ACCESSIBILITY AND USE OF HEALTH CARE SERVICES AMONG ETHNIC MINORITIES

A Bibliography 1993 - 1998

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June 1999

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CIP-GEGEVENS KONINKLIJKE BIBLIOTHEEK, DEN HAAG

Weijzen, E.M.

Accessibility and use of health care services among ethnic minorities: A bibliography 1993-1998. / E.M. Weijzen, M.G. Weide. - Utrecht: Netherlands Institute of Primary Health Care (NIVEL). - (Bibliography / Netherlands Institute of Primary Health Care)
Met Index, lit. opgn.
ISBN 90-6905-425-6
Keywords: minderheden; gezondheidszorg; bibliografieën.
Cover: Richard van Kruysdijk
Layout: Linda Schoonmade

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INTRODUCTION

M.G. Weide

Adequate access to health care services is an important determinant for health. Accessibility of health care for everyone is a principal issue of policy for many governments. Ethnic minorities supposedly encounter more barriers in obtaining access to medical care than the general population. Insight in the nature of these barriers is important in order to improve the use of health care services among ethnic minorities and the quality of the medical care they receive.

This bibliography is designed to give an overview of the international literature on the accessibility and use of health care services among ethnic minorities. Literature on Dutch research is not included.[1] The bibliography covers all health care services with the exception of activities on screening and health education. However, studies on health education as part of a treatment (e.g. for diabetes patients) have been included.

Definitions

Ethnic minorities

In this bibliography ethnic minorities are broadly defined. The selected studies refer to many different groups of ethnic minorities, who share minority status in their country of residence, generally both in numerical as well as socio-economic terms. These groups also differ from the indigenous population in race and/or cultural background. Most ethnic minority groups are immigrants, who came to their country of residence as refugees (e.g. Vietnamese in the United States), as a consequence of decolonization (e.g. Asians in the United Kingdom), as a result of active labor recruitment by government (e.g. Turks in Belgium) or looking for work and better living conditions (e.g. Hispanics in the United States). They vary in duration of stay, which

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[1] Dutch research on accessibility and use of health care services among ethnic minorities is reviewed in:
Weide MG. Gezondheidszorg in de multiculturele samenleving: een overzicht van onderzoek naar de toegankelijkheid en kwaliteit van zorg voor migranten. [Health care in a multicultural society: an overview of research on accessibility and quality of care for ethnic minorities.] Bijlage bij Onderzoeksprogramma Cultuur en gezondheid. Den Haag: NWO/ZON, 1998.

can be anything from a few months to a few decades. However, some ethnic minorities have been living in their country of residence for generations (Afro-Americans) or are in fact the original inhabitants (Native Americans, Aborigines). In spite of these differences, there are barriers to health care for all these groups.

Health care utilization and accessibility

Health care utilization as defined in this bibliography pertains to the contacts people have with health care providers, as well as to the treatment they receive.

Accessibility of health care services refers to the access people have to (adequate) care if they need it. Barriers to access can lay with the patient as well as the health care provider and organization.

Framework for health care utilization and accessibility

There are many factors that influence health care utilization and access to health care. The behavioral model of Andersen and colleagues[2] provides a framework of health care utilization. It suggests that use of health care services is a product of *predisposing, enabling* and *need* factors. In addition to these factors *quality of the health care provider* is of importance. The framework is presented in figure 1.

Predisposing factors reflect a propensity to use health care services. They exist prior to any need. The predisposing factors include demographic factors (age, gender), social-cultural factors (education, social network, cultural background) and health beliefs (attitudes, values and knowledge that people have about health and health care services).

Enabling factors refer to a person's ability to use health care services if needed. They comprise both community and personal enabling resources. Health care services must be available, but people also must have the means to make use of these services. These can be financial means (income, health insurance), means of transportation, but also knowledge of these services and how to use them.

Need factors involve both perceived and evaluated need. Perceived need is a

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[2] Andersen RM, Newman JF. Societal and individual determinants of medical care utilization in the United States. Milbank Memorial Fund Quarterly 1973;81:95-123.

Andersen RM. Revisiting the behavioral model and access to medical care: Does it matter? Journal of Health and Social Behavior 1995;36:1-10.

combination of how people view their own health and functional status, how they experience symptoms of illness and pain and whether or not they judge their health problems as sufficiently important to seek professional help. Evaluated need is the professional judgement of people's health status and need for medical care.

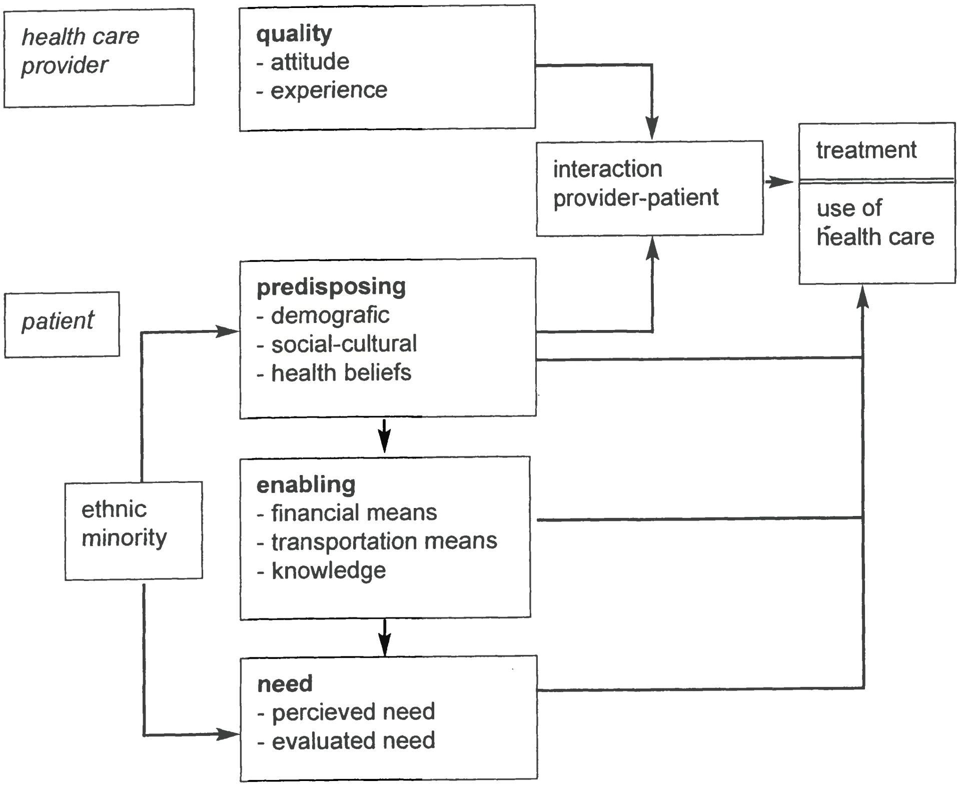

Figure 1. Framework for health care utilization and accessibility

Predisposing, enabling and need factors are related. A low social status implies less financial means, while lack of knowledge of the causes and treatment required for certain diseases can result in a perceived need that is lower or higher than the actual need. A social network can have an impact in different ways. Family and friends can influence health beliefs, but can also provide financial support, transportation means or informal care.

Health care utilization does not only depend on the patient, but also on the health care provider. The health care provider has an important impact on the treatment of the patient, once the patient has contacted the health care service. S/he decides which diagnostic and therapeutic procedures are warranted, asks the patient to come back or refers the patient. The interaction with the patient forms the basis for the treatment. Whether the treatment is adequate depends largely on the quality of the health care provider.

For ethnic minorities some of the above-mentioned characteristics can be important barriers in accessing medical care. They generally have a lower social status and can command fewer (social and financial) resources than the rest of the population. The fact that they speak a different language and have a different cultural background can be a barrier in seeking professional help. Further, their access to health care can be impeded by restricted knowledge of the health care services.

An important aspect of health care utilization is compliance with treatment. Health beliefs can be an important factor in compliance, but also knowledge about the working of medication or the benefit of the treatment. As the effectiveness of a (preventive) treatment depends to an important degree on the patient's compliance, non-compliance can be regarded as ineffective health care utilization.

Ethnic minorities probably have a better chance of inadequate care than most patients because they may encounter language or communication problems in the interaction with health care providers, because of differences in health beliefs and expectations, because of a negative attitude on the part of health staff towards ethnic minorities or because of inexperience in the treatment of these groups. Negative experience among ethnic minorities with health care services can result in low satisfaction and consequently in lower utilization. That means that the quality of the health care provider (in terms of communication and treatment) with respect to ethnic minorities can be an important determinant of the accessibility of medical care for these groups.

Health care organizations can improve their health provisions for ethnic minorities in different ways. They can hire staff belonging to ethnic minorities, make special provisions such as brochures, posters or videos in the native language of the immigrants, call on the services of interpreters or organize workshops or training for their staff in order to make them more sensitive to the health beliefs and needs of ethnic minorities.

A quick scan of the literature in de bibliography

We scanned the literature on the basis of abstracts from the selected publications. For the larger part, the publications related to the situation in the United States, Blacks, Hispanics and Asians being the most studied ethnic minority groups. Studies on hospital and mental care were predominant.

In the publications, accessibility and use of health care services among ethnic minorities was adressed from different angles. The majority of he studies focused on the patient, looking into utilization and barriers to medical care. The number of studies on attitudes of health personnel, interaction between patients and their health care providers, and quality of health care services for ethnic minorities was limited. Below a summary of the results is presented, as far as these can be deduced from the abstracts. Sometimes the information in the abstract was too limited to be of use, and, consequently, the presented results only provide a general picture.

Health care utilization

In most studies of differences in health care utilization between ethnic minorities and the rest of the population differences have been found in number of visits, or, in the case of hospital care, nursing home care and mental care, in admissions and treatment. For some services however the results are equivocal.

Physician services

In the United States, in general, ethnic minorities make less use of physician services than the rest of the population. This holds true for different ethnic minorities: Blacks (Lieu et al., 1993; Fichtenbaum & Gyimah-Brempong, 1997), Hispanics (Lieu et al., 1993; Mueller et al., 1998), Native Americans (Newbold, 1997) and Asians (Boult & Boult, 1995; Ritch et al., 1996; Mueller et al., 1998). However, a study in Britain showed an equivalent use of general practitioner services among ethnic minorities, with the exception of the Chinese population which display low levels of utilization (Smaje & Grand, 1997). Low and inappropriate use of services among the Chinese in Britain was also ascertained in a prior study (Watt et al., 1993). Similar equivocal results for different ethnic minority groups were found in a New Zealand study, where the Maori contact with the general practitioner was almost equal to that of the non-Maori (Davis et al., 1997a), while the Pacific people had lower contact and less follow-up visits (Davis et al., 1997b).

Prenatal care, dental care en care for the elderly

Studies on the use of prenatal care services among Mexican-American women

(Balcazar et al., 1993), dental care services among Blacks (Bolden et al., 1993; Jones et al., 1994; Gilbert et al., 1997), and special services for the elderly among Blacks (Falcone & Broyles, 1994; Norgard & Rodgers, 1997; Wallace et al., 1998) and Koreans (Moon et al., 1998) corroborate the general picture of lower levels of health care utilization in the United States among ethnic minorities.

Hospital care

A few American studies on patients with asthma show a higher hospitalization rate (Gilthorpe et al., 1998; Lozano et al., 1995) and emergency department use among Blacks (Lozano et al., 1995; Murray et al., 1997; Zoratti et al., 1998), while they make less use of preventive services (Lozano et al., 1995) and make fewer visits to the asthma specialist (Zoratti et al., 1998). The finding of a relatively high emergency department use among Blacks is supported in another study, but Hispanics were found to make less use of these services than Blacks (Baker et al., 1996). Less use of preventive services, e.g. vaccination programs for infants or the elderly, among ethnic minorities, was also found in other studies (Feder et al., 1993; Hayes-Bautista et al., 1997; Mark & Paramore, 1996; Moore & Hepworth, 1994; Moore et al., 1996).

As regards treatment in hospitals, ethnic minorities often receive fewer services. Research on this topic is extensive, although all studies were restricted to the United States and exclusively concern differences in treatment of Black and White patients. Almost all studies confirmed that Blacks underwent fewer diagnostic, therapeutic an surgical procedures than Whites (Ayanian et al., 1993; Ball & Elixhauser, 1996; Carlisle et al., 1995a, 1995b, 1997; Cooper et al., 1996; Elixhauser et al, 1994; Escarce et al., 1993; Harris et al., 1997; Lee et al., 1997, 1998; Mitchell & Khandker, 1995; Mort et al., 1994; Phillips et al., 1996; Wang et al., 1997; Weitzman et al., 1997). The larger part of these studies concerned cardiovascular procedures. However, in one study few differences were found between Blacks and Whites in coronary heart disease care pattern (Crawford et al., 1994).

Mental health care

Studies on the differences in utilization of mental health care between ethnic minorities and the rest of the population show equivocal results. Although in some studies differences were found in access to mental health care services for ethnic minorities and Whites (Commander et al., 1997) and type of admissions (Cole et al., 1995; Dalrymple et al., 1995; Singh et al, 1998; Trauer, 1995), other studies showed no significant racial and ethnic differences in use of inpatient and outpatient psychiatric services (Padgett et al., 1994a, 1995). In the latter studies, the usual confounding effects of minority status and culture are minimized or controlled, which could be a reason for these equivocal results. In another study, differences in utilization patterns between ethnic subgroups were found (Leong, 1994).

Different studies showed that in primary health care Asian and Black patients were less likely to have psychological problems identified (Kosch et al., 1998; Leo et al., 1998; Odell et al., 1997; Wilson & Maccarthy, 1994). There are also indications for differences in drug treatment of ethnic minorites and White patients (Cornwell & Hull, 1998).

Compliance and late-stage presentation

A few studies dealt with compliance among ethnic minorities. These show a lower adherence to prescribed drugs for hypertension among African Carribean patients (Morgan, 1995), to radiation treatment among Latino patients (Formenti et al., 1995), and to diet and glucose testing among Blacks compared with Whites (Auslander et al., 1997; Cowie & Harris, 1997).

Also late-stage presentation of breast cancer among Black and Hispanic women (Zaloznik, 1997; Lannin et al., 1998), and of prostrate cancer among Black men (Powell et al., 1995; Polednak, 1997) was found.

Barriers to health care

For the greater part, studies on barriers to health care focus on patient characteristics. In some studies differences in health care utilization between ethnic minorities and the rest of the population were ascertained before and after controlling for patient characteristics. In other studies, information about barriers to health care for ethnic minorities was gathered from ethnic minorities themselves or health care providers by means of questionnaires, interviews or focus group discussions.

In the next section, we discuss the influence of predisposing and enabling factors on accessibility and use of health care services among ethnic minorities. Need factors are not discussed here, because the information about the influence of these factors was limited. Studies that were restricted to health problems were excluded from the bibliography. In the studies presented in the bibliography need factors were often controlled for in determining differences in health care utilization between ethnic minorities and the rest of the population. Also the quality of the health care provider is not discussed here, because of the limited number of studies on this aspect.

Predisposing factors

Of the predisposing factors duration of stay and acculturation show equivocal results

(Flores & Vega, 1998; Cheung & Spears, 1995; Matuk, 1996; McCormick et al., 1996; Sonis, 1998). In some studies, these factors were related to access to health care, but in other studies no such relationship was found. Comparison of these findings is difficult, however, because of lack of information on the way these concepts are measured. Language and communication problems were mentioned as barriers to health care access by ethnic minorities themselves (Ritch et al., 1996; Spring et al., 1995; Watt et al., 1993), as well as health care providers (Garrett et al., 1998; Lipton et al., 1998; Williams et al., 1995). Physician-patient language concordance was shown to have a positive effect on the patients' health (Pérez-Stable et al., 1997) and health care utilization (Snowden et al, 1995).

Furthermore, a study on the interaction between Hmong and their health care providers showed that the fact that they had different health belief systems made linguistic and cultural translation problematic (Barrett et al, 1998). Health care providers had difficulties understanding Hmong concepts of acute versus chronic disease, illness prevention and pain. Also, ethnic minorities sometimes have different views about the cause and treatment of mental health problems (Hatfield et .al., 1996; Millet et al., 1996). Differences in beliefs on pregnancy between ethnic minorities and health personnel can lead to dissatisfaction with professional health care services (Sokoloski, 1995), but ethnic minorities can also find prenatal and maternity professional services important and necessary, while at the same time holding onto their cultural health beliefs and practices (Morgan, 1996; Woollett et al., 1995).

Enabling factors

Enabling factors often are found to impede health care utilization. Financial means and lack of insurance are important barriers to health care access (Flores & Vega, 1998; Gornick et al., 1996; 1996; Mueller et al., 1998; Smith et al., 1996; Wallace et al., 1994) and compliance with treatment (El-Kebbi et al., 1996). In addition to financial means, no local providers (Cunningham & Cornelius, 1995), not having a regular source of care (Flores & Vega, 1998), and no transportation means (Byrd et al., 1996) also impede health care utilization. Furthermore, lack of knowledge about health care services proved to be a barrier to health care in several studies (Gray et al., 1995; Hatfield et al., 1996; Moon et al., 1998).

Conclusion

The conclusion of this overview is that, in general, health care utilization among ethnic minorities is lower than among the rest of the population, but there are some indications of differences between countries and between ethnic minority groups in the same country. However, because the greater part of the studies were conducted in the United States, for most services differences between countries could not be ascertained. Still, the few differences found indicated that access to physicians, or primary health care services for ethnic minorities depends, at least partly, on the organization of the health care system and the system of health insurance. For example the fact that patients in the United States do not necessarily have a regular source of health care and are not always insured, can constitute a barrier to health care utilization, and compliance with treatment. Other impeding factors are language and communication problems, differences in health beliefs and lack of knowledge of health care services. As studies on the attitudes and experience of health care providers in relation to health care utilization of ethnic minorities are lacking, no information can be given about the possible effects of these factors.

SEARCH METHOD AND USERS GUIDE

E.M. Weijzen

Searches were conducted in the library catalogues of the Netherlands Institute of Primary Health Care (NIVEL), the Netherlands Institute of Mental Health Care and Addiction (Trimbos-instituut), the Dutch Ministry of Health, Welfare and Sport, the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ), the Dutch National Institute for Research and Postgraduate Education of (Allied) Health Professions (NPI), the Documentation Centre Socio-Economic Differences in Health (SEGV) and the National Central Catalogue (NCC). Also, searches were done in the bibliographic databases of Medline, PsychLit en Sociofile.
The searches took place in November 1998. The references were limited to publications published from 1993 onwards.

Catalogues and databases were searched using keywords that covered the concepts of accessibility and utilization. In particular, the Medline subject headings "health services utilization" and "delivery of health care" (including all narrower terms, like "health services accessibility", "attitude of health personnel", "attitude to health" and "professional-patient relations") were used as a starting point for the search. It would not be very helpful to include a detailed searchplan here, because searches were performed in a large number of sources, each of which have their own indexing systems and keyword terminology.

The selection of publications was based on the following criteria. First, publications had to report on the results of scientific research. Descriptions of projects, e.g. on special provisions for ethnic minorities, were not included unless they had been accompanied by some sort of research effort. Second, the amount of literature on screening proved to be so extensive that a special bibliography would have been warranted. Publications on this subject were therefore not included. This holds also for the literature on health education. As far as the type of publication is concerned, articles from journals as well as books were to be included.

The search results led to the arrangement of the literature into the following chapters: the first chapter contains literature on the accessibility and use of health care services in general. This chapter is followed by seven chapters on the accessibility and use of specific health care services, namely, primary health care, prenatal care, dental care, care for the elderly, hospital care, mental health care and care and treatment of drug addicts. The last chapter, finally, contains publications on other health services and subjects, such as care for the handicapped, infant care, hospice services, family planning services, home care, alternative medicine and compliance.

A few notes should be made here. First, in countries like the United States, primary and secondary health care are not as distinct as in the Dutch health care system. In these countries patients have free access to services, such as ambulatory care, for which they would require a referral of their general practitioner in the Netherlands. Consequently, classification was sometimes hard, and may have led to less clear demarcation here and there. Studies on ambulatory care were assigned to the chapter on hospital care. Second, the health care sector was chosen as a startingpoint for classification. This means that e.g. literature on use of services for the elderly, was fitted into the chapter on elderly care. On the other hand, literature on the use of primary care by the elderly, was assigned to the chapter on primary care. For the same reason studies on diabetes patients were fitted into the chapter on hospital care, even when the topic was compliance rather than utilization of hospital services.

Most of the literature was found in the hospital and mental health care fields (table 1).

