

Community As Medicine®

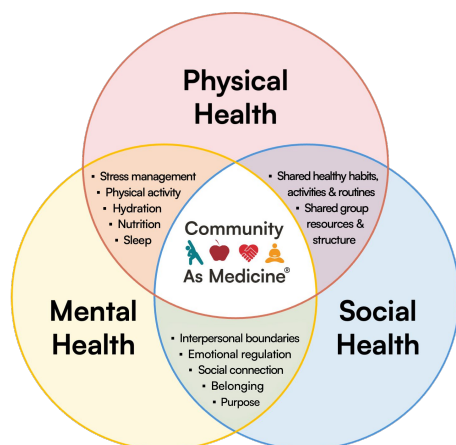
An Innovative, Evidence-Based Lifestyle Medicine Intervention That Improves Health and Well-being



Community As Medicine: Vision, Mission, and Purpose

Community As Medicine® is an innovative, evidence-based lifestyle medicine intervention developed by Open Source Wellness (OSW), a 501(c)(3) nonprofit based in Oakland, California that serves a growing number of communities across the United States.

OSW's vision is to create a world in which everyone experiences abundant health, well-being, and human connection, especially those who have been historically excluded and marginalized. Its mission is to create Community as Medicine (CAM) by partnering with communities and healthcare to deliver joyful, trauma-informed, and culturally-relevant health coaching programs that promote health, well-being, and human connection.



OSW was founded in 2016 by two psychologists, Dr. Elizabeth Markle and Dr. Benjamin Emmert-Aronson, to address the siloing of physical and mental health in the healthcare system and its failure to adequately address patients' mental, physical, and social well-being needs from a holistic perspective.

OSW's CAM group health coaching model advances health equity and improves physical, mental, and social well-being by breaking down silos and power structures, and engaging the communities served in co-creating sustainable solutions.

A transdiagnostic,¹ equity-centered, trauma-informed, experiential model, Community As Medicine supports participants with physical activity (*move*), healthy nutrition (*nourish*), social connection (*connect*), and stress reduction (*be*).

CAM leverages the skills, expertise, and lived experience of the health coach, a paraprofessional role that is increasingly recognized for its effectiveness in supporting patients in healthy behavior change and in preventing, reducing, and treating chronic conditions.² The health coach fills an important gap in the traditional health care system in the U.S.



MOVE



NOURISH



CONNECT



BE

Not only is there a shortage of mental health professionals – psychologists and psychiatrists – but, for members of underserved communities in particular, there are significant financial and other barriers to access to these professionals. Further, in OSW's CAM program the health coach is typically a member of the community served, bringing not only skills and expertise in their field but also lived experience in and deep understanding of the community's needs. Stanford University and University of California San Francisco (UCSF) researchers have documented the statistically-significant positive outcomes that CAM participants experience including improvements in mental, physical, and social health and well-being.

¹ Unlike other group coaching models, OSW does not segment groups by diagnosis (e.g., diabetes, depression). Instead, recognizing that patients typically experience multiple, interrelated chronic conditions (multi-morbidities) and that participants can benefit from each other's experiences and wisdom, OSW's groups are "transdiagnostic."

² Sforzo G.A. et al. (2018). Compendium of the Health and Wellness Coaching Literature. *American Journal of Lifestyle Medicine*; vol. 12 (issue 6): pp. 436 - 447.

Realizing the Vision of Community As Medicine

OSW employs three primary strategies to realize the vision of CAM

Direct Service Program: OSW co-designs CAM programs for and with residents of low-income communities. The direct service program was launched in Alameda County, CA in 2016. It is delivered via partnerships with [Recipe4Health](#) – an award-winning, nationally-recognized Food As Medicine initiative of Alameda County Health – and Federally Qualified Health Centers (FQHCs) that provide a “behavioral prescription” to their patients. In this case, the “prescription” is a referral to CAM.³ Groups are offered in English and Spanish and in both virtual and in-person formats. 1,500 patients participate in CAM direct service groups each year, a number expected to double by 2029.

