

College Student Health: Communication of Family History of Cancer and Primary Care Utilization

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Background

- Prior research has shown that minority patients are less likely to understand their health status and face more challenges communicating with their physicians about their health conditions versus nonminority patients (Post, Cegala, Marinelli et al.,2001).
- Effective communication between young adults and their physicians provide a means of early detection for cancer while minimizing cancer risk and establishing lifelong habits of engagement in healthcare and health promotion behaviors. (Smith, Sosa, Hochhalter et al.,2011).
- The perception that physicians are responsible for initiating family health history discussions are associated with being non-White and less than completely knowledgeable about cancer. (Smith, Sosa, Hochhalter et al.,2011).
- It was found that if the patient's physician were the same race as the patient, the patients' and physicians' self-efficacy increased (Wang, Liang, Ma, Gehan, Wang et al.,2014).
- Prior research shows that African Americans tend to experience health care delays and often receive lower quality care (Merritt-Davis, Keshavan, 2006, p. 1).
- Proper understanding of the insurance market place is scarce and there has been a decline of people with the interest to do so (Bias, Agarwal, Fitzgerald, 2015, p. 1).
- Insurance status also plays a much roll in health utilization. Individuals with affordable insurance are much more likely to seek primary care than those without (Christopher, McCormick, Woolhandler, Himmelstein, Bor, Wilper, 2016, p. 3). Little is known about factors associated with primary care utilization among college students.

Present Study

The two goals of the present mixed-methods study are:

1. This study aims to assess how ethnicity plays a role in University of Detroit Mercy's students' communication with their physicians regarding a family history of cancer.

2. This study also aims to access the association between insurance status, ethnicity (African American students versus Caucasian), health insurance literacy and primary care utilization among University of Detroit Mercy students.

Hypothesis 1: The exploratory hypothesis for the present study is that University of Detroit Mercy's minority students with a family history of cancer experience difficulty communicating with their physicians regarding their health conditions compared to nonminority students (related to research question 1).

Hypothesis 2: How does low health insurance literacy, not having insurance (versus those who have insurance), and being an African American (versus being a Caucasian student) will be associated with lower levels of primary care utilization among University of Detroit Mercy students (related to research question 2).

Methods

Sample

- Participants for both studies were students from various courses at University of Detroit Mercy.
- Data for these two studies were gathered through a focus group consisting of 3 participants and an online survey taken by 105 students.
- The focus group component consisted of 3 students who were selected based off of the requirement of having a family history of cancer.
- Participants were compensated for their participation of the online survey with extra credit in their class and a \$25 American Express gift card for participants in the focus group.

Procedure

- The present studies by students in the Health Disparities Research Coordination Network of the ReBUILDetroit Consortium was approved by the IRB at University of Detroit Mercy.
- Students from the Health Disparities Research Collaborative Network recruited students for each research component by visiting classrooms and informing students.
- One 40-minute focus group including 3 participants was conducted by three facilitators. Each group was audio recorded. Prior to the groups commencing, standard informed consent
- Processes took place and each participant provided written consent.
- All results were sent to a transcription service prior to coding. The names of the participants were de-identified and pseudonyms were created in order to protect the identity of participants.
- One anonymous online survey taking 35 to 45 minutes to complete. Students expressed personal information about their health utilization.

Measures

Focus Group Question Guide

- The focus group topic guide included questions designed to explore how participants' experienced of their race, ethnicity, and religion influenced their communication with their physicians.
- Discussing information their family history of cancer to their physicians or health care provider.
- How race, ethnicity, and religious affiliations affects the quality of communication.
- Understanding their health status.

Health Insurance Literacy

•Health insurance literacy is a measurement of how well one understands health insurance (i.e., terms, coverage, payments). Assessed with 21 questions via survey by using the HILM (Health Insurance Literacy Measure) questions (Paez et al., 2014).

Race

•Race is a measurement of treatment distribution between African American students and Caucasian students. This was assessed with 2 questions via survey by asking students to identify their race and answer health utilization related questions.

Insurance Status

•Insurance status measurement of whether or not one has insurance (which has been associated to affect on primary care utilization) This was assessed with 1 question via survey by asking patients to elaborate on their insurance status.

