INTRODUCTION
Avoidance of healthcare can take many forms, including cognitive avoidance, delayed use of medical care, non-compliance with recommended treatments, or overall avoidance of seeking care altogether (Byrne, 2008).

Regardless of form, the reasons for avoiding care can be personal, structural, and/or societal, such as a sense of independence, the presence of a health professional shortage area, or various social determinants of health (e.g., access to transportation, finances).

Rural populations are at particular risk for avoiding care due to lower levels of trust in providers, lower access to quality health care, higher rates of isolation and inadequate transportation, more limited financial resources, and lower rates of adequate health insurance (Goins et al., 2005; Sewell et al., 2012; Allison, 2011).

For patients with chronic diseases requiring routine adherence to treatment regimens and regular interactions with the healthcare system (e.g., diabetes and hypertension), avoidance of care could be associated with worse outcomes.

Understanding the psychosocial factors that best predict avoidance of care can inform development of interventions to increase engagement with the healthcare system. Such approaches are especially needed in rural areas where structural barriers to receipt of care are high.

The purpose of the current study was to separately examine the predictors of general healthcare avoidance behaviors and cost-related healthcare avoidance behaviors among a sample of patients with chronic disease receiving care at a network of Federally Qualified Healthcare Centers in the rural South.

METHOD
As part of phase one of an ongoing project, a total of 500 participants were recruited using convenience sampling methods from the patient population of a network of FQHCs serving a multi-county region of the rural South, with 497 participants included in the current analytic sample.

The study’s battery consisted of a series of questionnaires that was completed anonymously using audio computer assisted self-interviewing (ACASI).

Patients separately reported if they had a) avoided filling a prescription and b) avoided going to the doctor in the past 12 months due to cost, and if they c) frequently do not take prescribed medication; d) frequently do not follow medical advice; and e) frequently do not seek medical care. Items c-e were assessed using a 5-point Likert scale, and responses of “Frequently” or higher were collapsed into a binary avoidance variable.

A series of 5 multivariate binary logistic regressions were conducted to examine the predictors of each avoidance behavior. Variables included in the model were: age, gender, race/ethnicity, being in a long-term relationship, education status, employment status, poverty status, and insurance status.

RESULTS
Younger age, being unemployed, and being uninsured emerged as significant predictors of affordability-based avoidance of medical visits whereas younger age, being unemployed, and lower SES emerged as significant predictors of affordability-based avoidance of filling prescriptions.

Racial/ethnic minority status and not being in a long-term relationship were significant predictors of general avoidance of needed medical care.

DISCUSSION
Of note, while most variables predictive of avoidance of care were not unexpected (e.g., employment status), different predictors were associated with different outcomes. This supports a conclusion that not all health care avoidance behaviors follow the same pathway of influence.

For example, seeking care, taking prescriptions, and acting on medical advice are three different behaviors that require different thought processes and can be affected by different factors.

These factors can be individual beliefs, cultural perceptions, or more external barriers like cost, insurance, or transportation.

Traditional cost-based influence varied as well: while poverty did impact filling prescriptions, it did not impact seeking initial care from the physician.

Therefore, efforts that focus merely on the affordability of seeing a physician, but not the affordability of actually following through with the treatment plan are likely missing a critical component of overall care-seeking behavior.

Future directions for research include examining ways to normalize health behaviors and increase care seeking behaviors among younger patients, men, minorities, individuals living in poverty, and those who are employed.

In addition, there is a specific need to examine the decisional pathway for engaging in care and how social determinants of health specifically impact this decisional pathway for rural patients.

In conclusion, the current findings highlight that predictors of healthcare-related avoidance among rural FQHC patients vary significantly across both the type of avoidance examined and by gender.