



**FINDING WHOLE HEALTH**  
through the mind-body connection

# Integrated health care



is an approach to health care in which the patient's care plan **reflects their biological, psychological, spiritual and social needs in one cohesive treatment plan.** It's rooted in the idea that each of these aspects contribute to the whole health of the individual. When one area is off balance, the others will be affected. The pandemic has shined a light on just how interrelated these aspects are and has renewed our commitment to one of ActiveHealth's founding principles. Health is more than the absence of a physical illness or injury. **To be healthy, to be truly well, we need to bring physical, mental, spiritual and social health into balance.**

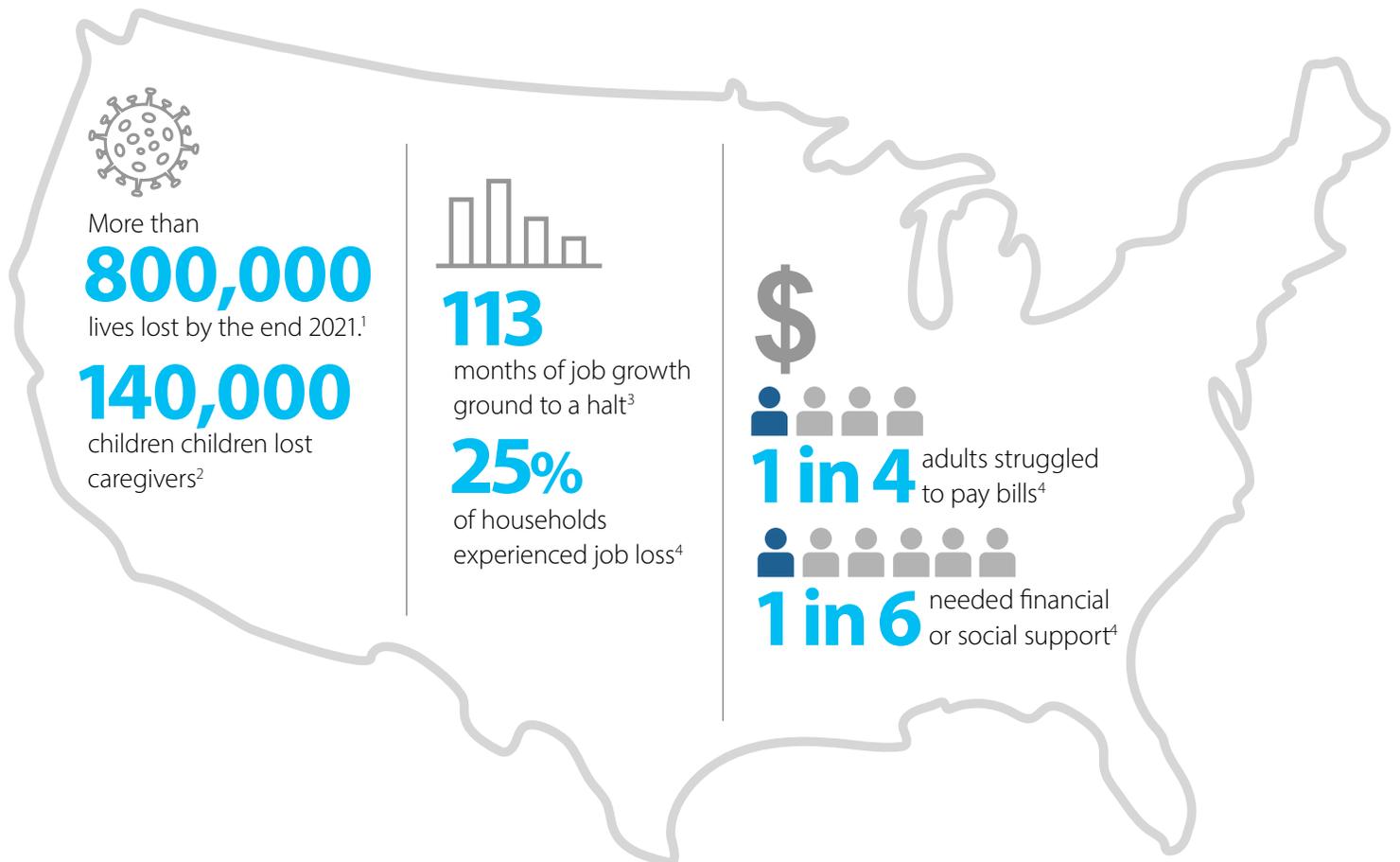


## The sands have been shifting for two years

It's been two years since the first signs of what would become a global pandemic started showing, and no one, in those early days, could have begun to predict the devastating results. The cost in human lives alone is unfathomable. By the end of 2021 we had lost more than 800,000 Americans to COVID-19.<sup>1</sup> Just between April 2020 and June 2021, 140,000 children in the US lost a primary or secondary caregiver due to the virus.<sup>2</sup>

