In February 2016, the Institute for Integrative Health hosted the Building Bridges, Defining Metrics forum to envision a new, integrative approach to create and evaluate community-based programs to improve the health of school-aged children, with a focus on urban and disadvantaged youth.

Over 40 leaders in research, community programming, and funding, as well as community leaders, government, and school administrators convened for two days of dynamic dialogue and developed recommendations for the creation of robust community-based programs to improve youth health that integrate diverse stakeholder priorities and use appropriate measures for evaluating outcomes in real-world settings. While many of the forum recommendations are at the level of community health, they are equally applicable for impacting youth health. This report captures the ideas and strategies shared at the forum and we look forward to continuing the dialogue with you.

**DISCUSSION HIGHLIGHTS**

- **Socioeconomic factors** such as education, access to nutritious food, crime, etc. must be considered in any comprehensive strategy to improve youth health.

- **Long-term investment in community relationships and across sectors** is essential to create sustainable change and impact youth life trajectories.

- **Include and empower youth** and other participants in program development and implementation, from needs assessment through to data collection.

- **A broad evaluation lens is needed to capture change in youth health** requiring a balance between intuitive observations and qualitative and quantitative measurement data – each informing and validating the other.

- **Developing new tools for measuring well-being in children and adolescents** is an on-going challenge that requires innovative cross-sectoral solutions.

- **Communication with policy and other decision makers** about what works and how to bring success to scale is essential.

Please see forum outcomes, summarized in “GUIDING PRINCIPLES” on report page 13.
At the start of the forum, participants shared their views on what is needed to have a successful community-based program to improve youth health.

“My priorities are mental health but also emotional health. I don’t know how you can quantify someone’s emotional growth.”
—Vance Benton, MEd, Principal, Patterson High School

The Many Influences on Youth Health and Wellness Are Dynamically Linked.
Research by Institute Scholar George Kaplan, PhD and others has led to a deeper understanding of the complex, interconnected influences on health, health equity and well-being. Factors such as poor housing, education, pollution and crime create long-term stress that has a significant impact on the health of youth and their families.

School- and community-based programs designed to improve youth health often have outcomes that impact multiple community and population health interests. Therefore, the successful design, implementation and evaluation of these programs must take an integrated approach — considering the complex dynamics of targeting behavioral change in an individual within the context of their community. As stated by Institute founder and President, Brian Berman, MD, “we must start by bringing together different stakeholders with diverse perspectives as it’s not just one magic bullet that is going to have the answer. By integrating efforts we create programs that are more impactful, more interrelated and holistic to improve youth health – body, mind and spirit.”

Many Voices and Perspectives
As many factors shape youth health beyond the clinical setting, the engagement of stakeholders across sectors is essential to improve health. Meaningful collaboration comes from balancing different stakeholder priorities and expectations.

Understanding how different stakeholders define success is crucial to define relevant program metrics and communications. The forum’s opening video revealed several poignant stakeholder views about evaluating the impact of community programs. Community leader Pastor Gary Dittman, MDiv with the Amazing Grace Lutheran Church Center for Grace-Full Living, measures success in “seeing people feel good about living their lives in ways that are meaningful and hopeful” adding that healing from trauma and violence takes time and is not always accomplished in a single program cycle. Success to Patterson High School Principal, Vance Benton, MEd, is “seeing students who are making better decisions for their lives … feeling better about themselves … and about their life’s opportunities. Making better decisions about their nutritional choices, and managing their stress levels.” Virginia Hubbell, Executive Director of the Mental Insight Foundation recognizes the benefits of meditation in school- or community-based programs, but expressed the crucial need for “specific metrics or criteria to do the evaluation that our board members need to see.” Chris D’Adamo, PhD, Director of Research at the Center for Integrative Medicine at the University of Maryland, noted that adhering to the rules and regulations followed by research institutions may lead to a perception that researchers are overly restrictive or limiting to the program process. By finding middle ground, program partners can unite towards the goals of fostering youth health and well-being and develop the tools needed to evaluate program outcomes that embrace the views of the various stakeholders.
Building Bridges
Defining Metrics

What is needed to have a successful Community-based program to improve youth health?