Results

Study 1: focus group (N=3)

- 2 females and 1 male.
- Average age = 19 years old.
- 2 Hispanics and 1 Caucasian
- 2 identified as Catholic, while another is nondenominational
- All participants have been seeing the same physicians ≤ 5 years.

•All 3 participants reported their ethnicity, race, and religious affiliation had no effect on their relationship with their physicians. However, the acknowledged that health care inequalities are possible, but have not experienced it first hand.

•The following themes: knowledge/competence, established relationship, and parental involvement were identified in the focus group transcripts:

Knowledge/Competence: Participants consider their doctors' skills to be expertise and believe they do their job efficiently.

Samantha: "If I don't know a term he used or what certain prescription it is. I would like to understand to the fullest to what extent everything that is going on with me is."

Established Relationship: Participants have developed a sense of trust for their doctors due to being under their care for several years.

Christina: "[Having a good relationship with my doctor is important] because it makes you a lot more comfortable. It makes you open up more and trust [your physician] more with your own body.

Parent's Involvement: Participants trust their health care providers more easily by knowing their parents approve of the physician.

Juan: "For me, most of the time it goes through my mom because [my physician and I are] in different countries and I cannot really text or call him so if there is any problems, I'll tell my mom."

Results

Study 2: Survey Study

Participant Characteristics (general survey: N = 105)

- 30.5% Male and 69.5% Female
- Age: Mean = 18.98 (SD = 2.075), credit hours: Mean = 15.83 (SD = 2.347)
- Health Insurance Literacy: Mean = 3.01 for students who had a primary care provider (SD = .948). Mean = 2.73 for students who did not have a primary care provider (SD = .852).
- Admitted to having a primary care provider: 75.5% (n = 53) of Caucasian or nonminority students, 90.28% (n = 42) of minority students, 80.0% (n = 10) multiethnic students.
- 82.6% (n = 40) of students who had some type of insurance had a primary care provider. 82.7% (n = 43) of students who didn't know their insurance status had a primary care provider. 75.0% (n = 3) of students who had no insurance had a primary care provider.

Discussion

Study 1: Focus Group

- In prior research, it was found that minority patients are less likely to understand their health status and face more challenges communicating with their physicians.
- As long as their doctor has knowledge and was able to do their job well the students felt safe going to the same physician.

- Having an established relationship with their physicians was important for the student because overtime the bond and the relationship built.
- Staying with the same physician increased the participants' trust, which was important for communication and made it easier to open up and ask questions related to their health conditions and their family history of cancer.

- Based on their parents' approval of these physicians it reflects to why the participants they can trust their doctor.
- Prior research has not shown any suggestions to how parents play a role in college student health care.

Study 2: Survey Study

- Majority of students self-reported that they had visited a health care professional versus a small amount that did not which was unexpected. As a result a comparison between those who had and did not have health care visits could not be made. Instead the focus of study two shifted toward students who had and did not have a primary health care provider.
- According to the data more minority students than nonminority students had a primary care professional which suggest that being a minority may not lower the likelihood of an individual having a primary care provider. This was the opposite of what was expected according to prior research, perhaps this is due to the population being strictly University of Detroit Mercy students (Merritt-Davis, Keshavan, 2006, p. 1).
- The data concluded that individuals with insurance were more likely to have a primary care provider than individuals without as expected. The data also concluded that students with a lower literacy of health insurance were less likely to have a primary care provider. This was what prior research had predicted for both health insurance literacy (Bias, Agarwal, Fitzgerald, 2015, p. 1) and insurance status (Christopher, McCormick, Woolhandler, Himmelstein, Bor, Wilper, 2016, p. 3) constructs.

Limitations

- Limitations included a relatively small sample of participants. Findings may not have been generalized to all minority students because recruitment was not refined to any specific group of people which limited the diversity of the participants.
- General survey limitations included a lack of data (specifically those who didn't receive health care in the last year) to answer the 2nd hypothesis by making a comparison between students who visited a primary care profession and students who didn't.

Implications

- Future research should investigate how parental involvement and approval of the college students' physicians affect their quality of communication and healthcare.
- Future research should aim to recruit more African American students and use a larger sample population.
- These studies consisting of a general survey (n = 105) and a focus group (n = 3) may not generalize to all University of Detroit Mercy students, especially African American.

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