Table 1 Number of publications per chapter

	Total	US	Canada	Australia N. Zealand	UK	Other Europe
General	25	16	2	2	4	1
Primary health care	29	15	-	3	9	2
Prenatal care	27	24	1	-	1	1
Dental care	7	5	-	-	2	-
Care for the elderly	17	14	1	1	-	1
Hospital care	76	70	-	3	2	1
Mental health care	56	43	2	1	10	-
Care and treatment of drug addicts	8	8	-	-	-	-
Other health services	15	11	1	-	3	-
Total	260	206	7	10	31	6

For the most part, the references pertain to the accessibility and use of health care services by ethnic minorities in the United States. Consequently this blbiography will, unfortunately, shed little light on the situation in Europe.

Although it was our purpose to include books and reports as well as articles, it turned out -as was more or less foreseen- that most of the research was reported on in periodicals. That is why we want to bring to the reader's notice the bibliography of C. Haynes[3]. The bibliography of Haynes aims to present primarily monographic literature on ethnic minority health topics, and to focus on the four major ethnic minority groups in the United States. Selected materials cover the period 1970-1995. They are organized under the following broad topics and material types: bibliographies, directories, medicine, mental health, medical education, health professions, research, service delivery and access, prevention and health promotion, law, legislation, congressional hearings, dissertations and theses, multimedia and serials. For our purpose the chapter on service delivery and access is especially relevant, but literature on access and use of health services can also be found in the remaining chapters.

This bibliograpy is, as already has been said, divided in chapters. In each chapter, publications are arranged in alphabetical order by author's name. The bibliography also contains an author index and a subject index, which facilitates retrieval. All publications can be found in the NIVEL library.

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[3] Haynes C. Ethnic minority health: a selected, annotated bibliography. Lanham: Scarecrow Press, 1997. NIVEL: B 4271

1. GENERAL

BARRETT, B., SHADICK, K., SCHILLING, R., SPENCER, L., ROSARIO, S. DEL MOUA, K., VANG, M.
Hmong/medicine interactions: improving cross-cultural health care.
Family Medicine: 30, 1998, no. 3, p. 179-184.
NIVEL: C 7258

There are now more than 100,000 Hmong (Southeast Asian) refugees in the United States. This study examined interactions between Hmong patients and their health care providers and identified specific factors that either enable or obstruct health care delivery. Semistructured interview techniques were used to investigate patients' and providers' experiences, looking for attitudes, ideas, or behaviors that could be modified to improve health care delivery. Interviews with 23 Hmong patients, 18 health care providers, and six translators were audiotaped, transcribed, and analyzed by a multidisciplinary team. Methods included text analysis, theme identification, rank ordering, participant observation, immersion-crystallization, and open-ended discussion. Hmong patients and their US-trained health care providers have different health belief systems. Both linguistic and cultural translation were seen as problematic. Additionally, an overwhelming number of patients identified kindness, caring, and a positive attitude as important provider characteristics. Providers noted difficulties in understanding Hmong conceptions of acute versus chronic diseases, illness prevention, and pain, both physical and psychological. Many respondents gave suggestions for improvement: 1) learn more about each other's cultures, 2) be patient, kind, and positive, 3) avoid negative statements or predictions, 4) improve translation quality, 5) explain medical terms using visual aids, 6) respect Hmong family-centered decision making, 7) increase the time allotted for translated clinical encounters, and 8) train Hmong health care providers. It is concluded that many basic issues in relations between clinicians and Hmong patients must be addressed to improve health care communication.

BAZARGAN, M., BAZARGAN, S., BAKER, R.S.
Emergency department utilization, hospital admissions, and physician visits among elderly African American persons.
The Gerontologist: 38, 1998, no. 1, p. 25-36.
NIVEL: C 7273

This study uses a theoretical model of health services utilization to examine (a) emergency department utilization, (b) hospital admissions, and (c) office-based physician visits among a sample of 998 low-income elderly African American persons. Poisson Regression analysis was used to estimate the parameters specified in the Andersen behavioral model. Some of the more interesting results include the following: (a) a greater frequency of emergency room visits among respondents with a lower level of accessibility to physician services, (b) a lack of a significant relationship between chronic illnesses such as diabetes and heart problems and the frequency of office-based physician visits, (c) a greater number of hospital admissions among insured persons, and (d) a significant impact of the health locus of control indexes on all three types of health care utilization. The results of this study challenge the assumption that hospital and emergency use are the results of nondiscretionary behavior.

BLUM, W.M., POTTHOFF, S.J., RESNICK, M.D.
The impact of chronic conditions on Native American adolescents.
Families, Systems & Health: 15, 1997, no. 3, p. 275-282.
NIVEL: C 7259

This study examined the health, social relationships, health services utilization, and risk-taking behaviors of American Indian adolescents with and without chronic and disabling conditions, so as ,to understand better and anticipate the needs of this populations. A written survey was administered to 13,457 Native American youths (aged 12-18 yrs) who were in schools on reservations. Results suggest that subjects with chronic conditions sustained more emotional sequelae (i.e., disordered eating, suicidality) than did subjects without a condition. Subjects with chronic conditions also were at greater risk for physical and sexual abuse than were subjects without a condition, and reported more experiences of family rejection. For every preventive health behavior, except medical visits, Native youths with chronic conditions utilized services less than their peers without chronic conditions.

BOWES, A.M., DOMOKOS, T.M.
South Asian women and health services: a study in Glasgow.
New Community: 19, 1993, no. 4, p. 611-626.
NIVEL: C 7260

A study of Punjabi Muslim women in Glasgow examined their concepts of health; assessments of their own and their families' health; use of health services; satisfaction with health services and suggestions for improvements. The article presents and discusses the findings on each issue. In general, the women were very interested in health and keen for support in health improvement. It is argued that the women were not receiving their full health care entitlement, due more to features of the health care system, including racism, than to 'Asian culture'.

CHEUNG, P., SPEARS, G.
Illness aetiology constructs, health status and use of health services among Cambodians in New Zealand.
The Australian and New Zealand Journal of Psychiatry: 29, 1995, no. 2, p. 257-265.
NIVEL: C 7261

The objectives of this study were to determine, among all adult Cambodians living in Dunedin: prevalence of illness aetiology beliefs; psychiatric and physical health status; pattern of use of health services; relationships between use of health services and demographic factors, illness aetiology constructs and health status; and problems encountered and improvements desired in the local health services. 223 (i.e. 93.3% of all) adult Cambodians living in Dunedin were assessed, using a structured interview, in relation to their sociodemographic status, illness aetiology beliefs, physical health status and use of health services. The 28-item version of the General Health Questionnaire was used to assess psychiatric status. Subjects held multiple indigenous and Western illness aetiology constructs. Psychiatric morbidity using the 28item of the General Health Questionnaire (GHQ28) cutoff of 3/4 was 15.7%; despite this only six subjects had ever used specialist psychiatric services. Malaria, intestinal parasitic infestations and heart conditions were the three most frequently reported physical problems. Most subjects had used traditional services in Cambodia but very few had used them in New Zealand. Health service use was related to duration of stay in New Zealand, socio-economic status, both physical and psychiatric health status and some illness aetiology constructs. One hundred and forty-two (63.7%) subjects reported problems with use of health services in Dunedin.

Despite methodological limitations, some useful preliminary data on factors pertaining to use of and satisfaction with health services among Cambodians were collected. Future research should examine family characteristics and the decision-making processes that determine service use.

CHUNG, R.C.Y., LIN, K.M.
Help-seeking behavior among Southeast Asian refugees.
Journal of Community Psychology: 22, 1994, no. 2, p. 109-120.
NIVEL: C 7262

This study examined the help-seeking behavior of Vietnamese, Cambodians, Lao, Hmong, and Chinese-Vietnamese refugees and compared the help-seeking patterns employed by these groups in their native country with those currently used after resettlement in the United States. There were three major findings: (1) intergroup differences in help-seeking behavior were found in Asia and also in the United States. In Asia, Vietnamese were more likely to utilize Western medicine and the Hmong least likely to do so. In the United States, Cambodians were more likely to utilize mainstream services and again the Hmong were less likely to do so; (2) for all groups there was a dramatic change from prominently utilizing traditional medicine in their home country to a higher usage of mainstream services in the United States; (3) regardless of the significant increase in the use of Western medicine, traditional medicine continued to be important for all five Southeast Asian refugee groups after resettlement. Furthermore, subjects from all five groups reported the use of a dual health care system both in Asia and the United States. The implications of these findings for community services and health care providers are discussed.

CORNELIUS, L.J.
Barriers to medical care for white, black, and Hispanic American children.
Journal of the National Medical Association: 85, 1993, no. 4, p. 281-288.
NIVEL: C 7263

Data from the 1987 National Medical Expenditure Survey, a multistage probability sample of 15,000 US households, was used to examine some of the barriers that black and Hispanic children encounter in obtaining access to medical care. Results from the 1987 study indicate that black and Hispanic children were more likely than white children to be poor, uninsured members of single-parent households, and to have to wait longer to see a medical provider. Yet differences in waiting time at the usual source of care remained after controlling for insurance. In 1987, 18.6% of uninsured white children were without a usual source of care compared with 28.4% and 25.2% of uninsured black and Hispanic children, respectively. Furthermore, 17.6% of uninsured white children made at least one routine visit to a physician during 1987, while only 11.4% and 10.6% of the uninsured black and Hispanic children, respectively, saw a physician for a regular checkup.

DANIELS, D.E., RENE, A.A.., DANIELS, V.R.
Race: an explanation of patient compliance: fact or fiction?
Journal of the National Medical Association: 96, 1994, no. 1, p. 20-25.
NIVEL: C 7264

This article describes a retrospective study that examines the relationship between patient compliance and race among diagnosed hypertensives. The study reviewed and analyzed the compliance of 403 blacks diagnosed with hypertension. Patient compliance was measured using the frequency that patients took their hypertensive medicine. Bivariate analysis revealed a statistically significant relationship with patient compliance (dependent) and the independent variables (age, education, gender, and smoking). Multiple regression for the black population revealed that the age of the person accounted for the most explained variance. As age increased among blacks, so did compliance. The results may suggest the need to target school-aged blacks early in order to increase the awareness and importance of monitoring one's blood pressure. The results also may indicate that race is not a marker for other characteristics (income, education, etc) that might be used to explain the difference in the prevalence of hypertension among blacks compared with whites.

DIVERTY, B., PEREZ, C.
The health of northern residents.
Health Reports: 9, 1998, no. 4, p. 49-58.
NIVEL: C 7265

This article examines differences in health status and health determinants between residents of the North (Yukon and Northwest Territories) and of the provinces, and between Aboriginal and non-Aboriginal territorial residents. The use of health services and medications is also analyzed. The data are from the 1994/95 National Population Health Survey (NPHS). The population analyzed consists of household residents aged 12 and older. Compared with non-Aboriginal Northerners, Aboriginal people in the territories more frequently rated their health poorly. However, they reported fewer injuries and diagnosed chronic conditions. The prevalence of alcohol consumption was lower among Aboriginal people, while the proportion of smokers was substantially higher. A lower proportion of Aboriginal territorial residents had consulted a general practitioner in the previous year, and a higher proportion had consulted a nurse. Aboriginal people also had a low rate of medication use.

FLORES, G., VEGA, L.R.
Barriers to health care access for Latino children: a review.
Family Medicine: 30, 1998, no. 3, p. 196-205.
NIVEL: C 7266

This article reviews the literature to define specific barriers to care for Latino children, identify methodologic problems, and highlight the clinical and research implications of the identified barriers. Of the 32 potential barriers identified, 21 had good supportive evidence. Lack of health insurance was a consistent barrier; recent data revealed that 26% of Latino children are uninsured, compared with 10% of white children and 14% of African-American children. Latino children also are at greater risk for episodic insurance coverage, low rates of private insurance, and loss of employee-based coverage. Parent beliefs about the etiology and treatment of their child's illness, use of home remedies, choice of sources of advice, and folk medicine practices may also influence how health care is obtained. Few data are available on differences in access among major Latino subpopulations, and no studies focused primarily on barriers as perceived by Latino parents. Evidence is equivocal or lacking that the following are barriers for Latino children: immigration status, duration of parent residency in the United States, and acculturation. Several barriers were identified that originate with practices and behaviors of health care providers, including reduced screening, missed vaccination opportunities, decreased likelihood of receiving prescriptions, and poor communication. It is concluded that lack of health insurance and lack of a regular source of care are major access barriers for Latino children, but many other barriers were identified that also can have a substantial effect on health care. In addition, the behaviors and practices of both health care providers and parents can affect access to care. Too little is known about what parents perceive to be the major barriers, access differences among Latino subpopulations, the roles of language and culture, and the causes of obstacles resulting from the actions of providers.

GARRETT, C.R., TREICHEL, C.J., OHMANS, P.
Barriers to health care for immigrants and nonimmigrants: a comparative study.
Minnesota Medicine, 81, 1998, no. 4, p. 52-55.
NIVEL: C 7267

A survey asked medical social workers and visiting public health nurses to identify health problems and to compare barriers to health care experienced by immigrants and nonimmigrants in the Twin Cities area. Respondents considered infectious diseases a more significant problem for immigrants; they saw alcohol and chemical dependency as more problematic for nonimmigrants. Survey respondents thought that both groups experienced many of the same logistical barriers, including inadequate insurance coverage, transportation, mental stress, time constraints, and distance to their health care facilities. They identified language barriers and the need for trained interpreters as barriers for immigrants only. The survey confirmed widely held assumptions that cultural barriers are more problematic for immigrants, although these barriers were also perceived for nonimmigrants. Participants identified 16 of 18 health services as more available for nonimmigrants. Emergency and obstetrical services are equally available to the two groups, according to survey respondents.

GORNICK, M.E., EGGERS, P.W., REILLY, T.W., MENTNECH, R.M., FITTERMAN, L.K., KUCKEN, L.E., VLADECK, B.C.
Effects of race and income on mortality and use of services among Medicare beneficiaries.
New England Journal of Medicine: 335, 1996, no. 11, p. 791-799.

There are wide disparities between blacks and whites in the use of many Medicare services. The effects of race and income on mortality and use of services were studied. 1990 census data on median income were linked according to ZIP Code with 1993 Medicare administrative data for 26.3 million beneficiaries 65 years of age or older (24.2 million whites and 2.1 million blacks). Age-adjusted mortality rates and age- and sex-adjusted rates of various diagnoses and procedures were calculated according to race and income and computed black:white ratios. The 1993 Medicare Current Beneficiary Survey was used to validate the results and determine rates of immunization against influenza. For mortality, the black:white ratios were 1.19 for men and 1.16 for women ($P<0.001$ for both). For hospital discharges, the ratio was 1.14 ($P<0.001$), and for visits to physicians for ambulatory care it was 0.89 ($P<0.001$). For every 100 women, there were 26.0 mammograms among whites and 17.1 mammograms among blacks. As compared with mammography rates in the respective most affluent group, rates in the least affluent group were 33 percent lower among whites and 22 percent lower among blacks. The black:white rate ratio was 2.45 for bilateral orchiectomy and 3.64 for amputations of all or part of the lower limb ($P<0.001$ for both). For every 1000 beneficiaries, there were 515 influenza immunizations among whites and 313 among blacks. As compared with immunization rates in the respective most affluent group, rates in the least affluent group were 26 percent lower among whites and 39 percent lower among blacks. Adjusting the mortality and utilization rates for differences in income generally reduced the racial differences, but the effect was relatively small. Race and income have substantial effects on mortality and use of services among Medicare beneficiaries. Providing health insurance is not enough to ensure that the program is used effectively and equitably by all beneficiaries.

HAWTHORNE, K.
Accessibility and use of health care services in the British Asian community.
Family Practice: 11, 1994, no. 4, p. 453-459.

There is evidence that Asians have difficulty obtaining good quality health care, appropriate to their needs. This article examines some of this evidence, with examples of specific communities in Britain. In the past, specific health education programmes for Asians have targeted their 'special' needs such as rickets, tuberculosis and thalassaemia. In fact the population itself perceives its needs differently -- improved communication, easier access to services, and more information on asthma, diabetes, ischaemic heart disease and skin disorders. It is important to appreciate that the 'Asian' community is made up of disparate groups with widely differing needs and expectations, and that each community should be considered by health service planners as unique within the context of the health authority within which they lie. Reasons for the mismatch between need and service provision are discussed in the light of the recent reforms in the National Health

Service and recommendations for change are given.

JANG, M., LEE, E., WOO, K.
Income, language, and citizenship status: factors affecting the health care access and utilization of Chinese Americans.
Health & Social Work: 23, 1998, no. 2, p. 136-145.
NIVEL: C 7268

This article reports the results of a randomly administered interview of 1,808 Chinese American residents of San Francisco. The study examines income, language, and citizenship status and their effect on the use of health care services by this population. The articles discusses the implications of the findings for low-income and uninsured individuals, particularly people of immigrant status, and concludes with suggestions for local health care planners and advocates.

MATUK, L.C.
Health status of newcomers.
Canadian Journal of Public Health: 87, 1996, no. 1, p. 52-55.
NIVEL: C 7269

This article presents and discusses findings on the health status of newcomers residing in Windsor, Ontario. Data were collected from 548 newcomers through home visits, focus groups, mail surveys, and telephone interviews. Descriptive multivariate analyses focused on main areas in newcomers' physical and mental health status and their access to health services. The findings identified that most newcomers do not have acute, life-threatening physical problems or chronic illness. They do not experience major problems with access to health care or activity limitations. Men are happier, more satisfied with their health, and less stressed than women. This study has implications for adoption of sensitive transcultural approaches to promote newcomers' health. Special challenges lie in women's health and mental health.

MILLER, B., CAMPBELL, R.T., FURNER, S., KAUFMAN, J.E., LI, M.,MURAMATSU, N., PROHASKA, T.
Use of medical care by African American and White older persons: comparative analysis of three national data sets.
Journal of Gerontology: 52B, 1997, no. 6, p. S325-335.

Historically, there has been a large gap between African Americans and Whites in access to health care, but this gap was ostensibly lessened by the advent of Medicare and Medicaid for older adults in the mid 1960s. The extent to which older African Americans continue to receive less access to medical care as a result of economic inequalities, institutionalized forms of discrimination, and life-style factors remains a subject of policy debate. Empirical enquiry has produced inconsistent results. The purpose of this study is to test the same set of models of medical use using identically measured predictor variables in three nationally representative data sets of older Americans: 1984 Study of Aging (SOA); 1984 National Long-Term Care Survey (NLTC); and the 1987 National Medical Care Expenditure Survey (NMES). Multivariate logistic regression of use of physician and hospital services and Poisson regression of amount of service use identified inconsistent results in race differences across data sets, but consistent results in terms of the importance of health status and insurance as predictors of use and amount of use. The findings suggest that health status and financial resources may be more relevant areas for policy interventions than considerations related to race and ethnicity.

MUELLER, K.J., PATIL, K., BOILESEN, E.
The role of uninsurance and race in healthcare utilization by rural minorities.
Health Services Research: 33, 1998, no. 3 (Part 1), p.: 597-610.

The aim was to examine the independent effects of minority status, residence, insurance status, and income on physician utilization, controlling for general health status and the presence of acute or chronic health problems. Of special interest was the question of utilization differences among rural minority populations, as compared with urban non-Latino whites. Multivariate analyses used multiple logistic regression methods to detect independent effects of residence and minority status on whether or not individuals used physician services. Data were obtained from the National Health Interview Survey, 1992. The survey included information about the race/ethnicity of the respondent, health status, utilization of services, insurance status, and socioeconomic status. The most salient determinant of utilization of healthcare services is insurance status, regardless of race/ethnicity or (rural or urban) place of residence. Racial and ethnic minorities were less likely than whites to use physician services, and use was generally lower for rural residents. The most striking differences were for rural Latinos and rural Asians/other persons. Although the results demonstrate a need to adjust policies designed to improve utilization by accounting for particular problems faced by minority populations, they also demonstrate the primacy of addressing financial access.

MUYNCK, A. DE, PEETERS, R.
The occurence of special health care provisions for Moroccan and Turkish immigrants: an empirical study in Flanders.
Archives of Public Health: 51, 1994, no. 9/10, p. 425-441.
NIVEL: C 7270

This article presents the findings of an exhaustive inventory of the health care institutions in Flanders. The study was of a descriptive nature and covered the 60 communes in Flanders having 100 or more Moroccan and Turkish residents. All care providing institutions within these communes were listed and interviewed by telephone about the existence of immigrants among their clientele and the occurence of special provisions. A total of 6726 institutions were interviewed, 42% of them had immigrant clients. Of those institutions having migrant clients, 29% made special provisions such as brochures, posters and videos in the native language of the immigrants, or called on the services of interpreters or of personnel who were familiar with the language and culture of the immigrants. Brochures are the most frequently used special provision while interpreters are only rarely called upon. The occurence of these special provisions is associated with the level of care (third and fourth level have the highest provision score, the second the lowest), the nature of the care (preventive medicine scores better than curative); diagnostic services score better than therapeutic, the governing body (privately run institutions score less than centrally/regionally controlled institutions) and the magnitude of the immigrant populations at regional level. It is concluded that many care providers are confronted with immigrant clients. Nevertheless, only few of them take practical steps to improve the communication with their migrant clients and the quality of care offered to them.