- Partnership
- Respect
- Buy-in
- Money
- Leadership
- People
- Vision
- Motivation
- Energy
- Collaboration
- Incentive
- Intention
- Understanding
- Assessment

Child Outcomes in the USA:
- 2nd to worse in child poverty
- Worst in protecting children from gun violence

MARVA, a day in the life
George Kaplan, PhD
12 years old
- Parents mostly unemployed
- Grocery stores with healthy food miles
- School is a refuge, too few books
- Reads at 4th grade level
- Parents have no high levels of schooling

WHAT CAN WE DO?
PLACE AND HEALTH: IS YOUR ZIP CODE MORE IMPORTANT THAN YOUR GENETIC CODE?

A powerful keynote presentation on the significant impact of place on health by Anthony Iton, MD, JD, MPH, Senior Vice President for Healthy Communities at The California Endowment, set the stage for the forum. Shining a bright light on the role of societal inequities on health, Iton emphasized the importance of interdisciplinary interventions, and the crucial need for community engagement and empowerment to drive change and improve health.

**Race and racism matter.** Life expectancy gaps between blacks and whites exist despite profound improvements in health care. Iton spoke of the misguided perception of distressed urban neighborhoods as “naturally occurring phenomena,” rather than manmade creations due to policies and practices of exclusion that result in a profound loss of hope over generations.

**Neighborhoods and life expectancy linked.** During his time as Alameda County Health Director, Iton’s team mapped mortality to zip code and found an 18-25 year difference in life expectancy. Similar mapping exercises around the country have found the same dramatic differences in life expectancies between neighborhoods.

**Poverty has a cost – a shorter life.** Low-income neighborhoods are hotspots of premature mortality. Iton spoke of how researchers in the San Francisco Bay area plotted the cost of living in a poor neighborhood, measured in premature death. “You can actually monetize the slope of that line and tell people that every additional $12,500 in household income buys you a year of life,” he said and added that similar gradients are also observed in other U.S. cities. Moreover, a 30-year longitudinal study, led by Institute Scholar George Kaplan, PhD – followed nearly 7000 Alameda County residents from 1965 forward and found that residents with household incomes above the mean were 25% less likely to die prematurely, and those below the mean were 35% more likely to die early.¹

The ratio of a nation’s social spending to health spending is significantly associated with better health outcomes (e.g. infant mortality, birth weight, life expectancy).² As a nation, the U.S. is amongst the wealthiest, but far from the healthiest. A 2013 report by the Institute of Medicine – chaired by Institute Scholar Steven Woolf, MD, MPH – revealed that life expectancy in the U.S. ranks at the bottom when compared with 17 other “peer” countries.³⁴ To reverse this trend, Iton called for more investment in communities and social services. While the U.S. spends nearly double of its “peer” countries on health care, the U.S. spends significantly less than others on social services. According to the Organization for Economic Co-operation and Development, other developed countries spend $2 on social spending for every $1 spent on health care; while the U.S. spends about 55 cents on social services for every $1 spent on health care.⁵ These investment decisions have a profound impact on health outcomes.

**Address socioeconomic issues to improve health outcomes.** The majority of investment is in treating disease and crisis medicine; this “heroic rescue” mode is expensive. Instead, Iton urged that improving upstream factors (e.g. bad schools, access to nutritious foods, crime, etc.) is more effective for increasing population health and health equity. By strengthening our communities and building community leaders of all ages, democracy is optimized for all and good health outcomes are achievable.
THINKING DIFFERENTLY

Heeding Iton’s call for inclusion and equity, it is clear that a new way of thinking and working together is needed. Community residents and neighborhood stakeholders are integral partners starting with needs assessment and goal setting, through program development and evaluation. Accordingly, defining and measuring success is woven through the program process – starting with broad engagement across sectors and with community members to understand needs and identify appropriate indicators of program success.

RECOGNIZING PROGRAM SUCCESS TOGETHER

In lively breakout discussions, forum participants exchanged views on how to know when a community program is successful. These included:

• **Quality of life improvement**: Measured or observed change in quality of life or well-being.

• **Moving from dependency to self-sufficiency**: A shift from a reliance on external resources to internal change where program objectives become internalized by individuals and communities or resources become embedded in the community to support behavioral changes.

• **The AHA! moment**: Participants described experiencing – or witnessing – a “lightbulb moment” when one or both sides realize that the program has created a transformation or new discovery.

