

OLDER ADULTS' PERSPECTIVES ON NATUROPATHIC MEDICINE'S IMPACT ON HEALTHY AGING

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Context: High rates of complementary and alternative medicine (CAM) utilization among older adults are of interest because studies suggest relationships among CAM, self-care, and healthy lifestyle. These potential relationships are of particular interest because of the contribution of self-care in maintaining physical, emotional, and spiritual health as key strategies to successful aging. Naturopathic medicine (NM) is a type of primary care CAM used by older adults, yet little is known about older adults' use of NM or its role in healthy aging.

Objectives: We sought to examine perceptions about, and utilization of, NM and the experience of addressing health and wellness as part of the aging process.

Design: Phenomenology-based qualitative inquiry.

Setting: A total of 13 community-based clinics affiliated with a naturopathic medical school.

Participants: A total of 47 adults aged 58–100 years.

Methods: Qualitative analysis of semi-structured focus groups with quantitative analysis of clinical administrative data.

Results: Over 2543 older adults used NM services affiliated with a natural academic clinic in Seattle in 2011 for diagnoses consistent with primary care: fatigue, anxiety, diabetes, diarrhea, and depression, in rank order. Participants reported they sought NM because it offered a different system of care aligned with their values. Themes included (1) feeling heard, (2) a focus on health education including prevention and self-care, and (3) feeling supported. Themes further distilled into optimal descriptive characteristics of patient-centered providers that may best support older adults' healthy aging. A final theme described barriers to further utilization.

Key words: Patient-centered care, integrative medicine, naturopathic medicine, geriatric, prevention, aging

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INTRODUCTION

Definitions of healthy aging emphasize the compression of morbidity by maintaining quality physical functioning and prioritization of well-being.^{1,2} This definition is important because the older adult population in the United States will effectively double by 2050.³ Baby boomers already use more healthcare services than any other demographic; as they enter senior status, this trend will become amplified.⁴

Use of complementary and alternative medicine (CAM) has also been growing among older adults. National surveys estimate 4 in 10 adults use CAM,⁵ increasing to 59–67% among older adults.^{6,7} Naturopathic medicine (NM) is a unique system of CAM primary care that focuses on the integration of biomedical science with traditional healing systems.^{8,9} Additionally, NM

reflects many of the characteristics of patient-centered care (PCC). Five dimensions characterize PCC: (1) it is a "biopsychosocial" model that includes standard biomedical factors and also emotional factors and social determinants of health; (2) a holistic focus; (3) shared decision-making in which the patient retains power and choice; (4) an intentionally cultivated therapeutic relationship in which the doctor–patient alliance works toward shared goals; and (5), acknowledgment that the provider is a person in the relationship as well, not an impersonal, objective observer of higher authority.¹⁰ Others have also included prevention and health promotion in the definition of PCC.^{8,11,12} Naturopathic doctors (NDs) are trained as primary care physicians in four-year, accredited doctoral-level naturopathic medical schools. At present, there are 18 U.S. states, two U.S. territories, and several provinces in Canada, Australia, and New Zealand that recognize licensure/registration for NDs.¹³ ND students receive over 75 clinical hours training in geriatric care, physiology, associated medical conditions, and pharmacology. Some NDs pursue in-depth gerontology via certification from other medical organizations and during residencies.

Several health belief models have described the reasons people seek CAM. Among these are the beliefs that CAM addresses unmet health care needs,^{14,15} supports self-care,^{14,16}

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and is more psychologically appealing because it resonates with personal spiritual beliefs and a holistic world view.^{14,17,18} Associations between CAM, self-care, wellness, and healthy lifestyle have been well-described in select samples.^{16,19–21} Some research has associated CAM use with an increased health locus of control^{22,23} and an orientation toward a healthy lifestyle.¹⁶ CAM disciplines, and naturopathic medicine specifically, prioritize health promotion and place high value on clinical counseling on self-care and prevention,^{8,20,24} but it is not known if self-care behaviors emerge as a result of CAM usage or reflect a predisposition to self-select CAM as part of an overall lifestyle strategy. A recent analysis of National Health Interview Survey data found that CAM users were more likely to report their health as excellent [adjusted odds ratio (AOR) = 1.16] and that their health had *improved* compared to the year before their use of CAM (AOR = 1.64).²⁵ Recent survey results in people with diabetes suggest that self-care is not better among people interested in CAM (non-users) compared to those who are not interested.²⁶

The aim of this study was to explore how self-care behaviors, specifically as they relate to aging, emerge related to participants' usage of NM. Exploration of the potential relationships between self-care and use of CAM in older adults are of particular interest to us because of the important contribution self-care has in maintaining physical, emotional, and spiritual health during the aging process. If health care providers understand patient motivators toward NM utilization and self-care, they may be able to provide or match patients with more effective services and fill a gap in necessary health care services for older adults. Additionally, this study aims to provide insight into the public's perception of deficiencies in usual care.

