



MARY JO KREITZER, PhD, RN: INSPIRING WHOLE-PERSON CARE THROUGH INTEGRATIVE MODELS OF RESEARCH, EDUCATION, AND CLINICAL PRACTICE

Interview by Michele Mittelman, RN, MPH, and Suzanne Snyder • Photography by Dan Marshall

As founder and director of the University of Minnesota's Center for Spirituality and Healing, Mary Jo Kreitzer, PhD, RN, brings more than 15 years of leadership and expertise to the field of integrative health. She was the principal investigator of a \$1.6 million National Institutes of Health (NIH) National Center for Complementary and Alternative Medicine (NCCAM) education grant and a Fetzer Institute-funded evaluation of the Inner Life of Healers Program. She is currently the co-principal investigator (PI) of a 5-year \$2.1 million NIH National Institute of Nursing Research clinical trial of mindfulness meditation with solid organ transplant patients, the co-PI of a clinical trial funded by BlueCross/Blue Shield Minnesota on the impact of an integrated residential treatment program on women with eating disorders, the co-PI of an NIH NCCAM R21 grant on mind-body interventions for caregivers of Alzheimer's patients, and the coinvestigator of a clinical trial comparing mindfulness meditation with pharmacotherapy for people with chronic insomnia. She is also the co-PI of a newly funded NCCAM R25 grant focused on integrating research in a CAM educational institution. In addition to her administrative responsibilities in the Center for Spirituality and Healing, Mary Jo teaches a course on optimal healing environments in the graduate minor in complementary therapies and healing practices and is a tenured professor in the University of Minnesota School of Nursing. From 2004 to 2007, she served as the vice-chair of the Consortium of Academic Health Centers for Integrative Medicine. Dr Kreitzer earned her doctoral degree in health services research and policy and her masters and bachelor's degrees in nursing. She was recently named by Minnesota Medicine as one of the 100 most influential health leaders in the state.

Editor's note: This issue's Conversations interview was conducted by Michele Mittelman, RN, MPH, one of Alternative Therapies in Health and Medicine's editors. For more information about Ms Mittelman, see the editorial by David Riley in our Jan/Feb 2009 issue (Altern Ther Health Med. 2009;15(1):10-11) or visit our website at www.alternative-therapies.com.

Opposite: *Mary Jo Kreitzer, PhD, RN, shown here in her office at the University of Minnesota's Center for Spirituality and Healing, believes that the healthcare profession needs to focus on the science around health rather than the science around disease, beginning with education that focuses on health, wellness, and self-care.*

Alternative Therapies in Health and Medicine (ATHM): What led you to pursue a career in integrative health?

Dr Kreitzer: I became interested in integrative health back in the 1970s when I was working as a nurse practitioner. As a fairly new graduate working as an NP, I thought that I had learned what I needed to know to provide good patient care. It didn't take me long to discover that there was a universe of healing that I knew little about.

It was an early and good lesson in humility that sometimes patients know much more than we know as health professionals about what's right for them. That truly opened my eyes to the fact that there was a whole lot more to healing than I had learned about in school. That was a very early but profound "aha" experience for me.

When I was working at the University of Minnesota Hospital and Clinic as director of Nursing Practice and Research, I had a similar kind of experience. I discovered that the nurses, physicians, and other health professionals were quite open to what were then called complementary therapies—approaches to care that weren't covered by policies and procedures! Early on, people at the university hospital were using healing touch, music, and guided imagery with patients, sometimes even bringing in healers from the outside. It was a profound experience for me to discover how important these approaches were to people's healing.

Around that time, we also were seeing a significant increase in diversity in our patient population: immigrants and refugees from all parts of the globe. And it was interesting to see what they brought with them in terms of their indigenous healing, beliefs, and practices. I became much more curious about what I didn't know and open to the possibilities of what could be.

