

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Patient Perceptions of a Lifestyle Medicine Clinic in Southwest Virginia

Priority 1 (Research Category)

Mixed methods research

Presenters

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Abstract

Context: Lifestyle Medicine (LM) is an evidence-based approach to prevention and treatment of chronic disease by addressing six pillars: physical activity, nutrition, sleep and stress management (recovery), connection, and substance use. There is limited research on implementation of LM in medically underserved communities. Objective: To assess patient perceptions of a primary care-based LM clinic. Study Design and Analysis: Survey; t-test and chi-square tests to evaluate variation by race and income status, approximated by having Medicaid, based on the clinic's goal of reaching underserved community members. Setting: LM Clinic in the SW Virginia safety net. Population Studied: Patients who were referred to or attended the LM clinic between 5/1/22 and 5/31/24 (n=575). Instrument: REDCap survey administered electronically or by phone. Outcome Measures: Demographics; ratings of motivators, barriers, and effectiveness; experience (Net Promotor Score) Results: The survey had a 40% response rate (n=230, 65% age 35-64 years, 77% female, 18% racial minority, 20% Medicaid (low income)). The 23 respondents (10%) who were referred but did not attend any LM clinic visits were more likely to have low-income (31%) than those who attended visits ($p<0.01$). Of the 69 respondents (30%) who attended 1 visit and the 138 (59%) who attended 2+ visits, "my doctor recommended it" was the most common attendance motivator (75%), while busyness was the most frequently reported barrier (28%). Experience with the LM clinic was rated 7 +/- 2.7 out of 10. Respondents agreed or strongly agreed that LM visits resulted in improvements in physical activity (65%), nutrition (71%), recovery (48%), connectedness (37%), and substance use (34%). Respondents who identify as a racial minority reported greater improvements in LM pillars than White respondents (18 vs. 16 out of 25, $p=.05$). Motivators and barriers were similar across race and income status, however, racial minorities reported greater incidence of forgetting their appointment (75% vs 5%, $p<0.01$) as a barrier and low-income respondents more frequently reported a personal desire to focus on lifestyle changes (72% vs 50%, $p<.05$) as a motivator, and busyness (46% vs 23%, $p<0.01$) as a barrier. Conclusion: The LM clinic was perceived as effective.

The survey highlighted motivators and barriers unique to this underserved population that will be used to inform efforts to quality of care in primary-care based LM clinics.

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