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Dietary Quality in an Urban Primary Care Patient Clinic

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Title: Dietary quality in an urban primary care patient clinic

PRESENTER:
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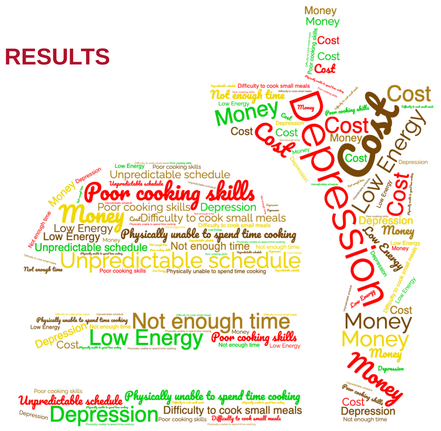
Dietary screening identifies major disparities in diet quality within Omaha clinic and negative correlation between diet quality and BMI

BACKGROUND: **Poor diet quality** is associated with **higher** CVD risk and **worsened** mental health outcomes[1,2,3]. The Rapid Eating Assessment for Participants – shortened version or **REAP-S** is a validated survey that correlates well with the HEI-2010, a validated screener for diet quality[4]. The **REAP-S** survey allows the collection of diet quality data without significant time investment from the clinician. **Our goal** was to determine the relationship between diet quality, barriers to access and exercise habits.

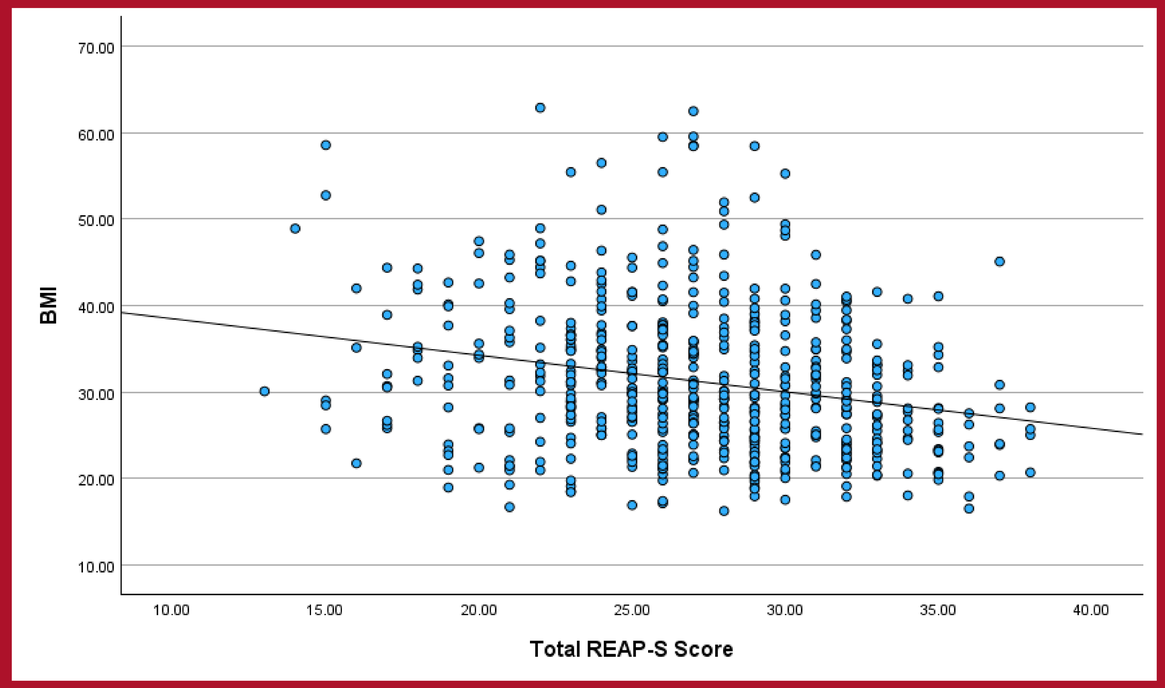
METHODS

1. Collected 604 self reported surveys from the patient, population of an urban clinic.
2. Diet quality measured via REAP-S on a scale from 13-to-39.
3. Analyzed relationship between diet quality and demographics via analysis of variance (ANOVA). Analyze relationship between diet quality and possible barriers or exercise via t–test and 2-tailed Pearson's correlation, respectively.

RESULTS



Barriers more likely to be selected by participants with lower diet quality on our survey ($p \leq 0.016$)



Reported Diet quality measured via REAP-S Total score is negatively correlated with BMI (r= -.235, p<0.001). As diet quality increases, BMI decreases.

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Results

Race	REAP-S Mean	SD	N
Asian	29.61	5.0	24
African American	24.93	4.5	115
White	27.77	4.6	420
Other	25.09	4.5	38

Individuals who identified as African American and other minority groups had significantly lower REAP-S scores than their Asian and White counterparts (p<0.001).

Additional findings

Amount of time sitting or reclining on non-workday was found to be **negatively correlated** with patient **diet quality** (r= -.293, Sig. (2-tailed)<0.001).

Individuals who strenuously exercised a minimum of **31 minutes a day** were statistically more likely to have **higher diet quality** when compared to participants who did not exercise(p<0.001).

Individuals who exercised **less than 30 minutes** a day had **significantly lower** average REAP-S score compared to individuals who exercised greater than **1.5 hours per day** (p<0.001).

Discussion

Diet quality is one of the many factors influencing health within patient populations, however unlike other factors patients have more direct control and through education we can empower patients. The use of the REAP-S survey with diet quality barrier questions can help clinicians more effectively counsel patients and offer community health organizations insight into how to best address systemic issues.

Future Research

The implementation of dietary screening within longitudinal care is an area that needs further research to quantify the benefit it has on patient's health.

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