Recently, OSW entered into a partnership with North East Medical Services (NEMS), an FQHC based in San Francisco, and will soon offer CAM groups in Cantonese.

OSW partners with a variety of other types of organizations to deliver its direct service program including community-based organizations and housing organizations.

Workforce Development: In 2022, OSW launched its [National Board for Health & Wellness Coaching \(NBHWC\)](#)-approved CAM health coach training program (CAMTP) to build the U.S. workforce of health coaches representing the communities OSW serves. Most participants are residents of these communities. To date, 126 individuals have graduated from CAMTP. The majority have subsequently become NBHWC certified. OSW currently offers CAMTP twice a year (in the fall/winter and spring), training approximately 30 coaches in each session.

CAM Training and Licensing Partnerships: In 2024, OSW launched its [CAM Learning Collaborative \(CAMLCL\)](#) to scale and spread its CAM health coaching model across the U.S. by training mission-aligned organizations (such as YMCAs) to build clinical / community partnerships to deliver CAM in their communities.⁴ The direct service program serves as an innovation laboratory for this initiative, which is a priority growth and impact strategy for OSW.

The 2024 cohort includes four (4) organizations: three (3) YMCAs: YMCA of San Diego County (CA), YMCA of Metro Denver (CO), and YMCA of the North (MN, WI); and [Redwood City Police Activities League \(PAL Center\)](#). Five (5) organizations are participating in the 2025 cohort: YMCA of Greater San Francisco (CA), YMCA of Northwest Florida (FL), The YMCA of Central Maryland (MD), YMCA of The Triangle (NC), and Tampa General Hospital (FL). CAMLC members typically have clinical and/or health plan partners that they collaborate with in the design and implementation of their CAM programs. Learn more [here](#).