Before COVID-19, the United States had seen 113 consecutive months of job growth.<sup>3</sup> By September of 2020, 25% of adults said that they, or someone in their household, were laid off or lost their job due to COVID-19. Even if they kept their jobs, 32% of adults said they, or someone in their household, took a pay cut or had reduced hours. One in four adults has had trouble paying their bills, and one in six has either borrowed from friends or family or sought help from social programs, like food banks.<sup>4</sup>

## The impact of the pandemic by the numbers



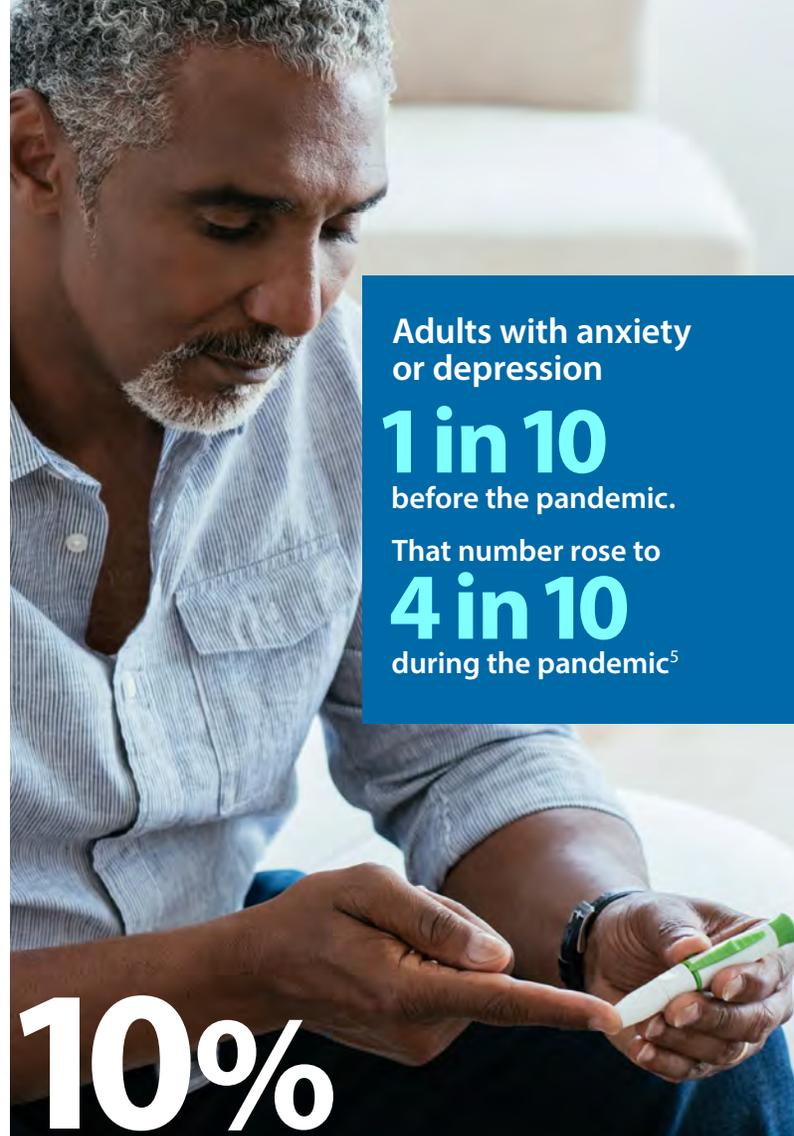
## Our collective health has taken a hit

Long-term, unrelieved fear and stress has accelerated the already growing prevalence of mental and emotional health issues, like depression, anxiety, loneliness and substance use disorders. Before the pandemic, one in ten adults reported symptoms of anxiety or depression. During the pandemic that number has risen to four in ten, but that's just the beginning. One poll showed 36% of respondents not sleeping as well as they did before the pandemic, 32% not eating as well and a 12% increase in alcohol consumption and substance abuse.<sup>5</sup> According to the Centers for Disease Control and Prevention (CDC), deaths from overdose have risen almost 30% in the last year, surpassing more than 100,000 annually for the first time.<sup>6</sup>

