

New NHIS Survey Reveals That 38% of American Adults Use CAM

Approximately 38% of adults in the United States aged 18 years and over and nearly 12% of US children aged 17 years and under use some form of complementary and alternative medicine (CAM), according to a new nationwide government survey.

The survey was conducted as part of the 2007 National Health Interview Survey (NHIS), an annual study in which tens of thousands of Americans are interviewed about their health- and illness-related experiences. Developed by the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health (NIH) and the National Center for Health Statistics at the Centers for Disease Control and Prevention (CDC), the survey included questions on 36 types of CAM therapies commonly used in the United States—10 types of provider-based therapies, such as acupuncture and chiropractic, and 26 other therapies that do not require a provider, such as herbal supplements and meditation. This most recent survey also marks the first time questions were included on children's use of CAM.

"The 2007 NHIS survey, which marks an important collaboration between the NIH and the CDC, provides the most current, comprehensive, and reliable source of information on Americans' use of CAM," said Josephine P. Briggs, MD, director of NCCAM. "These statistics confirm that CAM practices are a frequently used component of Americans' regimens, and reinforce the need for rigorous research to study their safety and effectiveness. The data also point out the need for patients and providers to openly discuss CAM use to ensure safe and coordinated care."

CAM Use Among Adults

Comparison of the data from the 2002 and 2007 surveys suggests that overall use of CAM among adults has remained relatively steady—36% in 2002 and 38% in 2007. Adults used CAM most often to treat pain, including back pain or problems, neck pain or problems, joint pain

Survey Highlights

- Among US adults, use of mind-body therapies increased between 2002 and 2007.
- Specific mind-body therapies showing increased use included deep breathing exercises, meditation, and yoga.
- Between 2002 and 2007, increased use was seen for acupuncture, massage therapy, and naturopathy.
- In 2007, adults used CAM most often to treat a variety of musculoskeletal problems, including back pain or problems, neck pain or problems, joint pain or stiffness, and/or other joint condition, and arthritis.
- For adults younger than five years of age, those with private health insurance were more likely to use biologically based ther-

or stiffness, arthritis, and other musculoskeletal conditions. The following CAM therapies were the most commonly used among US adults:

- nonvitamin, nonmineral, natural products
- deep breathing exercises
- meditation, chiropractic, or osteopathic manipulation
- massage
- yoga

The most common nonvitamin, nonmineral, natural products used were fish oil/omega 3/DHA, glucosamine, echinacea, flaxseed oil or pills, and ginseng. Although the reference period for *overall* use of nonvitamin, nonmineral, natural products was for the past 12 months, the reference period for the use of *specific* nonvitamin, nonmineral, natural products was reduced from 12 months in 2002 to 30 days in 2007 to be more congruent with other national surveys of dietary supplement use, such as the National Health and Nutrition Examination Survey.

apies and manipulative and body-based therapies than those with public health insurance or uninsured adults.

- Those with private insurance were more likely to use mind-body therapies.
- Complementary and alternative medicine usage was positively associated with number of health conditions and number of doctor visits in the past 12 months; however, about one fifth of adults with no health conditions and one quarter of adults with no doctor visits in the past 12 months used CAM therapies.
- When unable to afford conventional medical care, adults were more likely to use CAM than when the cost of conventional care was affordable.

Consistent with results from the 2002 data, in 2007 CAM use among adults was greater among women, those aged 30-69, those with higher levels of education (masters, doctorate or professional), those who were not poor, those living in the West, and those who have quit smoking.

CAM Use Among Children

Overall, CAM use among children is nearly 12%, or about one in nine children. Children are five times more likely to use CAM if a parent or other relative uses CAM. Other characteristics of adult and child CAM users are similar—factors such as socioeconomic status, geographic region, the number of health conditions, the number of doctor visits in the last 12 months, and delaying or not receiving conventional care because of cost are all associated with CAM use.

Among children who used CAM in the past 12 months, CAM therapies were used most often for back or neck pain, head or chest colds, anxiety or stress, other musculoskeletal problems, and attention-deficit/hyperactivity disorder (ADD/ADHD).

Children most commonly used the following CAM therapies:

- nonvitamin, nonmineral, natural products (most common: echinacea, fish oil/omega 3/DHA, combination herb pill, flaxseed oil or pills, and probiotics or prebiotics)
- chiropractic or osteopathic manipulation
- deep breathing exercises
- yoga

Survey Value

“The survey results provide information on trends and a rich set of data for investigating who in America is using CAM, the practices they use, and why,” said Richard L. Nahin, PhD, MPH, acting director of the Division of Extramural Research of NCCAM and co-author of the National Health Statistics Report. “Future analyses of these data may help explain some of the observed variation in the use of individual CAM therapies and provide greater insights into CAM use patterns among Americans.”

Inclusion and development of the 2007 survey supplement was supported, in part, by seven National Institutes of Health components: NCCAM; National Heart, Lung, and Blood Institute; National Institute of Allergy and Infectious Diseases; National Institute of Mental Health; the Eunice Kennedy Shriver National Institute of Child Health and Human Development; Office of Dietary Supplements; and Office of Behavioral and Social Sciences Research.