MATERIALS AND METHODS

We conducted semi-structured focus groups at 5 of 13 community-based naturopathic clinics in order to collect qualitative data on older adults' perceptions of NM services and healthy aging. The five clinics were chosen based on their co-location at senior centers. Although older adults are variably defined, adults over 55 years were selected for this study because they are part of the baby boomer generation and because of the institutional definition of "senior" for purposes of reduced fee eligibility. We used a phenomenology-based qualitative inquiry approach that emphasized personal explorations of the meaning of health and wellness during aging, examinations of populations' or communities' health practices toward healthy aging, and *processes for* and *catalysts of* positive changes.²⁷ Demographic and utilization data were collected from insurance claims data and practice management software at all 13 community-based clinics plus the main teaching clinic to quantify and characterize healthcare services. The university Institutional Review Board approved the study and confirmed methods met all requirements for the protection of human subjects.

Setting

Semi-structured focus groups were conducted in community-based clinics of Bastyr University, a naturopathic academic medical center in the Seattle, Washington metropolitan area.

Clinics operate under the supervision of one or more naturopathic physicians, assisted by three to six medical students. Students are typically delegated the responsibility of taking patients' history; however, all patients are seen by the supervising NDs who make all evaluation and management decisions. These clinics provide access to NM and other CAM services that may otherwise be inaccessible to older adults either due to costs (lack of private insurance coverage) or geographical location.

Population and recruitment

Overall, 47 participants were recruited by flyer and by invitation from clinicians and coordinators at the senior center-based clinics. Focus groups ranged from 8 to 16 participants. Sites were distributed throughout the Seattle/Puget Sound region located in rural, urban, and suburban populations.

Data collection

All participants provided written consent. Focus group sessions lasted approximately 90 min and were audio recorded. Participants received a small honorarium to offset any associated costs of their participation (transportation, parking, etc.). Recordings were transcribed, de-identified, and imported into ATLAS.ti, version 6 (Berlin, Germany) for qualitative analysis.

To characterize the broader population of older adults using NM, we abstracted patient scheduling, tracking, and billing data from practice management software (Centricity; GE Healthcare, Waukesha, WI). Data on demographics (i.e., birth year, sex, race/ethnicity, and zip code), visit complexity [Common Procedural Terminology (CPT) codes], and diagnoses [International Classification of Disease, 9th edition (ICD-9) codes] were collected for all visits in the 2011 calendar year for all patients aged 55 years or older. Additionally, data were abstracted about eligibility for various reduced fee programs, third-party insurance, and Medicare coverage.

Because practice management software is not used at the community-based clinics, we used alternative methods at these sites. Patient and visit counts are tracked administratively. Demographics are collected annually by survey at the 13 community clinics. Consenting patients completed an anonymous survey to report their demographics. Visit characteristics (ICD-9 and CPT codes) were abstracted from the medical record by a research assistant using a standardized abstraction form and added to complete the survey. Patients who refused consent were still included in the total count of clinical encounters but demographic and other data were not obtained.

Qualitative data were collected by conducting semi-structured focus groups with older adults at the five community clinics co-located in senior centers. We drew upon several pertinent logic models, including Bandura's Social Cognitive Theory²⁸ and the Health Belief Models,²⁹ to develop a focus group guide. These models use the concepts of perception and expectations, both applicable to learned behavior as influenced by one's social environment. Domains of inquiry included perceptions about naturopathic care received, comparisons to other types of health care, expectations and outcomes, and satisfaction with experiences. For example, the following questions were asked: *Have you*

ever experienced something that might be classified as wellness? What was it? Have you ever experienced something that might be classified as anti-aging? What was it?