When I went back to school to get my PhD in health services research and policy in the School of Public Health, I was intrigued to discover that there was a growing evidence base, a scientific basis for many of these healing approaches. That brought me down a full-circle path of thinking, "If patients want access to these approaches, and if there's evidence that they work, why wouldn't we incorporate them into health systems?" At that point, I became much more interested in the bigger health policy issues.

ATHM: So early in your career, you were noticing the significance of personal beliefs and healing interventions on your patients' health and well-being.

Dr Kreitzer: Absolutely. In addition to learning that patients often know more than we do about what is needed to facilitate their healing, I developed a deeper understanding of the uniqueness of people's needs and preferences with respect to healing and how poorly our hospitals and healthcare institutions were equipped to meet their needs.

ATHM: Did you have any notable mentors during this journey?

Dr Kreitzer: I've been really blessed to have notable mentors at so many junctures of my career. I think it's like the old saying: when the student is ready, the teacher appears. I never would have anticipated the path that my career took. As a young nurse, I didn't set out to do what I'm doing today as the director of this interdisciplinary center. But I was really fortunate to have mentors.

One of my first mentors was Dr Joyce Nelson from Augustana College in Sioux Falls, South Dakota. When I was in my undergraduate nursing education program, she taught us in public health that it is cheaper to prevent disease than to cure it. That piece of wisdom stayed with me, and I am passionate in the belief that we need to align our system to keep people healthy and well. She was clearly an early and significant influence.

Another very prominent nurse I was fortunate to have as a mentor was Marie Manthey. Marie is well known in the nursing community as the founder of primary nursing. Early on, she became such an important and wise mentor for me in helping me to learn to think creatively and to take risks.

One of my most influential mentors to this day is Earl Bakken, the founder of Medtronic and an early pioneer and champion of what he calls "blended medicine." Earl challenged me to be visionary, to look beyond obvious limitations and constraints, and to believe that we could accomplish anything that we set out to do. He has a philosophy: "ready, fire, and aim"—the phrase embodies the idea of getting out there and trying some things instead of waiting for perfection. I learned from Earl the power of dreaming, the importance of creating teams that work well together and are passionate about the mission, and the necessity of thinking outside the box. I love watching Earl meet with our students at the university. Invariably, he will toss out to the group some provocative idea that they find unsettling and surprising. He has a way of making people think.

ATHM: What was the impetus for starting the Center?

Dr Kreitzer: At the time that I proposed creating the Center for Spirituality and Healing at the University of Minnesota, I was the director of Nursing Practice and Research at the hospital, and my responsibilities had expanded. I had become the administrator for spiritual health services and the administrator of quality for the health system. At that point, we were focused on improving the care we offered to patients. There was a growing understanding of the yearning that our patients had for whole-person care—body, mind, and spirit. There was also awareness that we needed to do more to meet the needs of our culturally and ethnically diverse patient population.

Back in 1995, there certainly was growing interest in what then were called complementary therapies. Our expectations and intentions initially were fairly modest: improve patient care and do some informal education through brown-bag seminars. We discovered early on that not only were patients eager for a different healthcare experience—one that was more holistic and patient-centered—healthcare providers were also hungry for new knowledge and the opportunity to practice in a different way. There was interest in more education and a desire to do research.

At that point, a colleague of mine and I approached the senior vice president of the Academic Health Center, Dr Frank Cerra, armed with information on the growing interest and trends in what was being called CAM (complementary and alternative medicine) with the idea that perhaps the time had come to offer a formal course for health professionals, one that might even offer academic credit. I'll never forget Dr Cerra's reply. He commented that this was much bigger than a couple of courses, that what we were proposing would transform healthcare. He later commented that our work would entail restoring the soul to healthcare.

At that point, we went through a very deliberative planning process that fully engaged the community as well as the university to determine "What are the needs of the community?", "How can the University of Minnesota best serve those needs?", and "What leadership role should the University of Minnesota have in this emerging field of CAM?" It was then, in 1997, that the vision and mission of the Center significantly expanded. It had begun with roots in the hospital and patient care, and in 1997, it became a full academic department, a freestanding interdisciplinary center within the Academic Health Center of the University of Minnesota. We were charged with integrating culture, spirituality, and complementary therapies into academic, research, and clinical programs.

