PT12

Drivers and Barriers to Health-Seeking Behaviors and Healthcare Interactions: A Qualitative Study of Black Patients with Lung Cancer and Peripheral Artery Disease

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Background

Black patients in the US systematically have less-than-optimal experiences with the healthcare system, which may contribute to delayed health-seeking behaviors and persistent racial and ethnic health disparities.1

Lung cancer (LC) and peripheral artery disease (PAD) are examples of two diseases with significant racial disparities in diagnosis, treatment outcomes, survivorship, and subsequent poor patient outcomes.2,3,4

However, the patient voice is lacking in the literature that evaluates how interactions with health systems might either contribute to or worsen disparities for Black individuals.

Objective

To identify drivers and barriers to health-seeking behaviors and healthcare interactions from the perspective of Black patients living in the US.

Methods

Eligible patients were living in the US with LC or PAD, >18 years of age, and self-identified as Black or African American. Sample goals were established to attain a sample of diverse age, gender, region, urban-rural classification, neighborhood racial make-up, and income. Trained moderators, self-identifying as Black individuals, conducted 60-minute semistructured virtual interviews with patients between September and November 2022. Interview transcripts were coded in NVivo, a qualitative analysis software. Thematic analysis was performed to identify emerging concepts for both LC and PAD patients, Factors influencing health-seeking behaviors and healthcare interactions were categorized according to domains within the Sense-Think-ACT-Relate (STAR) behavior framework (Figure 1).



Figure 1. The STAR Behavioral Framework

The STAR framework, based on behavior change models, illustrates how an individual identifies and relates with the external world. There are three pillars within the framework that, together, drive individuals to "Act." The pillars within the STAR further classify behavioral influences into eight domains where one or more of these domains must be modified to induce behavior change.

Results

A total of 30 Black patients with LC (n=15) or PAD (n=15) were included in the study. Both patients with LC (mean age, 52.3 ± 11.8) and patients with PAD (mean age, 54.6 ± 10.5) described similar factors within the framework, emphasizing trust and legitimacy, that influenced their behaviors.

Figures 2-4 present the drivers and barriers to health-seeking behaviors characterized by the three STAR pillars:



Drivers	Barriers		
Willingness to travel to well-known hospital with resources Taking medications regularly	↓ Lack of insurance coverage	Uncertainty about insurance coverage for visial / treatment Not having access to consistent/reliable transportation Not routinely seeing a primary care doctor	

"That hospital is my choice because it's a research institution. I would have access to oncologists who are up-to-date on the lung cancer sphere, and make sure that they know what's going on. They also have access to clinical trials, so if I ever needed one, they would know about it, so they would be able to send m to it "

Patient with LC

"The prescription [my oncologist] provided for the lung cance wasn't covered by my insurance. I had to wait a while, after I switched insurance for that insurance to cover it. She just told me I had to pay out-of-pocket. I didn't want to pay out-of-pocket - Patient with LC

"Lately the only places I've been going are for my PAD visits, but as far as routine visits (laughs) I haven't had a routine visit in a while." - Patient with PAD



Drivers	Barriers					
Trust in PCP and specialists showing care/ concern for patient	↓ "Ignorance" of symptoms					
Doctor understands the lived experience of patients of	↓ Belief that there is no way to prevent LC or PAD/ it's "unavoidable"					
color	↓ Lack of trust in treatment regimen prescribed by docto					
↑ Doctor is a person of color	who is not a person of color					
↑ Doctor is smart/ knowledgeable	↓ Doctors don't talk/ think about treatment from a Black					
Doctor provides effective care	person's perspective					
Doctor thoroughly explains condition/ treatment	↓ Lack of trust in non-caring doctors					

"My physician, he's Indian, talked about treatment from a Black male perspective. He talked about it culturally. I don't think a White doctor would have treated me with the same intensity and care because my cologist understood my fear and I think he understood it, not as a Black man, but as a man of color. - Patient with LC

"My relationship with my oncologist is good. He's pretty young, but he's very knowledgeable. He does a lot of research in lung cancer, which is one of the reasons that I like him. He is very knowledgeable about the mutation that I have, so I feel like I can trust that he will always be up-to date with the current times. I have his cell phone nu a text, and I know that he's going to text me back." - Patient with LC

'I probably could have [been diagnosed sooner], but I think it was my fault because I was noticing the symptoms sooner and I just didn't go. If anything that's my fault." - Patient with PAD

"I think I could have been diagnosed sooner if my primary care doctor had listened to me. I don't think my cancer would have progressed as much. I had all kinds of things going on with my body that I was explaining, and he was sending me to heart doctors and tests but all he really needed to do was send m for a chest x-ray." - Patient with LC



Figure 4 Relate (Emotional Associations, Values, and Social/Cultural)

altogether.							
	Drivers	Barriers					
1	Doing something to help themselves makes them feel good	↓ Rude, unfriendly medical staff ↓ Fear about learning from a doctor that something is wrong with them	+	Physician prioritizes things (e.g., weight) that are less important More likely to be ignored if older			
1	Willingness to travel to trusted provider	Not wanting to admit something is wrong with them	↓	Feeling stigmatized			
1	Doctor is friendly	↓ Unmotivated to eat healthy/exercise ↓ Racial discrimination, poor treatment due to patient's race	\downarrow	Experience of not go to the doctor while growing up			
↑ ↑	Doctor listens Doctor is "like family"						

"I don't want to have to drive far, but I'm crazy about my doctor and my doctor is crazy about me and we are a good fit." - Patient with LC

"I could probably go to closer healthcare providers. I have gone to a few different ones until I found ones that were the best fit for me because not all doctors

- Patient with PAD

When something is going on, you always put it off until the last minute. That's only natural. A person doesn't want to really admit that something is wrong with him." - Patient with LC

'I don't like my cardiologist. He's rude. I think he has awful bedside manners He's very robotic and just not someone I want to really even talk to." – Patient with PAD

"Even if you have access to everything that you need for your health, there's still a psychological aspect or tint to it as to how receptive you are and how well you are received by the people treating you. I know the history when it comes to Black people and the medical industry, and I have had enough experience with [expletive] in white coats to know that everybody is not going to treat me the same way.

Conclusions

Patient perceptions and expectations of their healthcare interactions significantly influence their healthcare-seeking behaviors. Culturally concordant care was associated with increased trust. Negative experiences, such as perceived stigma and bias, serve as barriers to seeking and continuing medical care, potentially exacerbating racial health disparities in the US.

Patients described transportation challenges and lack of proximity to healthcare facilities as barriers. However, simply being close to healthcare facilities will not alleviate inequities. Some patients in our study chose to travel farther distances to receive care from trusted, knowledgeable clinicians.

Trust and legitimacy were principal factors in seeking healthcare. Hesitancy in seeking care due to mistrust can have negative effects on patients.

Health system interventions should focus on developing effective strategies to engender and maintain greater trust among Black patients and demonstrate an understanding of their lived experience and needs. These measures can improve the patient-physician relationship and healthcare interactions and, ultimately, patient outcomes.

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