

# Comparing palliative care knowledge in metropolitan and non-metropolitan areas of the United States

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## Background

- Despite recent growth in access to specialty palliative care (PC) services, awareness of PC by patients and caregivers is limited and misconceptions about PC persist
- Little is known about the prevalence and predictors of PC knowledge among US residents living in rural areas

*How does knowledge of palliative care compare between metropolitan and non-metropolitan areas of the United States?*

## Study Design

Used data from National Cancer Institute's 2018 Health Information National Trends Survey (HINTS) 5 Cycle 2, which contains questions assessing understanding of PC

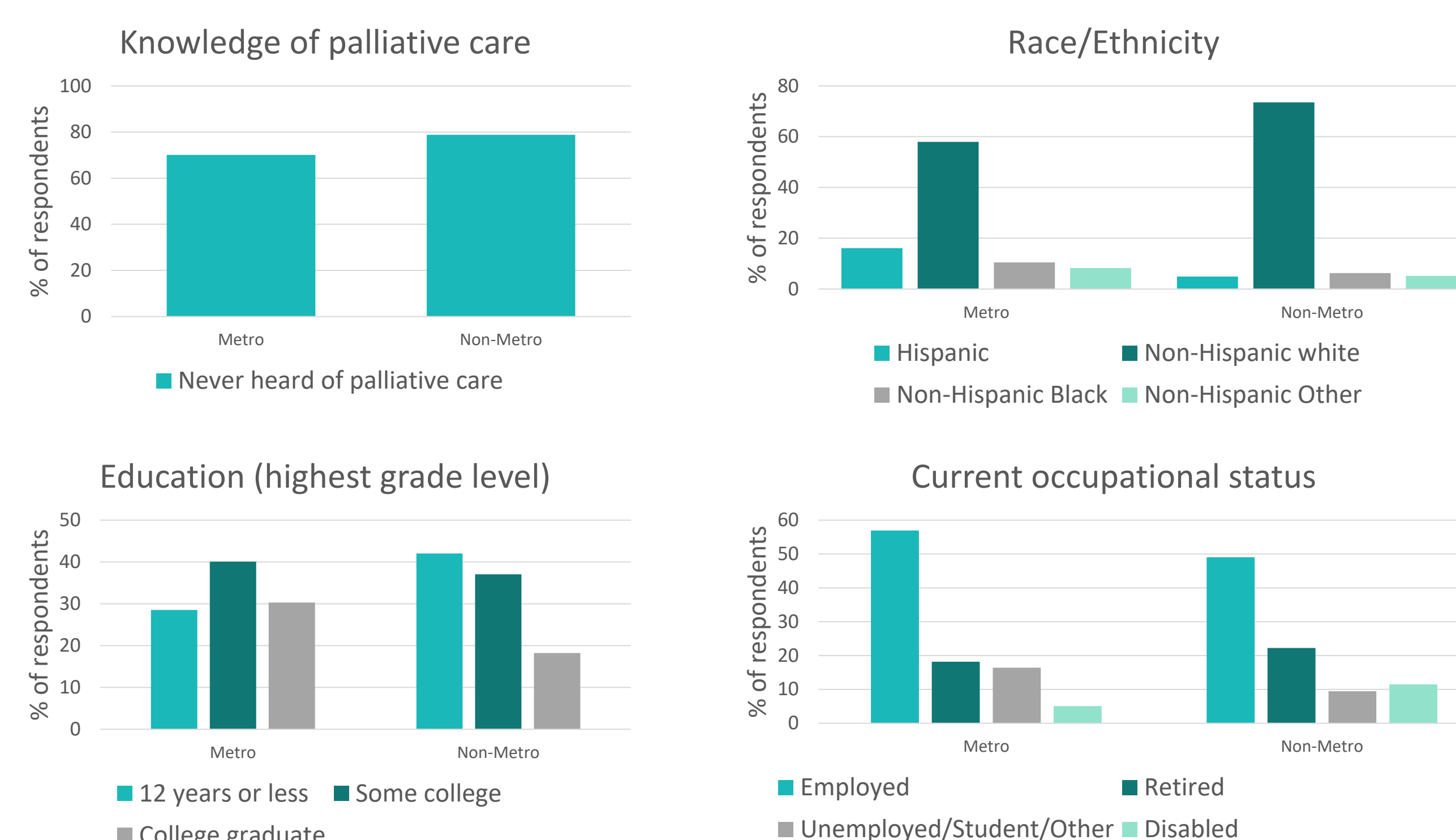
Identified metropolitan (>50,000 population) and non-metropolitan (≤50,000 population) respondents using the 2013 Urban-Rural Classification Scheme for Counties

