

Overlooked and Underserved: University Students from Marginalized Communities' Experiences with Healthcare

Isabela Bedoya, Sharon G. Casavant, PhD, RN

Background/Significance

- Access to high-quality, human-centered healthcare remains a significant barrier for racial and ethnic minorities in the U.S.¹
- Communication barriers and limited cultural competence undermine trust, safety, and quality of care.²
- Health disparities are tightly linked to larger social determinants of health.³

Purpose

To analyze how structural and interpersonal factors in healthcare settings perpetuate health disparities for marginalized populations.

Methods

- **Participants:** National sample of minority university students (n = 100) recruited through the CloudResearch platform.
- **Design:** Anonymous online survey examining experiences and perceptions of cultural competence in healthcare.
- **Procedure:** Participants completed one survey based on a healthcare visit within the past 6 months.
- **Survey Types:** ER Visit (n = 32), Office Visit (n = 38), Combined ER & Providers' Office Visit (n = 30).

Results: ER Survey

- 25% of patients (8/32) received care <5 minutes (8/32) and mostly reported by **White Hispanic/Latino** patients.
- 59% of patients (19/32) received care >15 minutes to speak with staff, mostly reported by **Black Hispanic/Latino patients**.
- 56% of patients (18/32) received care within 30 minutes, especially **Black and White Hispanic/Latino patients**.
- 44% of patients (14/32) received care after more than 30 minutes were highest among **Black Hispanic/Latino patients**.

Results: Providers' Office Visit Survey

Participants reported the following when asked why they scored their visit (0-10):

Black non-Hispanic/Latino

- "It took them all day to get back with me" (7)
- "I just did not feel heard by the provider. And I did not get the outcome I wanted" (4)
- "It took way too long to get seen" (5)

Black Hispanic/Latino

- "I gave it a 4 because they be having people waiting" (4)

Native American or Alaska Native

- "The waiting and the just sitting here" (5)

Results: Combined ER & Providers' Office Survey

- 59% of **Black Hispanic/Latino** patients reported receiving clear education about medication side effects from providers, while 20% (6/30) reported not having received the education about medication side-effects.
- 3% of (13/30) **Black Hispanic/Latino** patients reported follow-up care was discussed with them.
- 9% (3/30) **Asian non-Hispanic/Latino, Black non-Hispanic/Latino, and Black Hispanic/Latino** patients reported follow-up care was not discussed with them.

Conclusion

While evidence has demonstrated that marginalized communities often experience culturally incompetent care, the majority of our participants had relatively good experiences. This may be due to the fact that the sample was comprised of university students who are better educated. However, there were no statistically significant findings due to the small sample size.



Recommendations for Teaching & Practice

Cultural competency training for healthcare provides that drives focus on cultural health beliefs, communication skills, and implicit bias. This improves patient satisfaction among minority populations and enhances providers' ability to deliver respectful, effective care.⁴

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References