NELSON, M.A.
Race, gender, and the effect of social supports on the use of health services by elderly individuals.
International Journal of Aging and Human Development: 37, 1993, no. 3, p. 227-246.
NIVEL: C 7274

This study examines the effects of social supports on the use of health services by elderly individuals, and whether those effects differ by race or gender. Multiple regression analysis of the 5,151 baseline Longitudinal Study on Aging (LSOA) respondents revealed that social supports, mainly church attendance, increased the R2s when estimated separately within race and gender groups in a statistically significant manner. The magnitude of these increases, however, was small suggesting that their unique contribution may be minimal. The effects of the social support variables on the use of health services differed by race and gender. These differences, however, were not consistent across the various measures of health services utilization.

NEWBOLD, K.B.
Aboriginal physician use in Canada: location, orientation and identity.
Health Economics: 6, 1997, no. 2, p. 197-207.
NIVEL: C 7271

The main objectives of this paper are to compare Aboriginal and Canadian health status and physician use and to identify the factors associated with the use of physician services. Data are drawn from the 1991 Aboriginal Peoples Survey and the 1991 General Social Survey, which are weighted random samples of the Aboriginal and total Canadian populations, respectively. The results demonstrate that Aboriginals were much less likely to use physician services, even though Aboriginals rank their health similarly to the total Canadian population. Location becomes an important aspect of both physician use and health status, with Aboriginals residing on-reserve generally having lower levels of self-assessed health and less likely to have seen a physician. While Aboriginals with the poorest health status were more likely to have seen a physician, other factors including education were found to be barriers to use of health care. Aboriginal identity and cultural orientation provided mixed results.

OSMOND, D.H., VRANIZAN, K., SCHILLINGER, D., STEWART, A.L., BINDMAN, A.B.
Measuring the need for medical care in an ethnically diverse population.
Health Services Research: 31, 1996, no. 5, p. 551-571.

The aim of this article is to examine measures of need for health care and their relationship to utilization of health services in different racial and ethnic groups in California. Telephone interviews were obtained by random-digit dialing and conducted between April 1993 and July 1993 in California, with 7,264 adults (ages 18-64): 601 African Americans, 246 Asians, 917 Latinos interviewed in English; 1,045 Latinos interviewed in Spanish; and 4,437 non-Latino whites. Interviews collected self-reported indicators of need for health care: self-rated health, activity limitation, major chronic conditions, need for ongoing treatment, bed days, and prescription medication. The outcome was self-reported number of physician visits in the previous three months. Compared to whites, one or more of the other ethnic groups varied significantly ($p < .05$) on each of the six need-for-care measures after adjustment for health insurance, age, sex, and income. Latinos interviewed in Spanish reported lower percentages and means on five of the need measures but the highest percentage with fair or poor health (32 percent versus 7 percent in whites). Models regressing each need measure on the number of outpatient visits found significant interactions of ethnic group with need compared to whites. After adjustment for insurance and demographics, the estimated mean number of visits in those with the indicator of need was consistently lower in Latinos interviewed in Spanish, but the differences among the other ethnic groups varied depending on the measure used. No single valid estimate of the relationship between need for health care and outpatient visits was found for any of the six indicators across ethnic groups. Applying need adjustment to the use of health care services without regard for ethnic variability may lead to biased conclusions about utilization.

RITCH, A.E., EHTISHAM, M., GUTHRIE, S., TALBOT, J.M., LUCK, M., TINSLEY, R.N.
Ethnic influence on health and dependency of elderly inner city residents.
Journal of the Royal College of Physicians of London: 30, 1996, no. 3, p. 215-220.
NIVEL: C 7275

The objectives of the study were to assess and compare the social characteristics, prevalence of disease, health needs, dependency and use of health services by elderly people in the different ethnic groups living in an inner city. A prevalence study was conducted using a questionnaire administered to people aged 65 years and over living at home, selected from the registers of inner city general practices in West Birmingham. Contact was made with 736 individuals from the original sample of 1,450 names, and completed questionnaires were obtained from 669 individuals (297 men, 372 women). Respondents were divided by place of birth into four groups: UK, Asia, West Indies, and 'Other'. Outcome measures were demographic data, language, household composition, prevalence of disease and health problems, help with activities of daily living, and contact with and knowledge of community health services. It was found that those born in the UK were likely to be older, female, unmarried and living alone. In the Asian group, only 15% spoke English and 59% lived in a household with more than three other people compared with 4% in both the UK and West Indian groups. Hypertension was more common in West Indians, arthritis in Asians and diabetes mellitus more common in both groups than in the UK group. Asians were more likely to complain of poor vision. The level of dependency was similar in all groups despite age differences. Contact with community health services was low among Asians who also had a low awareness of the availability of these services. The conclusions from the study were that the average age of elderly individuals in ethnic minority groups is less than that of the indigenous population, making direct comparison difficult. Nevertheless, they have a higher prevalence of age-related disease and a similar level of dependency. They are less well served by, and have little knowledge of the existence of, community health services. For older Asians, difficulty in communicating with English-speaking health personnel is a major barrier to effective health care. Access to health care by older people from ethnic minorities needs to be improved, and services developed in a more culturally sensitive manner.

SHANKAR, S., HUERTA, E.E., GUTIERREZ-MOHAMED, M., CRESPO, C.J.
Community involvement in assessing health needs of immigrant Salvadoreans living in Washington, D.C. area.
Ethnicity & Disease: 8, 1998, no. 1, p. 1-9.
NIVEL: C 7272

Although Salvadoreans are the fourth largest group of Hispanics in the United States, little data exist on their sociodemographic profile, health beliefs and behaviors. Community participation and a planned approach to community health promotion was used to design and implement a survey on a Salvadorean population. A workshop was held to: (1) discern the health needs and access to health care among

Salvadoreans residing in the District of Columbia Metropolitan Area (DCMA); and, (2) gain the trust of Salvadorean community leaders. The conclusions from the workshop were: a great majority of Hispanics are immigrants from El Salvador who lack basic knowledge about diseases and tend to have simplistic views; and, these immigrants' beliefs, attitudes and behaviors toward diseases have likely been shaped by their cultural heritage. Salvadoreans are, as a group, at risk for health and social problems because they have abandoned their country in the midst of a civil war. However, no data were available to support the identified problems. With the cooperation of the community leaders, a survey to assess the knowledge, attitudes and behaviors towards general health, access to health care and its utilization, and other sociodemographic information was conducted among Salvador-born adults. The sample size was 1,549, with a refusal rate of 2 percent. Women's perceptions of their communities' health problems were significantly (p=.001) different from those of males. As compared to men, women were more likely to have had a recent medical consult or a routine checkup. In assessing their own health, half the men rated their health as very good or excellent; whereas more than 60 percent of the women rated their health as poor or very poor. Findings from this study will provide avaluable data to design educational programs, including disease prevention strategies, for immigrant Salvadoreans.

SMAJE, C., GRAND, J.L.
Ethnicity, equity and the use of health services in the British NHS.
Social Science and Medicine: 45, 1997, no. 3, p. 485-496.

This paper addresses the extent to which equity of treatment is received by people of different ethnic groups from the British National Health Service. Using data from the General Household Surveys of 1984-91 it examines the use of general practitioner, outpatient services using three different methods to adjust for need and for other possible confounding variables. The results do not suggest there is any gross pattern of inequity between ethnic groups, except perhaps with respect to the Chinese population which displays consistently low levels of utilisation. However, while use of GP services by minority ethnic groups is in general as high or higher than the white population, use of outpatient service is low. Some of the results also suggest that there may be important ethnic differences underlying the broader finding of equity. For example, females of Pakistani origin report low levels of GP use. More generally, excess use of GP services among several minority ethnic groups appears to be associated with need, while people from most minority ethnic groups who do not report illness display especially low use of outpatient services relative to the corresponding group in the white population.

SMITH, M.W., KREUTZER, R.A., GOLDMAN, L., CASEY-PAAL, A., KIZER, K.W.
How economic demand influences access to medical care for rural Hispanic children.
Medical Care: 34, 1996, no. 11, p. 1135-1148.

In a study of access to medical care, the authors analyzed the relationship between factors influencing demand, local unmet needs, and the availability of physicians in a rural California community. The California Department of Health Services screened 1,697 (90%) of children aged 1 to 12 years in McFarland, CA. The relation of demand to unmet needs was examined using multiple logistic regression. Factors influencing demand for medical care were: ability to pay (income, health insurance) desire to purchase care (ethnicity, education, perceived need), and incidental costs (transportation, child care, etc). Questions from the Hispanic Health and Nutrition Survey were reconstrued to fit the demand model. Local need and demand for physicians was compared with state levels to assess whether sufficient physicians were available. Eighty-six percent of the children were of Mexican ancestry. Factors influencing demand were linked with specific unmet needs. Although unmet needs were high, demand was low; 46% of all families were below the poverty level. Although four primary care physicians were needed, only one could be supported in the private sector because of low demand. Advantages to the demand model are: (1) it shows why medical services are underused and lacking in low-income areas although need is high, (2) it permits an economic rationale for extra services for poor diverse populations, (3) it estimates the amount of resources lacking to assure adequate levels of care, (4) it shows why facilitated access is needed for certain groups.

2. PRIMARY HEALTH CARE

ATRI, J., FALSHAW, M., LIVINGSTONE, A., ROBSON, J.
Fair shares in health care?: ethnic and socioeconomic influences on recording of preventive care in selected inner London general practices.
British Medical Journal: 312, 1996, no. 7031, p. 614-717.

The aim of this article is to describe the association of ethnic and socioeconomic status with recording of preventive care information by selected general practitioners. Minority ethnic groups were considerable more likely to be overcrowded (31% v 6%), three times less likely to own their own home (11% v 37%), twice as likely to be in social classes IV and V (54% v 28%) and less likely to be employed (34% v 63%). There were no significant differences between white, black, Bangladeshi, and Chinese or Vietnamese subjects in recording of smoking, blood pressure, alcohol consumption, weight, and height in the general practitioners' medical records. White women were more likely to have a record of mammography (46% v 20%; P=0.03) and of cervical smears than women in minority ethnic groups. Despite major socioeconomic inequity, equitable recording of preventive activity for the major causes of death for white, black and Bangladeshi populations is possible. Chinese and Vietnamese people had lower levels of recording and consultation. Mammography and, to a lesser extent, cervical cytology are inequitably recorded and require additional support at practice level.

BARTMAN, B.A., MOY, E.
Racial differences in estrogen use among middle-aged and older women.
Women's Health Issues: 8, 1998, no. 1, p. 32-44.
NIVEL: C 7276

The purpose of this study is to explore racial differences in the use of estrogen therapy in middle-aged and older women. Based on previous studies, it is hypothesized that current and previous estrogen use was reported less frequently in black women and that they used estrogen for a shorter duration compared with white women. The authors also hypothesized that estrogen prescribing for nonwhite women did not increase at the same rate that it has for white women since 1980. Three data sets were used to examine the relationship between race and estrogen use, including the 1987 National Medical Expenditure Survey (NMES), the 1987 National Ambulatory Medical Care Surveys (NAMCS). The results of the analyses supported two of the original hypotheses. In both bivariable and multivariable analyses, the proportion of black women reporting receipt of an estrogen prescription in a single year was signficantly lower compared with the proportion of white women receiving estrogen. The proportion of white women reporting previous use of estrogen was significantly higher compared with the proportion of black women reporting ever use, in both bivariable and multivariable analyses. The duration of estrogen use was similar among white and black women. Despite yearly fluctuations in estimates, office-based prescribing of estrogen increased for both white and nonwhite women. As was hypothesized, the rates of prescribing of estrogen to nonwhite women did not appear to be comparable to prescribing in white women.

BOULT, L., BOULT, C.
Underuse of physician services by older Asian-Americans.
Journal of the American Geriatrics: 43, 1995, no. 4, p. 408-411.
NIVEL: C 7277

This study examined the effect of belonging to a minority cultural group on the use of physician services by older urban-suburban inhabitants, focusing on those at high risk for future hospital admission. A strong relationship was found between minority status and visiting physicians infrequently (0-1 time per year). Among very high-risk subjects, those using physician's services infrequently were 23 times more likely to be Asian-American than white.

BROWN, C.M., SEGAL, R.
The effects of health and treatment perceptions on the use of prescribed medication and home remedies among African American and white American hypertensives.
Social Science and Medicine: 43, 1996, no. 6, p. 903-917.

This study examines the relationships between health beliefs and the use of both prescribed medication and home remedies among a group of African American and White American hypertensives. Data were collected via telephone interviews with 300 individuals who had been medically diagnosed as having hypertension and had been prescribed at least one antihypertensive medication. Using the health belief model (HBM) as the theoretical framework, 4 primary hypotheses involving the perceptions of severity, susceptibility, benefits and costs of each treatment and compliance with prescribed mediation (Rx) and use of home remedies (HR) were tested. Multivariate logistic regression analyses indicated that age, costs of Rx and benefits of HR predicted compliance with Rx. The primary predictors of use of HR were ethnicity, poverty status, education, severity, benefits and costs of HR. The differences in predictor variables for each treatment behavior are discussed and speculations about the nature and importance of these differences are offered.

CORNWELL, J., HULL, S.
Do GPs prescribe antidepressants differently for South Asian patients?
Family Practice: 15, 1998, Suppl. 1, p. S16-18.
NIVEL: C 7278

In spite of evidence from controlled trials and published guidelines, general practitioners prescribe antidepressants in lower doses and for shorter courses than are recommended. However, these studies have not examined the effect of ethnicity on antidepressant prescribing by general practitioners. The aim of this study is to compare the antidepressant treatment of South Asian patients with White patients. Patients, between 16 and 65 years prescribed an antidepressant between November 1993-1995, were selected from an east London training practice by searching the practice computer system EMIS. From a total of 438 patients identified, 40 cases were selected on the basis of their surname as South Asian, and 50 cases formed the White comparison group. Data was collected retrospectively from the computer and paper records and analysed using Stata. The main outcome measures were presenting symptoms, maximum dose of antidepressant prescribed, duration of treatment and continuity of care. Women formed 2/3 of each group, the mean age in both groups being similar. Psychological symptoms were noted in the majority of both groups, but South Asians presented more physical complaints than the White group (67.5% compared to 22%, Chi squared=18.86, P=0.00001). The South Asian group were significantly more likely to be prescribed amitriptyline at doses of 75 mg or less than the White group (Fisher exact 2 tailed test, P=0.008), had significantly shorter median durations of antidepressant treatment (60 days, compared with 160 days for the White group, Mann Whitney test P=0.005). No differences were found between the groups in their continuity of care. The results suggest that successful drug treatment of depressed South Asian patients may be less likely than in White patients.

CUNNINGHAM, P.J., CORNELIUS, L.J.
Access to ambulatory care for American Indians and Alaska Natives; the relative importance of personal and community resources.
Social Science and Medicine: 40, 1995, no. 3, p. 393-407.

The debate on health care reform in the United States has been greatly influenced by various national studies showing a strong relationship between lack of public or private health care coverage and inadequate access to health services. There is also much concern about deficiencies in the availability and delivery of services to certain population groups--especially for those living in the most remote and sparsely populated areas of the country. However, national studies have generally not demonstrated that the use of health services is strongly associated with urban/rural residence or the supply of medical providers. This study shows that national studies can obscure the problems of certain population groups including American Indians and Alaska Natives. Using data from the 1987 National Medical Expenditure Survey, the findings show that the availability of medical providers as well as place of residence were strongly associated with the use of health care by American Indians and Alaska Natives. Although American Indians and Alaska Natives included in this study were eligible to receive health care free of charge from the Indian Health Service (IHS), financial factors were also significantly associated with use due to the use of services other than those provided or sponsored by IHS. Also, the results show that while geographic and supply factors have only modest effects on the average travel time to medical providers for the U.S. population as a whole, travel times are dramatically longer for American Indians and Alaska Natives living in rural areas and where there are few medical providers. In addition, there appear to be fewer hospitalizations in areas where there are IHS outpatient services. It is concluded by discussing the need for health care reform to take into account the diversity of a large country such as the U.S., and the special needs of population groups that are usually not adequately represented in national studies.

DAVIS, P., LAY-YEE, R., MAINGAY, S., GRIBBEN, B.
Patterns of general practitioner usage among Pacific people: indicative results from the Waikato Medical Care Survey.
New Zealand Medical Journal: 110, 1997, no. 1051, p. 335-336.
NIVEL: C 7279

This study reports patterns of medical contact in a representative sample of Pacific people attending the general practitioner. The data were drawn from a survey of general practice in the Waikato region representing a one per cent sample of all weekday encounters. In total, 12,833 patient encounter forms were completed. Just over one per cent of all encounters were recorded for patients of Pacific Islands background. Rates of medical contact for Pacific patients were lower-3.4 visits per year versus 4.5 for the whole sample-fewer follow up visits were requested (71% versus 76.2%), presentation was delayed (4.9 days from onset versus 3.7 for the sample) and there was an apparently lower level of rapport achieved. Overall levels of medical contact and return visits among Pacific patients appear to be lower and presentation delayed in this Waikato sample.

DAVIS, P., LAY-YEE, R., SINCLAIR, O., GRIBBEN, B.
Maori/non-Maori patterns of contact, expressed morbidity and resource use in general practice: data from the Waikato Medical Care Survey 1991-2.
New Zealand Medical Journal: 110, 1997, no. 1054, p. 390-392.
NIVEL: C 7280

This article compares patterns of contact, expressed morbidity and resource use in primary care for a representative sample of patients of Maori and non-Maori background. The data are drawn from a survey of general practice in the Waikato region representing a one per cent sample of all week day encounters. The data were recorded by participating general practitioners in four collection weeks spaced over the period of a year. In total, 12,833 patient encounter forms were completed. Annual rates of general practitioner contact for Maori are slightly lower than those for patients of non-Maori background. The case-mix pattern of general practitioner contact is very similar between the two groups. There is a limited correspondence between ethnic patterns of general practitioner usage and health need (as measured by mortality levels and rates of public hospital discharge). The near equivalence in ethnic rates of general practitioner contact revealed in this study contrasts strikingly both with the level of hospitalisation for Maori, which is nearly double that of non-Maori, and with the difference in mortality rates (30% higher for Maori). Attention devoted to improving access to general practitioner services among Maori may be necessary if important areas of ill health and hospital resource use are to be addressed effectively.

ENGEL, S., SHAMOON, H., BASCH, C.E., ZONSZEIN, J., WYLIE-ROSETT, J.
Diabetes care needs of Hispanic patients treated at inner-city neighborhood clinics in New York City.
The Diabetes Educator: 21, 1995, no. 2, p. 124-128.
NIVEL: C 7281

The charts of 254 Hispanic patients were selected from a sample of 321 patients with diabetes in four urban clinics that received federal funding to provide medical care in underserved communities. A standardized chart-audit protocol was used to assess the process of healthcare delivery and the presence of diabetes-associated comorbidities and complications in patients. Inconsistent recognition of obesity (11% identified vs 59% present), hyperlipidemia (17% identified vs 69% present), and renal dysfunction (3.5% identified vs 16% present) was evident on chart review. Inadequate compliance with current recommendations for diabetes care with respect to routine health screenings for diabetes-related complications, recognition of comorbid diagnoses, and referral of patients for recommended specialty consultations were also found. Issues specific to the varied Hispanic populations may need to be considered to improve the delivery of diabetes care for the growing Hispanic population with diabetes.

FEDER, G.S., VACLAVIK, T., STREETLY, A.
Traveller Gypsies and childhood immunization: a study in east London.
British Journal of General Practice: 43, 1993, no. 372, p. 281-284.

The immunization status of the children of Traveller Gypsies presenting to two general practices and a paediatric accident and emergency department in east London between July 1988 and February 1990 was compared with that of a control group presenting to the same services. Study of parental reports and other records for 72 Traveller Gypsy children and 106 control children aged 10 months to six years revealed that Traveller Gypsy children had significantly lower completion rates for pertussis, measles, diphtheria/tetanus and poliomyelitis vaccines than the control group. The difference between the uptake of the first and third diphtheria/tetanus, pertussis and poliomyelitis vaccines was significantly greater among the Traveller Gypsy children than among the control group. The low immunization rates are due to poor access to services as well as rejection of certain vaccines by Traveller Gypsies.

FICHTENBAUM, R., GYIMAH-BREMPONG, K.
The effects of race on the use of physician's services.
International Journal of Health Services: 27, 1997, no. 1, p. 139-156.

In recent years several studies have examined the role of race in determining both health care status and access to care. Most studies in this area have focused primarily on health care status, although the issue of access is often mentioned. While there are many reasons for differences in health status, access to resources may plan an important role. Using data from the 1987 National Medical Expenditure Survey, the authors of this article show that significant differences remain in the number of physician office visits for whites and African-Americans. The proportion of the racial differences in the number of office visits not explained by differences in objective factors is relatively large. In fact, the results show that a considerable part of the racial differential can be explained by differential responses to these objective factors. This implies that, even if all the objective factors that affect the demand for visits are equalized across race, significant differences in the utilization of health care services will remain.