Additionally we explored definitions of healthy aging and the ways in which older adults thought their interactions with, and access to, NDs supported or hindered that process. For example: *How have your thoughts about wellness changed as you have aged? Did working with the naturopathic doctor change how you feel about your health and its effects on your life?*

Guides were used to provide a semi-structured approach and to ensure consistency between facilitators yet allow flexibility to uncover topics presented by the participants not included in the field guide questions. All focus group facilitators underwent standardized training.

Analysis

Utilization data were abstracted by the clinic data manager and files were imported into SPSS version 9.0 (SPSS, Inc., Chicago, IL) for analysis. De-identified cases were aggregated across multiple clinical encounters over the year. Descriptive statistics were calculated including number and frequency of visits, types of services used for different disease diagnoses, and frequency and types of services per facility. Data were stratified by form of payment, demographics, and facility to explore patterns of health care service utilization among and between subpopulations.

Qualitative analysis began with development of an a priori code list based on the central question of the research: "Is naturopathic medicine filling a gap in necessary health care services for older adults, and if so, how?" The conceptual model domains constructed from the Health Belief Model and Social Cognitive Theory, specifically looking at perceptions and expectations of naturopathic medicine providers provided a starting point for identifying the code list. Investigators immersed themselves in the data by reading the transcripts multiple times. Our organizing phase consisted of one researcher applying the a priori code list and augmenting it with free coding. From this, uniform coding sheets were developed for all investigators to use. The transcripts were independently coded by two of the investigators and a research assistant. As coding progressed, new codes were added to augment the original list and redundant codes were merged by agreement. Codes were reviewed iteratively by all three coders using inductive content analysis methods to achieve consensus. Inductive content analysis is a method that allows researchers to build models to describe phenomenon of use of naturopathic medicine among older adults in a conceptual form (Figure 1).³⁰ Discrepant codes were discussed on a case-by-case basis. Emerging themes repeated by more than half the focus group participants were categorized, abstracted, and discussed. ATLAS.ti mapping features were used to explore super-domains and to aggregate codes into themes. Pertinent and illustrative quotes were then selected for inclusion in our results and further analyzed in our discussion.

RESULTS

Participant characteristics

The typical older adult who used naturopathic health care services was 67.4 years of age, of Caucasian ethnicity, and

female. Overall, 20% of older adult patients seen at the main teaching clinic had claims submitted to third-party private insurance on their behalf, 1% had claims submitted to Medicare, and 2% to state Medicaid programs; some had claims submitted to more than one third-party payer. Services in some form of discounted care program such as low-income sliding scale fees and senior discount programs were received by 65% of patients. At the community-based clinics, 100% of the care is offered through discounted programs and insurance claims are not filed on behalf of patients.

Characterization of naturopathic medicine utilization

The demographics of older adults seen at the community clinics are summarized in Table 1. Older adults return for multiple clinic visits; an average of 2.7 and 3.3 visits per person per year for the main teaching clinic and the community-based clinics, respectively, although the number of visits ranged from 1 to 25. Figure 2 describes the most common diagnoses associated with older adult's visits to naturopathic community clinics. The majority (53%) of visits were for unique reasons coded by single occurrences of ICD-9 codes. These diagnoses differ from geriatric or primary care visits to a medical doctor (MD). The most common visits to NDs are related to fatigue and anxiety. These diagnoses highlight a potentially unique role for NDs in care for older adults.

Qualitative results

The qualitative responses of participants provide context for the utilization data and insight into patterns of NM use. Several themes emerged which, together, characterize the naturopathic clinical encounter as a different type of health-care that sustained older adults in their process or quest for healthy aging. Themes included the following: (Theme 1) feeling heard and listened to; (Theme 2) receiving detailed health education and prevention and self-care advice; and (Theme 3) feeling supported by health care providers who served as teachers, resources, coaches, and an objective party to hold them accountable to their goals. These themes distilled into the optimal descriptive characteristics of health care providers who may best support older adults (Table 2, Theme 4). Finally, an additional theme (Theme 5) emerged related to the barriers associated with the accessing NM.

Theme 1: Feeling heard and listened to—active listening

Patients' reflections on NDs' communication styles and the amount of time allotted to discuss health conditions and psychosocial influences on health generated the overarching theme of "feeling heard." While the quantity of time devoted to the clinical encounter contributed to this impression (30–90 min), also important was (1) the quality of time spent and (2) the humanistic aspect of the visit:

They are people and they treat you like people—like a person and they listen to you, and they try to figure out what's really going on, instead of walking in the room for 10 minutes and then leaving. They spend a lot of time with you, they listen to you and if they don't know the first time, they keep trying, that's the difference. They treat you like you are human.