We were incredibly fortunate in several respects. We had a champion in Dr Cerra as well as strong support from the other deans in the academic health center (nursing, medicine, pharmacy, dentistry, public health, and veterinary medicine). In particular, the dean of the School of Nursing, Dr Sandra Edwardson, offered strong support and initially provided space to house the Center. Organizationally, we had a reporting relationship to Dr Cerra and the office of the senior vice president, which offered us both access and the flexibility to work across collegiate units very nimbly and strategically. While we were provided a modest amount of financial support initially, we were encouraged to be creative and entrepreneurial in a way that would fund our growth. In addition to students and practicing health professionals who were eager to take courses at the University of Minnesota, there was immediate interest expressed by researchers who were eager to collaborate. Over the years, we have continued to enjoy tremendous support from the university—from the Board of Regents to presidents, deans, faculty, and students.

Today, the Center for Spirituality and Healing has 35 to 40 University of Minnesota faculty members with Center appointments as well as 30 or so community-based faculty members with adjunct appointments. Many of the University of Minnesota faculty members are tenured or tenure-track in various collegiate units, and their

appointments in the Center range from zero to almost 100%, depending on whether they teach in our graduate program or are funded through research or another project. There are many advantages to this model. It is generally a faculty member's passion that fuels his or her desire to seek a Center appointment. The faculty member's continuing to have a base in a different collegiate unit has afforded the Center a natural and rich way to integrate into departments and collegiate units throughout the university in ways that we would never have anticipated. Our community-based faculty members are a group of extraordinarily gifted clinicians who also have an interest in teaching and research, and we are immensely grateful for the many ways that they have contributed to our success.

Our ambition in the early years of the Center was to do nothing short of transforming healthcare. It was a bold vision. We anticipated that we would do this by educating health professionals and generating new knowledge through research, and we knew that it would be important to help create new clinical models that were sustainable. It was actually much later that I developed a deep sense of understanding that to really transform the healthcare system, all of those things were very important but that we also needed to empower patients to take charge of their health.

ATHM: Please talk about how you were able to broaden the academic offerings at the University of Minnesota to include integrative and interdisciplinary approaches to healthcare.

Dr Kreitzer: We believe that all graduates of the University of Minnesota—physicians, nurses, pharmacists—should know enough about integrative approaches to healthcare that they can talk to patients, help them evaluate what they are using, know how to refer patients to providers that offer integrative therapies, and have the knowledge and skills to work within an interdisciplinary team that includes many different health professionals and therapeutic approaches.

Early on, we began working very closely with faculty members in those collegiate units to explore how this content could be part of every student's learning experience rather than just optional electives. Our approach has been to identify core competencies and to then weave core content into the required curricula. We were very fortunate in that we were one of the first schools that received a National Institutes of Health (NIH) grant from the National Center

for Complementary and Alternative Medicine. These grants enabled schools to build curricula, develop faculty, and in many ways, change the culture within our schools.

One of our efforts under that grant was to develop about 30 hours of online learning for health professionals. The online modules cover many approaches to healing, including traditional Chinese medicine, mind-body interventions, essential oils, Reiki, and healing touch, among others. These modules have been a valuable resource to faculty and students at the University of Minnesota, and we are very pleased that they are used by many hospitals to educate staff members and universities to educate health professional students,

not only around the United States but around the world. We get e-mails from many corners of the globe telling us how they are using the modules.

In 1999, we started a graduate minor in complementary therapies and healing practices. We think that it was likely the first minor of this kind developed in the United States. We decided that we would establish it as a minor because the field was still young and we sensed that students wanted to have an academic foundation in a traditional profession or discipline. The first semester, we offered a few courses and had 32 students enrolled. At the time, we thought, "Wow, for a graduate program, 32 students; that's pretty good."