It's having an effect on physical health too. More than 10% of people said their chronic conditions have worsened during the pandemic due to worry and stress.<sup>5</sup> Chronic conditions have been a real and growing problem in America for decades. At this point, six in ten Americans have at least one chronic condition, and four in ten have two or more.<sup>7</sup> During the pandemic, more than 40% of adults reported avoiding health care of all kinds – including emergencies, urgent and routine care – due to concerns about COVID-19.<sup>8</sup> It's not clear what the total impact of this avoidance will be, but there are dire predictions coming in at least one sector. Preventive cancer screenings dropped by 94% in the first four months of 2020,<sup>9</sup> and the National Cancer Institute is predicting 10,000 preventable deaths in the next ten years due to delays in detection and treatment for breast and colorectal cancer.<sup>10</sup>

## The mind-body connection is more apparent than ever

The pandemic has reintroduced the concept of the mind-body connection to the public at large as we see the direct connection that stress on one has on the other. Health care providers have known for years that untreated depression can have a serious impact on the ability to make health care decisions and follow treatment plans.<sup>11</sup> With more people experiencing depression and anxiety while simultaneously avoiding care, the results will most certainly be lasting.



Adults with anxiety or depression

**1 in 10**

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**10%**

**of chronic conditions have worsened** during the pandemic due to worry and stress.<sup>5</sup>

Chronic conditions like diabetes and asthma can't be ignored. Managing them successfully requires healthy lifestyle patterns, routine health care services and adherence to prescribed medications. People who are depressed and anxious often have trouble keeping up with basic healthy habits and can't begin to meet the more complicated needs that come with their conditions.



## Desperation is inherently dangerous

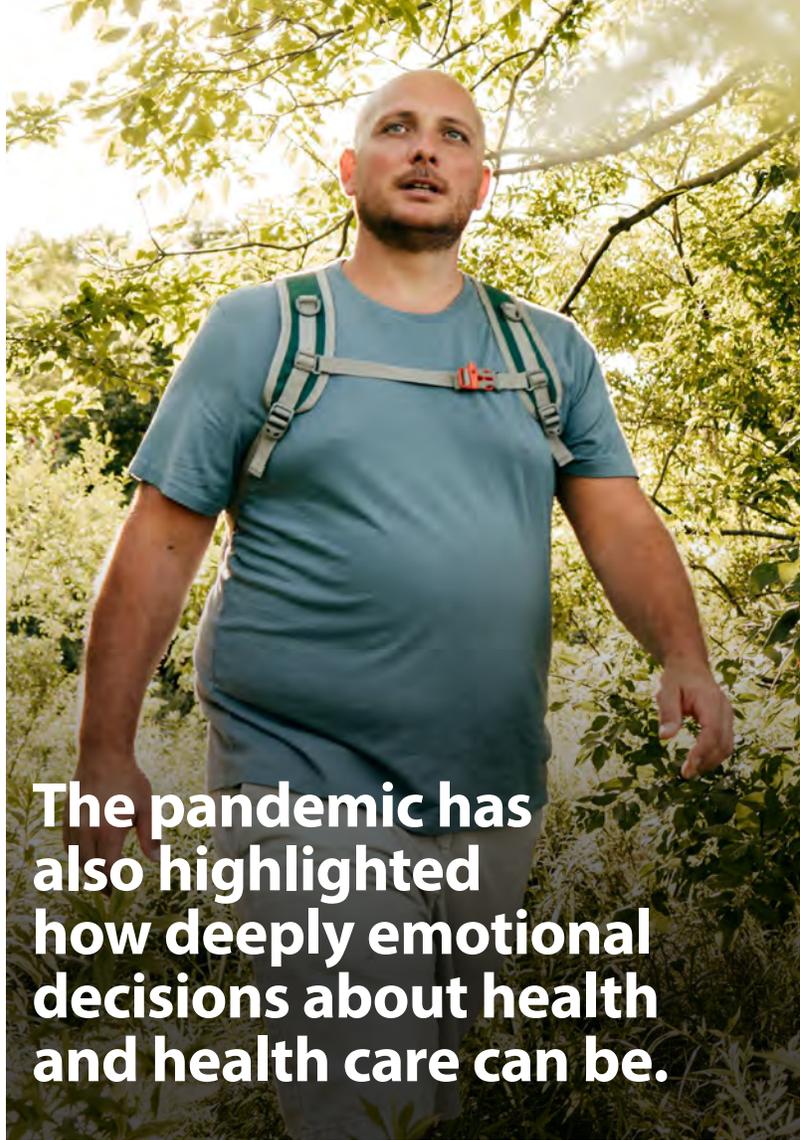
The pandemic has also highlighted how deeply emotional decisions about health and health care can be. Fear is a primal survival mechanism that triggers our fight or flight response. In the past, it was mostly triggered by impending physical danger, and the logic centers of the brain, our frontal lobes, assessed the situation and determined both if the danger was real and what to do about it. As our society has evolved, it has become more common for the fight or flight response to be triggered by an emotional threat and it's not as apparent whether the danger is real or how to address it.