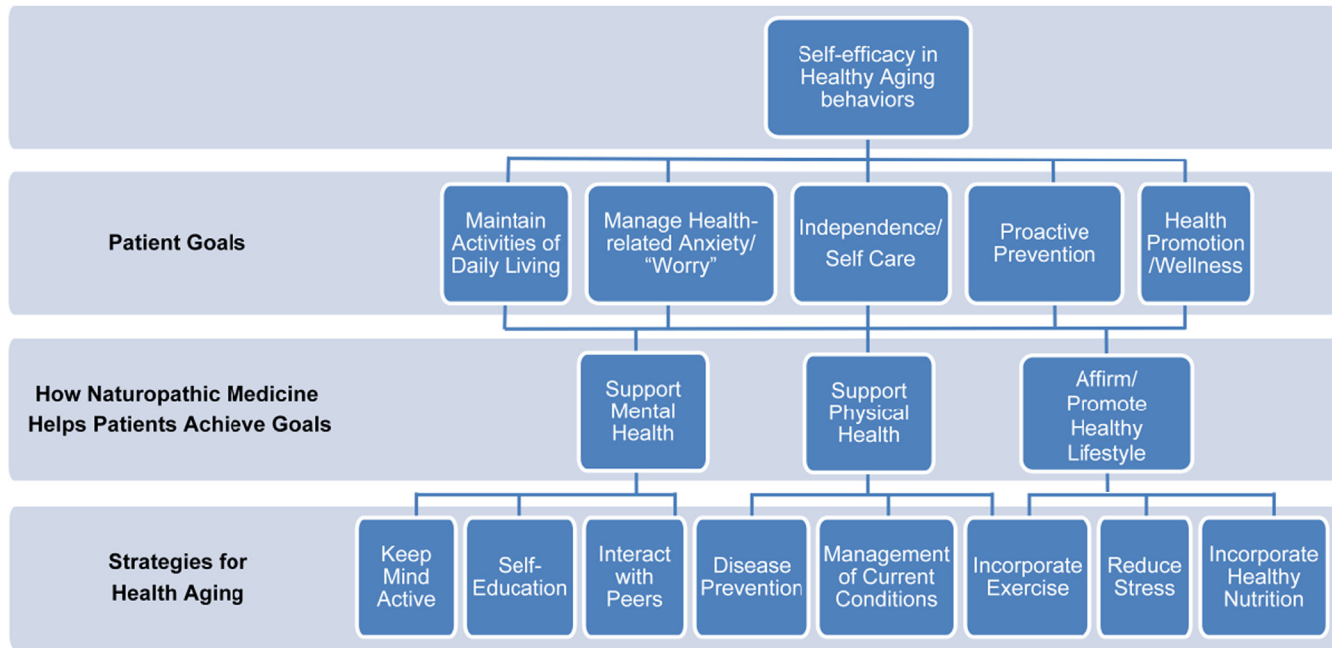


Figure 1. Ways in which patients report naturopathic medicine supports their self-identified goals and strategies for healthy aging.

Table 1. Characteristics of Older Adults at Academically Affiliated Community-Based Naturopathic Clinics in 2011

Demographics	Main Teaching Clinic (Total =1)	Community-Based Clinics (5 at Senior Centers; Total = 13)
Number of patients ≥ 55 years of age	<i>n</i> = 1333	<i>n</i> = 1210
Sex (%)		
Male	32	7.2
Female	68	92.8
Age (%)		
55–64	43.3	52.8
65–74	36.3	25.0
75–84	14.7	17.1
≥ 85	5.6	5.1
Race/ethnicity (%)		
Caucasian/non-Hispanic	69.9	37.3
Hispanic	0.4	10.8
African–American	3.1	2.4
Asian	4.2	0.6
Multi-ethnic or other	2.4	1.8
Not indicated	20.0	47.0
Form of payment (%)		
Insurance contracted	20	
Senior discount	65	100
Time-of-service private pay	15	
Number of visits made by patients using the senior discount	2664	3993

Patients reported that time spent conveyed an impression of thoroughness, providing space to feel heard, addressing their full list of concerns, and contributing to a sense the ND was concerned with understanding their

entire bio–psycho–social health, not just a single disease or symptom.