The graduate minor has been a tremendous success. We now offer more than 45 different graduate-level courses, and for the last

4 semesters, we've had between 450 and 500 registrations each semester. What's been so interesting is that we've had students not only from the health professions that you would expect—from nursing and medicine and public health—but also veterinary medicine, social work, counseling, psychology, business, law, architecture, and music. We literally have had students enroll in our courses from nearly every corner of the university and beyond. About 30% of our students are practicing health professionals who already have an advanced degree and who are enrolling in courses as part of their ongoing professional development.

The graduate program has led to some fun and unexpected partnerships. For example, we now offer a course on optimal healing environments that draws both architecture/design students as well as health professional students. I teach this course with a colleague, Dr Terri Zbrowsky, who has a PhD in design from the University of Minnesota and is the director of research and education at a large architectural and design firm, Ellerbe Becket, which builds healthcare

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facilities all around the world. Terri has expertise in evidence-based design, and I bring the integrative health and evidence-based practice perspective. We get architecture and design and health professional students all in the same room to learn about the language of healing and the work of design and discuss together how we can create optimal healing environments.

We have a very rich collaboration with the University of Minnesota Landscape Arboretum. Dr Jeannie Larson, the director of therapeutic horticulture at the arboretum, is also on our faculty. She teaches courses in therapeutic landscapes, healing gardens, and therapeutic horticulture. Our collaborations are not limited to the United States. We offer several courses in Tibetan medicine, one of which is offered each year by Dr Miriam Cameron in Dharmasala, India, in collaboration with Men Tsee Khang.

I so strongly believe in collaboration and partnerships and the value of interdisciplinary learning. One semester, I taught a research seminar on advanced research methods. I had about 10 or 12 students representing about 8 different majors. Can you imagine that? It was so exciting because they were all tapping into a different knowledge base, a different literature base, and looking at healing from their unique perspectives.

ATHM: It seems that bringing in students from such a variety of backgrounds enriches not only their personal experiences but also

prepares them for the professional world in very different ways.

Dr Kreitzer: It does, and it leads to amazing research collaborations for faculty, as well. One of our faculty members, Dr Linda Chlan, who also has an appointment in the School of Nursing, is conducting NIH-funded research using music with patients who are on mechanical ventilators in intensive care units. Her interdisciplinary research team includes not only a nurse and some research assistants who are nurses but also a music therapist, physicians, and a biomedical engineer.

I think that working in interdisciplinary teams is not only the future of healthcare but is increasingly how we move through the world. It doesn't work to reside in silos anymore. Professional fields have found we can do it better when we do it together. I think that the Center, in many ways, has helped to shape and nurture an interdisciplinary culture at the University of Minnesota that has a profound effect not only on the students but also on the faculty.

ATHM: Do you have a sense for where the rest of the country is in terms of similar interdisciplinary programs?

Dr Kreitzer: I think that we are fairly unique in how much we have focused on interdisciplinary education and research, but I anticipate that there will be tremendous growth in this area throughout the country over the next decade.



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ATHM: What has the role of the Center for Spirituality and Healing been in stimulating and nurturing the growth of clinical models that include an integrative health approach?

Dr Kreitzer: We saw our role early on as being a resource to help create viable and sustainable clinical models and wanted to do that in a variety of settings. We have had wonderful opportunities to work with a number of hospitals, clinics, and specialized programs.

We were an early resource when Woodwinds Health Campus was built. It is a very impressive 80-bed hospital in Woodbury, Minnesota, that is built entirely on the concept of providing an optimal healing environment and bringing complementary therapies and healing practices to the care of patients. They continue to be an important strategic partner.

We were invited to collaborate on the creation of a program for women with eating disorders that has been another great success. The Anna Westin House is a residential treatment program where women stay for up to several months. The treatment program includes not only the conventional approaches you would expect to see in an eating disorder program (nutrition, psychotherapy, and mental health); it also includes yoga, traditional Chinese medicine, music therapy, therapeutic horticulture, spirituality, and mind-body interventions. This has been a very effective collaboration in that we not only helped design the care model but have also



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been involved in a longitudinal research project to examine the program outcomes. Blue Cross Blue Shield of Minnesota was a partner in creating this model, funded the research study, and paved the way for reimbursement for services based on a daily global fee that includes integrative therapies.