During the pandemic, it has been clear that the danger is real. However, the information about how to prevent and treat COVID-19 has been shifting dramatically as scientists and doctors gained experience. This evolution of understanding and treatment has left many feeling unsettled. As a result, many people grasped for any possible preventive measure or treatment – most without any solid scientific basis. What better evidence do we need to show that fear-based responses defy logic than to imagine average Americans self-medicating with highly concentrated doses of a medication meant as a de-wormer for farm animals?<sup>12</sup>

## Integration leads back to balance

The inescapable conclusion is that you cannot attempt to help people improve their physical health without acknowledging the impact that mental and emotional health can have on it – and vice versa. Countless studies prove the relationship between mental and emotional health and physical health, especially successful management of chronic conditions.

At ActiveHealth, an integrated, holistic approach to health is a fundamental part of how we support our members. The goals they're trying to reach can be broadly grouped into categories like establishing better lifestyle habits, managing a chronic condition, navigating through an acute health need or coping with an advanced illness. But their reasons for setting those goals, the intrinsic motivation that drives them to achieve them – and the barriers that stand in their way – are as unique as each person we serve. Whatever their goals are, though, we approach our members as the complex and multi-layered humans they are.



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There's no single, simple-to-solve reason why people make the choices they do about their health. Obstacles to improvement vary widely. Some are physical, like access to care and supportive services. Some are emotional, like lack of confidence or motivation. Some, like depression and anxiety, are a combination of both and must be treated as such. Add to that, there may be a lack of access to quality, affordable health care. So, we start by encouraging each member to define a vision for their health in the short term and the long term, and then to identify what might be standing in their way of achieving their vision. Teasing out what these obstacles might be is a delicate task, especially with bias around mental and emotional health. Many times, people don't even know what to call what they're experiencing, and if they do know, they hesitate to put a name to it.



## Normalize all aspects of health

Our pop culture history is full of stereotypes of people struggling with mental health issues, and it can be hard to equate what is happening in day-to-day life with what was so vividly – and often inaccurately – portrayed on screens and in the pages of books. That's why, as a country, it's so important to demystify and destigmatize mental health. It starts with talking about it. Why should asking whether the member experiences anxiety be any more embarrassing or difficult than asking if the member experiences headaches? They're no more able to control one than the other.

Screening for depression has been a standard part of our clinical assessments for years, but we've intensified our training since the pandemic began. Our clinicians are hearing more references to anxiety, isolation, loneliness, fear and depression than they ever have before. Members who have previously considered themselves to be fairly resilient are struggling. The relatively anonymous nature of a telephonic interaction offers members the opportunity to share troubling thoughts and feelings they may feel are too difficult to discuss in their everyday lives. We can provide a safe space to discuss whatever is on their minds, whether it's related to their physical health or mental and emotional health. We can then identify the resources appropriate to the need, whether they're internal at ActiveHealth, through their insurance carrier or an employer's Employee Assistance Program. Addressing the whole person is critical to our success. It empowers our members to identify all opportunities to improve their health and allows them to define a vision of health that includes mind, body and spirit.

## Mental and physical health issues overlap

As previously stated, the prevalence of both mental health and chronic conditions has been growing in recent years, to such a degree that 90% of our annual health care spending – spending that is quickly approaching \$4 trillion – is spent on chronic conditions and mental health.<sup>13</sup> When they occur together, the impact is serious, especially for diabetes, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure and coronary artery disease.

