

The Doctor Never Listens: Older African American Men's Perceptions of Patient-Provider Communication

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Snapshot: African American Men's Health Disparities

- **14 times more likely to develop kidney failure due to hypertension (ages 30-39)**
- 24.2 billion in excess health care costs attributable to health disparities
- 30% higher mortality from cardiovascular disease
- 60% higher mortality from stroke
- Twice the mortality for diabetes and related complications

Poor Healthcare Communication Can Lead to Health Disparities

“Doctors tend to dominate conversations with African-American patients, pay less attention to their personal and psychosocial needs and make patients feel less involved in making decisions about their health.”

Cooper, L. A., Roter, D. L., Carson, K. A., Beach, M. C., Sabin, J. A., Greenwald, A. G., & Inui, T. S. (2012). The associations of clinicians' implicit attitudes about race with medical visit communication and patient ratings of interpersonal care. *American journal of public health, 102*(5), 979-987

What Do African American Men Need? Patient-Centered Communication

Communication that:

- Prioritizes the patient perspective, values, needs, and preferences:

➤ **Primary functions:**

- Information exchange
- Responding to emotions
- Managing uncertainty
- Fostering relationships
- Making decisions
- Enabling self-management

Results in:

- Greater patient understanding & satisfaction
- Increased patient trust, access to care, involvement
- Less suffering, improved pain control & family social support
- Improved functional ability & survival

Research Question

What factors are associated with older African American men feeling as if their doctor never listens to them in the context of doctor-patient communication during medical visits ?



Methods

- **Sample:** Baseline patient survey for 1,666 older African American men enrolled in Medicare, 85% sampled from Henry Ford Health System in Southeast Michigan.

Demographic profile	(%) N=1,666
Age	73.6 (46% over age 75)
Some college or higher education	31%
Married	45.4%
Lives alone	37.6%
Income <\$20,000	33.3%

Table 1. Main Variable Comparisons by Patient Physician Communication (n=1666)

		Problems with Communication (n=1336)	No Problems with Communication (n=330)	P-Value
Education				0.03
	High School or Less	938 (70%)	214 (65%)	
	Some College or More	396 (30%)	116 (35%)	
Age				0.00
	Under 75	682 (51%)	214 (65%)	
	75 and Older	654 (49%)	116 (35%)	
Income				0.00
	Greater than 20K	931 (70%)	180 (55%)	
	20K or Less	405 (30%)	150 (45%)	
Marital Status				0.00
	Single	671 (50%)	239 (72%)	
	Married/Partnered	665 (50%)	91 (28%)	
Self-care				0.01
	No Problems with Self Care	1219 (91%)	287 (87%)	
	Some Problems/Unable to Care for Self	117 (9%)	43 (13%)	
Pain/Discomfort				0.00
	No Pain	705 (53%)	141 (43%)	
	Moderate/Extreme Pain or Discomfort	631 (47%)	189(57%)	
Emotional Wellbeing				0.00
	Not Downhearted/Blue	281 (21%)	138 (42%)	
	Downhearted/Blue Most of the Time	1055 (79%)	192 (58%)	
Trouble with Mobility				0.00
	Not Limited at All	927 (69%)	186 (56%)	
	Limited Moderate Activity	409 (31%)	144 (44%)	
Problems with Getting Health Care				0.00
	Not a problem	34 (3%)	91 (28%)	
	Big Problem	1302 (97%)	239 (72%)	

Table 2. Predictors of Problems with Patient Provider Communication

	OR	95% CI
Education		
High School or Less	0.853	(0.638, 1.14)
Age		
75 and Older	1.476**	(0.608, 1.102)
Income		
20K or Less	0.819	(0.608, 1.102)
Marital Status		
Married/Partnered	1.918***	(1.407, 2.614)
Self Care		
Some Problems/Unable to Care for Self	0.903	(0.585, 1.394)
Pain/Discomfort		
Moderate/Extreme Pain or Discomfort	0.849	(0.638, 1.131)
Emotional Wellbeing		
Downhearted/Blue Most of the Time	1.930***	(1.449, 2.572)
Trouble with Mobility		
Limited Moderate Activity	1.318*	(0.980, 1.772)
Problems with Getting Health Care		
Big Problem	12.146***	(7.874, 18.738)

*= $p>.1$ **= $p>.05$ ***= $p>.001$

Snapshot of Findings & Discussion

African American men who report their “doctor never listens” are:

- Men who may already be at risk of being medically underserved
- those age 75 or older
- Men with depressive symptoms
- Men facing significant difficulty accessing the health care system



Limitations:

- Utilized baseline cross-sectional data (non-representative)
- Limited measures available to assess of patient-provider communication
- Geographic homogeneity

Strengths

- Large sample of understudied African American men
- Highlights underexplored interaction between mental health and medical interactions for this population
- Provides a starting point for additional gender and disease specific investigations

Next Steps & Relevance to NIDDK Priorities

- **Studies currently underway to investigate older African American men's experiences related to:**
 - Active participation behaviors (question-asking, assertiveness etc.)
 - Perceived barriers to & companion involvement in doctor-patient communication
- **NIDDK Relevance:**
 - Assessing the role of clinical and community-based program communication with older African American men to manage Type 2 diabetes
 - We are interested in exploring disparities in communication/messaging about end-stage renal disease, dialysis, and kidney transplants with at-risk African American men
 - Specific focus on racial/ethnic minority males and communication as a means of health promotion/prevention

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