**APPROVED
TRAINING
PROGRAM**



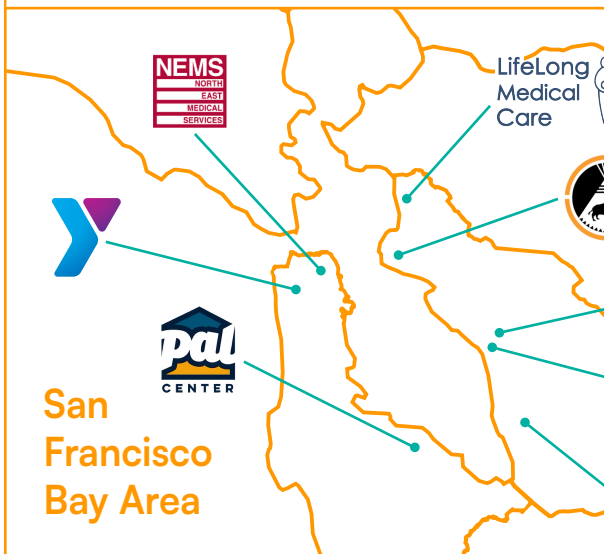
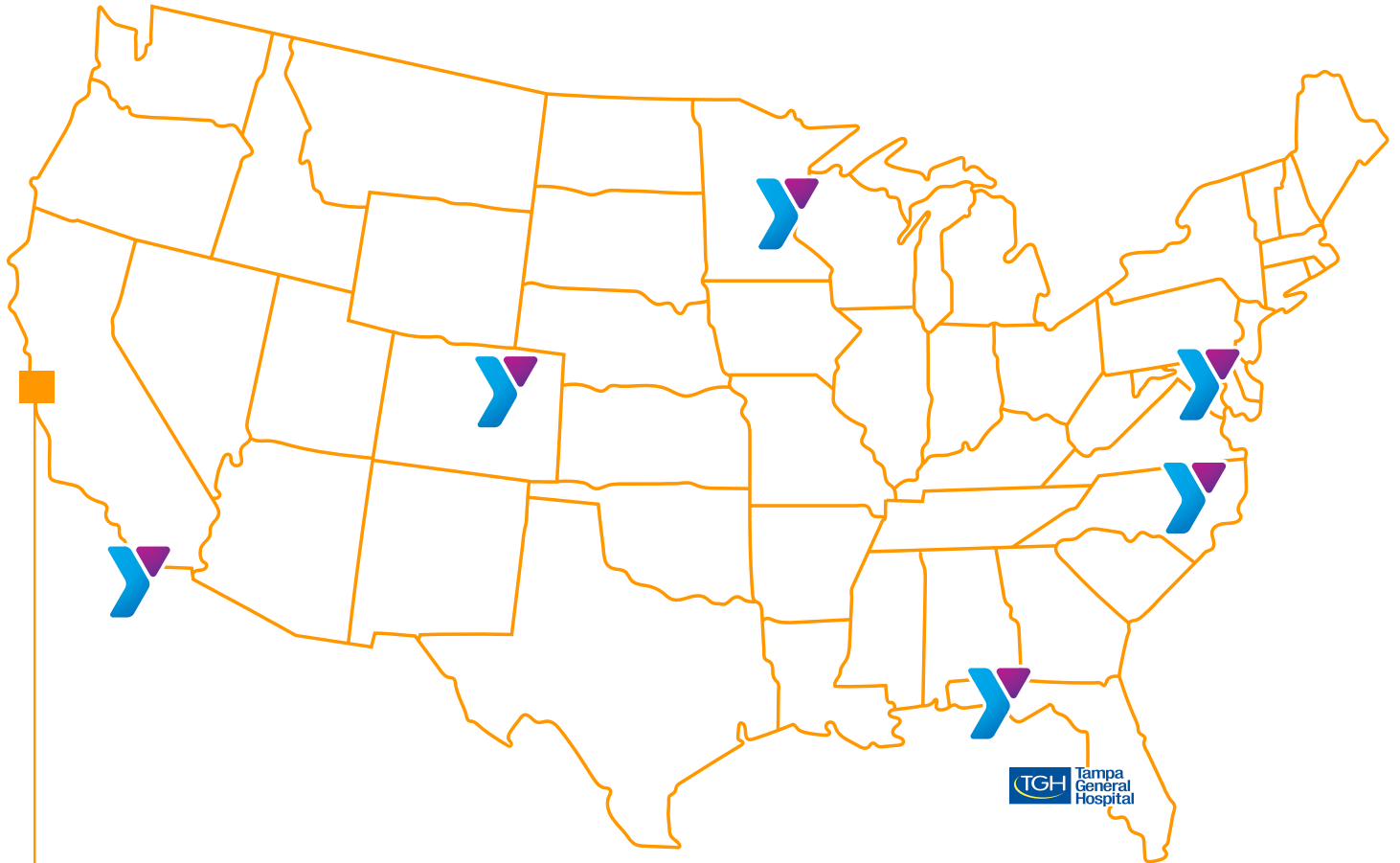
Photo: CAMLC training team at YMCA of Metro Denver

³ As discussed below (*Outcomes*), research findings document the benefits of CAM as a “behavioral prescription.” A recently published study found CAM to be associated with statistically significant improvements in health behaviors and mental well-being. See Duplantier, S C et al. (2025). Community As Medicine: A Novel Approach to Improve Health Behaviors and Mental Well-Being for Vulnerable Populations. *American Journal of Lifestyle Medicine*; published online 2/28/25. Participants experienced significant reductions in depression, anxiety, and isolation; and significant increases in daily servings of fruits and vegetables and weekly minutes of exercise. Drivers and reinforcers associated with these outcomes include the sense of belonging, meaningful communication, mutual support, and increased self-worth that OSW’s CAM groups foster.