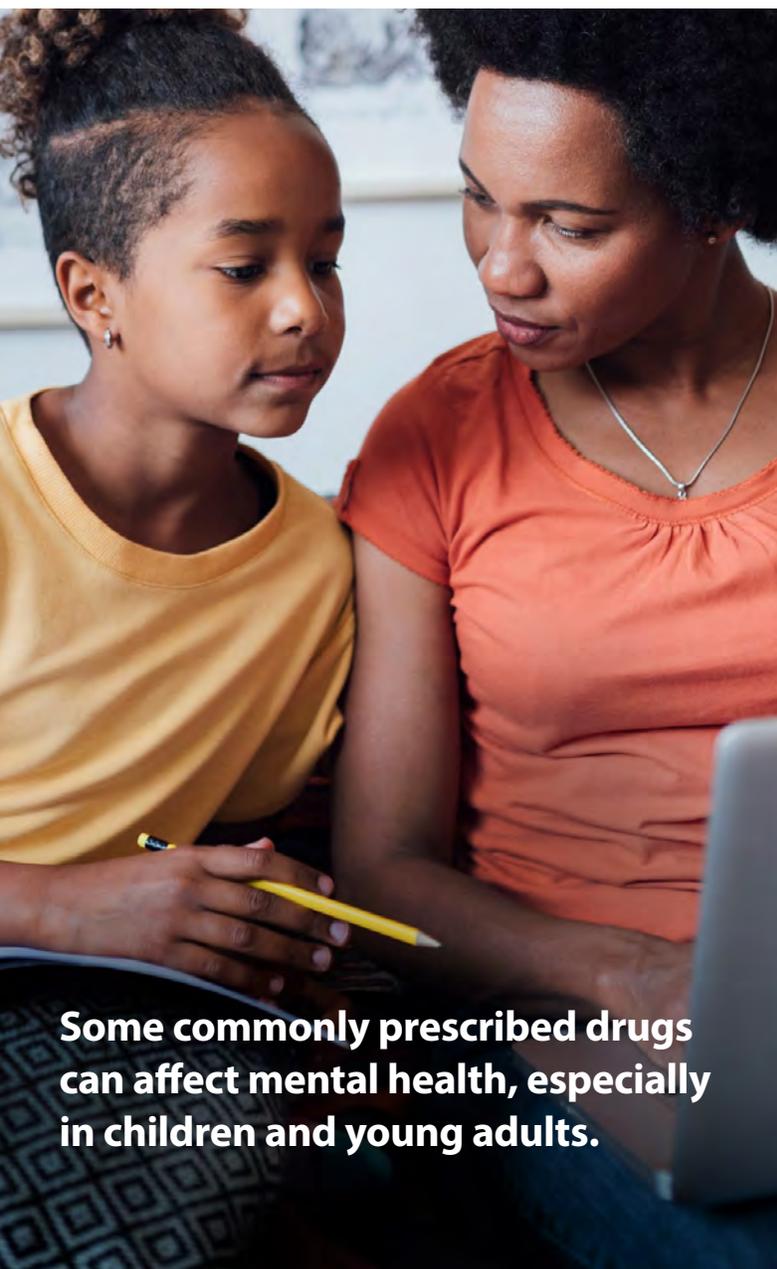
Successful management of these conditions requires regular visits with health care providers, adherence to prescribed medications and adoption of healthy lifestyle habits. People who are already struggling with mental and emotional health issues can have difficulty following multi-faceted care plans, and the complexity of learning to cope with these diagnoses can spark new issues with depression and anxiety where there were none before. Even if conditions like depression and anxiety don't develop, managing a chronic condition can be stressful, which can affect sleep, appetite and mood, all of which can impact physical health as well.



## Fixing one problem and causing another

We must also consider the effect of common medications used to treat chronic conditions. People who are managing chronic conditions, especially if they're managing more than one, may see multiple health care providers. That can make it difficult to spot possible interactions and assess side effects. Additionally, some commonly prescribed drugs can affect mental health, especially in children and young adults.

Asthma affects about 13% of the population and prevalence varies by demographics, with people of color being most likely to be affected. Since there is no cure for asthma,



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treatment depends largely on avoiding triggers, using inhaled bronchodilators in acute attacks and establishing a daily regimen of preventive medicines.<sup>14</sup> One daily preventive medication that's an alternative to inhaled corticosteroids is montelukast (sold under the brand name Singulair). It's often prescribed to children because it's available in pills or tablets that dissolve on the tongue and doesn't require them to be able to use an inhaler effectively. As we've learned more about it, though, it's been connected to higher incidence of serious mental health side effects, including thoughts of suicide. The US Food and Drug Administration released a requirement in 2020 for a warning label and cautioned prescribing physicians to avoid using it for mild cases of asthma and seasonal allergies.<sup>15</sup>

Montelukast has been on the market since 1998 and approved for use with children as young as six months old, meaning some young adults have been using this medication as an effective treatment for asthma for the majority of their lives. Scores of parents, though, must be wondering if there was another way to manage their child's asthma and if they would have experienced fewer or no mental health issues without it.