Patients valued not only the time spent, *per se*, but also the way in which they communicated with the ND during a clinical encounter; the time provided a foundation for developing a therapeutic relationship. The most common terms used to describe communication styles included “in partnership,” “collaboration,” “personalized,” “shared,” and feeling “zeroed in on.” Other descriptors emphasized “warmth” and “genuine caring.” The following quote also reflects the value placed on communication style and its influence on continuity of care:

Being able to speak in a calm manner, in a non-threatening manner, in a concerned manner, in partnership—they ask the right questions and they always follow up. When you come back the next week or the next month... they were prepared and they will not forget to ask about certain things we discussed months ago. So I think that makes you feel that you are in a partnership and this person cares about you and therefore whatever their recommendation is, it's meaningful, it should be heeded.

A small minority of patients expressed alternative perspectives. One participant found the in-depth patient intake too much and wanted the student-clinicians to be more focused. Participants also told us about exceptional experiences they had had with conventional providers who reflected the same values they appreciated in NDs. The elements of communication and the quality of time spent during a visit were remarked upon and appreciated regardless of the health care provider's discipline.

Theme 2: Health education—self-awareness leads to self-care

Patients commented on the uniqueness of the health education and information they received from NDs and ND student clinicians. Examples included detailed interpretation of screening laboratory results or impressions of diagnostic imaging including potential implications for their

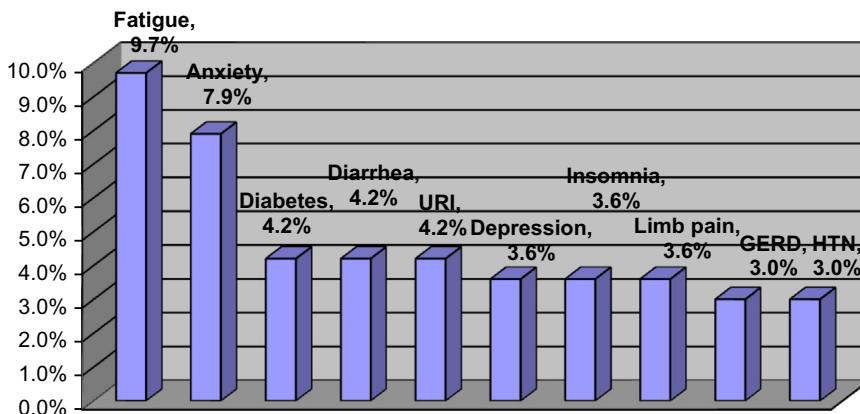


Figure 2. Most frequent reasons (based on ICD-9 diagnoses) for office visits to naturopathic clinics by older adults.

Table 2. Quotations That Describe Optimal Provider Characteristics [and Patient-Centered Care (PCC)] and How NDs are Congruent With These Models

Characteristic of PCC	Quotes
1. ND as coach: partner in therapeutic relationship and agent of change	I don't think I ever had a doctor asked me like the (naturopathic physicians and students) have what I am doing for me that makes me feel better, evaluating my own care or my own caring of myself. No doctor has ever done that. They've always, the other doctors, they were always: "this is what I can do for you"... that's it. And if you don't, you are considered a noncompliant patient which then puts guilt on to you. So instead of a partnership and how can we work this together to get to that end goal of good health, it's a guilt that you've done something improper and there is no help for you.
2. ND as sensible and empathetic toward aging related issues	I got this urologist; if I ask him he certainly will answer the question. That's about all he says. But (the naturopath), you know, she will say what do you feel about this, what do you think about this and I will say what I think and she will give me options. You can feel the warmth of who you are dealing with and the genuine, genuine caring.
3. ND as prevention specialist	I kind of compare it to, you know, my car runs all right and then all over sudden the damn thing won't start. So now I've got to take it to the mechanic to get fixed. Now that is about all that the medical community these days is doing, is fixing my car, making my leg work again after I broke it or whatever but they are not going to tell me that you better start doing this, this and this... Like, okay Bob, you are smoking, you are going to kill yourself if you keep smoking because you are going to get lung cancer. I think it is nice when you see one of the doctors (naturopathic physicians) they always want to do the follow up, they always want to know how you are in the future. (It's important to me that) my doctor is working on my behalf. Like somebody sort of looking out for you.
4. ND as supporter of a meaningful clinical encounter	A lot of things that have happened in the last 20–30 years with medical care to change in a way from a general practitioner privying you as a whole person and maybe giving you an extra ten minutes in the process of an evaluation of your health. That is gone out of the window and the bigger the community and the bigger the clinic, the more bureaucratic and the less time you get and they are in the door and out the door. I think some of the best doctors I've had were some that said: you know, I haven't had this experience but you might try this or you might try that and maybe—and some have said even said naturopathic things... So you know, just a doctor that's willing to say I don't know the answer to this one.
5. NDs as equal members of integrative team	Having the ability to go have the two disciplines, have the confidence to use each's expertise and experience is really nice. I think we have to realize the complementary nature of collaboration between these traditional allopathic doctors with naturopathic doctors would be essential (to a better healthcare experience).