• **Intuitive Knowing vs. Evidence**: Participants, community members or programmers may have a profound sense or observe changes in youth or in a neighborhood with or without data to back it up. Forum participants felt strongly that a broad evaluation lens was needed to capture change – balancing intuitive sense and stories with both qualitative assessment and quantitative outcome data to demonstrate program success. Ideally, there is a balance between intuitive understanding and measurement data – each informing and validating the other. If they do not match, a closer look is needed!

• **Programs evolve**: If a program is making an impact, the community or individuals will change requiring evolution in program design and delivery.

Participants also identified essential elements for program success including:

• **Define indicators and expectations early through dialogue**. Repeatedly, participants emphasized the importance of defining indicators and expectations early – in dialogue with the community, program partners, and funders.

• **Keep eye on goal, but flexibility is required**. Even with clear program goals defined, unexpected outcomes may emerge or unanticipated events may create change in the community. Be observant and build in frequent evaluation checkpoints. Most of all – be flexible! As one participant noted, failures can inform and improve your effectiveness in the long-term.

• **Build TRUST with the community**. Engagement and communication needs to be consistent. Set realistic goals and respect the existing knowledge in the community.

• **Allow time for transformation and healing**. Healing from trauma and violence, and transformation of communities takes time. Consequently, planning should include strategies for long-term change, allowing time for change to take root.
TOOLS FOR MEASURING HEALTH AND WELL-BEING
The challenge of measuring program outcomes is complicated by the complexity and dynamic nature of the real-world setting. Following a presentation by Christopher D’Adamo, PhD on the inherent challenges to conducting research in communities, a forum panel discussed some current approaches to measuring community health and measuring the impact of youth mentoring and well-being in children and adolescents. A strong message emerged that program evaluation does not occur at the end of the program, but instead is woven throughout the process. Furthermore, forum participants and panelists discussed effective tools for measuring adult well-being, these same tools are ineffective for children and adolescents. Therefore, work is still needed by the program and research community to collaboratively develop better metrics for measuring youth well-being.

EVALUATING PROGRESS TOWARDS A CULTURE OF HEALTH
Carolyn Miller, MA, MS, Senior Program Officer in the research-evaluation-learning unit at the Robert Wood Johnson Foundation (RWJF) described how RWJF is operationalizing and evaluating the progress of their Culture of Health initiative.

The RWJF Culture of Health Action Framework6 defines four essential action areas to improve population health, well-being and equity including:

1) making health a shared value;
2) fostering cross-sector collaboration to improve well-being;
3) creating healthier, more equitable communities; and
4) strengthening integration of health services and systems.

To catalyze and inform action in these four areas, RWJF has identified 41 national indicators of progress that apply to the entire lifespan including measures specific to youth, upstream drivers of health, and a strong focus on equity. Evaluation of these indicators over time will provide an evolving picture of the nation’s progress on achieving a Culture of Health. In addition, RWJF is following 30 communities across the country to allow comparisons between geographic, socioeconomic and other factors. Results will be shared through stories that incorporate both words and the data to inform and inspire broadly.

METRICS THAT MATTER FOR COMMUNITIES
As a member of the Institute for Healthcare Improvement’s 100 Million Healthier Lives (100 MHL) measurement team, Carley Riley, MD, MPP, MHS presented the 100 MHL measurement framework7 which helps program evaluators assess how their work is contributing to life expectancy and overall health, well-being, equity and sustainability. The 100 MHL measurement framework considers both physical and mental health, as well as social and spiritual well-being. Riley noted that meaningful indicators are specific, measurable, actionable, relevant, and scheduled appropriately throughout the program process. Importantly, data collections should avoid being burdensome to participants. Instead, look for ways to design measurement tools that engage and empower participants in the data collection process. In closing, Riley modified a Gandhi saying, suggesting to, “Not only be the change, but ‘MEASURE the change you wish to see in the world.’”
Adult health and well-being measurement tools are insufficient for assessing youth. While the 100 MHL team has successfully developed an instrument for assessing adult well-being, this tool is inadequate for assessing the well-being of children and adolescents. Riley noted this as a significant challenge for the research community as a whole and encouraged creative input to improve the development of tools to adequately measure youth health and well-being.

Each community needs to choose specific metrics based on priorities, community needs and intervention objectives. 100 MHL is developing a Metrics That Matter Wizard database tool to assist in the selection of metrics that are appropriate for driving change specific to a community.

