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Title

Exploring the Relationship Between Racial Microaggressions and Substance Use, and Healthcare Interactions in Asian Americans

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Racial microaggressions (RMs) are behaviors and statements toward a person with or without the intention of expressing prejudice. RMs negatively impact mental health outcomes for minoritized people, including substance use. Objective: We examined the relationship between RMs and substance use in Asian Americans (AAs), and whether ethnic identity strength moderated associations. We also explored patterns of substance use discussions with healthcare providers (HCPs). Study Design and Analysis: We conducted a cross-sectional survey (n=523) and used logistic regression models to examine the association between RMs and substance use (i.e., tobacco, cannabis, and alcohol), controlling for demographic factors. We assessed whether ethnic identity strength moderated the effects of associations. We descriptively examined participants' reports of substance use discussions with HCPs. Setting or Dataset: Participants were recruited from Qualtrics panels. Population Studied: AA adults over 18 years old, living in the US, and English-speaking. Intervention/Instrument: Participants completed a survey. Outcome Measures: Our independent variable was the validated Racial and Ethnic Microaggressions Scale, which included 5 subscales, and our moderator was the validated Multigroup Ethnic Identity Measure-Revised scale. Outcomes were ever and past 30-day substance use. In exploratory analyses, we examined frequency and comfort level of discussion with HCPs about substance use and reduction of substance use due to HCP discussions. Results: Participant mean age was 42.9 years. The most commonly reported ethnicities were Indian (15.7%), Filipino (14.5%), Japanese (13.6%), and Chinese (13.0%). Most RM subscales were associated with higher odds of ever cannabis and alcohol use and past 30-day tobacco, cannabis, and alcohol use. We found no significant interaction between RMs and ethnic identity strength on substance use. Most participants reported being very comfortable or comfortable discussing substance use with their HCPs. However, many participants reported never discussing substance use reduction with HCPs (range: 58% to 69% across the three substances examined). Conclusions: For AAs, RMs were associated with higher odds of substance use.

Ethnic identity strength did not moderate the effect between RMs and substance use. Although AAs are comfortable discussing substance use with HCPs, HCPs do not frequently discuss reducing substance use with AAs.

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