It's a difficult choice to make – especially for a parent who has seen a child struggle to breathe – to assuage a very real, immediate danger and take on the possibility of a devastating result later. In these cases, vigilance, an effective use of intelligent technology and close-to-real time data exchanges with treating health care providers are critical. Our patented clinical rules engine assesses data from health care providers, labs, medical and pharmacy claims. If there is evidence that a member on a drug like montelukast has an acute mental health issue, then we can spot it. From there, we can reach out to both the member and their treating provider and let them know that there might be a need to reassess the value montelukast offers versus the potential impact to the member's mental health. We can also talk to the member about the importance of checking in with their provider, and make sure that the member has access to mental health care and support resources.

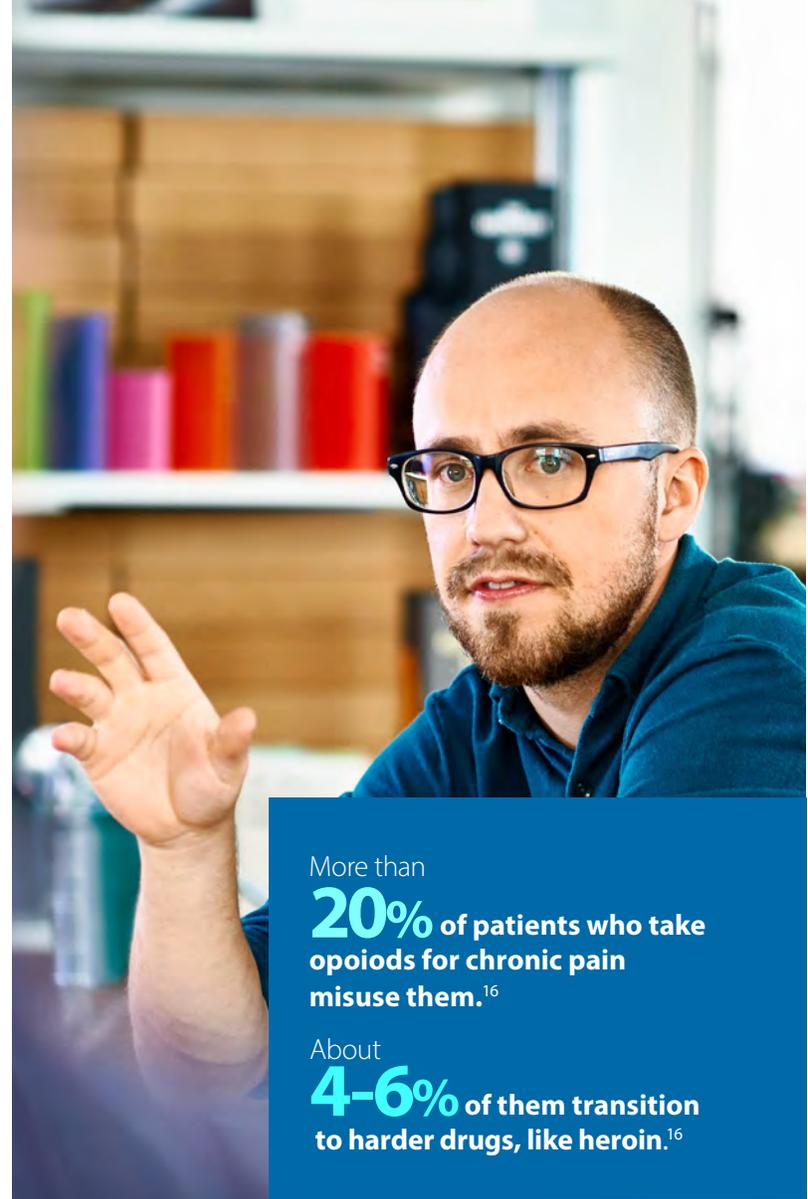


## Unintended consequences

Some conditions are associated with chronic pain, and it can take a long time to get to the root of what's causing the pain and to begin to treat it effectively. Prolonged pain and unrelieved stress create a powerful threat to mental and emotional health and a higher risk for substance use disorders.

