

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Feeling loved versus loving oneself: Differential associations with clinical cancer prevention among older adults

Priority 1 (Research Category)

Population health and epidemiology

Presenters

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Abstract

Context: Clinical cancer prevention services can reduce the risk of cancer. Research has focused on barriers to care, resulting in an incomplete understanding of facilitators. Conceptually, being valued by other people may serve as a facilitator to care because it creates a sense of obligation to protect one's health for the sake of family and friends.

Objective: We assessed feelings of "feeling loved" compared to "loving oneself," hypothesizing that feeling loved would be more closely associated with receipt of prevention services than would loving oneself.

Study Design and Analysis: We conducted an online survey on social experiences and healthcare. We used logistic regression models (controlling for race/ethnicity, urbanicity, and marital status) to evaluate the associations between feeling loved and receipt of clinical cancer prevention services.

Setting or Dataset: Seven mid-Atlantic US states.

Population Studied: Older adults (ages 50+) (n=2966).

Intervention/Instrument: The survey included the “Feeling Loved” instrument, including items asking “How loved do you feel?” (i.e., feeling loved, range: 0-100) and “How much do you love yourself?” (i.e., loving oneself, range: 0-100).

Outcome Measures: Outcomes were having a preventive check-up in the last year; having a regular healthcare provider; and being up-to-date with colorectal cancer screening (CRCS).

Results: On average, participants scored 76.3 (standard error[SE]=0.53) for feeling loved and 76.3 (SE=0.52) for loving oneself. These scores were moderately correlated (Pearson’s $r=.49$, $p<.001$). Having a recent check-up was associated with feeling loved (adjusted odds ratio[aOR]=1.07 per 10-unit change) and loving oneself (aOR=1.05) (both $p<.01$). Having a regular provider was more closely associated with feeling loved (aOR=1.10, $p<.001$) than with loving oneself (aOR=0.99, $p=.51$). Being up-to-date with CRC screening was more closely associated with feeling loved (aOR=1.08, $p<.001$) than with loving oneself (aOR=1.01, $p=.55$). Exploratory analyses evaluated sex differences in these relationships, finding that the positive relationship between loving oneself and having a regular provider was stronger for men than for women ($p=.01$).

Conclusions: Additional research is needed to determine whether improving older adults’ psychosocial adjustment (including feeling loved by other people) could reduce health and healthcare disparities.

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