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# The Effect of Self-Rated Health and Race/Ethnicity on the Relationship Between Feelings of Content and Frequency of Seeing their Primary Care Provider

Department of Psychology 24<sup>th</sup> Annual Graduate Research Symposium [April 20, 2021] Richmond, Virginia

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## Introduction

- Racial and ethnic minorities suffer from significant health disparities and use health services at lower rates compared to White patients. Black patients are less likely than Whites to receive many health services including routine preventive care<sup>8</sup>. Psychological and social factors need to be examined to see their effect on healthcare engagement in these populations.
- Self-rated health has focused on personality and physiological factors<sup>1,2</sup> but little research has focused on how it influences seeking medical care. One study found that fair/poor self-rated health was correlated with greater distrust in the health care system in a White sample<sup>3</sup>. This could thus impede interaction with the healthcare system through avoidance<sup>4</sup>.
- Seeing a routine provider is associated with greater preventive services<sup>5</sup>. This is significant because preventive services can prevent, screen, and treat illnesses and disease<sup>6</sup>.

## Purpose of Study

- The current study aimed to investigate how an individual's self-rated health and race/ethnicity influences feelings of content and the frequency at which one sees their primary care provider (PCP) for a checkup. We hypothesized that racial/ethnic minorities who rate their health lower, would see their PCP for a health visit less often when they are more content.

## Method

- This current study uses data from a previous health literacy study conducted at Virginia Commonwealth University. Participants completed a Qualtrics survey through Amazon's Mechanical Turk.
- N = 1210 (Age range 18-71, M = 36 years old; 46.7% female).
- Study participants consisted of adults in the United States, with most of the sample residing in the South (36.3%), currently employed (75.1%), and not enrolled in university (71.2%).
- There were 65.6% White/Caucasian, 10.2% Black and 17.8% other racial/ethnic minority participants.

## Measures

- Demographics (i.e., race/ethnicity)
- Rate Health on a scale of 1-10
- How often participant's saw their PCP a year
- World Health Organization Quality of Life- Feeling or Experiences Subscale

## Results

- Hayes PROCESS macro was used to examine the moderated effects of race/ethnicity and self-rated health on feelings of content and amount of times participants see their PCP for a checkup.
- On average, the participants rated their health 7.08 out of 10 and 3.28 (range of 1-4) for frequency of seeing their PCP for a checkup. Most participants thought they had high self-rated health and saw their PCP approximately once a year.
- Self-rated health,  $b = .12, p < .001$ , significantly predicted frequency of seeing a PCP for a checkup.
- The difference between how many Black participants compared to White participants went to see their PCP was significant,  $b = -0.21, p = .0265$ .
- Self-rated health and race/ethnicity significantly moderated the relationship between feelings of content and frequency of seeing their PCP. When a Black individual's self-rated health was low, they were less likely to visit their PCP for a checkup when they were more content,  $b = -0.07, p = .0421$ . This interaction was not significant for White participants and all racial/ethnic minorities outside of Black participants. This can be depicted in Figure 1.