ND, naturopathic doctor; PCC, patient-centered care.

long-term health goals. Other examples of health education were very specific, i.e., explaining the anatomy of the lower extremity in order to improve the performance of and adherence to rehabilitation exercises for a knee injury, learning about the relationship between intake of carbohydrates and fiber in relationship to glycemic control for diabetes, and the physiology of stress and its impact on various health conditions. In one participant's words, "What is so interesting (about naturopathic medicine) is the fact

that it's a different approach and that you are understanding your body better."

For some, education emphasized individualized concepts that had never been explored before. One patient reflected upon one such concept introduced by her naturopathic physician:

You know how you go to the doctor and they run a test on you and they say oh you have fallen to the average whatever and so then when (my ND) was saying well no

two people are alike which (resonated because) I've always thought "how could that amount work for me?" That's disturbing to me to just look at a body and say you are the same to all these people.

More specifically, the education that occurred during the clinical encounters helped patients learn and experience personal associations between self-care, nutrition, and a subsequent, beneficial impact on their healthy aging process. For example: "The more you take care of yourself both mentally and physically, the better you will age... learning how to eat right, eat proper things that are good for you... It makes a lot of good sense." Another example:

(The ND) showed me some exercises and following Dr. xxx's guidance just took care of the problem and I have been doing the exercises and I'm pain free. Had I gone to the medical (doctors), taken the pain pills and the shots... I'd still probably have the problem. So the naturopath dealing with physical medicine is more appropriate, I think, in a lot of cases.

Another important element described by patients was the diversity of the therapeutic options and treatments NDs suggested to support their healthy aging strategies. Aspects of healthy aging important to patients and supported by their NDs specifically included prevention, health promotion, and learning strategies for self-care. As a key informant stated: "it's more on healing rather than just covering up symptoms." Overall, patients felt NDs provided them with detailed understanding, educational, and therapeutic tools that appeared to help them feel empowered and ready to navigate the process of healthy aging.

Theme 3: Goals and strategies for achieving healthy aging

Patients' goals for a healthy aging process, summarized in Figure 1, included maintaining activities of daily living, managing health-related anxiety, maintaining independence and self-care, being pro-active and a full participant in prevention, and engaging in health promotion and wellness activities. Other dimensions of healthy aging included non-health care and non-medical factors. Examples included staying engaged in their communities and interacting with others, being involved in life-long learning, and giving back to their communities.

Prevention, a principle of naturopathic medicine, was commonly represented in older adults' perspectives on healthy aging. Two patients discussed the insight they gained after working with their ND regarding prevention and its impact on a healthy aging process:

There used to be a time when it was expected that as you got older—once you reach a certain age—it was a given that you were going to have these problems and you don't necessarily have to have those problems if you do some things like walking and the flossing and the other things as a preventative. And so many doctors don't do anything until after the fact. It is more of a reaction to a problem. And the people who smoke and drink and whatever even though they know it's unhealthy. They wait until they get the cancer or they get the sclerosis (sic.) of the liver or whatever before they will stop to modify their behavior and start doing things. Or it's like someone who knows they are pre-diabetic and continues

to eat unhealthily and (not) take care of themselves and when they become a diabetic, only then they change their habit. So I think it's a good thing though to have access to NDs and the preventive care because there are a lot of people there who would take advantage.