FULLER, J.
Ethnic health workers in primary health care.
Australian Journal of Public Health: 19, 1995, no. 2, p. 198-205.
NIVEL: C 7282

Ethnic health workers were employed to increase the access of communities of non-English-speaking background to health services, but their role has remained unclear in a national health system that has been criticised for being slow to respond to the needs of these communities. Interviews and a questionnaire were used to survey a convenience sample of 40 South Australian ethnic health workers, how they should perform their roles and their ability to fulfil them. Interviews with 11 staff from the New South Wales Ethnic Health Worker Program then provided a broader perspective to the South Australian findings. High-priority roles were to provide help to solve immediate health problems. Roles included providing access as well as services. There were pressures on ethnic health workers to become service providers: clients from non-English-speaking backgrounds expected assistance with a wide range of problems, and mainstream staff lacked competence in meeting these needs. Ethnic health workers' involvement in needs assessment and health agency change was limited by these pressures, by ethnic health workers' separation from the work of mainstream staff and because systematic planning of services to non-English-speaking communities was lacking. The appropriate role for an ethnic health worker is as an access provider, with a greater emphasis on needs assessment and agency change.

GILL, P.
The effect of patient ethnicity on prescribing rates.
Health trends: 27, 1995, no. 4, p. 111-114.
NIVEL: C 7283

The issuing of a prescription is central to any doctor-patient interaction. Prescribing variation exists and remains largely unexplained. There is little documented evidence of the effect of patient ethnicity on prescribing patterns. A secondary analysis of data from the General Household Surveys is carried out to examine the association between being given a prescription and patient ethnicity. After modelling, it is found that Pakistanis and Indians were significantly more likely to receive a prescription from their general practitioner at a consultation compared to white and West Indian ethnic groups. In addition, consultation rate explained the different prescribing rates among women and men in the white group only.

GRAY, B., STODDARD, J.J.
Patient-physician pairing: does racial and ethnic congruity influence selection of a regular physician?
Journal of Community Health: 22, 1997, no. 4, p. 247-259.
NIVEL: C 7284

Many public and private sector efforts are devoted toward increasing the training of physicians from under-represented minority groups, yet little has been documented regarding the association between physicians' racial backgrounds and the patient populations they serve. To address this question, the 1987 National Medical Expenditure Survey was used to examine the impact of race/ethnicity on the matching between physician and patients. Our results show that minority patients are significantly more likely to report having a minority physician as their regular doctor. It is estimated that minority patients are five times as likely as non-minorities to report that their regular physician is a member of a racial/ethnic minority. This effect is especially pronounced among Hispanics who identify a Hispanic physician as their regular provider 19 times more often than non-minorities. After controlling for other socioeconomic factors, both these figures remain significant, but drop by approximately one-half. These results support the notion that minority patients tend to see minority physicians at a disproportional rate independent of other socio-economic factors.

HAHN, B.A.
Children's health: racial and ethnic differences in the use of prescription medications.
Pediatrics: 95, 1995, no. 5, p. 727-732.
NIVEL: C 7285

This study examines differences in probability and number of prescribed medications by race and ethnicity, and whether the differences remain if socioeconomic factors, indicators of need, and number of physician visits are taken into account. Using data from the 1987 National Medical Expenditure Survey, multivariate regression analysis was used to examine the probability of receiving a prescription medication and number of medications for two samples of children, ages 1 to 5 (N = 1347) and ages 6 to 17 (N = 2155). Descriptive statistics indicate that compared with white children, black and Hispanic children are less likely to receive a prescribed medication and have on average, fewer medications. The multivariate results of this analysis show that those differences persist, depending on age group of the child, after adjusting for socio-economic factors, health conditions, and number of physician visits. The relationship between racial and ethnic status and the use of prescription medication mirrors other types of services, such as physician visits, and affirms that minorities receive fewer services than whites.

KOSCH, S.G., BURG, M.A., PODIKUJU, S.
Patient ethnicity and diagnosis of emotional disorders in women.
Family Medicine: 30, 1998, no.3, p. 215-219.
NIVEL: C 7286

This study examined the diagnosis and management of psychological disorders in family practice patients to explore how ethnicity may affect the diagnosis and treatment of emotional disorders. A random sample of family practice patients was selected from 1 year of office visits. The charts of 100 African-American and 100 Caucasian women were audited for primary and secondary diagnoses, presenting symptoms, prescriptions, psychotherapy referrals, history of domestic violence and substance use, and family and demographic characteristics. Chi-square tests of association and multiple regression were used to analyze the data. Ethnic background was significantly associated with a diagnosis of a psychiatric disorder; 44% of Caucasian patients were diagnosed with an emotional disorder, compared with 24% of African-Americans. Proportionately more Caucasian patients with psychiatric diagnoses were treated with psychotropic medications. Patient race, marital status, and insurance status explained 15% of the variance in psychiatric diagnoses. Women's ethnicity is significantly associated with the diagnosis of emotional disorders and their treatment.

LIEU, T.A., NEWACHECK, P.W., MCMANUS, M.A.
Race, ethnicity, and access to ambulatory care among US adolescents.
American Journal of Public Health: 83, 1993, no. 7, p. 960-965.

This study describes the differences in health care access and use among White, Black and Hispanic adolescents and evaluates how such differences are influenced by insurance. Data on 7465 10- to 17-year-olds included in the child health supplement to the 1988 National Health Interview Survey were used. Much higher proportions of Blacks (16%) and Hispanics (28%) than of Whites (11%) were uninsured. Despite having worse reported health status, Black and Hispanic adolescents made notably fewer doctor visits in the past year than their White peers, and were more apt to lack usual sources of routine and acute care as well as continuity between sources of care. Having health insurance was associated with greater increase in access and usage measures for minority youth than for White youth. However, racial differences persisted even after adjusting for health insurance, family income, need, and other factors.

LIPTON, R., LOSEY, L., GIACHELLO, A.L., CORRAL, M., GIROTTI, M.H., MENDEZ, J.J.
Factors affecting diabetes treatment and patient education among Latinos: results of a preliminary study in Chicago.
Journal of Medical Systems: 20, 1996, no. 5, p. 267-276.
NIVEL: C 7287

Non-insulin-dependent diabetes mellitus (NIDDM) is a major health problem among Latinos, yet the quality of diabetes treatment among them has not been fully examined. A pilot study was conducted with adult diabetic patients for the purposes of describing their diabetes-related knowledge and behaviors and evaluating whether these patients were receiving effective outpatient care. Demographic data, health knowledge, and behavioral information was collected using face-to-face interviews with 101 patients diagnosed for at least 1 year at three primary care clinics. The medical record of each interviewee was abstracted for evidence that medical follow-up was being conducted with the recommended frequency. Most respondents spoke only or mostly Spanish, yet 14% of these patients reported that they had received instruction about diabetes in English alone. A majority of patients exhibited a basic understanding of their disease, and more than half reported positive health behaviors within the past year. Nonetheless, 54% of Puerto Rican Americans and 26% of Mexican-Americans had been admitted to the hospital or had used the emergency room for diabetes-related conditions. Recommended medical procedures were infrequently documented in clinic records. Diabetes education was available in Spanish, and patients appeared to have a basic knowledge of the disease process. However, recommended clinical follow-up was not uniformly provided. The large number of diabetes-related hospitalizations may be related to sub-optimal management among at least some of these patients.

MORGAN, M.
The significance of ethnicity for health promotion: patients' use of anti-hypertensive drugs in inner London.
International Journal of Epidemiology: 24, 1995, no.3 (Suppl 1), p. S79-84.

Afro-Caribbeans are a large ethnic minority in the UK and are concentrated in some inner London areas where they comprise over 12% of the population. Standardized mortality ratios for stroke are relatively high among the Afro-Caribbeans, for whom the control of high blood pressure is thus of particular significance. Semi-structured interviews were conducted with matched groups of 'white' and Afro-Caribbean hypertensive patients attending 15 general practices in an inner London area to examine their beliefs and practices regarding the prescribed drugs. Adherence was high among 'white' patients, but less than half the Afro-Caribbeans took the drugs regularly as prescribed with many having poorly controlled blood pressures. Non-adherence was influenced by traditional cultural beliefs and practices which often strengthened concerns about the long-term harmful effects of drugs and provided an alternative resource in terms of herbal remedies. There was also evidence of a cultural gulf and lack of communication between Afro-Caribbean patients and their general practitioners, thus reducing the effectiveness of this preventive strategy.

MUYNCK, A. DE, PEETERS, R.
Hoe tracht de Vlaamse huisarts de communicatie met zijn allochtone cliënten te verbeteren? [In what way does the Flemish general practitioner attempt to improve communication with his migrant clients?]
Tijdschrift Gezondheidsbevordering: 14, 1993, no. 3, p. 99-109.
NIVEL: C 7288

This study analysed how flemish general practitioners approach their migrant clients, and how categorical care facilities fit into that approach. A random sample of 414 GP's was drawn, of whom 201 participated in the study. The migrant clients presented 15 types of major health problems. The practitioners' approach contained not only diagnostic and therapeutic aspects, but is also comprehensive. That comprehensiveness was found to be determined by the occurence of the health problems, the supply of categorical care facilities and the GP keeping up with the professional literature on migrants. GP's were quite satisfied with their approach of migrant's somatic health, but less with their handling of the socio-psychological problems and of the stress due to the imperfect integration of migrants in our society. The willingness of the GP's to change their approach depends mainly on characteristics related to the GP him/herself. In order to optimize the care for migrants, it is not sufficient to provide the GP's with categorical facilities, or to increase their communication skills, extra attention has to be given also to their basic motivation.

ODELL, S.M., SURTEES, P.G., WAINWRIGHT, N.W., COMMANDER, M.J., SASHIDHARAN, S.P.
Determinants of general practitioner recognition of psychological problems in a multi-ethnic inner-city health district.
British Journal of Psychiatry: 171, 1997, no. 12, p. 537-541.
NIVEL: C 7289

With few exceptions, evaluation of the capacity of general practitioners (GPs) to recognise psychiatric disorder in their patients has failed to consider the role of ethnic diversity in the consultation process and whether such knowledge can improve understanding of the degree to which psychiatric morbidity is recognised within GP settings. This research was completed in five general practices representative of all those within an inner-city health district. Psychiatric morbidity in patients consecutively attending the practices was then assessed using the General Health Questionnaire; in addition, GPs were asked to complete a checklist of current problems identified during each consultation. Analysis suggested that Asian and Black patients were less likely than White patients to have psychological problems identified; that social problems and a psychiatric history facilitated recognition; and that current physical illness hindered recognition. GP recognition of psychological problems varies according to patient ethnicity but can be substantially masked by both the physical and social circumstances of patients at consultation.

PÉREZ-STABLE, E.J., NÁPOLES-SPRINGER, A., MIRAMONTES, J.M.
The effects of ethnicity and language on medical outcomes of patients with hypertension or diabetes.
Medical Care: 35, 1997, no. 12, p. 1212-1219.

A cross-sectional study of 226 general medicine patients with hypertension or diabetes was conducted to compare the effect of ethnicity and language concordance with their physician on health outcome measures, use of health care services, and clinical outcomes. The authors show that ethnicity was associated with a better health outlook, less health distress, and fewer days interfered with pain. Physician-patient language concordance was associated significantly with better functioning on three overall health status scales and six subscales.

PHAROAH, C.
Primary health care for elderly people from black & minority ethnic communities.
London: HMSO, 1995. 153 p., refs., app., tables.
NIVEL: B 4406

The aim of this study was to show the extent to which and the ways in which, primary care is addressing the particular needs, preferences and difficulties of elderly people from black and minority ethnic groups, and to explore some of the problems surrounding the development of different forms of service delivery.

SCHUR, C.L., ALBERS, L.A., BERK, M.L.
Health care use by Hispanic adults: financial vs. non-financial determinants.
Health Care Financing Review: 17, 1995, no. 2, p. 71-88.

The purpose of this article is to assess the relative effects of financial and cultural factors, namely language spoken, on health care use by Hispanic adults. Using a national sample, the determinants of having a useful source of care (USOC), use of physician visits, and likelihood of having blood pressure checked are examined. Monolingual Spanish speakers were not significantly different from English speakers for the three dependent variables; having private insurance or Medicaid was positively related to all three dependent variables. It is concluded that financial factors - primarily insurance - remain as the paramount barriers to care.

SMAJE, C.
Equity and the ethnic patterning of GP services in Britain.
Social Policy & Administration: 32, 1998, no. 2, p. 116-131.
NIVEL: C 7290

A characteristic ethnic patterning to health care utilization has often been noted, with minority ethnic groups generally displaying a high or equivalent use of GP services related to the white population but a lower use of outpatient services. This paper uses data from the General Household Survey to investigate the nature of the GP consultation as the possible occasion of inequity in health care between ethnic groups and the source of differential ethnic "filtering" into secondary care. The results are equivocal, but suggest that there are systematic ethnic differences in the GP consultation indicated by its location and its outcome in terms of pharmaceutical prescription. These results are related to discussions of equity in health care, and it is suggested that the actual occasion of health care utilization has not been appropriately incorporated into most extant conceptions of equity.

SONIS, J.
Association between duration of residence and access to ambulatory care among Caribbean immigrant adolescents.
American Journal of Public Health: 88, 1998, no. 6, p. 964-966.
NIVEL: C 7291

The purpose of this study was to determine the association between duration of residence and access to ambulatory care among Caribbean immigrant adolescents. A cross-sectional survey of adolescents at a New York City high school was conducted. Multivariate modeling methods were used to adjust for demographic and socioeconomic covariates. Duration of residence was strongly and directly associated with access to ambulatory care after adjustment for ethnicity. Caribbean immigrant adolescents, particularly recent immigrants, have reduced access to ambulatory care.

TAIRA, D.A., SAFRAN, D.G., SETO, T.B., ROGERS, W.H., KOSINSKI, M., WARE, J.E., LIEBERMAN, N., TARLOV, A.R.
Asian-American patient ratings of physician primary care performance.
Journal of General Internal Medicine: 12, 1997, no. 4, p. 237-242.
NIVEL: C 7292

The aim of this study is to examine how Asian-American patients' ratings of primary care performance differ from those of whites. Latinos, and African-Americans. In phase 1, successive patients who visited the study site for appointments were asked to complete the survey. In phase 2, successive patients were selected who had most recently visited each physician, going back as far as necessary to obtain 20 patients for each physician. In total, 502 patients were surveyed, 5% of whom were Asian-American. After adjusting for potential confounders, Asian-Americans rated overall satisfaction and 10 of 11 scales assessing primary care significantly lower than whites did. Dimensions of primary care that were assessed include access, comprehensiveness of care, integration, continuity, clinical quality, interpersonal treatment, and trust. There were no differences for the scale of longitudinal continuity.

On average, the rating scale scores of Asian-Americans were 12 points lower than those of whites (on 100-point scales). It is concluded that Asian-American patients rate physicians primary care performance lower than do whites, African-Americans, and Latinos. Future research needs to focus on Asian-Americans to determine the generalizability of these findings and the extent to which they reflect differences in survey response tendencies or actual quality differences.

WATT, I.S., HOWEL, D., LO, L.
The health care experience and health behaviour of the Chinese: a survey based in Hull.
Journal of Public Health Medicine: 15, 1993, no. 2, p. 129-136.
NIVEL: C 7293

Lack of knowledge about the health care experience and health behaviour of an important ethnic minority group prompted a study to inform the provision of health care and promote local action in Hull. Thirty Chinese 'takeaway' shops were randomly selected from the Yellow Pages of the Hull telephone directory, and all Chinese people working in them asked to complete a questionnaire. It contained questions on their knowledge, use and experience of primary health care and health promotion, together with aspects of their health behaviour. The same questionnaire in English was delivered to all workers in 30 fish and chip shops, to provide a White comparison group. Eighty (71 per cent) of the Chinese returned their questionnaire, and 73 (67 per cent) were returned from the chip-shop workers. The results indicate that the Chinese in Hull are not making optimal use of health services; they use some services inappropriately, whereas others, such as preventive health programmes, are under-used. One of the main reasons is identified as the language/communication difficulties faced by many Chinese. Other reasons are also highlighted and their implications discussed.

WILSON, M., MACCARTHY, B.
GP consultation as a factor in the low rate of mental health service use by Asians.
Psychological Medicine: 24, 1994, no. 1, p. 113-119.

Patients attending five Health Centres in areas of NW London with a high Asian population were asked to complete a questionnaire screening for non-psychotic psychiatric illness and to state why they had come to see their doctor. The GPs were also asked to rate the purpose of the consultation for those patients who scored above the cut-off point on the questionnaire. The screening questionnaire revealed equivalent rates of non-psychotic psychiatric morbidity in the White and Asian samples and no differences in the way their symptoms were presented. The differences that did emerge showed that Asian patients scoring above the cut-off for psychiatric caseness were more likely to state that they were consulting their GP about a physical problem and GPs were more likely to identify psychiatric morbidity in White than Asian patients who exceeded the cut-off threshold. The results suggest the possibility of an interaction between the ways in which patients experience and communicate psychological distress, their ethnic origin, and their GP's mode of responding.

3. PRENATAL CARE

ABEL, M.H.
Maternal characteristics and inadequate prenatal care.
Psychological Reports: 79, 1996, no. 3 (Part 1), p. 903-912.
NIVEL: C 7294

This study examined the effects of traditional risk factors on receipt of inadequate prenatal care when controlling for interactions of multiple factors. Birth certificate data on 11,936 births were obtained from a state birth cohort file. Significant interactions were found between maternal ethnicity (black vs white), marital status, and education in the prediction of inadequate prenatal care. Examining only main effects and ignoring interactions can produce oversimplified conclusions about individual risk factors.

ALBRECHT, S.L., MILLER, M.K.
Hispanic subgroup differences in prenatal care.
Social Biology: 43, 1996, no. 1-2, p. 38-58.
NIVEL: C 7295

Racial and ethnic minorities in the United States generally fare less well on a variety of health-related indicators than do majority groups. Important differences exist within subgroups, however, and at present, these differences are poorly understood. This paper addresses Hispanic subgroup (Cuban American, Mexican American. Puerto Rican, and Central/South American) differences in utilization of prenatal care. Data from the 1986 and 1987 national Linked Birth/Infant Death files are used to assess patterns of prenatal care utilization across subgroups. Using Kotelchuck's Adequacy of Prenatal Care Utilization Index, it is found that when controlling for other factors, Cuban American and Puerto Rican women are more likely to obtain adequate care than are Hispanic women of Mexican or Central/South American origin. Other factors important in understanding utilization patterns include marital status, education level, birthplace, and region of the country. This paper concludes with a discussion of the relatively weak link between prenatal care and birth outcomes and identifies important cultural factors that may be important in understanding why this relationship is not stronger.

BALCAZAR, H., HARTNER, J., COLE, G.
The effects of prenatal care utilization and maternal risk factors on pregnancy outcome between Mexican Americans and non-Hispanic whites.
Journal of the National Medical Association: 85, 1993, no. 3, p. 195-202.
NIVEL: C 7296

This study evaluates the effects of prenatal care classification and levels of maternal risk status on pregnancy outcomes in Mexican Americans and non-Hispanic whites in Arizona. All live birth certificates from 1986 and 1987 were reviewed yielding a total population of 101,206 (26,827 Mexican Americans). The adequacy of prenatal care was evaluated based on an index that includes six prenatal care groups. Two levels of maternal risk status (low and high) were defined based on a series of maternal risk factors. Overall, Mexican Americans had a greater proportion of maternal risk factors and a greater proportion of mothers with inadequate or no prenatal care compared with non-Hispanic whites. Prematurity and macrosomia were more prevalent than low birthweight in Mexican Americans. Low-risk status and adequate prenatal care regardless of ethnicity were found to be associated with a lower prevalence of low birthweight and preterm delivery. Whites, however, had a greater variation in the prevalence of low birthweight associated with changes in prenatal care utilization and maternal risk status compared with Mexican Americans. Analysis showed an independent effect of prenatal care, maternal risk status, maternal age, and maternal birthplace in predicting the overall low birthweight rate in Mexican Americans. The implications of these results are discussed relative to the usefulness of prenatal care as a health-care intervention in Mexican Americans.

