Co-cultural identities impact on Appalachian college student's health-seeking behaviors



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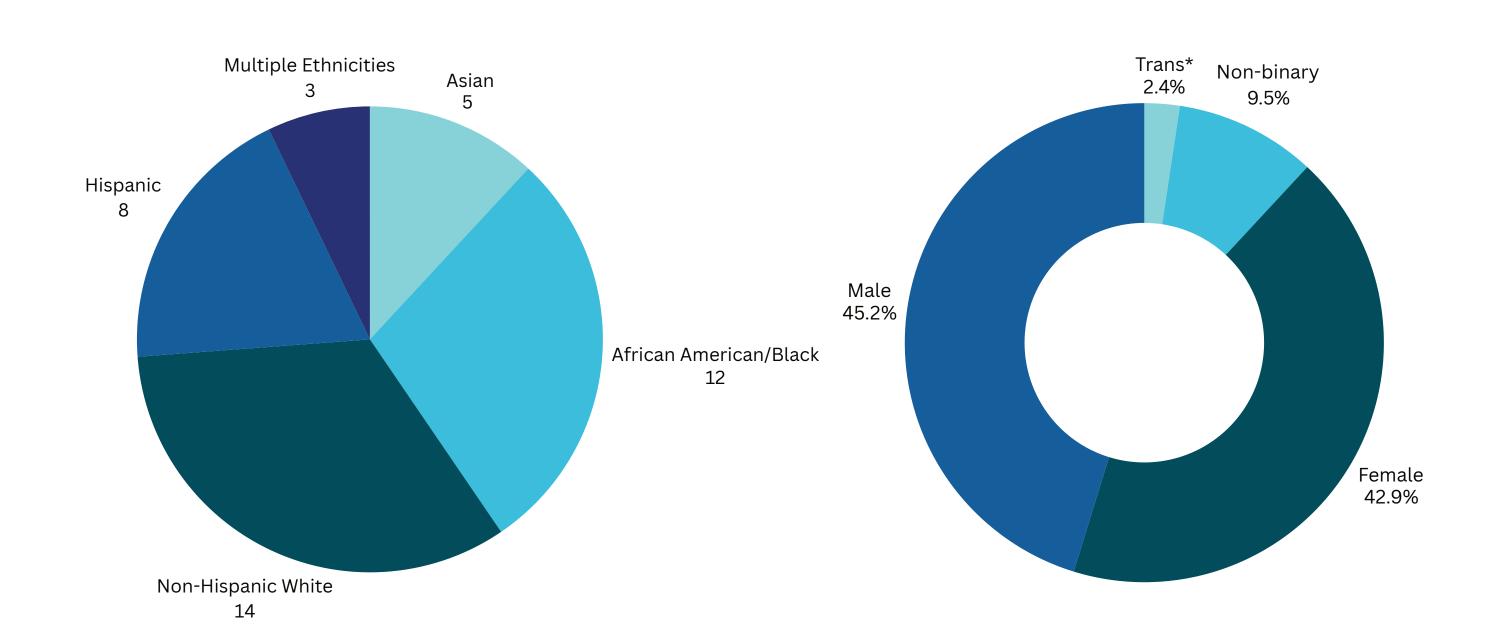
Background

- There is an increasing health disparity between Appalachia and the rest of the United States.¹
- Students from rural Appalachian backgrounds are less likely to seek healthcare², even when financial barriers are removed, in large part due to Appalachian cultural norms³.
- In many studies related to Appalachia, markers such as income, education, and level of access are the focus, leaving the influence of culture out of the findings.
- Racial inequities in U.S. healthcare persist even after accounting for socioeconomic status and education⁴.
- The stereotypical Appalachian is often interpreted as 'white mountain folk'; however, the Appalachian region continues to grow in diversity, with ethnic minority populations climbing from around 10% in the 1990s to now more than 20% of residents⁵.
- The purpose of this study was to understand the health experiences, behaviors, and beliefs of co-cultural undergraduate students in Appalachia.

Methods & Participants

Semi-structured interviews with students at Berea College. Inclusion criteria: 1 year in Appalachia (before college), does not identify as non-Hispanic white OR comes from a disadvantaged background as determined by criteria from the National Institute of Health. Phronetic iterative approach with open and axial coding.

Participants (N=42)



Culture-Centered Approach & Themes

Agency

Culture

Cultural Remedies First

"I grew up seeing my Mom make her own medication from leaves off the herbs. So when I'm sick, that's exactly what I do. If it's a cough, if it's a flu, I am making things for myself."

"We rely on a lot of home remedies passed down from my mother because African Americans are not represented well in health care, so we depend a lot on God and we eat and drink things to get our bodies healthy."

Erasure of Emotions

"They wanted to raise us tough and not cry.... I would see dads make their kids cry and then get upset when they showed pain... it's the idea that you don't want to be weak."