Patients also expressed a lack of confidence that their usual medical care would reliably take responsibility for keeping them well as they grew older. Older adults claimed personal responsibility for healthy aging such as practicing preventive self-care and increasing their self-reliance in order to reduce their needs for care from "society." They emphasized the importance of taking active roles in pursuing these goals; "You know, healthy living and an orientation towards healthy lifestyles and staying well in the first place so that you don't have to come to a healthcare provider whether a conventional doctor or naturopathic doctor, is really a lot of what I've learned (from the naturopathic teams)." The above quote also illustrates a dichotomy of responsibility and how the interaction with the ND promoted active engagement in self-care.

Patients explained how NM helped them achieve their goals. Several patients ($n = 9$) specifically talked about transformative and life-changing experiences with naturopathic medicine: "I can't tell you the energy level that I have had since I have come (to the NM clinic). It has just been a phenomenal experience in such a short time." Another informant shares:

I have to say that, you know, for the first time in like 12 years I feel like I am alive again and that I don't get out of bed and go lie on the couch. I am up and about. I am moving, I have more energy now than I don't even remember... I don't know if it is... the vitamin D or there was some other (natural) medicine I had to get... but it's been a very, very good experience for me.

Older adults also discussed the role of healthcare providers in supporting self-efficacy and specifically, ways in which NDs supported their self-care and healthy lifestyle strategies; they viewed the NDs as experts to be trusted in this regard. One patient stated: "I want to go to a doctor and say 'What can I do? What can I do to address this particular pain?' and I want them to have an answer for me." Participants also highlighted the importance of self-management of chronic disease when discussing ways in which NM had contributed to their self-care strategies:

For a lot of people I think it's almost managing—I mean they have conditions and the trick for them is not to get cured... but really to manage those conditions in a way that they continue a life that's good on their terms... healthy aging will mean different things at different stages and will mean different things for all sorts of different folks' situation, but really it's about how to maximize what you've got.

This key informant demonstrates an understanding of the skills of self-management of chronic disease. Patients viewed their NDs as resources for information on healthy lifestyles and support for self-responsibility, self-efficacy, and self-care behaviors: "You can willingly limit yourself by saying, 'well I am 80 and therefore I can't do this.' But I'll tell you, Doc XX got me to stop all that. Now I tell people I'm 80 years young."

Theme 4: Desirable provider characteristics

Discussion of goals and desired outcomes also uncovered an unprompted theme—optimal characteristics of health care providers who would better support their healthy aging process. When participants were asked to discuss their experience working with healthcare providers, many previously discussed themes emerged, but the discussions also stimulated the creation of a picture of what they most valued in their doctor–patient interactions. Traits were often expressed through examples of unmet needs or unfavorable experiences with healthcare. The majority of participants reported they worked with both conventional and CAM practitioners and many were very pleased with their conventional doctors. Nevertheless, as a point of comparison, older adults frequently used previous interactions with conventional medicine to illustrate ways in which their experiences with NDs were markedly different.

Theme 5: Barriers to accessing naturopathic medicine services

Patients stated financial cost as the primary barrier limiting their use of NM. Lack of private insurance and Medicare coverage, plus the added cost of dietary supplements or personal medical expenses for uncovered therapies (i.e., massage and acupuncture) prevented some of the participants from continuously accessing NM. For instance, one patient stated:

It's almost hard to say (what other barriers there are); there're probably other things but it's almost (as though barriers) one through ten are cost because Medicare (doesn't cover naturopathic services) or just because it's not covered. So that's really huge, it's not just a barrier, it's the barrier and it's just gigantic and it's very difficult for me.

The population we interviewed were primarily on fixed incomes, therefore they viewed the low-cost care offered by the academically affiliated community clinics as a significant factor allowing utilization of NM services, which would be otherwise impossible. Lack of access in other ways, and geographic distance and location of the naturopathic provider were the second and third most commonly cited barriers.

Nevertheless, some participants had positive opinions about the accessibility of their ND. One participant in particular viewed his ND as an integral part of the larger community:

(Doctors are often) in a place where it's not accessible, barely accessible by foot whereas the naturopath and the chiropractor are all right down in the town so people can walk to them... that's why I like the idea of community clinics and I think that that is one of the things missing in our culture of medicine in this country.

Another participant explained that another factor preventing individuals from seeking NM is lack of organized knowledge. She stated, "I think it's really in the last ten years that people are looking at alternative medical treatment. And I think the only thing that holds them back (from using naturopathic medicine) is that they don't have the knowledge about it."