Share program results with community in a timely manner using relevant language. Riley noted that in addition to completing the academic publications and funding reports, it is also vital to prioritize communicating program outcomes to the community in a relevant and timely fashion. Meaningful communication recognizes community members and participants as integral partners for improving health and well-being in their communities.

ENGAGEMENT IS POWERFUL AND EMPOWERING
Building relationships takes time and commitment – but the payoff is big! The investment allows the emergence of abundance through the sharing of knowledge, resources and talents towards a common goal. To improve the health of urban, disadvantaged youth the public health and medical community need to join forces with school systems, business leaders, community groups, investors, government, and the media.

During breakout discussions and forum presentations, several recommendations emerged for working across sectors and engaging community members to optimize impact on population health.

BUILDING BRIDGES ACROSS SECTORS AND SILOS:
The complex web of factors that impact youth health combined with the challenges of evaluating outcomes in a real world setting render a singular approach ineffective; whereas, significant improvements in youth health and well-being can be achieved by working together. However, fear of competition, individual priorities, and the dynamic nature of organizations can keep people from working across sectors. Therefore, forum participants identified the following principals for encouraging cross-sectoral collaboration:

Create a safe space for open and respectful sharing of viewpoints. This space should support the creation and maintenance of relationships; where fun, optimism and commitment are possible and communication is based on deep listening. By finding areas of overlap in partner values, common goals can often be identified. Then, through communication, efforts move from stakeholders working alongside each other (multidisciplinary approach) to a shared task orientation where stakeholders truly integrate efforts (interdisciplinary work), and ultimately to a common language and a new way of understanding and working together (transdisciplinary process).
The process is iterative, as new ways of working together may over time become institutionalized, creating boundaries that once again must be spanned to continue to address complex issues, particularly within communities.

**Invest the time and effort to work across sectors to allow the emergence of abundance, improve innovation and support success.** Furthermore, the establishment of new collaborative communities provides a powerful platform to build creative approaches for improving youth health.

**MEANINGFUL COMMUNITY ENGAGEMENT**

Institute Scholar and forum panelist, **Steven Woolf, MD, MPH**, spoke about the power of partnering with community residents early and throughout the process starting with needs assessment, goal setting, program development, and data collection. In contrast to the typical top-down approach where an external group identifies needs and prescribes an intervention for the community; a balanced approach involves consultation and partnership with community residents. Woolf’s team at Virginia Commonwealth University embraced this approach for their work in East Richmond with rewarding results.

**Building community relationships on a foundation of trust** requires a commitment of time and attention that leads to a shared responsibility for success. Several recommendations for community engagement were shared in forum discussions such as creating a safe space for open dialogue and unbiased listening; and engaging residents broadly to balance views. When conducting outreach, reach across generations – seniors and grandparents often have insights into neighborhood dynamics and can encourage resident participation.

**Timely, relevant communication** throughout using language and format that considers community culture was highlighted as the cornerstone of effective community engagement. For example, including vehicles to empower the community to tell its own story such as narrated photo projects. Providing open channels of communication improves transparency and supports program adaptability if changes are needed or challenges arise.

**“THEY FEEL WE’VE GOT THEIR BACKS.”**

Institute Scholar and forum panelist – **Steven Woolf, MD, MPH** – shared an inspiring story about his experience at Virginia Commonwealth University engaging the community of East End in Richmond, Virginia. Historically, this low-income, majority African American community did not like the university, and moreover, did not like researchers coming into their community to conduct studies. Building trust and relationships was crucial. Approaching the community with humility and respect, the team provided opportunities for residents to educate the academics through neighborhood tours and photo-voice projects to demonstrate what was really happening in their communities. In turn, Woolf’s team included community individuals as co-investigators to co-author papers, advise on data interpretation and translate focus group resident views. This empowered and gave agency to the community. They now have a process – if someone wants to do a study on the community, they must first apply to the community committee for approval. In closing, Woolf advised, “Lastly, stay with them. We meet regularly in the community center – every Monday afternoon. They feel we’ve got their backs.”
SUSTAINABLE CHANGE
Commitment to consistent, meaningful engagement with community members and across stakeholder sectors in an invaluable investment that can lead to transformative, sustainable change in our communities and impact youth life trajectories.

