

Comparing trust in sources of cancer health information between Hispanics and Non-Hispanic Whites in the San Diego County

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BACKGROUND

- The literature has shown that a sense of trust between the patient and provider increases compliance, screening adherence, and facilitates communication about cancer¹.
- Racial and ethnic minorities may have different perceptions of healthcare providers than non-Hispanic whites, thus affecting their level of medical trust².
- Little is known about medical mistrust in Hispanic populations along the US-MX border.
- By understanding the association between ethnicity and medical trust, interventions can be tailored to specific communities to facilitate patient-provider relationships.

SPECIFIC AIMS

- The objective of the present study was to determine whether perceptions of trustworthiness for cancer-related health information varies by ethnicity (Hispanics compared with Non-Hispanic Whites [NHW]).
- Further, we sought to determine which sources of cancer-related health information were the most trustworthy by ethnicity.

METHODS

Study: San Diego County Assessment to Reach Equal Health Status (SD Cares) was a cross-sectional survey of San Diego County residents. 5,000 surveys were mailed in English and Spanish; 1,000 of those surveys were targeted to households in ZIP codes along the US-MX border. Questions assessed participant's health beliefs, health history, behaviors, sociodemographic factors, and knowledge related to cancer.

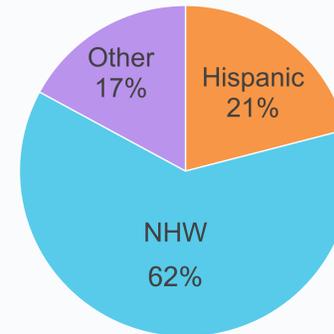
Study population: Participants were 18 years or older and had to be able to read and write in English or Spanish. The exposure of interest was participants' self-identified ethnicity. The outcome was trust in cancer information from different sources.

Analysis: Using IBM SPSS software, data was dichotomized as appropriate. Bivariate statistics were conducted using chi-square tests to assess differences in response by ethnicity.

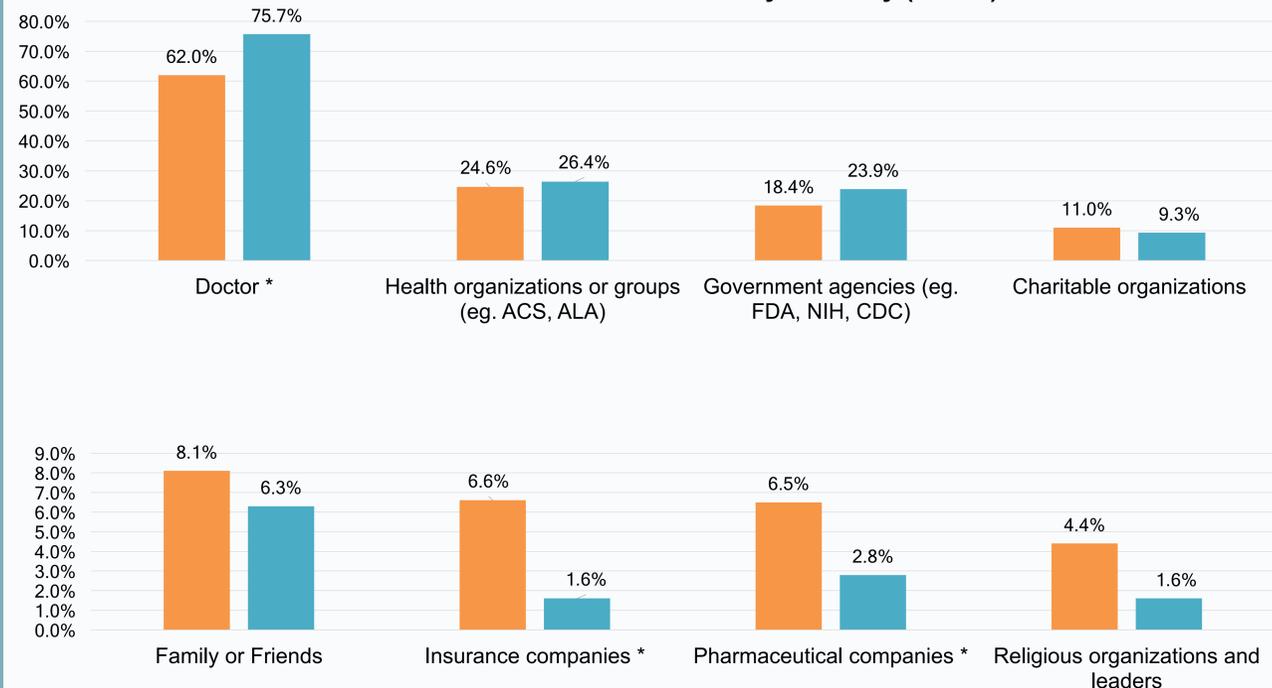
RESULTS



Ethnicity of SD CARES respondents (n=720)



Percentage of participants who trust each source of cancer health information "a lot" by ethnicity (n=597)^a



* Indicates statistically significant finding (p < 0.05)

^a Sample size varies slightly due to missing data

BARRIERS/LIMITATIONS

- Response rate was low, (14.4%) This may have been due to survey length, resource constraints limiting the number of mailings; or lack of personalization (mailers were sent to "San Diego County Resident").
- Response rate was lower among Hispanics compared to NHW despite Spanish-language materials and an oversampling of the US-MX border area. Lack of trust due to the political climate along the border may have been a contributing factor.

CONCLUSIONS

Differences in trust were shown between Hispanics and NHWs. These feelings of trust by Hispanics and NHW should be taken into account when communicating health information to these populations. Future studies should attempt to understand this relationship across a state or national region. Fostering trust between these populations and their health information sources is critical to reducing health disparities in cancer screening, diagnosis, treatment, and survivorship.

REFERENCES

- ¹Williamson, L.D., & Bigman, C.A. (2018). A systematic review of medical mistrust measures. *Patient Education and Counseling*, 101 (10), 1786-1794. doi: 10.1016/j.pec.2018.05.007
- ²Mohottige, D., & Boulware, L.E. (2020). Trust in American Medicine: A Call to Action for Health Care Professionals. *Hastings Center Report*, 50 (1), 27-29. doi: 10.1002/hast.1081

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