

Annals of Behavioral Medicine

AN OFFICIAL PUBLICATION OF THE SOCIETY OF BEHAVIORAL MEDICINE

Editor-In-Chief

Tracey A. Revenson, *Hunter College and
The Graduate Center, City University of
New York, USA*

Senior Associate Editor

John M. Ruiz, *University of Arizona, USA*

Associate Editors

Angela D. Bryan, *University of Colorado Boulder, USA*
Molly Byrne, *National University of Ireland Galway,
Ireland*

Jennifer S. Ford, *Hunter College and The Graduate
Center, City University of New York, USA*

David M. Frost, *University College London, UK*

Rick A. LaCaille, *University of Minnesota Duluth, USA*

Traci Mann, *University of Minnesota Twin Cities, USA*

Susan Michie, *University College London, UK*

Krista W. Ranby, *University of Colorado Denver, USA*

Jennifer Barsky Reese, *Fox Chase Cancer Center,
Philadelphia, USA*

Tamara J. Somers, *Duke University School of
Medicine, USA*

Peggy Zoccola, *Ohio University, USA*

Paper Session 31

11:15 AM-11:30 AM

EFFECT OF PATIENT-PHYSICIAN RACE/ETHNICITY CONCORDANCE ON HPV VACCINE INITIATION

Sharice Preston, PhD¹, Sharon Coan, BA, MS², Erica L. Frost, BA, MPH³, C. Mary M. Healy, MD⁴, Maria E. Fernandez, PhD⁵, Ross Shegog, PhD⁶

¹University of Texas Health Science Center at Houston, Houston, TX; ²UTHealth Houston, Houston, TX; ³The University of Texas Health Science Center at Houston, Houston, TX; ⁴Baylor College of Medicine, Houston, TX; ⁵University of Texas Health Science Center, Houston, TX; ⁶University of Texas, Houston, TX

Background: Physicians play a critical role in influencing parent acceptance of the HPV vaccine. Patient-physician racial/ethnic concordance has been found to be a factor influencing the patient-physician relationship and subsequent outcomes in numerous contexts but, to date, little has been done to investigate concordance on vaccination outcomes. Concordance may influence HPV vaccination initiation rates by improving patient-physician communication and fostering trust. We examined the association between patient-physician race/ethnicity concordance on HPV vaccine initiation.

Methods: We studied pediatricians (n=121; mean age 46.5; non-Hispanic White 56.8%) and their patients (n=46,964; mean age 13.8; non-Hispanic White 52%) from a Texas pediatric clinic network from 2014 to 2015. Multinomial logistic regressions, adjusted for physicians' individual differences, were used to assess the association between patient and physician race/ethnicity on HPV vaccination rates.

Results: Overall, HPV vaccine initiation varied across groups (64% of non-Hispanic Black, 65% of Hispanic, and 53% of non-Hispanic White patients). Forty-two percent of non-Hispanic Black, 48% of Hispanic, and 61% of non-Hispanic White physicians were racially/ethnically concordant with their patients. Racial/ethnic concordance was associated with higher rates of HPV vaccine initiation compared to discordant physician-patient relationships. Non-Hispanic White patients had a lower odds of initiating HPV vaccination than patients of all other races (OR 0.64, CI[0.61-0.66]), although these odds increased when they saw a non-Hispanic White physician (aOR 0.72, CI[0.62-0.84]). Non-Hispanic Black (aOR 2.28, CI[1.47-3.53]) and Hispanic (aOR 2.42, CI[1.67-3.49]) patients were more likely than non-Hispanic White patients to initiate HPV vaccination with non-Hispanic Black and Hispanic doctors, respectively.

Conclusion: It is important that providers understand the potential impact their personal demographics may have on their relationship with their patients. These findings suggest sustained support for initiatives to increase provider diversity. Research is needed to further understand the mechanisms that drive discordant patient-physician relationships and affect outcomes like HPV vaccination.

CORRESPONDING AUTHOR: Sharice Preston, PhD, University of Texas Health Science Center at Houston, Houston, TX; sharice.m.preston@uth.tmc.edu

Paper Session 31

11:30 AM-11:45 AM

PLURALISTIC IGNORANCE AND INTERDISCIPLINARY PHYSICIANS' ATTITUDES ABOUT ABORTION

Nicholas B. Schmuhl, PhD¹, Jenny A. Higgins, PhD, MPH¹, Laurel W. Rice, MD¹, Cynthia K. Wautlet, MD, MPH¹, Kelsey Wright, n/a¹, Helen L. Zukin, n/a¹

¹University of Wisconsin-Madison, Madison, WI

Introduction: Abortion is stigmatized in the U.S. Perhaps due in part to stigma, little evidence exists about physicians' attitudes about abortion—especially beyond specialists involved in reproductive healthcare. Pluralistic ignorance—a perceived gap between group members' own attitudes and other group members' attitudes—has been observed among professionals and healthcare providers who work with stigmatized populations. Little is known about pluralistic ignorance in the context of abortion attitudes, including whether it perpetuates abortion stigma. Physicians are an excellent population in which to examine this issue because pluralistic ignorance may impact practices and professional quality of life among those who participate in any aspect of abortion care, including referrals.

Methods: We used both mail and online recruitment methods to survey the entire clinical faculty of the largest academic medical center in a Midwestern state about their own and other physicians' attitudes toward abortion access. Specifically: Please tell us if the following groups of people oppose or support unrestricted access to abortion: Yourself Your peers on the clinical faculty Participants were asked to respond on a seven-point Likert-type scale, ranging from "oppose a lot" to "support a lot," with "neither oppose nor support" as a midpoint.

Results: 913 physicians representing more than 20 medical specialties completed the survey (67% response rate). A strong majority (80.2%) supported abortion access at least to some degree, while 16.6% were opposed to some degree, and 3.3% claimed neutrality. When asked to estimate support among their professional peers, a slightly smaller majority (77.5%) perceived a supportive climate of opinion. Meanwhile, 16.1% perceived a neutral climate, and 6.4% perceived a climate of opposition to abortion among their peers. A chi-square test of independence found this inconsistency between own attitudes and perceived climate of opinion among professional peers to be statistically significant, $\chi^2(4, N=861)=225.15, p<0.001$. Those who supported abortion access themselves slightly overestimated support among their peers (86.2%), while neutral participants and abortion opponents vastly underestimated support (18.5% and 44.7%, respectively). Participants in every category overestimated neutrality, with neutral participants incorrectly perceiving themselves as a strong majority (70.4%). Interestingly, abortion opponents perceived themselves to be a much larger minority (27.0%) than self-appraisals suggest.

Discussion: Across specialties and socio-demographics, physicians in our sample overwhelmingly supported unrestricted access to abortion and the efforts of abortion providers. Discrepancies between own support and perceived peer support for abortion is indicative of pluralistic ignorance, and possibly anti-choice stigma.

CORRESPONDING AUTHOR: Nicholas B. Schmuhl, PhD, University of Wisconsin-Madison, Madison, WI; nbschmuhl@wisc.edu