LARGE-SCALE CHANGE THROUGH “COLLECTIVE IMPACT”
While the word, “inequity” can be politically charged, many can embrace the bipartisan message that everyone deserves a fair chance at the American dream. Many also recognize that interventions early in life can help shift life trajectories by improving education and careers and reduce poverty, substance abuse and violence – all of which impact the health and well-being of youth and their community. In his panel presentation, Woolf indicated that finding this common ground can help mobilize work across silos for large-scale change, where communities convene stakeholders across sectors to pursue shared goals and collect data to track progress.

Get stakeholders to the table by making the case for “what’s in it for them.” By framing health in a larger context – such as education or employment – stakeholders can be reached through a lens that aligns health with their immediate priorities. For example, student attentiveness may be addressed by nutrition or mindfulness activities. By leveraging strengths, knowledge and resources towards a shared goal optimizes efforts and provides a sense of shared achievement.

To be effective, a Collective Impact approach embraces the following five conditions:

- **Common Agenda** – Participants have a shared vision for change including a shared understanding of the problem.
- **Shared Measurement** – The collection of data and measures is coordinated amongst partners to hold each other accountable.
- **Mutually Reinforcing Activities** – Participant activities are differentiated, yet coordinated to create a mutually reinforcing plan of action.
- **Continuous communication** – Consistent and open communication is essential to build trust, assure mutual objectives, and create common motivation.
- **Backbone Support** – Creating and managing collective impact requires a separate organization with staff and skills to serve as the backbone organization for the initiative to convene and coordinate participating organizations and agencies.
LONG-TERM IMPACT THROUGH POLICY AND MENTORING

The ultimate measure of a program’s success, is when the intended changes have become embedded in the community or youth population. Sound public policies informed by program successes can help support sustainable, long-term change. Individual youth can further benefit from structured adult mentoring relationships to help internalize positive behavioral changes and build life skills. Forum participants shared recommendations, highlighted below, for creating long-term change in partnership with policymakers.

HEALTHIER COMMUNITIES THROUGH POLICY

Two-way communication between community program stakeholders and policymakers is essential to create reciprocal solutions to build healthy communities. Through the identification of common goals to improve youth health both sides can collaborate to create effective solutions together. Forum participants noted that when this dialogue is lacking, government programs may be designed without understanding the needs of the end user. When there is a marriage of measurable outcomes data and good advocacy, local programs may successfully find their way into state or national policy. An example is the Harlem Children’s Zone which leveraged data, funding, and communications to evolve into the Promise Neighborhood Initiative of the Obama Administration.

Scalability can be a double-edged sword. A broader rollout of a program can achieve a bigger impact, but it may lose effectiveness and even falter in settings with very different circumstances. Good policy often hinges on selective targeting of services to those most likely to benefit. Many effective programs operate and communicate as part of a network; policies are more effective when they honor that network and embrace a coordinated approach.

Residents and other community stakeholders need a platform to share their experiences and knowledge with policymakers – such as community meetings that include government representatives. The environment needs to be a safe place where views can be shared openly. In turn, those with power have a responsibility to listen without bias. Community-led tours can provide a firsthand look at the neighborhoods to further illustrate needs and opportunities.

Stories that incorporate data strengthen the community’s narrative and should be presented in a context that resonates with policymaker priorities. In doing so, care must be taken to identify and relay any program elements key for replication to avoid misinterpretation and potentially flawed policy decision making. Accordingly, community-based programs should plan early to develop a coordinated framework for relevant communication and advocacy. The stories of urban youth and their families provide a link between neighborhoods and policymakers to create long-term solutions.
Meaningful policy change often emanates from creating social movement. Individual messages build momentum over time, but an infrastructure is crucial to organize and sustain such campaigns. Social media can help, but not by itself; traditional media can help, but celebrities, music, and television programs were also cited as successful factors in shifting attitudes around contentious issues, such as marriage equality and LGBT justice, and quickly migrate dialogue to policy and Supreme Court rulings.