BLANKSON, M.L., CLIVER, S.P., GOLDENBERG, R.L., HICKEY, C.A., JIN, J., DUBARD, M.B.
Health behavior and outcomes in sequential pregnancies of black and white adolescents.
JAMA: 269, 1993, no. 11, p. 1401-1403.
NIVEL: C 7297

Aim is to examine the relationships among parity, preterm delivery, fetal growth retardation, and prenatal care utilization in first and second adolescent pregnancies. In a longitudinal, retrospective study obstetric, behavioral, and sociodemographic data were used to examine birth outcomes of 737 low-income black (80%) and white (20%) teenagers delivering first and second singleton infants at 20 or more weeks' gestation. In their second pregnancies, adolescents presented 2.8 weeks later for care (P=.0001) and made fewer total clinic visits. Mean infant birth weight increased by 91 g (P=.0005). This increase was significantly associated with an increase in maternal prepregnancy body mass index. The rate of fetal growth retardation decreased (P=.0001) and the rate of preterm delivery increased (P < .02) in the second pregnancy. The rate of recurrence of fetal growth retardation was 13% and the rate of preterm delivery was 46%. Poorer utilization of prenatal care and high risk for recurrence of adverse outcomes are characteristic of adolescents' second pregnancies and should be considered in teenage pregnancy intervention programs.

BRETT, K.M., SCHOENDORF, K.C., KIELY, J.L.
Differences between black and white women in the use of prenatal care technologies.
American Journal of Obstetrics and Gynecology: 170, 1994, no. 1 (Part 1), p. 41-46.
NIVEL: C 7298

The purpose of this study was to determine whether the content of prenatal care received by black and white women in the United States differs, as measured by the use of amniocentesis, ultrasonography, and tocolysis. This study uses data from birth certificates issued for births occurring in the United States in 1990. Multivariate analyses were used to calculate the relative risk of receipt of each technology by black women compared with white women. Amniocentesis was used substantially less frequently by black women (relative risk 0.6), whereas ultrasonography was received by black women slightly less frequently than white women (relative risk 0.9). Tocolysis used varied by plurality. Black women with singleton births were slightly more likely to receive tocolysis than were white women (relative risk 1.1), although the risk of idiopathic preterm delivery is estimated to be three times higher in black women. Black women with multiple births received tocolysis two thirds as often as white women. These results suggest that differences exist in the content of prenatal care received by black and white women in the United States. This finding should be followed up with more detailed studies to identify its cause and possible interventions.

BYRD, T.L., MULLEN, P.D., SELWYN, B.J., LORIMOR, R.
Initiation of prenatal care by low-income Hispanic women in Houston.
Public Health Reports: 111, 1996, no. 6, p. 536-540.
NIVEL: C 7299

The aim of this article is to understand why many Hispanic women begin prenatal care in the later stages of pregnancy. The authors compared the demographic profile, insurance status, and health beliefs--including the perceived benefits of and barriers to initiating prenatal care--of low-income Hispanic women who initiated prenatal care at different times during pregnancy or received no prenatal care. A perception of many barriers to care was associated with later initiation of care and non-use of care. Perceiving more benefits of care for the baby was associated with earlier initiation of care, as was having an eligibility card for hospital district services. Several barriers to care were mentioned by women on open-ended questioning, including long waiting times, embarrassment the physical examination, and lack of transportation. Recommendations for practice included decreasing the number of visits for women at low risk for poor pregnancy outcomes while increasing the time spent with the provider at each visit, decreasing the number of vaginal examinations for low risk women, increasing the use of midwives, training lay workers to do risk assessment, emphasizing specific messages about benefits to the baby, and increasing general health motivation to seek preventive care through community interventions.

CONRAD, J.K., HOLLENBACH, K.A., FULLERTON, J.T., FEIGELSON, H.S.
Use of prenatal services by Hispanic women in San Diego County: a comparison of urban and rural settings.
Journal of Nurse-Midwifery: 43, 1998, no. 2, p. 90-96.
NIVEL: C 7300

The purpose of this study was to investigate patterns of prenatal care use among urban and rural Hispanic women in San Diego County, California. A cohort study of Hispanic women delivering at one of five San Diego County hospitals between July 1991 and January 1992 was conducted (N = 587). Data were collected by in-person interview and medical record abstraction. Logistic regression was used to identify variables associated with late entry into prenatal care, while simultaneously adjusting for important confounding variables. Three factors were found to be significantly associated with late entry into prenatal care. Women who resided in urban areas were two times more likely to enter prenatal care late as compared to women who lived in rural areas. Women who reported not having initially "wanted" the pregnancy were 2.2 times more likely to enter prenatal care late. The risk of entering prenatal care late increased by 20% for each additional barrier to care that was reported. Results indicate that timely entry into prenatal care may be improved among San Diego Hispanic women by targeting specific barriers to prenatal care identified in this study and by providing greater family planning assistance to this population to decrease unwanted pregnancies.

GARDNER, M.O., CLIVER, S.P., MCNEAL, S.F., GOLDENBERG, R.L.
Ethnicity and sources of prenatal care: findings from a national survey.
Birth: 23, 1996, no. 2, p. 84-87.
NIVEL: C 7301

Improving pregnancy outcomes for minorities is a major goal of health providers and policy makers. Since most strategies involve an intervention during pregnancy, it is important to know where minority women with various characteristics receive prenatal care and why. The purpose was to evaluate services of prenatal care for white, African-American, Mexican-American, and Puerto Rican women. The National Maternal and Infant Health Survey (1988) was used to ascertain age, income, marital status, education level, and source of funding of the study population of 21,000 women, who were assigned to an ethnic group based on self-indentification in the survey. The sources of prenatal care were classified as private (private physician, nurse-midwife, health maintenance organization) or public (state or local health department, community health center, hospital-based clinic). When categorized by ethnic group alone, 78 percent of white women received private care compared with 51 percent of Mexican-American women, 44 percent of African-American women, and 37 percent of Puerto Rican women. Private health insurance was held by 78 percent of white, 50 percent of African-American, 49 percent of Mexican-American, and 47 percent of Puerto Rican women. Of those with private insurance, 86, 62, 69, and 59 percent, respectively, received private care. Of white women with Medicaid funding, 52 percent received private care as opposed to a range of 20 to 42 percent for minority women. Substantial differences in sources of prenatal care exist between white and minority women and between different minority groups, suggesting that policy makers and health caregivers should tailor prenatal care intervention to the needs of specific minority populations.

GONZALEZ-CALVO, J., JACKSON, J., HANSFORD, C., WOODMAN, C., REMINGTON, N.S.
Nursing case management and its role in perinatal risk reduction: development, implementation, and evaluation of a culturally competent model for African American women.
Public Health Nursing: 14, 1997, no. 4, p. 190-206.
NIVEL: C 7302

The authors outline the need for comprehensive perinatal services management for African American pregnant women, based on social/environmental stressors, and propose a workable model for delivery of services based on case management principles. Data from 5 years of comprehensive case management are included to support the effectiveness of case management as an intervention among high-risk women. Steps utilized to develop, implement, and evaluate case management are also discussed.

GOSS, G.L., LEE, K., KOSHAR, J., HEILEMANN, M.S., STINSON, J.
More does not mean better: prenatal visits and pregnancy outcome in the Hispanic population.
Public Health Nursing: 14, 1997, no. 3, p. 183-188.
NIVEL: C 7303

Early and consistent prenatal care (PNC) is thought to play an important role in the reduction of low birthweight (LBW) in the United States. It has been reported that LBW and delayed PNC are common to the Hispanic woman. A comparative study was conducted in California to examine the number of prenatal visits and the outcomes of Mexico-born Hispanics and U.S.-born Hispanics. Obstetric and medical record review for 783 women was done. The results show that more prenatal visits did not improve the outcome during pregnancy, labor, or the postpartum period. Because a large portion of PNC is now delivered by the advanced practice nurse, implications for practice include exploring alternatives for the delivery of culturally relevant care, addressing the barriers to caring for this population, and finding alternative models of care that have the potential to produce positive outcomes.

GRAY, S., LAWRENCE, S., ARREGUI, A., PHILLIPS, N., BELL, R., RICHARDS, T., FUKUSHIMA, T., TAEUSCH, H.W.
Attitudes and behaviors of African-American and Mexican-American women delivering newborns in inner-city Los Angeles.
Journal of the National Medical Association: 87, 1995, no. 5, p. 353-358.
NIVEL: C 7304

To study some of the factors relating to the care of mothers and newborns in an inner-city hospital, three sources of information were reviewed: an obstetric database including information on prenatal care and perinatal mortality, a database of all admissions to the hospital neonatal intensive care unit over the past 5 years, and a detailed questionnaire concerning attitudes and behaviors of recently delivered women. The results add evidence for the following propositions: 1) Optimal prenatal care is infrequently obtained by mothers delivering at inner-city hospitals. Lack of prenatal care is clearly associated with increased perinatal mortality. While the need for prenatal care is appreciated by 98% of the mothers in this sample, the most frequent reasons why prenatal care is not obtained earlier or more frequently involve knowledge about and access to prenatal care. 2) Inner-city mothers, in general, manifest attitudes and behaviors that promote the welfare of their pregnancies and newborns. These attitudes and behaviors are in stark contrast to those that are frequently attributed to inner-city women by the media. 3) Acute perinatal medical and nursing care are perceived by many postpartum women as suboptimal, particularly in terms of the lack of respect shown to patients by nurses and doctors. 4) Improved acute obstetric and neonatal care improves perinatal morbidity and mortality of infants delivered at inner-city hospitals.

KOGAN, M.D., KOTELCHUCK, M., JOHNSON, S.
Racial differences in late prenatal care visits.
Journal of Perinatology: 13, 1993, no. 1, p. 14-21.
NIVEL: C 7305

The purpose of this study was to examine potential racial disparities in the use of prenatal care beyond what could be measured by the Kessner Index. The data were obtained from the 1986 Massachusetts Prenatal Care Survey, a follow-back study of 2587 postpartum women, which had as its primary objective the identification of barriers to adequate use of prenatal care. This investigation examined the number of prenatal visits reported for each month of pregnancy and found that white women reported significantly more visits than black women only in the eighth and ninth months of pregnancy. This racial difference remained after we controlled for gestational age, sociodemographic factors, reported barriers to care, payor status, and access to care.

LAVEIST, T.A., KEITH, V.M., GUTIERREZ, M.L.
Black/white differences in prenatal care utilization: an assessment of predisposing and enabling factors.
Health Services Research: 30, 1995, no. 1, p. 43-58.

This article reports on analysis of the predisposing and enabling factors that affect black/white differences in utilization of prenatal care services. The study uses multivariate analysis methods to examine black/white differences in (1) total number of prenatal care visits, (2) timing of start of prenatal care, and (3) adequacy of care received. We use the model advanced by Aday, Andersen, and Fleming (1980) to examine the effect of enabling and predisposing factors on black/white differences in prenatal care utilization. A questionnaire was administered to all women who delivered in Michigan hospitals with an obstetrical unit. Enabling factors fully accounted for black/white differences in timing of start of prenatal care; however, the model could not fully account for black/white differences in the total number or the adequacy of prenatal care received. Although there are no black/white differences in the initiation of prenatal care, black women are still less likely to receive adequate care as measured by the Kessner index, or to have as many total prenatal care contacts as white women. It is possible that barriers within the health care system that could not be assessed in this study may account for the differences we observed. Future research should consider the characteristics of the health care system that may account for the unwillingness or inability of black women to continue to receive care once they initiate prenatal care.

LIU, L.L., SLAP, G.B., KINSMAN, S.B., KHALID, N.
Pregnancy among American Indian adolescents: reactions and prenatal care.
Journal of Adolescent Health: 15, 1994, no. 4, p. 336-341.
NIVEL: C 7306

Adolescent childbearing is twice as common among Native Americans as among all

US races combined. Despite this, little is written about the psychosocial context or prenatal care of pregnant Native American adolescents. The objective of this study was to explore the reactions and prenatal care of Navajo and Apache adolescents delivering infants at Shiprock Indian Hospital, New Mexico, between January and March 1991, and Whiteriver Indian Hospital, Arizona, between May and June 1991. Of the 25 eligible adolescents aged 19 years and younger, 15 Navajo and 5 Apache participants were interviewed within 24 hours of delivery. The interview consisted of 121 questions divided into 5 areas: sociodemographics, personal and family reactions to the pregnancy, knowledge and attitudes toward prenatal care, barriers to care, and ways to improve access to care. The mean age was 17.4 +/- 1.1, 6 were married, and 13 were primiparous. According to the Maternal Health Services Index, 5 adolescents received adequate, 13 intermediate, and 2 inadequate prenatal care. During the pregnancy, 3 adolescents used tobacco, 3 used alcohol, and none admitted to other drugs. Although only 1 adolescent planned the pregnancy, 15 were not using contraception when they became pregnant. In exploring reactions to the pregnancy, 13 adolescents were afraid to tell their families and 4 concealed the pregnancy until confronted. During the pregnancy, 7 adolescents described loneliness and 6 expressed suicidal ideation. Although over half reported no barriers to obtaining prenatal care, barriers that were noted by the remainder included transportation, family problems, and missing school. It is concluded that pregnancy among many American Indian adolescents is unplanned and characterized by uncertainty and fear of disclosure, resembling the reactions to pregnancy of other adolescent populations. Furthermore, despite universal access to health services, many American Indian adolescents continue to experience barriers to care and receive intermediate or inadequate prenatal care.

MCDERMOTT, J.M., DREWS, C., ADAMS, M., BERG, C., HILL, H.A., MCCARTHY, B.J.
Factors associated with inadequate prenatal care during the second pregnancies among African-American women.
Journal of Nurse-Midwifery: 41, 1996, no. 5, p. 368-376.
NIVEL: C 7307

A longitudinally linked data set for Georgia was used to identify characteristics, including previous prenatal care use and complications at the first birth, associated with prenatal care use in the second pregnancy among 8,224 African-American women. More than 70% of the women who were < 25 years of age at their first birth (younger women) and almost 40% of women who were > or = 25 years at their first birth received inadequate care with at least one of their first two births. Women who received inadequate care in their first pregnancy were more likely to receive inadequate care in their second pregnancy than women who received adequate care in their first pregnancy. Younger women with a history of a stillbirth, neonatal death, or vacuum extraction were less likely to receive inadequate care in their subsequent pregnancy. Although this study was not able to evaluate the content of prenatal care, it suggested that many African-American women may not receive sufficient care to prevent adverse pregnancy outcomes.

MEIKLE, S.F., ORLEANS, M., LEFF, M., SHAIN, R., GIBBS, R.S.
Women's reasons for not seeking prenatal care: racial and ethnic factors.
Birth: 22, 1995, no. 2, p. 81-86.
NIVEL: C 7308

The objective of this study was to determine if there were differences in the reasons for not seeking early prenatal care among low-income black, Hispanic, and white women who had four or fewer prenatal care visits or care only in the third trimester. Data were gathered from 606 women (48% Hispanic, 26% black, 26% white) after delivery, using a 188-item questionnaire and abstracted medical charts. The most important reasons for not seeking early prenatal care were attitudinal (47%), financial (26%), and structural and system problems (8.5%). Financial reasons were more important to white than to black or Hispanic women, and attitudinal reasons were more important to black and Hispanic than to white women. The analysis showed that education and marital status were sometimes confounding variables. Clear differences in reasons for not seeking prenatal care were reported by women of dissimilar racial and ethnic groups.

MOORE, P., HEPWORTH, J.T.
Use of perinatal and infant health services by Mexican-American Medicaid enrollees.
JAMA: 272, 1994, no. 4, p. 297-304.

Lack of health insurance and a regular source of medical care are barriers affecting use of health services by Mexican Americans. This study examined perinatal and infant health service use by Mexican-American women and non-Hispanic white women and their infants enrolled in Arizona's Medicaid program and explored characteristics associated with use of health services. This descriptive comparative study used data collected from office records, birth certificates, and household interviews. Participants resided in the state's most populous county and were enrolled in the Arizona Health Care Cost Containment System, a health maintenance organization-oriented Medicaid demonstration project. A random sample was taken of 308 Mexican-American mother-infant dyads and 312 non-Hispanic white mother-infant dyads. The women were enrolled before the sixth month of pregnancy and for 60 days post partum; their infants were continuously enrolled throughout their first year. Outcome measures were timing and number of prenatal visits and a modified Kessner Index, postpartum visits, number and purpose of office visits during the infants' first year, and immunizations received. Mexican Americans averaged fewer prenatal visits than non-Hispanic whites (8.6 vs 10.2 visits) and were less likely to have "adequate" care (41.1% vs 52.8%). Both groups of mothers are well below the 68% of women nationally who receive adequate prenatal care. Controlling for important socioeconomic status and cultural characteristics, ethnicity had a strong independent effect on the number of prenatal visits and adequacy of prenatal care. Mexican-American infants made fewer visits (8.2 vs 9.8) and completed fewer age-appropriate immunizations than non-Hispanic whites. Health insurance and a regular source of care are insufficient conditions for ensuring adequate use of maternal and child health services by Mexican-American Medicaid enrollees. Factors associated with their less frequent use of these preventive health services include higher numbers of children, transportation problems, and less assistance from their support system.

MORGAN, M.
Prenatal care of African American women in selected USA urban and rural cultural contexts.
Journal of Transcultural Nursing: 7, 1996, no. 2, p. 3-9.
NIVEL: C 7309

The purpose of this research was to systematically discover, describe, and analyze the beliefs, practices, and values of African American women related to prenatal care. The domain of inquiry was prenatal care of African American women within their familiar cultural contexts. The study was conceptualized within Leininger's Theory of Culture Care Diversity and Universality which enabled the researcher to study professional and generic care as influenced by the worldview, social structural factors, cultural values and beliefs, ethnohistory, and environmental context. The goal of the study was to discover knowledge that could be used by health professionals to provide culturally congruent prenatal care that would increase the health and well being of the people. The rationale for the study was based on studies that showed the lack of prenatal care in the African American cultural group leads to low birth weights and high infant mortality rates. Four major themes that focused on the domain of inquiry were identified: 1) Cultural care meant protection, presence, and sharing; 2) social structural factors that greatly influenced the health and well being were spirituality, kinship, and economics; 3) professional prenatal care was seen by the women as necessary and essential but there was distrust of noncaring professionals, and barriers to such care; and 4) folk health beliefs, practices, and indigenous health care providers were widely used by women in the African American community.

MUYNCK, A. DE
Determinanten van prenatale zorgvraag van Turkse migranten. [Determinants of prenatal care use among Turkish migrants.]
Tijdschrift voor Geneeskunde: 50, 1994, no. 16, p. 1241-1246.
NIVEL: C 7310

This study examines the use of prenatal care among Turkish women in Flanders, Belgium. Use proved to be related to knowledge of the Dutch language, educational level, employment, past abortion and infant mortality and number and sex of living children. The employment of the husband had a positive influence, but the employment of both woman and husband had a negative influence on the use of prenatal care.

NSIAH-JEFFERSON, L.
Access to reproductive genetic services for low-income women and women of color.
Fetal Diagnosis and Therapy: 8, 1993, Suppl 1, p. 107-127.
NIVEL: C 7311

This article examines access to reproductive genetics services for low-income women and women of color. It explores implications of the use of reproductive technologies; access and barriers to general prenatal care and its impact on accessing reproductive-genetic services; the implications of obtaining reproductive genetic services through public programs and funding, especially as they relate to equal provision of services. The traditional barriers to reproductive-genetics services; the decision-making process involved in genetic counseling when Caucasians dominate the process of counseling people of color; financial/insurance barriers to care for low- and moderate-income clients are also addressed.

SHERRADEN, M.S., BARRERA, R.E.
Prenatal care experiences and birth weight among Mexican immigrant women.
Journal of Medical Systems: 20, 1996, no. 5, p. 329-350.
NIVEL: C 7312

National studies indicate that Mexican immigrant women tend to have more positive birth outcomes than other groups, despite receiving relatively low levels of medical prenatal care. Our study-based on in-depth interviews with immigrant women who had recently given birth in Chicago-examines women's experiences seeking prenatal care. Qualitative findings contribute to understanding why many of these women received less than optimal care during pregnancy. The study also offers modest evidence that, despite overall positive birth outcomes and low levels of prenatal care, adequate prenatal care may make a difference in birth outcomes in this group.

SOKOLOSKI, E.H.
Canadian First Nations women's beliefs about pregnancy and prenatal care.
The Canadian Journal of Nursing Research: 27, 1995, no. 1, p. 89-100.
NIVEL: C 7313

Evidence links adequate prenatal care to improved birth outcomes. Research, however, indicates that First Nations women do not attend regularly for prenatal care. In the current study, seven informants were extensively interviewed to examine their beliefs about pregnancy and participation in prenatal care. First Nations women conceptualized pregnancy in a spiritual context and believed it to be a healthy, natural process requiring no intervention. Since they believed they were responsible for "taking care of themselves" during pregnancy, cultural practices that were thought to promote a healthy pregnancy were espoused. First Nations women were reportedly often dissatisfied with health-care providers in prenatal clinics. Their expectations of freely offered explanations and a friendly non-authoritarian approach were often not realized and their beliefs about pregnancy were in conflict with those of health-care providers. Barriers to prenatal care might be reduced by improving communication and providing holistic culture-specific care.

