E3-17: Mechanisms of Intergenerational Transmission of Family Health Information

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**Abstract:**

**Introduction:** The utility of the family health history depends on the quality of information available to patients from family members. A substantial body of knowledge exists regarding intra-family communication generally, but research on transfer of family health/illness information has not emerged. Thus our question is: How do young adults learn the facts of their own family health histories? Our specific aims are to describe the quality of family health information acquired by young adults and to explore how, when, and by whom family health information is shared.

**Method(s):** The grounded theory method of thematic analysis was applied to 14 interviews with participants younger than 25 years of age and enrolled in non-nursing courses at a state university. Participants were encouraged to explore how they came to know about health conditions of family members, when and under what conditions they acquired their knowledge, and knowledge keeping roles of family members. Analysis continues. Limitations include poor generalizability. Theory generated should be formally tested.

**Results:** “Hanging Around” and “Trickling Down” are two major processes by which young adults acquire information about the health of family members. Participants who described close proximity to family members, especially information gatekeepers, knew more about family members’ health. Participants described a process of “hanging around” in which they overheard stories or participated in informal conversations regarding illnesses. They also learned about relatives’ illnesses by witnessing loved ones’ loss of function or through caregiving activities. Young adults, who described distant relationships with families and less proximity, reported a process of “trickling down,” in which information was received erratically through unpredictable channels from older family members. These individuals had less information about the health of family members than those who reported more proximal contact. No participant reported family conversations specifically for the purpose of reviewing family health history.
Discussion & Conclusions: Young adults from dispersed or emotionally distant families may have little useful knowledge of family health history, depriving them of an important component of risk assessment.

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