



Reducing Access Barriers To Care In Alzheimer’s Disease And Related Dementias: Insights From A Parkinson’s Disease Model



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Background

Psychosocial Barriers in PD

- People with PD (PwPD) face social isolation, apathy, and motor decline that can make driving unsafe, while limited caregiver support or financial resources restrict access to evidence-based exercise programs

Neurology Workforce Crisis

- An estimated 19% workforce shortfall driven by limited trainee exposure and a culture of ‘neurophobia.’ threatens the workforce pipeline

Solution: Parkinson's Buddies Model



Medical Student Pairing

Students paired with PwPD for community-based engagement at Rock Steady Boxing Gym (RSB)



Free Transportation

Complimentary round-trip rides provided to RSB, removing transportation and cost barriers

Methods: PDSA Framework

PLAN

Identified transportation as key systems barrier via participant interviews & community needs assessment

DO

Partnered with Empower Parkinson & a professional vendor (\$4.14/mile) for student-led ride coordination

STUDY

Tracked attendance, mileage, safety & psychosocial outcomes via UCLA Loneliness Scale & WHO-5 Well-Being Scale

ACT

Refined communication workflows & vendor coordination to inform future scale-up and funding applications

Program at a Glance

35

Medical Students

134

Written Reflections

179

Volunteer Hours

36

Rides Completed

1,148+

Miles of Transport

8

People with PD

Results

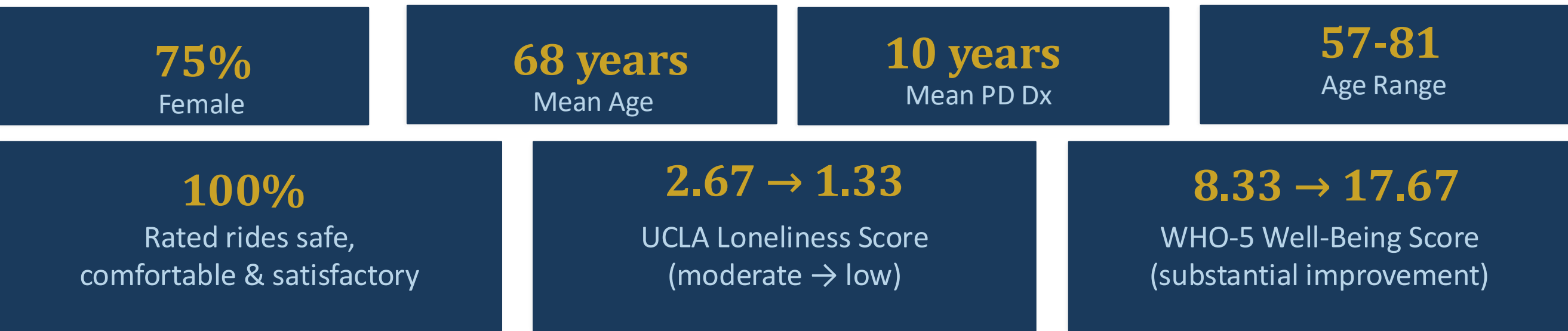
Figure 1: Dominant Themes in Medical Student Reflections (n=134)



**20% of students reported a shifted perception of neurology

**97% rated experience 5/5

Figure 2: Patient Characteristics (n=4 completed evaluations) and Key Psychosocial Outcomes



75% of participants reported that the program:

- Made it easier to attend exercise classes
- Improved ability to exercise regularly & enhanced socialization / community
- Improved emotional well-being, confidence, and reduced feelings of isolation

Figure 3: Impact on Health & Daily Life (Likert: 1 = greatly worsened, 5 = greatly improved; n=4)

Impact on Daily Life	Mean ± SD
Feel part of a community	4.75 ± 0.50
Confidence in engaging in activities	4.25 ± 0.96
Mood or emotional well-being	4.25 ± 0.96
Parkinson's symptoms	4.33 ± 1.15
Ability to exercise regularly	4.00 ± 1.41
Ability to socialize or see friends	4.00 ± 1.41
Sense of isolation or loneliness	4.00 ± 0.82
Overall quality of life	3.75 ± 0.96

Composite Mean = 4.29 (SD = 0.96)

Student Testimonies

"This opportunity continues to strengthen my commitment to serving individuals with neurological conditions and fostering environments that promote health and resilience."

"Partnering with him for exercises reminded me that medicine is not just about treating symptoms but about supporting the human being behind the diagnosis."

Conclusions

- ✓ Feasible, scalable student-led model generating measurable improvements in PD psychosocial well-being
- ✓ Reduced loneliness, improved mood & stronger community connection for people with PD
- ✓ Substantial educational growth in neurology & QI for medical trainees
- ✓ Replicable, dual-impact, low-cost framework addressing workforce pipeline & health equity

Future Directions

- Expand funding → scale transportation access
- Increase enrollment
- Disseminate replicable framework to other neurodegenerative disease programs like Alzheimer’s disease

References

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