,000 - \$61,000 additional revenue/year.**

# Option 2: Community As Medicine Learning Collaborative

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- Technical assistance, training, and licensing to design, build, and implement Community As Medicine.
- Current Partners Include:
  - Payors
  - Employers
  - Low-Income Housing Orgs
  - Food As Medicine programs
  - YMCAs / CBOs
  - Hospital systems, Federally Qualified Health Centers
- Next Cohort launches early 2026



# Option 3: Community As Medicine Health and Wellness Coach Training Program

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- Foci include:
  - Cultural Humility
  - Trauma-informed Coaching
  - Group Coaching
- Next Cohort launches August 2025
  - Applications open now



**APPROVED  
TRAINING  
PROGRAM**



# Option #4: We get creative together!

Let's talk.



Newsletter Signup



# Thank you! Let's connect.

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## Keynote Q/A Conversation

12:30-1:30pm today,  
Commonwealth A/B  
Bring your lunch!

