

THE IMPACT OF PSYCHOSOCIAL FACTORS ON ACCESS TO CARE IN ADULT MINORITY SURVIVORS: A CHILDHOOD CANCER SURVIVOR STUDY

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Background: This analysis examined the influence of ethnicity on healthcare access received and planned and the effect of ethnicity on health concerns in minority childhood cancer survivors.

Methods: Cross-sectional data from 77 Black, 118 Hispanic, 40 Asian, and 718 non-Hispanic White (NHW) childhood cancer survivors. 4 self-reported measures defined healthcare access: general contact with the healthcare system in past 2 years, cancer related follow-up (CRFU) care in past 2 years, planning a CRFU in next 2 years, ever had a CRFU. Odds ratios (OR) and 95% confidence intervals (CI) were estimated.

Results: Mean age of survivors = 31 years (range 18-51). Asians (18%) were less likely to report ever having had a CRFU ($p < 0.05$) vs. NHW (35%). Blacks were more likely to report being worried about cancer recurrence (20.8%) compared to NHW (12.6%, $p = 0.0461$). Adjusting for education, insurance status, and age at interview, Black females had higher odds of CRFU in last 2 years (OR = 2.4; CI = 1.2-4.5). Hispanics were more likely to report being worried about cancer recurrence (19.5%) vs. NHW (12.6%, $p = 0.0438$), more likely to report concern about future health (39%) vs. NHW (21.2%, $p < 0.0001$), more likely to report their parents being worried about their health (72.7%) vs. NHW (54.5%, $p = 0.0002$); and more likely to report their spouse being worried about their health (52.6%) vs. NHW (34.1%, $p = 0.0067$). Adjusting for education, insurance status, and age male Hispanics were more likely to be planning a CRFU (OR = 2.3; CI 1.2-4.3). Adjusting for education, insurance status, age, and gender Hispanics were more likely to be concerned about future health (OR = 2.2; CI = 1.4-3.4), more worried about cancer recurrence (OR = 1.7; CI = 1.0-3.0), more likely to report parents (OR = 2.1; CI = 1.4-3.4) and spouses (OR = 2.5; CI = 1.4-4.5) being worried about their health.

Conclusions: Different explanatory factors, including internal, such as concern for recurrence of cancer, as well as external, such as parental or spousal concern about the survivor's health, may explain the varied patterns in access to cancer-related follow-up care in minority survivors.