A new collaboration for us that we’re excited about is with the Hennepin Alternative Medicine Clinic. Hennepin Health System and Hennepin Faculty Associates combined is a very large public health system in Minneapolis. The clinic providing integrative services is one of the oldest, largest, and most mature clinics in the entire country. It is 16 years old, and they see over 15 000 patients a year. Under the affiliation agreement that we recently signed, the clinic becomes our close working partner in developing integrated care programs. Whether it’s for a patient who was recently diagnosed with cancer or a patient who has heart disease or a woman who has pelvic inflammatory disease, if there are ways to bring in integrative therapies and create integrated care programs, that is going to be of tremendous benefit for our patients.

ATHM: What would you say are some of the biggest obstacles, challenges, or surprises that you have faced in collaborating with these innovative models?

Dr Kreitzer: I believe having a shared vision is key to a successful partnership. If you have a shared vision, trust, and adequate resources, then practically anything is possible. In my experience, partnerships usually work exceedingly well.

It sometimes surprises people when I say that the biggest challenge for the Center overall has been that there is far more demand for what we do than we could possibly meet. There are more people who want courses, more faculty members who want to collaborate with us on research, more people in the community who want us to collaborate with them in terms of developing outreach programs than we possibly can do.

I think in a lot of institutions, it has been challenging to bring in new ideas and to talk about integrative health or CAM. At the University of Minnesota, there has always been tremendous support for the work that we have done. The true challenge has been that the demand has far exceeded our capacity to respond.

ATHM: How optimistic are you about health reform?

Dr Kreitzer: I am more optimistic about health reform than I have ever been at any other time in our country. I think that there is a sense, in many respects, that we have no choice. We are in a very difficult position regarding healthcare in this country. We spend more on healthcare than any other nation in the world, yet 46 million or more people have no insurance, and we are ranked near the bottom of the industrial world in health outcomes. That is a huge dilemma.

President Obama recently said, “Fixing what’s wrong with our healthcare system is no longer just a moral imperative but a fiscal imperative.” I think that’s true. We have reached the point that we don’t have a choice. We have to step back and say, “What are the care needs of people?”, “Who can best meet those care needs?”, and then, “How do we best organize a system that will enable us to do that?”

Health reform stands a better chance this time because we're up against the wall in terms of finances. We can't afford not to reform healthcare. The conversation used to be focused narrowly around access and reimbursement: "How do we get people more access?" and "How do we reimburse more?" But pouring more money into the same system will only produce more of what we have, which is untenable.

In many respects, our healthcare system is perhaps even more fragile than we have realized with the number of people who are uninsured and don't have access to primary care and as a result use emergency rooms. As the number of unemployed people increases and then the number of uninsured increases, it is breaking the backs of many of our health systems, hospitals, and public clinics, particularly in large cities. Increasingly, people are beginning to recognize that. There is no safety net anymore. People are falling through the cracks.

The kind of reform that's needed is immense and fundamental. It involves shifting our focus. We have had a disease-oriented system, and we need to shift our focus to be more attuned to keeping people healthy.

In this country, so many industries have been designed around taking care of sick people. It's not about pointing fingers, but you look at hospitals, physicians, the pharmaceutical industry, and laboratories—we have created a big infrastructure around taking care of sick people.

In many ways, our health system mirrors what has happened in our financial systems. There has been greed, excess, and the failure to do what's right because of vested interests. Refocusing on health and well-being will be a fundamental reform in the healthcare system. We also need to rethink primary care. That's a huge one. There is good evidence that nurse practitioners and physician assistants can effectively manage 80% of primary care. And there are other providers, like naturopathic physicians, traditional Chinese medicine practitioners, and chiropractors, who for many patients are the first point of entry into the system and who help people manage a particular aspect of their health needs.

