

# 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.<sup>1</sup> 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.<sup>2,3,4</sup> 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 semi-structured 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).

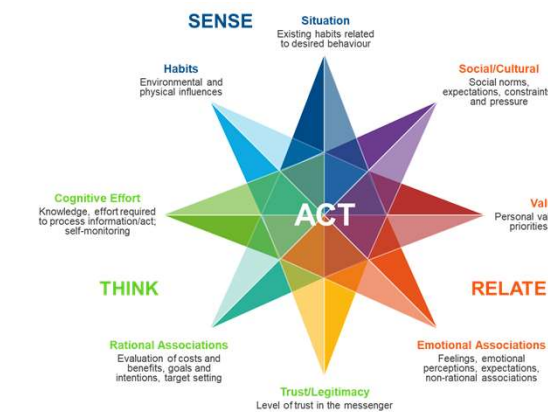


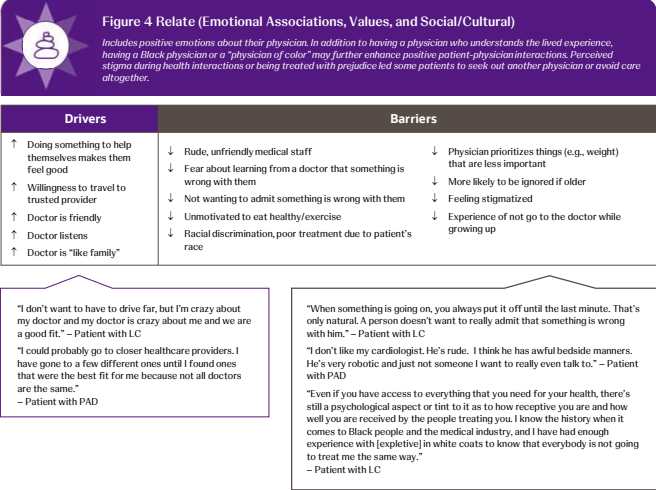
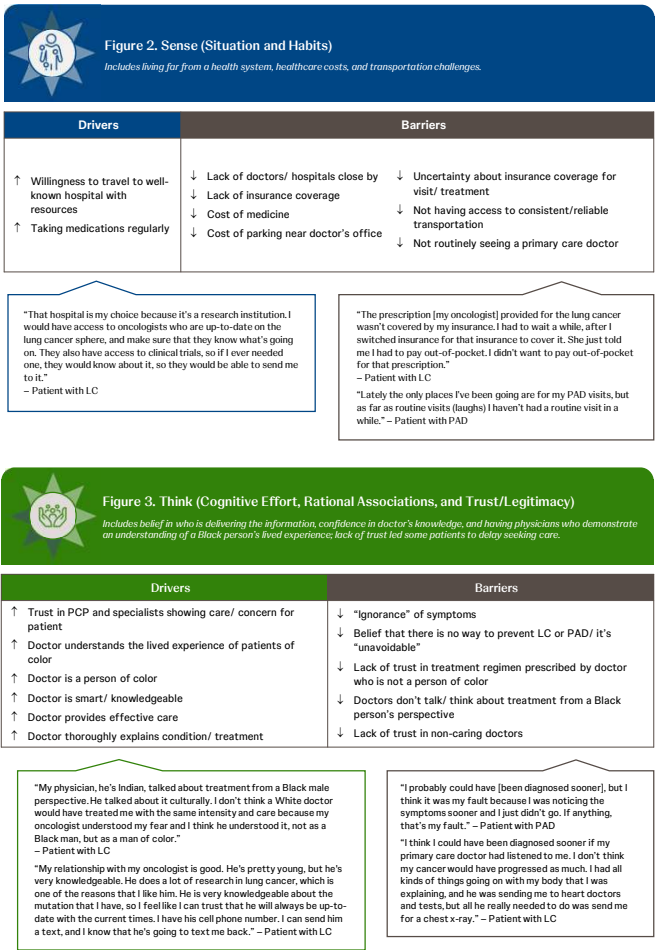
Figure 1. The STAR Behavioral Framework

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:



## 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.

## References

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