Guidelines written in the 1990s suggested that non-cancer chronic pain could be treated with an opioid if necessary. Sadly, that guidance led to more prescriptions than were necessary and was the beginning of what has become a serious national health and social crisis in this country. Now, doctors are more careful about prescribing opioids, using them only when absolutely necessary, keeping doses low and monitoring usage. Still, more than 20% of patients who take opioids for chronic pain misuse them, and about 4-6% of them transition to harder drugs, like heroin.<sup>16</sup> Incidence of opioid substance use disorder are higher in disadvantaged communities that have lower education and economic opportunities, poor working conditions and less supportive social structures<sup>17</sup> Synthetic opioids, like fentanyl and carfentanyl (which is 10,000 times more potent than morphine<sup>18</sup>) are now most closely associated with deaths because although they're extremely dangerous, they're less expensive and readily available on the black market.<sup>19</sup>

We help address this by improving the health literacy of our members so they better understand their conditions and their care plans, and by helping them explore other strategies for pain management. We also help by encouraging adherence to medications as prescribed and watching for duplicative prescriptions. We can also have an impact by improving data persistency across health care providers. Integrating the ActiveHealth clinical platform with electronic health records allows us to collate, analyze



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and interpret data from multiple sites of care – primary care physicians, specialists, labs and pharmacies. This integration makes it easier to spot gaps in care and areas of concern, like over prescribing and multi-pharmacy usage. We can then offer these insights to providers within the same electronic health record when it matters – at the point of care.



## A call for preventive mental health care

Our physical health can change slowly over years as the result of unhealthy choices or in a matter of moments. As a society, we're aware of it and have adapted our health care system accordingly. The same thing is true for our mental and emotional health, and yet we aren't as prepared for it systemically. We encourage preventive physical health care to promote early detection, but most people would be hard pressed to describe any sort of preventive mental health care. If an athlete has a sprain or tears a ligament, we expect that there's a recovery period. However, when they're having a mental health issue, we expect them to tough it out. Most people can describe early warning signs of a heart attack, but they have no idea how to recognize an oncoming panic attack or what to do about it.

As much as we might talk about minds and bodies as if they're separate and distinct entities, they're not. The brain, though more complex than any other organ in the body, is still an organ existing in the larger ecosystem. Chemical and hormonal activity in the rest of the body affects the brain and vice versa. Just as we use both logic and emotion to help members identify their intrinsic motivation to succeed, we must recognize impediments that spring from both mind and body. We must promulgate an idea of health that extends beyond the physical to incorporate mind, body and spirit. It's through this integrated, holistic approach to health that we restore balance and become truly well.