If we re-imagined a health system where we had as the first level of care nurses and physician assistants and other kinds of providers that I mentioned, we would still need some primary care physicians to manage patients who have very complex needs. But overall, we could use physicians differently. We will continue to have a need for specialists and for subspecialists as they have a very unique niche in healthcare. Nobody else in healthcare can do what they do.

I think we are also going to see more health coaches. At the Institute of Medicine Summit that was held in Washington, DC, recently, there was a lot of conversation around the role of health

coaches. To keep people healthy, it is essential that we look at lifestyle issues such as exercise, nutrition, and how to better manage stress. It is nearly impossible to discuss these topics in a 10- or even 15-minute office visit. We started a health coaching program at the University of Minnesota 4 years ago, and it has been very successful.

Health reform needs to address two other issues. We need to more effectively manage chronic disease, and to do that, a team approach will be advantageous. We also need to change financial incentives. Under our current model, practitioners are paid to do tests and procedures and provide services, generally when people are sick. Consumers cannot get coverage for a nutritional consultation that might help them lose weight so that they don't get diabetes.

However, if they get diabetes, their care will be covered by their health plan. The new system will need to focus on outcomes, how to keep people healthy instead of paying to manage the disease. It is a tall order. Financially, we have no choice other than to go down that path.

ATHM: Please comment on how well our education system prepares health professionals to understand the importance of health and wellness and the value of self-care.

Dr Kreitzer: Very few of our health professional education programs focus sufficiently on health and wellness, and there is minimal focus on the importance of self-care. That is beginning to change, as some programs now offer mind-body skills

education. We are launching a pilot initiative at our medical school next fall where content on health, wellness, and self-care will be a required component of the curriculum. Overall, we also don't focus enough on the social and environmental determinants of health and lifestyle issues.

There is a whole science of health that needs to be further developed and that will shape and influence our curricula and how we care for patients. We know a lot about the science around disease, but what about the science around health? I would love for the Center for Spirituality and Healing to become a leader in that area.

ATHM: What do you see for us as a country? What are the biggest obstacles that we face in achieving the kind of reform you describe?

Dr Kreitzer: There is a fascinating book by Clay Christensen called *The Innovator's Prescription*. He talks about innovation and change, why it's important, and barriers and challenges that should be anticipated. He talks about how it is sometimes very hard to innovate from the inside for two reasons: people resist the change, and they just don't see it coming. The changes that will be needed to achieve

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health reform are deep and profound changes that will impact individuals and organizations and go to the heart of organizational values and culture. This will not be easy work.

I think the other challenge that we face is that we are used to tackling problems in narrow and isolated ways, not always seeing the big picture. We desperately need systems thinking—we can't fix the healthcare system by merely pouring more money into it. We need to address fundamentally what we do, how we do it, how we pay for it, and the role of personal responsibility.

ATHM: It is difficult to engage and empower consumers to make changes. I have visited the University of Minnesota's website, "Taking Charge of Your Health." Can you talk about that?

Dr Kreitzer: We launched the "Taking Charge of Your Health" website several years ago in collaboration with our partner Life Science Foundation. There is a lot of talk about empowering patients but not always an understanding of what it takes to make that happen. Consumers tell us that they are willing to "take charge" but need information and tools that will enable them to make informed choices. The goal of the website is to help people assume more personal responsibility for their health, healthcare, and well-being.

In the section titled "Navigating the Health System," we acknowledge the complexity of the system and explain why it is important to take charge, the bottom line being that we need to be advocates for ourselves and each other. It offers tips on how to choose a healthcare provider, whether it's a nurse practitioner, a physician, or a traditional Chinese medicine practitioner. People are encouraged to prepare and plan for a health visit by thinking through their health goals and writing down their questions and concerns. Information is covered on why second or even third opinions are important. If you are diagnosed with a serious illness, we identify questions that you should have answered before you leave the healthcare provider's office.