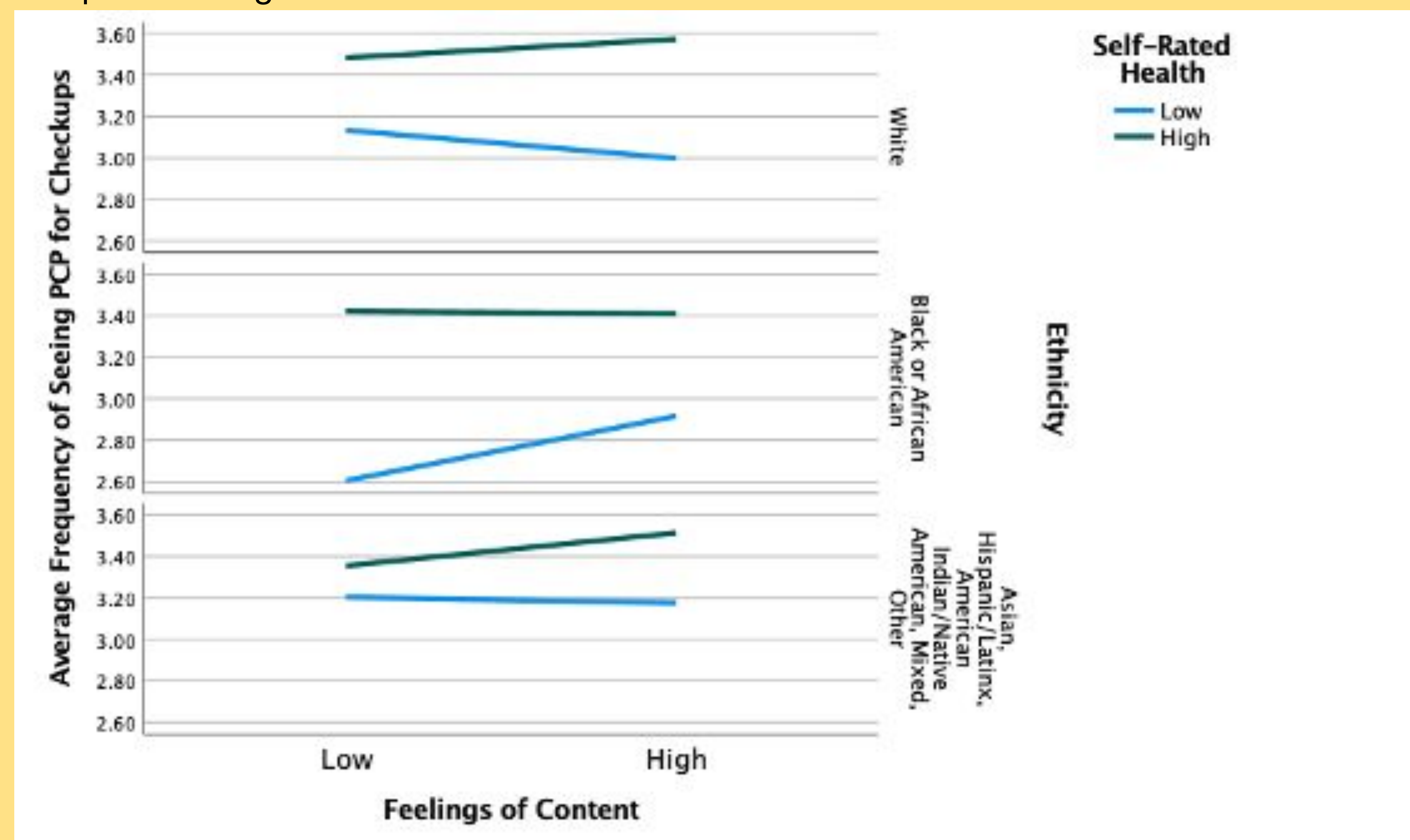


Figure 1. Average frequency of seeing their PCP for checkups annually and feeling of content scores as a result of race/ethnicity and self-rated health.

## Discussion

- This study aimed to highlight how individuals perceive their health affects the rate in which they see their PCP.
- Black individuals were less likely to visit their PCP when their self-rated health was low and they had more feelings of content. Self-rated health and feelings of content did not affect Black participants who rated their health highly.
- Feelings of content and self-rated health did not affect the rate in which White and other racial/ethnic minorities sought medical attention.

## Limitations

- A cross-sectional study design was used.
- Measures used to assess feelings of content, health and frequency of seeing their PCP were self-report.
- We are unable to generalize the findings of this study due to majority of the sample being primarily from the South.
- Did not assess interpersonal and institutional trust.
- The percentage of White participants to Black and other racial/ethnic minorities was significantly greater.

## Conclusion

- These results are similar to prior research as African Americans have been studied to delay or avoid seeking care due to discriminatory and biased past health care experiences.
- Subsequent research should explore the relationship between self-rated health and routine health care as prior research found that poor health and the presence of chronic conditions is positively correlated with adherence for preventive services<sup>7</sup>.
- Future research should explore what factors influence seeking routine health care in other racial/ethnic minorities other than Black.

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