To obtain a copy of the full report and downloadable graphics, visit <http://nccam.nih.gov/news/camstats.htm>.

Guiding Principles for Hospitals Stress Patient-Centered Care

A report released in late 2008 from The Joint Commission, *Health Care at the Crossroads: Guiding Principles for the Development of the Hospital of the Future*, urges that hospitals must respond in new ways as healthcare costs escalate to record highs and the needs of hospitalized patients grow more complex. Of interest to those working to advance integrative medicine are the report's recommendations concerning patient-centered care. The report urges that “The elevation of the patient to partner

is not a ceremonial title bestowed for a ‘feel good’ moment, but has significant implications for the quality and safety of patient care.”

The Institute for Family-Centered Care defines the following core concepts of patient-centered care:

1. Dignity and respect: Healthcare practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.
2. Information sharing: Healthcare practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision making.
3. Participation: Patients and families are encouraged and supported in participating in care and decision making at the level they choose.
4. Collaboration: Patients and families are also included on an institution-wide basis. Healthcare leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in healthcare facility design; and in professional education, as well as in the delivery of care.

The report urges the full adoption of these principles and further states that “Engaging patients in their care has real implications for the quality and safety of patient care. A large study of adult patients with chronic or serious conditions who were engaged in a collaborative care model had better control of their blood pressure, blood glucose levels, and serum cholesterol than patients who had less confidence either in their doctors or their ability to care for themselves.”

The Joint Commission evaluates and accredits more than 15,000 healthcare organizations and programs in the United States. Created in 1951 as an independent, not-for-profit organization, The Joint Commission is the nation's predominant standards setting and accrediting body in healthcare.

For more information on the Joint Commission or to download a copy of the report, please go to <http://www.jointcommission.org>.

Cancer Treatment Centers of America Opens New Hospital

Enhancing the choices available to individuals touched by cancer, the Cancer Treatment Centers of America (CTCA) has opened its newest hospital in Arizona. Cancer Treatment Centers of America at Western Regional Medical Center is the fourth hospital in the CTCA network, joining other hospitals in suburban Chicago, Philadelphia, and Tulsa, and an outpatient clinic in Seattle.

The 210,000-square-foot, all-digital cancer hospital provides cancer patients with access to an integrative model of care that fully integrates state-of-the-art medical treatments and technologies with scientifically based complementary therapies such as nutrition, naturopathic medicine, mind-body medicine, and spiritual support. It features 25 inpatient rooms, intensive care unit rooms, surgical suites, radiation and infusion therapy departments, an outpatient clinic, rehabilitation and physical therapy departments, and on-site residential accommodations for outpatients and their families.

Emphasizing spirituality and its role in the healing process, a recent event conducted prior to the hospital's opening—Laying the Foundation for Hope—provided the opportunity for cancer survivors, caregivers, and spiritual leaders from numerous faiths to write their favorite scriptures, passages, spiritual reflections, and other messages of hope on the floor of the hospital.

“This ceremony was a great event leading up to the opening of our hospital, as it provided another way we can bring hope to our patients and their families,” said David Veillette, president and CEO of Cancer Treatment Centers of America at Western Regional Medical Center.

“By taking the time to actually write messages of hope into the foundation of our physical building, we are reiterating part of our promise to our patients which states, ‘We rally our team around you, delivering compassionate, integrative cancer care for your body, mind and spirit,’” said Suzanne Leahy, chaplain at CTCA at Western Regional Medical Center.



Jerome Traczyk, a therapist in the new hospital's mind-body department, inscribes his favorite spiritual message of hope on the hospital floor.

For more information about CTCA, please visit <http://www.cancercenter.com>.

Canadian Government Combines Western Medicine With Indigenous Healing at New Health Center

Traditional aboriginal healing and modern Western medicine will be combined

The new Cancer Treatment Centers of America hospital in Phoenix, Arizona.

under one roof when the \$7.2-million expansion of the health center in Pine Falls, Manitoba, Canada is complete. "Working with aboriginal elders and advisers, we will create a facility that offers the best of both modern medicine and traditional aboriginal teachings," said Manitoba Health Minister Theresa Oswald.

The new primary health center, which is being tailored to serve the people of the Blue Water district, will reflect the First Nation cultures. The lower east side of Lake Winnipeg has traditionally been a place of healing—indigenous peoples have harvested natural medicine from the land for centuries.

"This expansion of the Pine Falls Health Complex marks a true partnership between First Nations and the provincial government," said Sagkeeng First Na-

tion Chief Donovan Fontaine. Healthy Living Minister Kerri Irvin-Ross agreed. "A centre is most effective when it reflects the needs of the community it serves and we're achieving that goal in Pine Falls," she said.

The 16,000-square-foot expansion of the current facility will include space for aboriginal smudging ceremonies, traditional approaches to palliative care, and kitchen facilities where families can prepare traditional foods and medicines. Construction is expected to begin in 2009.

*Matters of Note is written and compiled by **Bonnie J. Horrigan**, editorial director for EXPLORE and author of *Voices in Integrative Medicine: Conversations and Encounters* (Elsevier 2003).*