Compared prevalence and predictors of PC knowledge and misconceptions for non-metropolitan and metropolitan residents

Estimated association between non-metropolitan status and knowledge of PC using multivariable regression, adjusted for respondent characteristics and geographic variation

## Results

### Demographic characteristics (n = 3,445)



### Respondent characteristics associated with self-reported knowledge of palliative care

Characteristic	Odds Ratio	95% CI
<b>Non-metropolitan residence</b> <sup>a</sup>	0.59	(0.37, 0.94)
<b>Married</b>	1.15	(0.84, 1.57)
<b>Female</b> <sup>c</sup>	2.20	(1.60, 3.03)
<b>Race/ethnicity</b>		
<b>Hispanic</b> <sup>b</sup>	0.47	(0.27, 0.83)
<b>Non-Hispanic white</b>	REF	
<b>Non-Hispanic Black</b>	0.66	(0.38, 1.14)
<b>Non-Hispanic other race</b> <sup>a</sup>	0.55	(0.34, 0.88)
<b>Age, years</b>		
<b>18-34</b>	REF	
<b>35-49</b> <sup>b</sup>	1.77	(1.16, 2.71)
<b>50-64</b> <sup>c</sup>	2.27	(1.45, 3.57)
<b>65-74</b> <sup>c</sup>	2.77	(1.91, 4.03)
<b>75+</b> <sup>c</sup>	2.56	(1.60, 4.11)
<b>Education, highest grade level</b>		
<b>12 years or less</b>	REF	
<b>Some college</b> <sup>c</sup>	2.57	(1.64, 4.02)
<b>College graduate</b> <sup>c</sup>	5.98	(3.97, 9.01)
<b>Doctor visits, 5+</b>	1.17	(0.87, 1.59)
<b>Caregiver</b> <sup>a</sup>	1.60	(1.05, 2.45)

a p<0.05, b p<0.01, c p<0.001, REF = reference category

### Prevalence of misconceptions among metropolitan and non-metropolitan respondents

	Metro (n = 1,019) % agree	Non-Metro (n = 143) % agree
<b>1. Accepting palliative care means giving up</b>	15.16	20.39
<b>2. If you accept palliative care, you must stop other treatments</b>	15.97	27.56
<b>3. Palliative care is the same as hospice care</b>	37.01	41.22
<b>4. When I think of "palliative care," I automatically think of death</b>	43.72	48.45
<b>Agreed with at least one item</b>	58.50	63.90

## Key Findings

Non-metro respondents were more likely than metro respondents to be non-Hispanic White, less likely to be college-educated, and less likely to be employed

More respondents reported that they had never heard of PC in non-metro (78.8%) than metro (70.1%) areas

Non-metro respondents had 41% lower odds of PC knowledge and Hispanic respondents demonstrated 53% lower odds of PC knowledge

63.9% of non-metro and 58.5% of metro respondents reported at least one of four misconceptions about PC

## Implications for Policy/Practice

- Patient- and community- facing educational campaigns are needed to improve awareness and reduce misperceptions of PC, particularly in rural and micropolitan areas.
- Across levels of rurality, health literacy and cultural competency should be considered in developing interventions to address gaps in knowledge.