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## References

- <sup>1</sup>Centers for Disease Control and Prevention. COVID data tracker weekly review. Available at [cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html](https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html) Accessed January 4, 2022.
- <sup>2</sup>National Institutes of Health. More than 140,000 U.S. Children lost a primary or secondary caregiver due to the COVID-19 pandemic. Available at [nih.gov/news-events/news-releases/more-140000-us-children-lost-primary-or-secondary-caregiver-due-covid-19-pandemic](https://www.nih.gov/news-events/news-releases/more-140000-us-children-lost-primary-or-secondary-caregiver-due-covid-19-pandemic) Accessed January 4, 2022
- <sup>3</sup>The Brookings Institute. Ten facts about COVID-19 and the U.S. economy. Available at [brookings.edu/research/ten-facts-about-covid-19-and-the-u-s-economy/](https://www.brookings.edu/research/ten-facts-about-covid-19-and-the-u-s-economy/) Accessed January 4, 2022.
- <sup>4</sup>Pew Research Center. Economic Fallout From COVID-19 Continues to Hit Lower-Income Americans the Hardest. Available at [pewresearch.org/social-trends/2020/09/24/economic-fallout-from-covid-19-continues-to-hit-lower-income-americans-the-hardest/](https://www.pewresearch.org/social-trends/2020/09/24/economic-fallout-from-covid-19-continues-to-hit-lower-income-americans-the-hardest/) Accessed January 4, 2022.
- <sup>5</sup>Kaiser Family Foundation. The Implications of COVID-19 for Mental Health and Substance Use. Available at <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/> Accessed January 4, 2022.
- <sup>6</sup>Centers for Disease Control and Prevention. Drug Overdose Deaths in the U.S. Top 100,000 Annually. Available at [cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm) Accessed January 4, 2022.
- <sup>7</sup>Centers for Disease Control and Prevention. About Chronic Diseases. Available at [cdc.gov/chronicdisease/about/index.htm](https://www.cdc.gov/chronicdisease/about/index.htm) Accessed January 4, 2022.
- <sup>8</sup>Centers for Disease Control and Prevention. Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. Available at [cdc.gov/mmwr/volumes/69/wr/mm6936a4.htm](https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a4.htm) Accessed January 4, 2022.
- <sup>9</sup>California Health Care Foundation. Some Face Dire Consequences for Delaying Care During Pandemic. Available at [chcf.org/blog/some-dire-consequences-delaying-care-pandemic/](https://www.chcf.org/blog/some-dire-consequences-delaying-care-pandemic/) Accessed January 4, 2022.
- <sup>10</sup>Sharpless, Norman E. COVID-19 and cancer. *Science*. June 19, 2020. Available at <https://www.science.org/doi/10.1126/science.abd3377> Accessed January 4, 2022.
- <sup>11</sup>Fulgham MD, DF. Untreated Depression. WebMD. November 13, 2019. Available at [webmd.com/depression/guide/untreated-depression-effects](https://www.webmd.com/depression/guide/untreated-depression-effects) Accessed January 4, 2022.
- <sup>12</sup>Centers for Disease Control and Prevention. Rapid Increase in Ivermectin Prescriptions and Reports of Severe Illness Associated with Use of Products Containing Ivermectin to Prevent or Treat COVID-19. Available at [emergency.cdc.gov/han/2021/han00449.asp](https://www.emergency.cdc.gov/han/2021/han00449.asp) Accessed January 4, 2022.
- <sup>13</sup>Centers for Disease Control and Prevention. Health and Economic Costs of Chronic Diseases. Available at [cdc.gov/chronicdisease/about/costs/index.htm](https://www.cdc.gov/chronicdisease/about/costs/index.htm) Accessed January 4, 2022.
- <sup>14</sup>American Lung Association. Asthma Trends and Burden. Available at [lung.org/research/trends-in-lung-disease/asthma-trends-brief/trends-and-burden](https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/trends-and-burden) Accessed January 4, 2022.
- <sup>15</sup>U.S. Food and Drug Administration. FDA requires Boxed Warning about serious mental health side effects for asthma and allergy drug montelukast (Singulair); advises restricting use for allergic rhinitis. Available at [fda.gov/drugs/drug-safety-and-availability/fda-requires-boxed-warning-about-serious-mental-health-side-effects-asthma-and-allergy-drug](https://www.fda.gov/drugs/drug-safety-and-availability/fda-requires-boxed-warning-about-serious-mental-health-side-effects-asthma-and-allergy-drug) Accessed January 4, 2022.
- <sup>16</sup>National Institute on Drug Abuse. Opioid Overdose Crisis. Available at [drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis](https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis) Accessed January 4, 2022.
- <sup>17</sup>Singh GK, Kim IE, Girmay M, Perry C, Daus GP, Vedamuthu IP, De Los Reyes AA, Ramey CT, Martin EK, Allender M. Opioid Epidemic in the United States: Empirical Trends, and A Literature Review of Social Determinants and Epidemiological, Pain Management, and Treatment Patterns. *Int J MCH AIDS*. 2019;8(2):89-100. doi: 10.21106/ijma.284. Epub 2019 Aug 8. PMID: 31723479; PMCID: PMC6804319. Available at [pubmed.ncbi.nlm.nih.gov/31723479/](https://pubmed.ncbi.nlm.nih.gov/31723479/) Accessed January 4, 2022.
- <sup>18</sup>Drug Enforcement Administration. Officer Safety Alert. Carfentanil: A Dangerous New Factor in the U.S. Opioid Crisis. Available at [justice.gov/usao-edky/file/898991/download](https://www.justice.gov/usao-edky/file/898991/download) Accessed January 4, 2022.
- <sup>19</sup>National Institute for Health Care Management (NIHCM) Foundation. Synthetic Opioids Driving a Worsening Crisis of Overdose Deaths. April 14, 2021. Available at [nihcm.org/publications/synthetic-opioids-driving-a-worsening-crisis-of-overdose-deaths](https://www.nihcm.org/publications/synthetic-opioids-driving-a-worsening-crisis-of-overdose-deaths) Accessed January 4, 2022.

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