⁴ Duplantier, S.D. et al. (2025). Equitable Access to Lifestyle Medicine: FQHCs, YMCAs, Trauma-Informed Health Coaching, and “Community as Medicine”; published online ahead of print, *American Journal of Lifestyle Medicine*.



Community
As Medicine™



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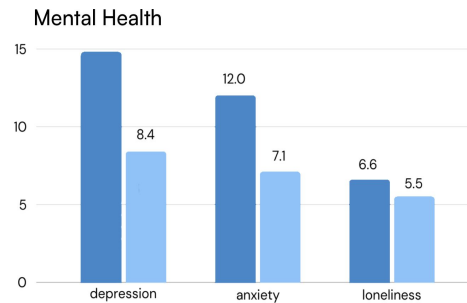
San
Francisco
Bay Area

Outcomes

*Studies document the positive impact of OSW's CAM model on mental, physical, and social well-being.
Key findings include:*

→ Improved Mental Health, Reduced Loneliness, and Increased Sense of Belonging:

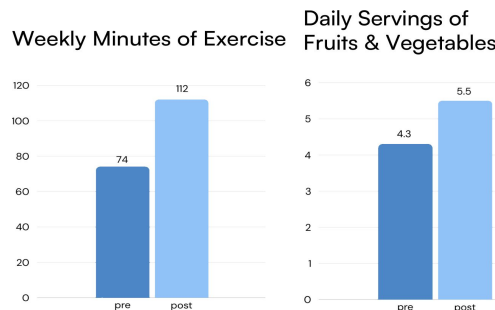
- ◆ 43% decline in depression
- ◆ 32% decline in anxiety
- ◆ 31% decline in social isolation
- ◆ 20% improvement in self-reported well-being



Mental Health outcomes measured with PHQ-9 (n = 244), GAD-7 (n = 142), and UCLA 3-item Loneliness Scale (n = 241). Based on a subsample of depressed patients. All p's < .001.

→ Healthy Behaviors:

- ◆ Increased physical activity: 39+ minutes more/week
- ◆ Increased consumption of fruits and veggies: 0.8 servings more per day

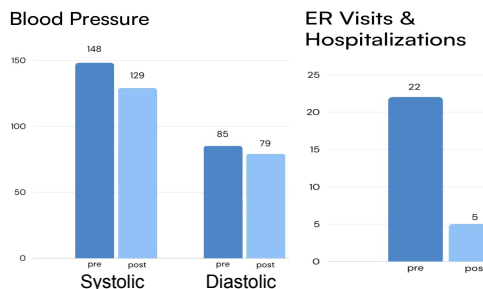


Exercise measured with Exercise as a Vital Sign (n = 755), p's < .001)

Diet measured with 2-Item Fruit and Vegetable intake (n = 744),

→ Improved Physical Health:

- ◆ 32% with diabetes show meaningful improvement in sugar control
- ◆ 19-point decline in systolic blood pressure



Systolic BP p < .001, Diastolic BP p < .05, from a subset of hypertensive patients, n = 85.

ER visits/ hospitalizations in 6 months prior to attending group and 6 months following group, n = 49, p=.14.

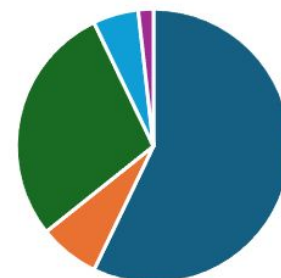
→ Reduced Utilization of Medical Services:

- ◆ 77% decline in emergency dept visits (pre/post)

Funding and Sustainability

Community As Medicine is funded through a combination of earned revenue (64%) and philanthropic revenue (36%). Earned revenue from reimbursement largely supports the direct service CAM program; a small but growing portion supports the [CAM health coach training program](#) (CAMTP). Philanthropic revenue, largely from private foundations, makes up the difference and funds most of the expenses associated with the [CAM Learning Collaborative](#) (CAMLC); some funds support direct services. Earned revenue is generated via partnerships with FQHCs and other clinical and community-based organizations. A small portion is generated from tuition for [CAMTP](#), OSW's continuing education (CE) health coaching courses, and from speaking engagements and consulting other organizations in developing CAM programs.