SPENCE, S.A., HOLLIMAN, D.
Exploring the relationship between purpose in life and African American adolescents' use of prenatal care services.
Social Work in Health Care: 22, 1995, no. 2, p. 43-53.
NIVEL: C 7314

This article presents findings of a study that explored the relationship between purpose in life and African American adolescents' use of prenatal care services. The findings revealed no statistically significant relationship, thus suggesting that purpose in life may not be a crucial factor in determining whether African American adolescents use prenatal care services.

SPRING, M.A., ROSS, P.J., ETKIN, N.L., DEINARD, A.S.
Sociocultural factors in the use of prenatal care by Hmong women, Minneapolis.
American Journal of Public Health: 85, 1995, no. 7, p. 1015-1017.

Understanding the sociocultural context of prenatal care underuse by an immigrant population can suggest programmatic changes that result in more effective health care delivery. Ethnographic survey interviews of female Hmong clinic patients conducted in 1987/88 revealed that they objected to biomedical procedures and to being attended by several doctors; the women also reported poor communication with staff as a problem. Clinic reforms implemented in 1989/90 included hiring a nurse-midwife, reducing the number of pelvic examinations, expanding hours of operation, creating a direct telephone line to Hmong interpreters, and producing a Hmong-language prenatal health care education videotape. Women interviewed in 1993 reported a more positive clinic experience.

VERRIER, M., SPEARS, W., YING, J., KERR, G.R.
Patterns of birth weight in relation to gestational age, maternal age, parity, and prenatal care in Texas' triethnic population, 1984 through 1986.
Texas Medicine: 89, 1993, no. 12, p. 51-56.
NIVEL: C 7315

This study investigated the distribution of birth weights in Texas' triethnic populations for the years 1984 through 1986 (more than 900,000 births) with regard to gestational age, maternal age, parity, and visits for prenatal care. African-American infants had a systematic tendency to be born earlier and smaller than Anglo and Hispanic infants. Among the maternal age categories, mothers younger than 18 years had the highest rates of preterm birth, very low birth weight, and low birth weight. High multiparity and inadequate visits for prenatal care were associated with increased rates for the same adverse pregnancy outcomes, and the risks were always much higher in African-American than in Anglo and Hispanic women of the same age, parity, and prenatal care categories. The predictive values of these associations for individual pregnancies were limited, but their recognition may improve the planning of prenatal care for Texas women and of the anticipatory care for their infants.

WOOLLETT, A., DOSANJH, N., NICOLSON, P., MARSHALL, H., DJHANBAKHCH, O., HADLOW, J.
The ideas and experiences of pregnancy and childbirth of Asian and non-Asian women in east London.
British Journal of Medical Psychology: 68, 1995, Part 1, p. 65-84.
NIVEL: C 7316

This study examined differences between the ideas and experiences of pregnancy and childbirth of Asian and non-Asian women giving birth in East London, and sources of variability in Asian women's accounts. In line with the findings of previous research, Asian women's ideas about diet in pregnancy, the gender of their children and postnatal care were influenced by cultural beliefs and practices. However, in other ways Asian women demonstrated a strong commitment to Western maternity care. In contrast to some other studies Asian women wanted their husbands or partners present at delivery, indicating the extent to which traditional ideas are being modified. Qualitative analysis of Asian women's fuller accounts indicated that women subscribed to traditional practice as well as Western maternity care. Acculturation or familiarity with Western ideas about maternity care was associated with variability in Asian women's ideas and experiences, in line with previous research. However, in spite of frequent assumptions about its significance, religion was not associated with variability in Asian women's ideas and experiences. Parity, however, was a major variable, for Asian and for non-Asian women, suggesting that the first birth has different significance for parents than subsequent births. The implications for the provision of maternity care are discussed, especially the need to go beyond stereotypical views based on women's ethnicity or religion to consider the beliefs and preferences of women as individuals and their personal circumstances.

ZAID, A., FULLERTON, J.T., MOORE, T.
Factors affecting access to prenatal care for U.S./Mexico border-dwelling Hispanic women.
Journal of Nurse-Midwifery: 41, 1996, no. 4, p. 277-284.
NIVEL: C 7317

A study of attitudes, beliefs, and behaviors about prenatal care was conducted among Hispanic women. As part of a larger study that included chart reviews of 752 mothers and postpartum interviews of 587 of these women, the 118 women who elected to deliver in the university-affiliated teaching hospital, rather than any of four participating private hospitals, were reviewed separately. This study sought to determine whether the prenatal care behaviors and obstetric outcomes experienced by this subset of women would contribute to any particular adverse impact on the teaching hospital, such as the need for additional intervention services. The most common barriers to prenatal care identified among women in the entire study were the same factors identified among women in the university hospital, including lack of financial means to pay for care, lack of information concerning where to obtain care, inadequate infrastructure of clinic services, sadness, and depression. Maternal and infant outcomes were generally favorable, even for women who did not receive any measure of prenatal care.

4. DENTAL CARE

BOLDEN, A.J., HENRY, J.L., ALLUKIAN, M.
Implications of access, utilization and need for oral health care by low income groups and minorities on the dental delivery system.
Journal of Dental Education: 57, 1993, no. 12, p. 888-900.
NIVEL: C 7318

The purpose of this paper is to review the literature an oral health status and access to oral health services by low income groups, minority and other vulnerable populations. The results show that minorities have poorer oral health than whites. Cost, dental insurance, dental providers, and public programmes are factors that contribute to differential access to dental services. Dental services are less utilized by minorities. Implications for dentistry are discussed.

EDWARDS, D.M., WATT, R.G.
Oral health care in the lives of Gypsy Travellers in east Hertfordshire.
British Dental Journal: 183, 1997, no. 7, p. 252-257.
NIVEL: C 7319

The aim of this study is to explore Gypsy Travellers' perceptions of dental health and dental service use within the context of culture, environment and the use of other services. Information was obtained from semi-structured interviews with 43 Gypsy Travellers supplemented by a questionnaire and clinical screening of 72 Travellers. Main outcome measures were place of residence, registration with GMP and GDP, school attendance, caries, normative and perceived barriers to care. The Travellers in the study had a high level of unmet need, low dental registration and very little use of preventive services. Travellers have no cultural barriers to dental care. Control of their travelling was the major factor determining access to education and health services. There is inequity of dental health and dental service use with more disadvantage being experienced by Travellers on unauthorized and transit sites.

GILBERT, G.H., DUNCAN, R.P., HEFT, M.W., COWARD, R.T.
Dental health attitudes among dentate black and white adults.
Medical Care: 35, 1997, no. 3, p. 255-271.

Blacks and poor persons share a greater burden of oral disease and are less likely to seek dental care on a regular basis. The role of dental attitudes and knowledge of services on this circumstance is unclear. The authors quantified group differences in dental attitudes and knowledge of services and related them to regularity of dental care use. As part of the baseline phase of The Florida Dental Care Study, a longitudinal study of oral health, 873 respondents who had at least one tooth and who were 45 years or older participated for an interview and a clinical dental examination. Dental care use, seven dental attitudinal constructs, and knowledge of dental services were queried. Forty-five percent of respondents reported going to a dentist only when they have a problem, and 17% of respondents had not seen a dentist in more than 5 years. Ten percent of respondents reported that they had at least one permanent tooth removed by someone other than a dentist (typically, the respondent himself). Blacks and poor persons had more negative attitudes toward dental care and dental health and were less knowledgeable of dental services. Multivariate analyses suggested that dental attitudes were important to understanding the use of dental care services for this diverse group of adults, and that race and poverty contributed independently to dental care use even with dental attitudes taken into account. Dental attitudes contribute to race and poverty differences in dental care use among adults. The persistence of race and poverty effects with attitudes taken into account suggests that additional explanatory factors contribute as well. These differences may contribute to more prevalent and severe oral health decrements among the same adults who also are more likely to suffer from other health decrements.

HARDIE, R., RANSFORD, E., ZERNIK, J.
Dental patients' perceptions in a multiethnic environment.
Journal of the California Dental Association: 23, 1995, no. 12, p. 77-80.
NIVEL: C 7320

The goals of this study were to determine whether dental services provided by providers of a different ethnic group and whether there was a direct relation between the level of patient anxiety and the level of preference for providers of the same ethnicity. Patients at the University of Southern California School of Dentistry were surveyed using a 29-item questionnaire. The survey included questions concerning preference for their provider's ethnicity and gender, dental anxiety, dental satisfaction, dental health, and socioeconomic status. The study focused on the four most common groups of patients at USCSD: Asians, Blacks, Caucasians and Hispanics, and their perceptions with regard to the dental providers of five potential ethnic backgrounds: Asian, Black, Caucasians, Hispanics and Middle Eastern. The majority of patients in all ethnic groups reported no preference for the ethnicity of their provider listed their own ethnicity. Moreover, the recorded preference levels for providers of the own ethnicity in the Hispanic group were consistently higher in correlation with higher dental anxiety, lower satisfaction with dental treatment, and poorer dental health. This study suggests that ethnic relations are a significant factor in the dental office in Southern California.

JONES, J.A., FEDELE, D.J., BOLDEN, A.J., BLOOM, B.
Gains in dental care use not shared by minority elders.
Journal of Public Health Dentistry: 54, 1994, no. 1, p. 39-46.
NIVEL: C 7321

Americans have steadily increased their reported use of dental services over the past 30 years. Persons aged 65 years and older have made the greatest gains, from 16 percent in 1957-58 to 43 percent in 1989. This article reviews national data on reported use of dental care over the past three decades, focusing on differences in rates of utilization on the basis of age, race, and national origin. In addition, differences in sample selection, definitions of race and national origin, and data collection methodology were reviewed to identify systematic sources of bias in comparing the data. Findings indicate that reported dental care use among minority elders has not increased parallel with elders of all races and national origins. In 1957-59, 17 percent of white elders versus 9 percent of nonwhite elders had seen a dentist within the past year. By 1989 percentages had improved to 45 percent of whites, but only 22 percent of blacks and 40 percent of Hispanics. In addition, reporting and recording race and national origin varied considerably during the three decades, hampering comparisons over time. Finally, published national data on usual correlates of dental care use (dentition status, insurance, age, income, and education) are inadequate to explain the causes of these discrepancies.

WATSON, M.R., BROWN, L.J.
The oral health of U.S. Hispanics: evaluating their needs and their use of dental services.
The Journal of the American Dental Association: 126, 1995, no. 6, p. 789-795.
NIVEL: C 7322

Data from the 1985-1986 National Survey of Oral Health showed that the oral health of Hispanic American adults and seniors was comparable to that of black adults and seniors. White adults and seniors had better oral health than their minority counterparts for all measures observed and were better able to afford dental care.

WILLIAMS, S.A., GODSON, J.H., AHMED, I.A.
Dentists' perceptions of difficulties encountered in providing dental care for British Asians.
Community Dental Health: 12, 1995, no. 1: p. 30-34.
NIVEL: C 7323

British Asians represent a substantial proportion of the population in some parts of the United Kingdom, yet many fail to use dental services regularly. This study aimed to investigate dentists' concerns about providing care for this client group. Following a pilot study, a postal questionnaire was sent to general dental practitioners and community dental officers working in seven family health services authority localities. Of 1546 questionnaires circulated, 639 (41 per cent) were returned. The language barrier was most frequently identified as a major impediment to care (78 per cent), followed by patients' understanding of treatment proposed (67 per cent), while 64 per cent found difficulty obtaining medical histories. Only 20 per cent considered that gaining consent for treatment was a problem. Other issues concerned attendance as casual patients (65 per cent) and, in terms of treatment provided, difficulties with preventive (77 per cent), periodontal (66 per cent) and orthodontic care (27 per cent). The proportion of dentists identifying barriers to care reflected the English-speaking abilities of different Asian populations. Compared with the high percentage mentioning language, understanding and medical history, the small proportion of dentists who thought that consent was of concern suggests that concepts of consent may need to be questioned. Despite the low response rate, the high proportion of respondents identifying these issues implies that the present position may put patients' health at risk, restrict treatment options and offer a potential for litigation.

5. CARE FOR THE ELDERLY

BURNETTE, D., MUI, A.C.
In-home and community-based service utilization by three groups of elderly Hispanics: a national perspective.
Social Work Research: 19, 1995, no. 4, p. 197-206.
NIVEL: C 7324

Using data from the 1988 National Survey of Hispanic Elderly People, this study examines among- and within-group needs and in-home and community-based service utilization by Mexican American, Cuban American, and Puerto Rican elderly people. The authors present a profile of the three groups and use logistic regression modelling to determine the predisposing, enabling, and needs-for-care factors associated with the utilization of each type of service. Needs for care were the strongest predictor of in-home service utilization, and enabling factors were the strongest predictor of community-based service utilization. Implications for social work practice and policies to improve access and utilization of services by Hispanic elderly people are discussed.

CHAPLESKI, E.E., GELFAND, D.E., PUGH, K.E.
Great Lakes American Indian elders and service utilization: does residence matter?
The Journal of Applied Gerontology: 16, 1997, no. 3, p. 333-354.
NIVEL: C 7325

This article examines service usage among a sample of urban, rural and reservation-based eastern Great Lakes American Indian elders. Issues of availability, awareness, acceptability, accessibility, and need are examined through both a survey of 309 respondents and a small sample of service providers. Regression results show predictors of use vary by type of service. Reservation residence and need characteristics predict in-home and preventive health service use. Being female, older, having knowledge of services, and problems with Instrumental Activities of Daily Living (IADL) predicts in-home service use. Service providers' perceptions suggest issues of trust, past experiences, and cultural acceptability need to be explored more intensely in efforts to explain service usage among American Indians and other ethnic and racial groups.

DAVIS, C., WILSON, A., MCCARTHY, S.
Ethnicity and aged care assessment teams in Queensland.
Australian and New Zealand Journal of Public Health: 20, 1996, no. 1, p. 33-40.
NIVEL: C 7326

This study examines how functional, medical and psychosocial factors influence the differences in use of community and residential services by Australian-born and ethnic aged persons, all persons (n = 31,737) assessed by aged care assessment teams in Queensland in 1992 and 1993 were surveyed. Subjects were classified as Australian-born, overseas-born in countries where English is the primary language, or overseas-born in countries where English is not the primary language. Factors compared included use of services and residential care both prior to assessment and following assessment, and functional, medical and psychosocial factors. The group with non-English-speaking background were more likely to be both younger and underreferred compared to their proportion in the community. They were more likely to be referred for, and more likely to be recommended for, nursing home placement than the English-speaking groups. They were more commonly referred for assessment because of mental deficit problems, carer stress and/or social isolation, more likely to be diagnosed with dementia and diabetes, and less likely to be diagnosed with respiratory disease and vision disorders. That clients of non-English-speaking background are more likely to be recommended for nursing home placement is probably largely because of more advanced disease at the time of referral and therefore more functional dependence. Aged care assessment teams should increase ethnic communities' awareness of their services, particularly of the benefits of earlier referral.

DIETZ, T.L., JOHN, R., ROY, L.C.
Exploring intra-ethnic diversity among four groups of Hispanic elderly: patterns and levels of service utilization.
International Journal of Aging and Human Development: 46, 1998, no. 3, p. 247-266.
NIVEL: C 7327

This study investigates service use by a sample of 2,135 Hispanic elderly in order to address the issue of the homogeneity or heterogeneity within the older Hispanic population as revealed by the use of formal services. Factor analysis revealed a high degree of homogeneity in the patterns of formal service use among the four Hispanic groups in this study that follows three latent, but distinct, patterns of behavior: the use of federal entitlement programs, in-home services, and senior center services. Although the patterns of service use reflect substantial homogeneity among the Hispanics in this sample, there is a high degree of heterogeneity in the level of service use. Overall, service use was systematically lower among "Other" Hispanic elders and systematically higher among Puerto Rican elders, with somewhat more erratic use among Cuban American and Mexican American elders. Controlling for between-group differences in socio-demographic characteristics did little to reduce relatively systematic between-group differences in levels of service use.

FALCONE, D., BROYLES, R.
Access to long-term care: race as a barrier.
Journal of Health Politics, Policy and Law: 19, 1994, no. 3, p. 583-595.

Race continues to impede access to health services, for acute as well as long-term care. Whites, for example, use disproportionately more days of nursing home care than nonwhites, not simply because they are more likely to be private payers and, therefore, are preferred over nonwhites: the difference in utilization persists even among those whose nursing home stays are covered by Medicare. Using data from a study of patients awaiting alternative placement in North Carolina acute care general hospitals in 1991, this article examines racial differences in discharge delay, that is, in the time between when a patient is medically ready for discharge to another form of care and when he or she actually is discharged. Logistic regression and ordinary least squares are used heuristically to identify patient characteristics associated with delay, and two-way analyses of variance are used to document the independent effect of race. The results indicate that race has substantial independent explanatory power. This finding is reinforced by the analysis of variance with controls for the patient's payment source for long-term care, chronic condition or special care requirements, demographic attributes, family cooperativeness, whether the patient had a behavior problem that impeded the discharge planning process, and whether there was a financial problem in arranging for the patient's discharge. The inescapable conclusion is that nursing homes discriminate on the basis of race in admitting patients. This practice is patently objectionable; it also is costly to hospitals, thus to society, since hospitals bear the direct costs of delayed discharges and hospitals do not keep costs to themselves. While research is needed to determine whether the North Carolina findings are replicable in other states, past research suggests that the problem is not confined to this state.

HAYES-BAUTISTA, D.E., HSU, P., HAYES-BAUTISTA, M., FIELDER, E., LAMBRINOS, J., REYES, C.
Vaccination levels among Hispanics and non-Hispanic whites aged $\geq$ 65 years -- Los Angeles County, California, 1996.
MMWR: Morbidity and Mortality Week Report: 46, 1997, no. 49, p. 1165-1168.
NIVEL: C 7328

An estimated 90% of deaths from pneumonia and influenza occur each year in the United States among adults aged $\geq$ 65 years. Despite the substantial impact of these and other vaccine-preventable diseases on older adults, national vaccination levels are suboptimal and disproportionately lower among some racial/ethnic minorities than among others. For example, in 1995, influenza and pneumococcal vaccination rates for older Hispanics (50.0% and 24.2%, respectively) were substantially lower than those for non-Hispanic whites (60.1% and 37.4%, respectively). To develop and implement community-based activities to increase vaccination levels among older Hispanic adults in Los Angeles County, California, the Edward R. Roybal Institute for Applied Gerontology at California State University, Los Angeles, formed a community consortium involving multiple public and private organizations. During August-November 1996, this consortium, in collaboration with the Center for the Study of Latino Health at the University of California, Los Angeles (UCLA), conducted a telephone survey to assess vaccination knowledge, attitudes, and practices of older Hispanic adults and to provide baseline information for developing interventions. This report summarizes the results of the initial assessment conducted in two geographic areas; the findings document low vaccination levels among the populations surveyed and race/ethnicity-specific differences in barriers to vaccination and places where vaccinations were received.

LEWINTER, M., GEZGIN, K., KESMEZ, S.S.
Elderly Turkish immigrants' access to and future use of health and social service in Copenhagen.
International migration: 32, 1994, no. 2, p. 499-512.
NIVEL: C 7329

This article discusses how elderly Turks in Copenhagen have used health services and special services for the elderly, and the extent to which they would use these services in the future should the need arise. All Turkish immigrants aged 55 years and over residing in Copenhagen were included. The results indicate a high rate of utilization of certain health services by older Turkish immigrants when compared to the Danish elderly. Although there is little current use of services for the elderly, there is a willingness on the part of the respondents to utilize the services should the need arise. Many respondents expect however that family members will be willing and able to care for them, in which case it will be necessary to consider the extent to which these caregivers may need respite help.

MARK, T.L., PARAMORE, L.C.
Pneumococcal pneumonia and influenza vaccination: access to and use by US Hispanic Medicare beneficiaries.
American Journal of Public Health: 86, 1996, no. 11, p. 1545-1550.

This study examined differences between elderly Hispanic Medicare beneficiaries and other Medicare beneficiaries in the probability of being immunized for pneumococcal pneumonia and influenza. The 1992 national Medicare Current Beneficiary Survey was used to evaluate influenza and pneumococcal pneumonia immunization rates. Elderly Hispanic Medicare beneficiaries were less likely than non-Hispanic White Medicare beneficiaries to have received an influenza vaccine in the past year or to have ever been immunized for pneumococcal pneumonia. Speaking Spanish was statistically significantly associated with influenza vaccination but not with pneumococcal pneumonia vaccination. Supplemental insurance status, HMO enrollment, having a usual source of care, and being satisfied with access to care were positively associated with immunization. Strategies that may improve immunization rates among elderly. Hispanics include reducing the inconvenience of being immunized, decreasing out-of-pocket costs, linking beneficiaries with providers, and educating Hispanic beneficiaries in Spanish about the benefits of vaccinations.