We heard from many consumers that they are open to exploring integrative therapies but really don't know where to start. The website offers detailed information on a dozen or so integrative therapies such as massage, traditional Chinese medicine, Reiki, aromatherapy, and mind-body approaches. Through text, video, photos, and stories, people can get answers to the questions "What is it?", "How is it used?", "What is the evidence?", "How can I decide if it's right for me?" The videos are very popular! For people who are

thinking about having acupuncture but have never even seen an acupuncture needle, the video is worth more than a thousand words. It is informative and allays fears.

The section "Create a Healthy Lifestyle" helps people look at 8 aspects of their health and develop a personal plan for health and well-being. After doing a self-assessment in areas such as nutrition, exercise, stress management, attitudes and relationships, purpose and spirituality, and the environment, feedback is offered, and people are encouraged to set goals and identify action steps. We know of clinics and wellness facilities that have developed programs around the health planner tool, and a number of educational programs are using the website to teach their students about self-care, something that is very important for us as health professionals.

The website is free (www.takingcharge.csh.umn.edu). If people find it helpful, we encourage them to pass the information on the website on to someone else, to feel free to create links, give us feedback, and contribute to help us keep it going if they are so inclined. It's been a very important endeavor for the Center.

ATHM: Please talk about how engaged nursing is with the movement toward integrative health.

Dr Kreitzer: Florence Nightingale, one of our early leaders in nursing, was incredibly holistic in her orientation. She said that the "role of the nurse is to put the patient in the best possible condition so that nature can act and healing can occur." What a profound understanding of the nature of healing. As healthcare providers, we create the right conditions

and recognize the innate human capacity to self-heal. Nightingale wrote extensively about the importance of healthy food, relationships, and spirituality. Many of the therapies we describe today as "integrative" therapies—such as the use of music, healing touch, guided imagery, and massage—have been within the domain of nursing for centuries. Being holistic is core to nursing. It is simply how we think and do our work.

In many nursing programs across the country, information on holistic nursing and integrative therapies is well integrated into the curricula but probably not in as much depth as it can or should be. In other programs, that core dimension of nursing is less emphasized. I am pleased that we are seeing more and more graduate programs in nursing begin to take an integrative health focus.

At the University of Minnesota in the fall of 2009, we're beginning a new program: a doctorate of nursing practice (DNP) in integrative health and healing. It is a clinical doctorate. We will be

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preparing nurses to be clinical leaders so that they have the knowledge and skill to develop integrative health programs in a diversity of organizational settings.

In addition, we have other DNP in areas such as adult health, family nurse practitioner, women's health practitioner, nurse midwifery, and pediatric nurse practitioner, and every one of those programs has made a commitment to have an integrative health focus within their DNP program. So I think we will continue to see nursing very well positioned nationally to provide leadership.

ATHM: Are nursing faculty prepared to teach integrative health?

Dr Kreitzer: I have found that nursing faculty are generally interested but often feel that they don't have sufficient knowledge. Nursing education is incredibly challenged at this time by a shortage of nursing faculty, so we need to both recruit and prepare more faculty and provide them with opportunities to learn how to teach integrative health. Several years ago, we developed a week-long summer institute that is held at Woodwinds Health Campus each June. It is designed to give clinicians and educators an immersion experience in a real world environment. We have had many faculty members tell us that this was a pivotal learning experience for them—one that motivated them to rethink their teaching.

ATHM: It seems there are parallel movements within all the health professionals' education and practices to incorporate the elements of integrative care.

Dr Kreitzer: In many professions, this is happening. For 3 years I served as the vice chair of the Consortium of Academic Health Centers for Integrative Medicine, a consortium of now 42 medical schools around the country. The Consortium has made a very concerted effort to provide curricular resources to medical schools and stresses the importance of bringing this perspective into the education of medical students and residents.

ATHM: What is the University of Minnesota Medical School focusing on with respect to integrative medicine?