Distribution of Revenue



- Earned revenue - reimbursement
- Earned revenue - coach training
- Philanthropy - foundations
- Philanthropy - individuals
- Philanthropy - corporate

Funding and Sustainability

Continued

Earned revenue comes largely from Medi-Cal, California's Medicaid Program, which currently reimburses a portion of OSW's direct service expenses via the 5-year CalAIM pilot initiative. CalAIM includes coverage of CAM under the Community Supports category of funding as a "Medically Supportive Food and Nutrition intervention." Some FQHCs reimburse OSW directly, in recognition of the net positive revenue generated by group medical visits (GMVs).⁵ This and other revenue-generating models for financing CAM support its sustainability.

Most of the philanthropic revenue is from foundations (private, community, family). A small portion is from individual donors and corporate sponsors of OSW's annual fundraising walk. Philanthropy funds CAM direct services to some extent but primarily funds the spreading and scaling of CAM across the U.S. via CAMLC.

Philanthropic Partners

OSW has numerous philanthropic partners including:



Co-Founders

Elizabeth (Liz) Markle, Ph.D., Co-founder and Executive Director. A licensed psychologist, speaker, writer, researcher, and Associate Professor of Community Mental Health at California Institute of Integral Studies, Dr. Markle earned her Ph.D. in Counseling Psychology from Northeastern University and her M.A. in Psychology from Pacifica Graduate Institute. She is a thought leader in the field of health and wellness and a sought-after consultant for her unique insights and expertise in clinic-community integration, innovative approaches to mental health, and group facilitation.



Benjamin (Ben) Emmert-Aronson, Ph.D., Co-founder and Director of Operations. A licensed clinical psychologist, researcher, and advocate, Dr. Emmert-Aronson earned his MS in Statistics from Columbia University and his Ph.D. in Clinical Psychology from Boston University. As Director of Operations at Open Source Wellness, he manages the organization's financial health through fundraising, budgeting, and compliance. He also oversees data systems and ensures HIPAA compliance, as well as conducting research to support evaluation and strategic decision-making.



⁵ *How a GMV generates revenue:* In a 2-hour period, the typical length of a GMV that incorporates the CAM program, providers can see up to 8 patients for 15 minute 1:1 visits. At best, patients come into the clinic once every 6 months for a 1:1 visit; most come much less often. In a GMV, each patient has a brief 1:1 clinical visit with the provider. When CAM is integrated into a GMV, participants have this brief visit every week over the 12-week CAM program; this reinforces the behavior changes they make during the program. Both the 1:1 15-minute visit and the 1:1 visit during the GMV receive the same amount of Medi-Cal reimbursement. In the 2-hour GMV, 15-20 patients are seen, many more than in the same 2-hour time frame of individual visits.

Key Publications, Presentations, and News Articles

- [*Community as Medicine: A Novel Approach to Improve Health Behaviors and Mental Well-Being for Vulnerable Populations.*](#)
- [*Equitable Access to Lifestyle Medicine: FOHCs, YMCAs, Trauma-Informed Health Coaching, and “Community as Medicine”*](#)
- [*Frequency of Attendance to a Behavioral Intervention on Health-related Outcomes in a Multicomponent Food as Medicine Intervention*](#)
- [*Community Is Medicine That Heals*](#)
- [*When the Prescription Is for a Dance Class, not a Pill.*](#)
- [*Community As Medicine | Elizabeth Markle | TEDx Talk.*](#)
- [*"Community As Medicine: Vitality" with Dr. Elizabeth Markle.*](#)
- [*Introduction to Open Source Wellness for Philanthropic Partners*](#)
- [*Summary of OSW Research Publications*](#)

For More Information

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Follow OSW on LinkedIn: <https://www.linkedin.com/company/18470863>