MCCORMICK, W.C., UOMOTO, J., YOUNG, H., GRAVES, A.B., VITALIANO, P., MORTIMER, J.A., EDLAND, S.D., LARSON, E.B.
Attitudes toward use of nursing homes and home care in older Japanese-Americans.
Journal of the American Geriatrics Society: 44, 1996, no. 7, p. 769-777.
NIVEL: C 7330

A cohort of 1142 older Japanese Americans was identified to study preferences and attitudes regarding use of long-term care (nursing home or home care). Subjects were asked to consider hypothetical situations in which they were temporarily disabled by hip fracture or permanently disabled by dementing illness. If they fractured a hip, only 12% intended to use a nursing home; 29% intended to recover at home with the help of family or friends; another 54% intended to use paid home health care. If they became demented, the majority (53%) intended to use a nursing home; only 11% intended to rely on family or friends for care, and another 29% intended to use paid home health care. Similar responses were observed when subjects were asked what most members of their family or friends would wish them to do; however, they tended to value the perceived wishes of religious figures or the Japanese American community-at-large less than those of family or friends. Significant correlates with intention to enter nursing homes were lack of social support (unmarried, few or no close relatives or housemates), female gender, and high levels of acculturation into American society (never lived in Japan, English-speaking only). Other factors that were not significantly correlated were health perceptions, satisfaction and life control scales, and health care utilization (hospitalizations and MD visits). In multivariate logistic regression, marital status and level of acculturation were the most powerful independent predictors of intention to enter nursing homes. Age and female gender were predictors of intention to use home care. In the base population of subjects, the prevalence of nursing homes use (5%) was similar to that of the general US older population. It is concluded that older Japanese Americans in the Pacific Northwest often intend to enter nursing homes if they became disabled by dementing illness. Actual use is similar to other older populations. This may be attributable largely to the existence of an ethically appropriate nursing home which is strongly supported by, and familiar to, this close-knit community. Intention to use long-term care services appears to be dependent primarily on the level of social supports and acculturation into American society.

MOON, A., LUBBEN, J.E., VILLA, V.
Awareness and utilization of community long-term care services by elderly Korean and non-Hispanic white Americans.
Gerontologist: 38, 1998, no. 3, p. 309-316.
NIVEL: C 7331

This article presents a comparative analysis of the level of awareness and utilization of 15 community-based long-term care services by 213 elderly Korean and 201 non-Hispanic White Americans. Extremely low levels of awareness and utilization of long-term health and social services among Korean Americans were found, in both absolute and relative terms. This finding challenges the success of the Older Americans Act, an important funding source of those services, in meeting its stated objectives to increase service availability and delivery to minority elders and socioeconomically disadvantaged elders. Strategies for effective outreach and public education efforts are also discussed.

MUI, A.C., BURNETTE, D.
Long-term care service use by frail elders: is ethnicity a factor?
Gerontologist: 34, 1994, no. 2, p. 190-198.
NIVEL: C 7332

Using data from the 1982-84 National Long-Term Care Channeling Demonstration, this study examines factors associated with long-term care service use by African American, Hispanic, and white frail elders living in the community. Findings indicate that in addition to predisposing, enabling, and need factors, race/ethnicity is a significant predictor of each type of service use.

NORGARD, T.M., RODGERS, W.L.
Patterns of in-home care among elderly black and white Americans.
Journals of Gerontology: 52B, 1997, (special issue), p. 93-101.

This study examines the use of informal and formal sources of care by elderly Black and White Americans (n = 2,847) who are functionally impaired and noninstitutionalized. The data are from the Asset and Health Dynamics Among the Oldest Old (AHEAD) study. Detailed baseline characteristics are provided and logistic regressions are used to assess the likelihood of (a) receiving in-home assistance from any source, (b) using any informal sources of in-home care, (c) using any formal sources, and (d) using formal sources of in-home care with informal sources of home care. Results of the logistic regressions indicate that, compared to Whites, Black elders were less likely to receive assistance and to use informal sources of home care.

SALDOV, M., CHOW, P.
The ethnic elderly in Metro Toronto Hospitals, nursing homes, and homes for the aged: communication and health care.
International Journal of Aging and Human Development: 38, 1994, no. 2, p. 117-135.
NIVEL: C 7333

The ethnic elderly in Canada have remained a somewhat isolated group of seniors who become known when they enter our health care system as "aliens in their own country." They face the double jeopardy of not only declining sensibilities and increasing disabilities that frequently accompany old age but also the psycho-social deprivation of being unable to communicate with caregivers in their institutional health care settings. Communication may be critical to effective, efficient, and equitable health care service delivery for ethnic elderly individuals. This study attempts to develop a database on the ethnic elderly persons, examine the extent of communication problems they face in hospitals, nursing homes, and homes for the aged in Metro Toronto, and report on the institutional responses to the situation. Nursing unit supervisors who completed the questionnaires (N = 77) reported that communication was essential to the health care needs of the ethnic elderly individuals. A majority of health care institutions had developed some form of interpreter services albeit frequently informal, unprofessional, and ad hoc. Without interpreter services problems developed that in some cases were seen as critical to the health care of ethnic elderly individuals. Even with interpreter services available, problems developed, suggesting that the services provided were not effective in some cases. It is suggested that further study be conducted to examine the relative effectiveness of formal, professional, and informal interpreter services. Few institutions had workshops or training to help staff understand ethnic variations on the perceptions of illness and health.

WALLACE, P.E.
Characteristics of black Medicaid elderly and their access to postacute care.
Journal of the National Medical Association: 87, 1995, no. 7, p. 467-472.
NIVEL: C 7334

The delivery and financing of health-care services are among the nation's most debated issues. Policymakers, providers, and the government are challenged to improve access to medical services for those who are underserved and in need. This study examines the characteristics of underserved black elderly patients and the components that contribute to their long-stay status. The findings suggest that black elderly patients suffer a variety of illnesses that confine them to longer stays in the hospital. Controlling health-care costs will be difficult unless barriers to postacute care services are eliminated for poor, minority, elderly patients. As health reform strategies are developed, consideration should be given to policies and models that improve access to postacute care.

WALLACE, S.P., LEVY-STORMS, L., KINGTON, R.S., ANDERSEN, R.M.
The persistence of race and ethnicity in the use of long-term care.
Journal of Gerontology: B53, 1998, no. 2, p. S104-112.

This study examines the use of nursing homes, formal personal care, informal Activities of Daily Living (ADL) assistance, and no care to identify racial differences in their use. Using the 1987 National Medical Expenditure Survey of both nursing homes and the community, multinominal logistic regressions controlled for predisposing, enabling, and need variables as well as other types of service use. Additional state-level variables make few changes in race/ethnicity parameters, indicating that race/ethnicity are not simply proxies for state-level variables. Older African Americans are less likely to use nursing homes than similar whites, with the lower institutionalization replaced by a higher use of paid home care, informal-only care, and no care. This suggests that formal in-home community care is not fully compensating for the racial differences in nursing home use. Persistent effects of race/ethnicity could be the result of culture, class, and/or discrimination that may impair equitable access to services.

WALLACE, S.P., LEVY-STORMS, L., FERGUSON, L.R.
Access to paid in-home assistance among disabled elderly people: do Latinos differ from non-Latino whites?
American Journal of Public Health: 85, 1995, no. 7, p. 970-975.

The purpose of this study was to compare the national prevalences and predictors of paid in-home functional assistance among disabled Latino and non-Latino elderly people who receive such assistance. Data were derived from the 1988 wave of the National Center for Health Statistics Longitudinal Study on Aging and the 1988 Commonwealth Fund Commission Survey of Elderly Hispanics. Logistic regression was used to model paid care use and to calculate estimated probabilities of such use. Among Latino and non-Latino Whites 74 years of age and older who received functional assistance, similar proportions used paid assistance. Predictors of paid care coincided with established models for non-Latino Whites only. Disabled Latinos had a lower estimated probability of using paid assistance when they were highly disabled and socially isolated but had a higher estimated probability when their children lived nearby. The effects of disability and social support differ among non-Latino White and Latino elderly people. Latino elderly people with high anticipated needs obtain less paid assistance than similar non-Latino Whites. In addition to a reduction in financial barriers, improving access to long-term care services requires addressing this diversity in service use patterns.

WALLACE, S.P., CAMPBELL, K., LEW-TING, C.Y.
Structural barriers to the use of formal in-home services by elderly Latinos.
Journal of Gerontology: B49, 1994, no. 5, p. S253-263.
NIVEL: C 7335

The authors examined data on elderly Latinos to identify structural barriers that influence the use of a visiting nurse, home health aide, and/or homemaker, and to investigate possible cultural influence on use. Data are from the 1988 Commonwealth Fund Commission's national survey of 2,299 Latinos age 65 and over. Logistic equations are estimated for all elderly Latinos, those with a hospitalization in the past year, and those without a hospitalization. Need factors consistently increase the odds of using services. The significance of Medicaid and poverty income demonstrates income barriers to community-based care. Living arrangements improve our models only for those with a hospitalization in the past year. Acculturation has no independent effect, although some other findings can be interpreted as cultural preferences. It is concluded that a universal, public long-term care program would substantially reduce barriers faced by elderly Latinos, but that nonfinancial barriers are likely to continue.

6. HOSPITAL CARE

AUSLANDER, W.F., THOMPSON, S., DREITZER, D., WHITE, N.H., SANTIAGO, J.V.
Disparity in glycemic control and adherence between African-American and Caucasian youths with diabetes. Family and community contexts.
Diabetes Care: 20, 1997, no. 10, p. 1569-1575.
NIVEL: C 7336

To describe sociodemographic, family, and community factors that contribute to the glycemic control of African-American and Caucasian youths with diabetes, two questions were investigated: 1) Is there a disparity in glycemic control between African-American and Caucasian youths with diabetes, and if so, what sociodemographic, family, and community factors explain the disparity? and 2) Is there a difference in the adherence to treatment between African-American and Caucasian youths with diabetes, and if so, what sociodemographic, family, and community factors explain the difference? This cross-sectional study included 146 youths with diabetes (95 Caucasians and 51 African-Americans) and their mothers. The youths were invited to participate if they had been diagnosed with diabetes at least 1 year before the study, did not have another chronic illness, and were < 18 years of age. The findings indicate that African-American youths with diabetes are in significantly poorer metabolic control than their Caucasian counterparts (1.5% difference in HbA1c levels). Single-parent household status and lower levels of adherence partially account for the poorer glycemic control. Examination of the adherence subscales indicates that African-Americans report significantly lower adherence to diet and glucose testing than Caucasian youths. This study suggests that African-American youths with diabetes may be at greater risk for poor glycemic control due to the higher prevalence of single parenting and lower levels of adherence found in this population.

AYANIAN, J.Z., UDVARHELYI, I.S., GATSONIS, C.A., PASHOS, C.L., EPSTEIN, A.M.
Racial differences in the use of revascularization procedures after coronary angiography.
JAMA: 269, 1993, no. 20, p. 2642-2646.
NIVEL: C 7337

The objective of this study is to assess whether rates of coronary revascularization procedures differ between blacks and whites after coronary angiography is performed and to assess the relationship of these rates to hospital characteristics. A retrospective cohort study using 1987 and 1988 data on hospital claims and characteristics from the Health Care Financing Administration was carried out in one thousand four hundred twenty-nine acute care hospitals that provide coronary angiography in the United States. A national sample consisted of 27,485 Medicare Part A enrollees, aged 65 to 74 years, who underwent inpatient angiography for coronary heart disease in 1987. Outcome measures were the adjusted odds of revascularization with either coronary angioplasty or bypass graft surgery within 90 days of angiography for whites relative to blacks, controlling for age, sex, region, Medicaid eligibility, principal diagnosis, comorbid diagnoses, and hospital characteristics of ownership, teaching status, urban/suburban or rural location, and availability of revascularization procedures. White men and women were significantly more likely than black men and women, respectively, to receive a revascularization procedure after coronary angiography (57% and 50% vs 40% and 34%, both $P < .001$). The adjusted odds of receiving a revascularization procedure after coronary angiography were 78% higher for whites than blacks (95% confidence interval for odds ratio, 1.56 to 2.03). Statistically significant racial differences in the adjusted odds of receiving a revascularization procedure were present in all types of hospitals except rural hospitals, and these differences did not vary significantly by any of the four hospital characteristics (all $P > .20$ for interaction terms). Among Medicare enrollees, whites are more likely than blacks to receive revascularization procedures after coronary angiography. Racial differences of similar magnitude occur in all types of hospitals. These differences may reflect overuse in whites or underuse in blacks, but they are unlikely to reflect access to cardiologists or hospitals that perform revascularization procedures. Potential explanations include unmeasured clinical or socioeconomic factors, differing patient preferences, and racial bias at the hospitals performing angiography.

BAKER, D.W., PARKER, R.M., WILLIAMS, M.V., COATES, W.C., PITKIN, K.
Use and effectiveness of interpreters in an emergency department.
JAMA: 275, 1996, no. 10, p. 783-788.

The objective of this study is to determine how often interpreters were used for Spanish- speaking patients, patients' perceived need for an interpreter, and the impact of interpreter use on patients' subjective and objective knowledge of their diagnosis and treatment. The sample consisted of 467 native Spanish-speaking and 63 English-speaking Latino patients presenting with nonurgent medical problems. Main outcome measures were the patients' report of whether an interpreter was used, whether one was needed, self-perceived understanding of diagnosis and treatment, and objective knowledge of discharge instructions. An interpreter was used for 26% of Spanish-speaking patients. For 52%, and interpreter was not used but was not thought to be necessary by the patient. A total of 22% said an interpreter was not used but should have been used. When both the patient's English and the examiner's Spanish were poor, an interpreter was not called 34% of the time, and 87% of the patients who did not have an interpreter thought one should have been used. Nurses and physicians interpreted most frequently (49%), and professional interpreters were used for only 12% of patients. Patients who said an interpreter was not necessary rated their understanding of their disease as good to excellent 67% of the time, compared with 57% of those who used an interpreter and 38% of those who thought an interpreter should have been used (P<.001). For understanding of treatment, the figures were 86%, 82%, and 58%, respectively (P<.001). However, when objective measures of understanding diagnosis and treatment were used, the differences between these groups were smaller and generally not statistically significant. There were no differences between English-speaking Latinos and native Spanish-speakers who said they did not need an interpreter. Interpreters are often not used despite a perceived need by patients, and the interpreters who are used usually lack formal training in this skill. Language concordance and interpreter use greatly affected patients' perceived understanding of their disease, but a high proportion of patients in all groups had poor knowledge of their diagnosis and recommended treatment.

BAKER, D.W., STEVENS, C.D., BROOK, R.H.
Determinants of emergency department use: are race and ethnicity important?
Annals of Emergency Medicine: 28, 1996, no. 6, p. 677-682.
NIVEL: C 7338

The objective of this study is to determine whether race/ethnicity is an important determinant of emergency department use. A cross-sectional survey was conducted in a public ED to determine self-reported ED visits over the preceding 3 months. The study group comprised consecutive ambulatory patients (N = 1,049) with nonemergency medical problems. Blacks, whites, and Hispanics were equally likely to report one or more visits to an ED in the 3 months before study enrollment. Blacks were the most likely to report two or more ED visits in the preceding 3 months (19.0%), followed by whites (13.5%) and Hispanics (11.4%) (P = .01; unadjusted odds ratio, 1.82 for blacks versus Hispanics). In multivariate analysis, older age (P < .001), health insurance coverage (P < .001), regular source of care (P < .001), and difficulty obtaining transportation to a physician's office (P = .011) were positively associated with two or more previous ED visits. After adjustment for these variables, race/ethnicity was not significantly associated with ED use (P = .23; adjusted odds ratio for blacks versus Hispanics, 1.48 [95% confidence interval, .95 to 2.30]). Race/ethnicity was not an important determinant of ED use after adjustment for age, health insurance coverage, regular source of care, and barriers to health care. Population-based studies of ED use should be conducted to further evaluate whether racial/ethnic differences in ED use exist that are not explained by differences in demographics, health, socioeconomic status, access to care, or other determinants of ED use.

BALL, J.K., ELIXHAUSER, A.
Treatment differences between blacks and whites with colorectal cancer.
Medical Care: 34, 1996, no. 9, p. 970-984.

The authors examine interracial variations in treatment for over 20,000 patients hospitalized with colorectal cancer in a national sample of hospitals. To reduce clinical heterogeneity that could explain differences in treatment, hospitalizations were classified into relatively homogeneous subgroups based on diagnoses indicating primary colorectal tumor, oncologic sequelae, and metastasis. Procedures were classified into clinically relevant treatment types. Multivariate techniques controlled for differences in patient demographics, insurance status, other clinical factors, and provider characteristics. Blacks were more likely than whites to be hospitalized with oncologic sequelae, diagnoses indicating advanced disease, which may capture the effects of unmanaged or poorly managed cancer. Inpatient mortality was equivalent only for the most severely ill. Otherwise, the odds of inpatient mortality were 59% to 98% higher for blacks than whites. Treatment, in terms of procedure type, was equivalent only for the sickest patients. Among the less severely ill, blacks were less likely than whites to receive major therapeutic procedures. Multiple findings suggest that blacks with colorectal cancer were hospitalized with more severe conditions and treated less aggressively than whites. In an era of health-care reform, such differences, which are net of insurance effects, may require more than universal insurance coverage to be overcome.

BENNETT, E., MANDERSON, L., KELLY, B., HARDIE, I.
Cultural factors in dialysis and renal transplantation among aborigines and Torres Strait Islanders in north Queensland.
Australian Journal of Public Health: 19, 1995, no. 6, p. 610-615.
NIVEL: C 7339

Australian Aborigines experience end-stage renal disease at 10 times the national average. Although contributing physiological factors have been widely discussed, there has been little research into cultural factors affecting treatment and outcomes. This paper discusses folk and lay understandings of renal physiology and disease aetiology, and social and cultural factors in dialysis and transplantation, in a group of Aboriginal and Torres Strait Island renal transplant recipients. The implications for service delivery include the need for improved and clear information regarding renal disease and treatment and for culturally appropriate and acceptable support systems. Beliefs that continued alcohol consumption and poor nutrition were major reasons for kidney failure and separation from kin and country emerged as significant factors affecting treatment and leading to poor outcomes.

BLUSTEIN, J., WEITZMAN, B.C.
Access to hospitals with high-technology cardiac services: how is race important?
American Journal of Public Health: 85, 1995, no. 3, p. 345-351.

Relatively few hospitals in the United States offer high-technology cardiac services (cardiac catheterization, bypass surgery, or angioplasty). This study examined the association between race and admission to a hospital offering those services. Records of 11,410 patients admitted with acute myocardial infarction to hospitals in New York State in 1986 were analyzed. Approximately one third of both White and Black patients presented to hospitals offering high-technology cardiac services. However, in a multivariate model adjusting for home-to-hospital distance, the White-to-Black odds ratio for likelihood of presentation to such a hospital was 1.68 (95% confidence interval = 1.42, 1.98). This discrepancy between the observed and "distance-adjusted" probabilities reflected three phenomena: (1) patients presented to nearby hospitals; (2) Blacks were more likely to live near high-technology hospitals; and (3) there were racial differences in travel patterns. For example, when the nearest hospitals did not include a high-technology hospital, Whites were more likely than Blacks to travel beyond those nearest hospitals to a high-technology hospital. Whites and Blacks present equally to hospitals offering high-technology cardiac services at the time of acute myocardial infarction. However, there are important underlying racial differences in geographic proximity and tendencies to travel to those hospitals.

BRONSTEIN, J.M., CLIVER, S.P., GOLDENBERG, R.L.
Practice variation in the use of interventions in high-risk obstetrics.
Health Services Research: 32, 1998, no. 6, p. 825-839.

The objective of this study is to assess the relationship between clinical, demographic, and site-of-care factors and the use of tocolysis and corticosteroid therapy in the treatment of premature labor. Logistic regression analysis was used in assessing the clinical, patient, and care site factors associated with the use of tocolysis and corticosteroid therapy during episodes of premature labor occurring to women enrolled in the trial. The two interventions were not subject to control in the trial, but were provided according to customary practice at the care site. A total of 4,625 episodes of labor occurring before 37 weeks gestation were identified from either preterm labor or preterm delivery records recorded for the 33,792 women enrolled in the trial. The use of tocolysis, an intervention that attempts to control premature labor contractions and that was widely used in high-risk obstetrics, varied almost exclusively by clinical factors. The use of corticosteroid therapy, a little used but effective intervention that reduces respiratory complications in premature infants, varied significantly by site of care and was used less frequently across sites and clinical conditions for minority group patients. This study confirms the premise that practice variation on the basis of nonclinical factors occurs more commonly for interventions where there is more uncertainty about clinical indications and effectiveness. The study also identifies another area of clinical care in which the use of aggressive and relatively uncertain interventions is provided less frequently to minority group patients.

CALVILLO, E.R., FLASKERUD, J.H.
Evaluation of the pain response by Mexican American and Anglo American women and their nurses.
Journal of Advanced Nursing: 18, 1993, no. 3, p. 451-459.