Dr Kreitzer: Within our current medical school curriculum and the new curriculum that will be implemented in 2010, integrative medicine is a thread that is woven into the curriculum so that students get exposure throughout their 3 to 5 years of medical education. It is a flexible curriculum that allows students to move through at their

own pace. In addition to content that is offered in required courses, we offer several electives that have been quite popular. The Healer's Art course fills every year and has been very well received. We have not done as much formally in residency education and recognize that as an important area to focus on next.

ATHM: What would you tell someone today who is thinking about a career in nursing?

Dr Kreitzer: I don't think there has ever been a better time to enter the nursing profession. Nurses have tremendous opportunities.

Nurses are the largest group of health professionals in the world, and they can function in such a variety of settings. Whether you're talking about acute care, public health, community health, long-term care—there is such a need to bring this integrative health perspective into it.

One of the things that I value so much in looking back on my own nursing education is that it prepared me to have such a broad understanding of health, healthcare, and systems. I think nursing helped me think in a "systems" way because in nursing education, we learned about the role of person, health, and environment. We learned about working with individuals, families, and communities.

As I look to the future, whether we are talking about how to re-imagine healthcare, how to transform education, how to deal with some of

the huge issues in this country around the environment—none of these problems are going to be solved if we don't think in a systems way. Everything is related. You can't look at health as being unrelated to the economy. Part of why we have to change healthcare is because we can't afford to do what we're doing anymore.

You can't look at the economy as being separate from the environment. That's why there is more and more focus on green jobs: we recognize that if we look to investing in renewable energy and renewable fuels, that's going to be a way to save money. If we improve the livability of our cities because we're cutting down on pollution and we have better air to breathe and clean water to drink, that will improve our health. It is all interrelated.

ATHM: As a leader, how do you determine priorities for the Center?

Dr Kreitzer: Well, certainly our focus and priorities shifted and expanded over time as our faculty and staff grew and new needs and opportunities became apparent. We can't be all things to all people, so we carefully try to ask ourselves, does it fit within our vision and

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mission, do we have (or can we acquire) the expertise, and do we have the resources? Two out of three is not enough! I have often said to my staff that strategic planning in these times is challenging—we need to be focused and not distracted while at the same time being flexible and responsive. It is a dance.

ATHM: What's next on the horizon? What will we hear about the Center for Spirituality and Healing doing over the next few years that we haven't talked about?

Dr Kreitzer: To address complex issues such as energy policy, health reform, and education, we need a different way of thinking and a new set of tools. We are in the early stages of launching a new initiative that I am very excited about called Whole Systems Healing (WSH). WSH is based on an understanding that the health of people is directly related to the health of communities and the health of the environment. For too long, we have ignored the social and environmental determinants of health. We have a faculty team working on this initiative, and they have identified content and competencies that are important for future leaders. We are developing a set of online modules that will cover content such as complexity science and chaos theory, stewardship and sustainability, creativity and innovation, social network theory, disruptive innovation, social change theory, contemplative practices, interpersonal relational practices, social entrepreneurship, gentle action, and restorative justice, among others. These will be used in classes and workshops, and we hope to also make them freely available on the Web. We have been teaching an introduction to whole systems healing course for several semesters now that students have found very practical and inspirational.

Recently Van Jones, founder of Green for All and now President Obama's special advisor for green jobs, enterprise, and innovation, spoke on our campus as part of our effort to raise awareness of WSH and to highlight role models like Van who are thinking systemically to solve complex problems. We believe that this WSH effort is an important strategy to advance integrative health and medicine as well as global prosperity.

ATHM: Any final thoughts?

Dr Kreitzer: I am immensely grateful for the opportunities that I have had to be engaged in such meaningful and creative work. The team that I have worked with at the University of Minnesota has been an inspiration and motivation to me. I also feel very fortunate to have had such wonderful colleagues and mentors over the years who have paved pathways and opened doors. Collectively, we have accomplished many things over the past decade that seemed unimaginable. Imagine what the next decade might bring.