

**TITLE:** Ensuring equitable access to healthcare for underserved populations

**AUTHOR(S):** Presentation #1: Jonathan Garcia (presenter), Richard Crosby (co-author); Presentation #2: Dan Dowhower (presenter), Marie Harvey (co-author), and Lisa Oakley (co-author); Presentation #3: Julia H. Drizin (presenter), Jessica R. Gorman (co-author), Marie Harvey (co-author), and Kate C. Hultberg (co-author); Moderator: Susannah Gibbs

**PRESENTER(S):** Jonathan Garcia, Dan Dowhower, and Julia H. Drizin

**STUDENT SUBMISSION:** No

**TOPIC/TARGET AUDIENCE:** Public health professionals working with diverse racial communities, healthcare providers, policy makers, researchers

**ABSTRACT:** Equitable access to healthcare ensures the provision of quality care to everyone regardless of gender, race, ethnicity, age, income, or other characteristics. Those who are medically underserved often bear a higher burden of discriminatory experiences, disease, and poorer health outcomes. Although fully addressing these health inequities requires broad public health approaches, promoting access to high quality healthcare services is one important component for alleviating disparities. In this panel we specifically describe the experiences of transwomen in Oregon, and Black and Latino young adults in Los Angeles, California, and young adult female cancer survivors in the United States. The facilitators and barriers to care experienced by these diverse and often medically underserved populations underscore a variety of important factors to be addressed when developing programs and services aimed at reducing health disparities.

**OBJECTIVE(S):** Identify factors that affect access to health services and information for underserved populations.

Describe the socioeconomic, cultural, and legal factors that shape access to health services for transwomen in Oregon.

Describe the importance of addressing discrimination and endorsement of HIV/AIDS-conspiracy belief in the delivery of health services, and in the design of health and social policies and health promotion interventions.

Identify strategies for improving communication about sexual health concerns between young adult breast cancer survivors and healthcare providers

**PANEL MODERATOR:** Susannah Gibbs, College of Public Health and Human Sciences, Oregon State University

**PANEL ABSTRACT 1:** Transwomen in the U.S. experience health disparities resulting from discrimination, but no existing research describes access to trans-specific health services in Oregon. This study seeks to describe the socioeconomic, cultural, and legal factors that shape access to health services for transwomen in Oregon. We conducted mixed-methods interviews with 20 transwomen between 18-39 years of age. Interviews included a qualitative exploration of experiences and a Qualtrics survey to capture demographic characteristics, access to services, sexual history, perceived discrimination, and quality of life. We identified facilitators and barriers to access trans-specific services using descriptive statistics and thematic analysis of qualitative data. Facilitators included ease with legal name change (60% had completed), inclusiveness of hormone therapy in the Oregon Health Plan, and availability of informed consent hormone therapy. Salient barriers existed around navigating and

understanding health systems to achieve coverage; 20% had insurance that did not cover hormone therapy. Specialized surgeons were located in urban/suburban centers; electrolysis coverage was limited; only 10% had gender affirming surgery. Participants with housing insecurity and unemployment depended greatly on social support (informational, material, emotional) from transgender friends. This exploratory study provides direction for more in-depth investigation of structural-level factors that influence the health of transwomen in Oregon.

**PRESENTER 1:** Jonathan Garcia, College of Public Health and Human Sciences, Oregon State University

**PANEL ABSTRACT 2:** Racial/ethnic discrimination and HIV/AIDS conspiracy beliefs (HCB) contribute to disparities in use and satisfaction with healthcare services and engaging in safer sex. Previous studies of racial/ethnic discrimination and HCB focused primarily on African Americans with few focusing on Latinos. Data are from in-person structured interviews with 450 Latino (33%), Black (34%), and White (33%) young adults from Los Angeles, California and included perceptions of discrimination in a daily context and with healthcare providers, HCB, condom use, and demographics. Using multivariable models, we investigated if race/ethnicity and gender were independently associated with perceptions of discrimination and endorsement of HCB and if discrimination and HCB predicted future condom use. Compared to White, Black and Latino men were more likely to report experiences of discrimination in a daily context. Black and Latino participants compared to White and those with at least one child were significantly more likely to report experiencing healthcare discrimination. Blacks and Latinos compared to Whites and participants with at least one child were significantly more likely to endorse HCB. Discrimination and HCB did not predict future condom use among participants. Findings underscore the importance of examining the long-lived legacy of race-based discrimination to address disparities in healthcare access and outcomes.

**PRESENTER 2:** Dan Dowhower, College of Public Health and Human Sciences, Oregon State University

**PANEL ABSTRACT 3:** Sexual health (SH) concerns are common among young adult (YA) female breast cancer survivors, who are particularly vulnerable to cancer's negative effects on SH because they are at a developmental stage concerned with establishing intimate relationships and family building. Despite this, SH concerns are rarely adequately discussed in the context of cancer care. This study aimed to discern YA breast cancer survivors' perspectives on cancer-related SH discussions with healthcare providers and how communication could be improved. We conducted individual telephone interviews with 20 YA female breast cancer survivors. Participants were diagnosed between ages 18 and 39, currently under 45 years old, and at least 6 months post-diagnosis. Four open-ended questions assessed women's perspectives on patient-provider SH communication. Interviews were audio-recorded and transcribed, and transcripts were examined using thematic analysis. The following themes emerged: 1) Many YA survivors are uncomfortable initiating SH discussions with their healthcare providers, fearing dismissiveness or judgement; 2) Survivors are uncertain about what is "normal" and who to talk to about SH concerns; 3) Routine provider assessment of SH side effects would facilitate these discussions. Conversations about SH difficulties are difficult for many YA breast cancer survivors, but these could be facilitated by routine provider-initiated SH conversations.

**PRESENTER 3:** Julia H. Drizin, College of Public Health and Human Sciences, Oregon State University

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