**Infrastructure for social movements requires resources, but leveraging existing efforts can help greatly in marshalling support.** By leveraging existing policies and initiatives, community efforts can build momentum towards shared goals. Advocating to “go where the money is,” one participant noted that the enormous resources held by health care systems can support efforts that improve population health outcomes, a priority of greater concern under the Affordable Care Act and the importance of reducing overutilization of health care services and admissions. Programs also benefit from leadership development; community leadership can support disenfranchised populations to learn about the policy landscape and acquire the tools to effectively work the system.

**MENTORING TO SUPPORT DISADVANTAGED YOUTH**

Long-term change for disadvantaged youth well-being can be seen when there is internalized behavioral change. Youth mentoring can play an important role to connect youth to social support and resources for personal growth.

*Almost one-third of youth in the U.S. reach adulthood without having a mentoring relationship and the percentage of youth without a “go-to” adult is on the rise.*

Structured mentoring programs can help to address this need for positive adult mentors and provide opportunities in a youth’s every day experience for development. To measure mentoring impact, preliminary research focuses on the mentor’s distinct roles as supporter, compass, challenger, and connector. Estimates on long-term benefits look at factors such as educational attainment and health behaviors.

Forum panelist David DuBois, PhD, Professor and Fellow with the Institute for Health Research and Policy at the University of Illinois, Chicago has studied the contribution of protective factors, particularly self-esteem and mentoring relationships, to resilience and holistic positive development for disadvantaged youth – he noted that youth mentoring has shown great benefits including increases in physical activity, birth control use, high school completion and reductions in high-risk behaviors including gang participation. However, not all mentoring relationships are created equal. Successful mentoring relationships share several characteristics including consistency, an emotional bond and trust, longevity positive modeling, and an active orientation toward growth and thriving.

The empowerment of disadvantaged youth can spill over into the community through the development of youth leaders to carry change forward and inform social movement. Over time, programs for youth health and the community evolve together, though an iterative cycle.
SHARE YOUR STORIES

Ultimately, the design, implementation and measurement of community-based programs to improve youth health is defined by the unique needs of a community. There is not a singular model that works for all, but instead a range of tools and an inclusive strategy. To move forward a truly integrative approach to improving youth health, we need to embrace a new approach that involves partners across sectors, engages community members early, and builds upon existing efforts. Together we need to collaborate to create better tools for measuring youth health and well-being, and share success stories and strategies.

Please send us your stories! Tell us what you are doing to enhance community member inclusion and partner across sectors to strengthen your programs for improving youth health. How are you measuring health and well-being - at the level of community, individuals, and particularly youth? Stories received will be shared on the report website to inspire others and encourage collaborations. We look forward to hearing from you! bit.ly/sharebbdm

GUIDING PRINCIPLES

- Need to consider socio-economic factors such as education and access to nutritious food in comprehensive strategies to improve youth health.
- Invest in long-term investment in community relationships and across sectors to create sustainable change and impact youth life trajectories.
- Include and empower youth and other participants in program development and implementation, from needs assessment through to data collection.
- Create a safe space for open dialogue and unbiased listening.
- Establish trust through consistent and open communication.
- Understand how different stakeholders define success and create a common goal to inform programs, metrics and communications.
- Build upon existing efforts and networks where possible.
- Programs evolve - have clear goals but remain open to the unexpected.
- Define and measure success throughout the program.
- Consider strategies for long-term change, allowing time for change to take root.
- A broad evaluation lens is needed to capture change in youth health requiring a balance between intuitive observations, stories and qualitative and quantitative measurement data.
- Developing new tools for measuring well-being in children and adolescents is an on-going challenge that requires innovative cross-sectoral solutions.
- Share program results with the community in a timely manner using relevant language.
- Communicate with policy and other decision makers about what works and how to bring success to scale is essential.
- Bring passion & make it FUN!
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- Bring passion & make it FUN!
REFERENCES


SUBMIT YOUR STORIES!
Please share your stories of community program collaboration efforts that improve youth health at bit.ly/sharebbdm.

MORE INFORMATION
Visit the forum’s website to see forum video, presentations and more at www.tiny.cc/BBDM.

THANK YOU
The Institute is grateful for the generous support of the Mental Insight Foundation for making this forum possible. In addition, we thank all of the forum speakers and participants for sharing their perspectives and creative insights.

ABOUT THE INSTITUTE
The Institute for Integrative Health, a charitable, nonprofit organization, was founded in 2007 to catalyze new ideas in health, understand the factors that influence health, and promote the well-being of individuals and communities.