DISCUSSION

Research that increases understanding of how older adults perceive naturopathic services and to what degree they access these services to support healthy aging may provide important insights into the aging goals of the public and perceived deficiencies in usual care. Additionally, research that helps health care providers understand the motivators for NM utilization amongst older adults and its role in healthy aging is critical in order to better match patients with effective services.

In this study, older adults shared examples of ways in which NM was congruent with healthy aging.⁷ Characteristics of a clinical encounter that meets older adults' needs include an unrushed interaction during which a nurturing, supportive therapeutic relationship is cultivated and through which they improve health literacy and self-efficacy in their efforts to engage in healthy aging. Consistent with the findings by McCaffrey et al.¹⁵ regarding overall CAM usage, older adults may be using NM to meet unmet healthcare needs. In this study, older adults used NM to complement conventional medicine and some described their experience as meeting healthcare needs that were previously unmet. Patients' frustrations with conventional medicine were not unexpected or new,¹⁷ but they likely represent a biased rejection of conventional medicine not representative of all patients. Yet, despite these frustrations, patients primarily use NM services in addition to (not substitutive for) their team of conventional health care providers. This integrative, best-of-both-worlds approach has been reported as a preferred model of healthcare delivery by CAM and conventional providers alike.^{31,32}

CAM and integrative medicine have been theoretically described as patient-centered by others,^{12,17} but the findings reported here are the first to demonstrate the congruity of naturopathic medicine with principles of patient-centered care based on the subjective reports of patients.

In many cases, participants' descriptions of their naturopathic experience are consistent with current definitions of patient-centered care. The congruence between current definitions of PCC and patients' experiences with ND care could explain the improved self-efficacy reported by patients. While no studies yet demonstrate the impact of PCC on long-term clinical outcomes *per se*, several studies suggest short-term outcomes, including patient satisfaction with care, may improve in care facilities that have adopted more patient-centered models of care.^{11,33–35} The inclusion of NM into routine clinical services may be a pathway to (1) increase the delivery of health promotion advice to motivated patients; (2) provide a model of holistic thinking for other care providers; (3) diversify the provider team to include partnerships between Geriatricians and NDs; (4) increase the delivery of PCC; and (5) improve patients' satisfaction with their current care setting.

We found that older adults utilized NM by taking advantage of reduced cost or subsidized programs. This finding was reinforced with our qualitative findings regarding the significance of financial barriers resulting from lack of Medicare coverage and limited third-party insurance; a finding which is consistent with other studies.³⁶ The use of NM

services to support self-care, for provision of preventive services, and for ongoing chronic disease management demonstrates several ways in which NDs contribute to the primary care workforce for older adults and provide evidence, from the patient's perspective, that NM is a component of their primary care. On one hand, this finding exemplifies the importance of maintaining reduced fee options for older adults to access additional primary care services that may assist them in reaching their health goals. On the other hand, this finding also points to an ironic and unfortunate climate in healthcare delivery for older adults in which services that are well-aligned with healthy aging goals and represent desirable characteristics in care delivery, i.e., patient-centered care, are not covered by their primary source of health care insurance, i.e., Medicare.

LIMITATIONS AND FUTURE RESEARCH

Our findings are limited in that we only spoke with older adults at clinics associated with an academic naturopathic medical center, and these may not be representative of the full range of NM provided in the community. The older adults who volunteered to participate in focus groups may introduce a selection bias and may not be representative of all older adult patients. Also, some participants were under the age of 65 years and not insured by Medicare, which is less representative of a typical geriatric population. However, despite these limitations, our findings are the first evaluation of NM utilization among the older adult population and provide insight for clinicians and clinics that serve these vulnerable populations. Results add relevancy to and present emergent findings in the realm of geriatric care and CAM and more particularly geriatric care and Naturopathic medicine.

Our findings reinforce suggestions that "(older) patients' health care practices involve deliberate and complex strategizing"³⁷ to find ways to integrate biomedical, CAM practices, and self-care into their overall effort at successful aging. Older adults sought NM because it offered a different system of care aligned with their values. NM use appears to empower older adults to take control of their health, a highly desirable behavior requisite to healthy aging. This may be partly explained by congruence with models of patient-centered care. Community-based naturopathic medicine may represent a cost-effective tool to promote healthy habits in older adulthood deserving of future research investigations. For example, future research could evaluate the value of NDs as team members of geriatric medical homes. Additionally, the positive characteristics of patients' experience with NM could inform training and care delivery models to improve the health care experience for patients in other settings.

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