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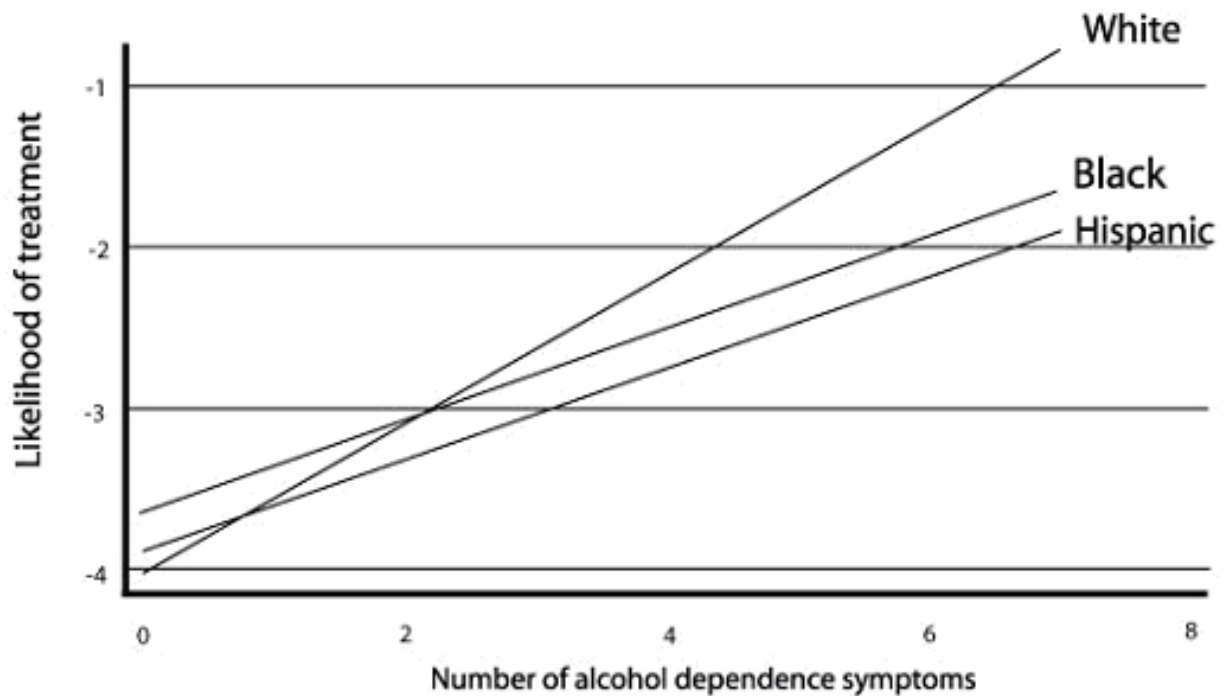
Utilization of Alcohol Treatment Services among Minority Groups

Researchers and federal institutes have indicated the need to attend to disparities in minority access to healthcare services (Ibrahim, Thomas, & Fine, 2003; National Institute on Alcohol Abuse and Alcoholism, 2001). Recent studies show that, although rates of alcohol problems and dependence among Whites have remained fairly stable or declined, such rates have increased among America's largest minority groups (Grant et al., 2004). This is very important because current projections anticipate substantial growth in the minority population (Bergman, 2004; Cheeseman Day, 2001)¹. Thus, an increasingly large portion of the population might have inadequate healthcare. This week's DRAM reviews research about the lifetime utilization of alcohol treatment services among White, Hispanic, and Black individuals who report alcohol-related problems (Schmidt, Ye, Greenfield, & Bond, 2007).

Using data from both the 1995 and 2000 National Alcohol Surveys (NAS; Kerr, Greenfield, Bond, Ye, & Rehm, 2004), researchers analyzed lifetime need for alcohol treatment services, utilization of alcohol treatment services (e.g., specialty treatment programs, AA, hospital or clinic, private physician, welfare, and social services) and alcohol-related problems. Both nationally representative surveys used similar instruments in English and Spanish. The 1995 NAS consisted of a total of 5,345 cases, included 1,585 Hispanics, 1,582 Blacks, and 2,178 non-Hispanic Whites; the overall response rate was 77%. The 2000 NAS had an overall sample size of 7,612, included 869 Hispanics, 1,341 Blacks, and 5,402 non-Hispanic Whites; this study achieved a response rate of 58%.

The authors' estimated that 30% of White participants, 27% of Hispanic participants, and 22% of Black participants had a need for alcohol treatment services at some point during their lives. Hispanics reported more severe lifetime alcohol problems than Whites ($p < 0.01$ in pair-wise comparison with Whites; no comparison with Blacks was indicated). Logistic regression analyses predicting alcohol service utilization indicated a significant ethnicity x alcohol problem severity interaction ($p < .05$). Researchers observed that both Hispanics and Blacks at the higher end of the problem-severity distribution were significantly less likely to have received treatment than similar Whites (see Figure 1).

Figure 1. Likelihood of treatment by number of alcohol dependence symptoms among Whites, Blacks, and Hispanics (adapted from Schmidt, Ye, Greenfield, & Bond, 2007).



***adjusted for age, gender, marital status, education and social pressures.**

There were several limitations to this study. The researchers focused only on lifetime measures of disorder instead of past-year or past-month measures. This could have exaggerated the disparity between groups, by overestimating the number of individuals who are actually in need of service currently (e.g., someone could have been in need of service early in life, had no subsequent need for care, and they still would have been classified in need of services). In addition, these individuals had to remember events that might have happened many years in the past; this circumstance can introduce recall bias.

This study highlights an imminent public health concern: the lack of healthcare access among growing population segments that are at-risk for severe substance use problems. Although, this study does not provide any causal explanation for the disparity, there are many reasons why Hispanics and Blacks might not be accessing treatment: language barriers, geographical barriers, socioeconomic barriers, cultural barriers (e.g., Hispanics or Blacks may have a more negative social perception of addiction than Whites), immigration status, etc. Future studies should begin to address these issues in the hopes of informing policies that will shorten or eliminate this gap. Hispanics and Blacks comprise an increasing portion of the total population and it is imperative that we examine and resolve disparities in healthcare services (e.g., alcohol treatment) now so that we can prevent more public health problems in the future.

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Notes

1. From 2000 to 2050 the non-Hispanic, white population is projected to increase from 195.7 million to 210.3 million and comprise 50.1 percent of the population compared with 69.4 percent in 2000; the Hispanic population is projected

to increase from 35.6 million to 102.6 by 2050 doubling their share of the nation's population from 12.6 percent to 24.4 percent; the black population is projected to increase from 35.8 million to 61.4 million in 2050, increasing their share of the population from 12.7 to 14.6 percent.

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