

**Submission Id:** 5225

**Title**

*Pakikisama: Filipino patient perspectives on healthcare access and utilization*

**Priority 1 (Research Category)**

Qualitative research

**Presenters**

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**Abstract**

CONTEXT: Filipinos have unique social determinants of health, cultural values, and beliefs that contribute to a higher prevalence of cardiovascular comorbidities such as hypertension, diabetes, and dyslipidemia. OBJECTIVE: This health equity-informed qualitative study aimed to understand how Filipinos perceive and experience healthcare in a rural community. STUDY DESIGN & ANALYSIS: We conducted semi-structured interviews with Filipino Americans and Filipino immigrants and performed qualitative thematic analysis of interview transcripts, using a constant comparative method. SETTING & POPULATION: Our study was conducted in a remote rural community (Frontier and Remote Area Category 2, Rural Urban Continuum7 Code 7) in Southeast Alaska. At the time of this study, the Filipino community was estimated to be 6.7% of the total population of approximately 8,000 residents (9.5% when including Filipino mixed race). INSTRUMENT: The interview script used open-ended questions to identify cultural and perceived patterns of healthcare seeking behavior and built on initial factors affecting healthcare access identified by a 2019 Filipino Community Health Survey. OUTCOME MEASURES: We assessed facilitators and barriers in the domains of healthcare cost, accessing care, trust, and cultural. RESULTS: We identified three cross-cutting themes: (1) Culture and language influence healthcare access, (2) Relational, community-based care experience, (3) Structure of current healthcare system creates barriers to accessing care. Filipinos regard culture and language as pillars of health access. Filipinos trust clinicians who exhibited positive tone and body language as well as relatable and understandable communication. These traits are features of Pakikisama, a Filipino trait/value of “comfortableness and getting along with others.” Relatability and intercultural values familiarity increased Filipino trust in a healthcare clinician. Filipinos may lack understanding about how to navigate the U.S. healthcare system, which can dissuade access to care. Reliance on family members to serve as healthcare navigators is a common practice but is not the standard of care. CONCLUSIONS: When serving the Filipino community, culture and language are fundamental components of health access. Healthcare systems have the opportunity to both improve intercultural clinical training and increase representation amongst clinicians and support staff to improve care delivery and navigation of health services.