"Mental health wasn't really a big key part of how we perceived health growing up. They think mental health doesn't exist in the family."

Avoidance of Health Care

Strength & Survival (African American/Black): "In the black community, black women run themselves down a lot for the black man... they prioritize their health too late if that makes sense... but black men, they have to die. They have to be dead, and even when they come back from CPR they say, 'Oh I'm fine.'"

Be tough, not a burden (White Appalachian/Hispanic): "It's most guys working like a laborer job... and you trust them to support their family and stuff. And because of that, you have to push your body physically more, and you have to ignore sicknesses, so you can keep working."

Trust Immunity (Asian): "I just kind of let my body handle it and I don't usually take medicine unless it's bad enough.... I look for signs if I have a fever that is above 104 or if I get close to passing out."

Rejection of Appalachian

Separation from Stereotypes: "Even though I'm technically Appalachian, I feel like there's different forms because my Appalachian roots are not the same... there's not really any mountains where I live... I'm not a redneck or a hillbilly."

Commitment to Dominant Culture: "I'm not Appalachian. I get that I live in Appalachia, but that's just where we live, it's not who I am. I'm black and we are strong and confident and there is a strength and connection between us, but we aren't Appalachian."

Witnessing Poor Behaviors & Rejecting

"I incorporate fruits and vegetables in my daily diet and I go on a walk if I can't get to the gym...it's just seeing my family get sick, the high blood pressure, high sugar, almost everyone having diabetes by age 30 or 40, having heart attacks; being there at the hospital before all this happens when the doctors telling us like 'oh drink water, eat your fruits, eat your vegetables' just hearing what they had to do that they didn't do."

"Being black, It's easy to brush off your pain and be strong and push through it. You don't have to be strong and push through it. No, for real you don't have to be strong. You can be weak."

Witnessing Poor Behaviors & Consenting

Structure

"They (parents) didn't go to the doctors, so they didn't encourage us to go regularly. Now it's like I don't go. I had an allergic reaction last year and they (my friends) were like, 'Go to [the clinic]. Your face is swollen,' and I was like, 'I'll just sleep it off.' Why would I go? I'll be fine. I guess it's just because of my family. I will be throwing up or something, bleeding from the eyes, and I'm like, 'It's no big deal.'"

"If they're stubborn or don't want the doctor, I don't want to either, because it's always, to me, this negative thing. I don't want to admit that something's wrong and I don't want to be told something's wrong."

Access to Resources

Campus Healthcare: "The free health service has made it affordable for me to seek help. Because money is definitely a thing. So having free access to health care, it's like, wow, I'm not gonna get this anywhere else, so I should use it. And it's helped, it's certainly helped me."

Location: "Since coming here I can be more active on my own because there's this campus here and I can go walking and doing things. When I lived at home, I couldn't really go outside. We were in a neighborhood and it wasn't really safe."

Barriers & Resource Insecurity

Financial Burden: "For me, there's been a lot of situations where I've had to put off illness just because there was no way to get help, or like, affordable help."

Transportation Issues: "Doctors who accept Medicaid are few and far between. The nearest dermatologist to me was 45 minutes away. I'm like, ya'll I'm not doing it."

Appointment Availability: "I know that the Counseling Services here are really backed up. So, you know, if I had some kind of emergency, it's arguable whether or not the structure would be there to support me here."

Racism in Healthcare: "I feel like, especially being a black woman, I feel like they (providers) don't give us the right advice or know exactly what's going on with us half of the time. That's why I really don't trust the opinion of the doctor."

School Pressures

"The implications of (being sick) are so negative for me that it's like, I honestly can't really afford to miss class or miss work or whatever because you just end up so far behind and that takes a toll on your mental well-being. So finding a balance sometimes means sacrificing your physical well-being."

Community Concessions

Positive: "My family has always been health first. Especially my mom, that's all she ever does. She recently just sent me like 30 bags of pistachios because she wanted me to eat more nuts."

Negative: "Over the break, I was like, Mom, I'm finna stop eating pork. But for Christmas dinner, she cooked a ham and she was like, 'I want us all to gather here and eat this ham. You know you could just start that next year,' and so I ate that ham because it will make my mom happy."

Discussion

This research validates previous findings that those living in Appalachia often avoid healthcare, seeking home remedies first. However, it revealed cultural nuances in rationales for avoiding healthcare. It also showed that co-cultures within Appalachia tend to reject the Appalachian label and identify strongly with their ethnic identity. Students who rejected the Appalachian label also frequently rejected the health behaviors of their family/culture, adopting healthier food and exercise habits while at college. Students across cultures noted that while the access to resources at college were helpful, barriers still existed regarding the financial burden of healthcare costs and difficulty obtaining transportation to out-of-town appointments.

Future research should explore motivations to overcome these barriers, specifically in consideration of culturally-learned health behaviors and student's agency.

Related literature