This study examined the relationship between ethnicity and pain. The study addressed three major research questions. The first question asked whether there was a significant difference in Mexican American women's and Anglo American women's response to cholecystectomy pain. Secondly, the nurses' attribution of pain to each of the two ethnic groups was compared. Finally, the patient's evaluation of the pain being experienced was compared to the nurse's evaluation of the pain the patient was experiencing. The sample consisted of 60 patient subjects and 60 nurse responses. Data were collected at two major teaching hospitals in southern California. Patient pain was measured using the McGill Pain Questionnaire, amount of analgesics and three physiological measures. The nurse's assessment of patient pain was measured using the Present Pain Intensity scale. MANOVA was used to analyse differences between the two ethnic groups on all measures of pain and no significant differences were found between the two ethnic groups on any of the measures of pain. However, nurses judged the two ethnic groups' pain response differently, assigning more pain to Anglo Americans. Finally, a dependent t-test was used to compare nurses' and patients' evaluation of pain. There were significant differences. Nurses evaluated the patients' pain as being less than patients did. Pearson pro-duct-moment correlations were used to examine the relationship between pain and sample characteristics of both patients and nurses. For the nurses, pain was significantly related to the patient's education, place of birth, language and religion.

CARLISLE, D.M., LEAKE, B.D., SHAPIRO, M.F.
Racial and ethnic disparities in the use of cardiovascular procedures: associations with type of health insurance.
American Journal of Public Health: 87, 1997, no. 2, p. 263-267.

This study examined whether disparities in the use of cardiovascular procedures exist among African Americans, Latinos, and Asians relative to White patients, within health insurance categories. Hospital discharge records (n = 104,952) of Los Angeles Country, California, residents with possible coronary artery disease were analyzed. After adjustment for confounders, lower odds of procedure use were found for African American and Latino patients for most types of insurance. Asians and Pacific Islanders had odds of procedure use similar to those of White patients. Disparities were absent among the privately insured. Racial and ethnic disparities in procedure rates were evident in all types of insurance except private insurance.

CARLISLE, D.M., LEAKE, B.D., SHAPIRO, M.F.
Racial and ethnic differences in the use of invasive cardiac procedures among cardiac patients in Los Angeles County, 1986 through 1988.
American Journal of Public Health: 85, 1995, no. 3, p. 352-356.

The purpose of the study was to compare use of invasive cardiovascular procedures among Latino, Asian, African-American, and White patients. In a cross-sectional study of hospital discharge data, multiple logistic regression was used to model use of coronary artery angiography, bypass graft surgery, and angioplasty among adult Los Angeles County residents discharged from California hospitals between 1986 and 1988 with primary diagnoses consistent with possible ischemic heart disease. After potential demographic, socioeconomic, and clinical confounders, including hospital procedure volume, were controlled, Latinos were less likely than Whites to undergo angiography (odds ratio [OR] = 0.90) and bypass graft surgery (OR = 0.87). African Americans were less likely to receive bypass graft surgery (OR = 0.62) and angioplasty (OR = 0.80). Asians were as likely as Whites to receive each procedure. The impact of adjustment for hospital procedure volume was greater for Latinos and Asians than for African Americans. Administrative data suggest that disparities in use of invasive cardiovascular procedures are not limited to African Americans. Hospital procedure volume appears to be an important factor related to such disparities. The causes of racial/ethnic differences in reported procedure rates remain unclear.

CARLISLE, D.M., VALDEZ, R.B., SHAPIRO, M.F., BROOK, R.H.
Geographic variation in rates of selected surgical procedures within Los Angeles County.
Health Services Research: 30, 1995, no. 1, p. 27-42.

In this study the contribution of income and ethnicity to geographic variation in utilization of surgical procedures is explored. The use of eight procedures from 1986 through 1988 among residents of Los Angeles County using data from the California Discharge Dataset, the 1980 census, and other secondary sources were assessed. Procedures chosen for evaluation were coronary artery bypass grafting (CABG), coronary artery angioplasty, permanent pacemaker insertion, mastectomy, simple hysterectomy, transurethral prostate resection (TURP), carotid endarterectomy, and appendectomy. The amount of inter-zip code variation for each procedure was first measured using various estimates including the analysis of variance coefficient of variation (CVA). Population-weighted multivariate regression analysis was used to model variation in age- and gender-adjusted rates of procedure use among 236 residential zip codes. Highest-variation procedures were coronary artery angioplasty (CVA = .392) and carotid endarterectomy (CVA = .374). The procedures with the lowest degree of variation were cardiac pacemaker implantation (CVA = .194) and hysterectomy (CVA = .195). Variation was significantly related to income (carotid endarterectomy) and either African American or Latino zip code ethnicity for all procedures except pacemaker implantation. For all procedures except appendectomy, the direction of the effect was toward fewer procedures with lower income. However, the effect of African American or Latino population ethnicity varied. In this large urban area both population ethnicity and socioeconomic status are significantly associated with the geographic utilization of selected surgical procedures.

COOPER, G.S., YUAN, Z., LANDEFELD, C.S., RIMM, A.A.
Surgery for colorectal cancer: Race-related differences in rates and survival among Medicare beneficiaries.
American Journal of Public Health: 86, 1996, no. 4, p. 582-586.

This study examined surgery for colorectal cancer among Medicare beneficiaries 65 years of age or older with an initial diagnosis in 1987 (n = 81 579). Black patients were less likely than White to undergo surgical resection (68% vs 78%), even after age, comorbidity, and location and extent of tumor were controlled for. Among those who underwent resection, Black patients were more likely to die (a 2-year mortality rate of 40.0% vs 33.5% in White patients); this disparity also remained after confounders had been controlled. The disparities were similar in teaching and nonteaching hospitals and in private and public hospitals. These data may indicate racially based differences among Medicare beneficiaries in access to and quality of care for colorectal cancer.

CORKERY, E., PALMER, C., FOLEY, M.E., SCHECHTER, C.B., FRISHER, L., ROMAN, S.H.
Effect of a bicultural community health worker on completion of diabetes education in a Hispanic population.
Diabetes Care: 20, 1997, no. 3, p. 254-257.
NIVEL: C 7235

The objective of this study was to determine the effect of a bicultural community health worker (CHW) on completion of diabetes education in an inner-city Hispanic patient population and to evaluate the impact of completion of the education program on patient knowledge, self-care behaviors, and glycemic control. Patients were randomized into CHW intervention and non-CHW intervention groups. All patients received individualized, comprehensive diabetes education from a certified diabetes nurse educator after baseline demographic information, diabetes knowledge, diabetes self-care practices, and glycohemoglobin levels were assessed. Rates of education program completion were determined. Diabetes knowledge, self-care practices, and glycohemoglobin levels were reassessed at program completion and at a later postprogram follow-up medical appointment and compared to baseline. Logistic regression analysis and the Mantel-Haenszel χ^2 statistic were used to determine the effect of the CHW assignment on program completion. Analyses of covariance were performed with end-of-treatment behavior scores, knowledge scores, and glycohemoglobin levels as outcome variables, controlling for baseline values and testing for the effect of CHW assignment. Of 64 patients enrolled in the study, 40 (63%) completed and 24 (37%) dropped out before completing the diabetes education program. Of the patients having CHW intervention, 80% completed the education program, compared with 47% of patients without CHW intervention (P=0.01). “Dropouts” were younger (age 47.5 ± 12.5 years [mean ± SD]) compared with patients who completed the program (55.9 ± 9.9 years) (P=0.004). Dropout status showed no significant relationship to educational level achieved or literacy level. For the program “completers”, knowledge levels and selected self-care practices significantly improved, and glycohemoglobin levels improved from a baseline level of 11.7% to 9.9% at program completion (P=0.004) and 9.5% at the postprogram follow-up (P<0.001). The effect of the CHW assignment on program completion, controlling for financial status and language spoken, was extremely robust (P=0.007). The effect of the CHW on knowledge, self-care behavior, or glyocohemoglobin outcome variables was not statistically significant. These findings suggest that intervention with a bicultural CHW improved rates of completion of a diabetes education program in an inner-city Hispanic patient population irrespective of literacy or educational levels attained. Our data further suggests that completion of individualized diabetes educational strategies leads to improved patient knowledge, self-care behaviors, and glycemic control.

COWIE, C.C., HARRIS, M.I.
Ambulatory medical care for non-Hispanic whites, African-Americans, and Mexican-Americans with NIDDM in the U.S.
Diabetes Care: 20, 1997, no. 2, p. 142-147.
NIVEL: C 7340

The objective of this study was to assess whether medical care for diabetes is different among non-Hispanic whites, African-Americans, and Mexican-Americans with NIDDM. A questionnaire was administered to a representative U.S. sample of 2,170 noninstitutionalized adults with NIDDM. Information was obtained on physician visits, hyperglycemic therapy, monitoring of glycemic control, screening for and monitoring of complications, and diabetes education. About 90% of subjects had a regular diabetes physician, and the physician visit rate was similar by race (median of four visits per year). African-Americans were more likely to be treated with insulin (51.9%) than non-Hispanic whites (35.9%, $P < 0.0001$) and Mexican-Americans (46.2%). Among insulin-treated subjects, African-Americans were less likely to use multiple daily insulin injections (35.1 vs. 53.8% of non-Hispanic whites [$P < 0.0001$] and 50.5% of Mexican-Americans [$P = 0.027$]) and were less likely to self-monitor their blood glucose at least once per day (14.0 vs. 29.8% of non-Hispanic whites [$P < 0.0001$] and 29.0% of Mexican-Americans). The rates of visits to specialists for diabetes complications, physician testing of blood glucose, and screening for hypertension, retinopathy, and foot problems were not substantially different among the three race/ethnic groups. A higher proportion of African-Americans (43.3%) than non-Hispanic whites (31.5%, $P < 0.0001$) and Mexican-Americans (25.6%, $P = 0.001$) had received patient education; however, the median number of hours of instruction was lower for African-Americans.The frequency of diabetes care is similar among non-Hispanic whites, African-Americans, and Mexican-Americans. The major differences relate to methods of glycemic control and patient education.

CRAWFORD, S.L., MCGRAW, S.A., SMITH, K.W., MCKINLAY, J.B., PIERSON, J.E.
Do blacks and whites differ in their use of health care for symptoms of coronary heart disease?
American Journal of Public Health: 84, 1994, no. 6, p. 957-964.

The purpose of this study was to identify the role of race in seeking and receipt of care for symptoms of coronary heart disease. Data on medical care, sociodemographic characteristics, symptoms, risk factors, income, and insurance were collected in a telephone interview for a random sample of 2030 Black and White adults in inner-city Boston. Rates of care-seeking for symptoms, amounts of delay in seeking care, and rates of receipt of care were compared for Blacks and Whites after adjustment for other characteristics. Before and after adjustment for other factors, Blacks and Whites were equally likely to seek care. Average delay time was shorter for Blacks, particularly Black women. With the exception of a lower rate of referral to cardiologists among Blacks, receipt of care was similar for Blacks and Whites who sought medical attention for symptoms. It is concluded that in an urban population of Blacks and Whites who were similar in socioeconomic status and access to medical care, there were few racial differences in coronary heart disease-related care patterns.

EGGERS, P.W.
Racial differences in access to kidney transplantation.
Health Care Financing Review: 17, 1995, no. 2, p. 89-103.

Previous work has documented large differences between black and white populations in overall kidney transplantation rates and in transplantation waiting times. This article examines access to transplantation using three measures; time from renal failure to transplant; time from renal failure to wait listing; and time from wait listing to transplantation. This study concludes the following: First, no matter what measure of transplant access is used, black end stage renal disease (ESRD) beneficiaries fare worse than white, Asian-American, or Native American (ESRD) beneficiaries. Second, because the rate of renal failure exceeds the number of cadaver organs, access to kidney transplantation will deteriorate in future years for all races.

ELIXHAUSER, A., HARRIS, D.R., COFFEY, R.M.
Trends in hospital procedures performed on black patients and white patients: 1980-87.
Rockville: Department of Health and Human Services, 1994, 210 p., figs., tables.
NIVEL: VS 4

This study compares rates of all diagnostic and therapeutic procedures received by black patients and white patients discharged from a national sample of U.S. hospitals. This study used discharge abstract data from the Hospital Cost and

Utilization Project, a sample of more than 500 short-term, general, non-Federal hospitals in the United States. It is based on a random sample of 20 percent of discharges from these hospitals, totaling 4.7 million discharges with at least one procedure during the period 1980-87. On average, each discharge had 2.3 procedures, resulting in 10.8 million procedures. All procedures listed on the discharge abstract were classified into 1 of 172 mutually exlusive procedure categories. Discharges were weighted to the national level and age- and sex-adjusted through direct methods of standardization. A number of differences between black patients and white patients observed in this study are similar to those reported in the literature; other differences identify variations not previously described. Because discharge-level data do not allow for control of alternative explanations of racial differences in procedure rates, such as differences in health status, access to health services, and quality of facilities and providers, the apparent differences identified here should be verified through more focuesed research.

EL-KEBBI, I.M., BACHA, G.A., ZIEMER, D.C., MUSEY, V.C., GALLINA, D.L., DUNBAR, V., PHILLIPS, L.S.
Diabetes in urban African Americans (V): use of discussion groups to identify barriers to dietary therapy among low-income individuals with non-insulin-dependent diabetes mellitus.
The Diabetes Educator: 22, 1996, no. 5, p. 488-492.
NIVEL: C 7341

Dietary therapy remains an integral part of diabetes management. The study objective was to identify potential barriers to dietary adherence among low-income, urban black patients with non-insulin-dependent diabetes. Forty-five patients participated in discussion group interviews that consisted of open-ended questions. Four problem areas were identified: habitual, economic, social, and conceptual. Most patients felt that the recommended meal plans were lacking in taste, and the cost of low-fat and sugar-free items was perceived as a major drawback. Lack of family support and family pressure to use fat-containing food seasoning were frequent problems. Participants had trouble following the food exchange system and analyzing food labels. Feedback suggested that dietary strategies may need to be revised to provide appropriate menus, identify low-cost foods, involve patients' families, and teach patients how to make healthy food choices. The discussion group approach was quick, simple, and could be easily translated to other settings.

ELL, K., HAYWOOD, L.J., SOBEL, E., DEGUZMAN, M., BLUMFIELD, D., NING, J.P.
Acute chest pain in African Americans: factors in the delay in seeking emergency care.
American Journal of Public Health: 84, 1994, no. 6, p. 965-970.

African Americans have been shown to have longer delay times than the majority population in seeking care for acute cardiac problems. The purpose of this study was to determine whether socioeconomic factors affect delay times. Structured interviews were administered to 254 African Americans admitted to a public hospital and 194 African Americans admitted to a private hospital for suspected acute myocardial infarction. Patient characteristics found by multiple regression analysis to affect decision-making and travel time for care-seeking were structural access to care, persistence of symptoms, degree of incapacitation, consultation with a layperson, consultation with medical professionals, and mode of transportation. Within-group differences were found to be related to socioeconomic status. Strategies to increase knowledge about heart attack symptoms, improve access to care, and improve the socioeconomic status of at-risk African Americans are indicated.

ELSASS, P., CHRISTENSEN, H.P., FALHOF, J., HVOLBY, A.
Greenlanders in hospital; lack of language understanding is not always a hindrance to intercultural communication: comparison of interviews of Greenlandic patients and their Danish therapists with respect to concepts of communication, patient satisfaction, disease, and health.
Arctic Medical Research: 53, 1994, no. 2, p. 97-104.
NIVEL: C 7342

In four hospitals in Greenland, 50 Greenlandic patients and their Danish therapists have been interviewed about the same topics. The interviews were semistructured with open ended questions on the following subjects: Language difficulties, perception of diagnosis, patients satisfaction and points of criticism, perception of disease and treatment, and experience of health in general. In spite of language difficulties and insufficient communication, patient satisfaction occurred in most of the consultations. There was a tendency towards the elder patients being more satisfied than the younger. It does not seem to be a necessity to achieve a good treatment-result that the patients and the therapists speak the same language and share the same concepts of health and disease. Where the foreign health service can be limited so that it is not viewed as a menace to culturally related concept of disease, the consultations give rise to the best patient-satisfaction.

ESCARCE, J.J., EPSTEIN, K.R., COLBY, D.C., SCHWARTZ, J.S.
Racial differences in the elderly's use of medical procedures and diagnostic tests.
American Journal of Public Health: 83, 1993, no. 7, p. 948-954.

This study sought to examine racial differences in the use of medical procedures and diagnostic tests by elderly Americans. 1986 physician claims data for a 5% national sample of Medicare enrollees aged 65 years and older were used to study 32 procedures and tests. For each service, we calculated the age- and sex-adjusted rate of use by race and the corresponding White-Black relative risk. Whites were more likely than Blacks to receive 23 services, and for many of these services, the differences in use were substantial. In contrast, Blacks were more likely than Whites to receive seven services. Whites had a particular advantage in access to higher-technology or newer services. Racial differences in use persisted among elders who had Medicaid in addition to Medicare coverage and increased among rural elders. There are pervasive racial differences in the use of medical services by elderly Americans that cannot be explained by differences in the prevalence of specific clinical conditions. Financial barriers to care do not fully account for these findings. Race may exacerbate the impact of other barriers to access.

FITZGERALD, J.T., ANDERSON, R.M., FUNNELL, M.M., ARNOLD, M.S., DAVIS, W.K., AMAN, L.C., JACOBER, S.J., GRUNBERGER, G.
Differences in the impact of dietary restrictions on African Americans and Caucasians with NIDDM.
The Diabetes Educator: 23, 1997, no. 1, p. 41-47.
NIVEL: C 7343

African-American and Caucasian patients with non-insulin-dependent diabetes mellitus were surveyed to determine differences in self-reported dietary adherence. The relationship between dietary adherence and other psychosocial factors also was explored. The Diabetes Care Profile, an instrument designed to assess psychosocial factors related to diabetes, was completed by 178 patients. Correlation and regression analyses were used to examine the relationship between dietary adherence and 15 other scales in this instrument. Regression analyses revealed that selected scales were better at predicting dietary adherence for African Americans than for Caucasians. Self-care adherence was the most significant predictor of dietary adherence for African Americans while support was the most significant predictor for Caucasians. These findings suggest that cultural and social functions of food and diet should be examined and incorporated in the development of appropriate meal plans and educational interventions.

FORMENTI, S.C., MEYEROWITZ, B.E., ELL, K., MUDERSPACH, L., GROSHEN, S., LEEDHAM, B., KLEMENT, V., MORROW, P.C.
Inadequate adherence to radiotherapy in Latina immigrants with carcinoma of the cervix: potential impact on disease free survival.
Cancer: 75, 1995, no. 5, p. 1135-1140.
NIVEL: C 7344

Radiation therapy plays an important role in the loco-regional control of carcinoma of the cervix. Strict adherence to the radiation protocol, without the introduction of time breaks, has been shown to favorably affect loco-regional control and survival, making adherence a crucial variable for optimal outcome. Because carcinoma of the cervix is a common disease among Latinas, with survival rates worse than those of other ethnic groups in this country, the pattern of adherence to the prescribed radiation treatment among Latina patients seen at Los Angeles County Hospital were studied. The records of 69 consecutive Latina patients with cervical cancer who received radiation therapy at Los Angeles County Hospital were reviewed. Semi-structured interviews in a successive group of 30 similar patients were conducted to acquire preliminary information about their psychosocial characteristics. The results demonstrate inferior rates of optimal adherence to radiation treatment among Latina immigrant patients when compared with the rates reported in the literature for the general population of cervical cancer patients in United States (16 vs. 63%). Furthermore, a large subset of patients (20%) in the series elected to discontinue treatment without a medical reason. When a comparable group of Latina patients was interviewed, potential practical, psychologic, and cultural barriers to optimal care were identified. The results from this exploratory study support the need for further studies to document the pattern of adherence to radiotherapy in the rest of the country among this minority population. The results suggest that an intervention to improve information and adherence to radiation therapy may be necessary to assure Latinas a chance for rates of cure comparable with the national standards.

GAYLIN, D.S., HELD, P.J., PORT, F.K., HUNSICKER, L.G., WOLFE, R.A., KAHAN, B.D., JONES, C.A., AGODOA, L.Y.
The impact of comorbid and sociodemographic factors on access to renal transplantation.
JAMA: 269, 1993, no. 5, p. 603-608.
NIVEL: C 7345

The objective of this study was to assess the impact of sociodemographic factors and comorbid conditions on access to renal transplantation for adult US dialysis patients with end-stage renal disease (ESRD). Data on comorbid conditions at onset of ESRD were abstracted from patients' medical records and matched to sociodemographic and ESRD data from the United States Renal Data System database. A random, national sample of ESRD patients starting dialysis in 1986 and 1987 (n = 4118) was drawn. Main outcome measures were: time to first renal transplant (living or cadaver donor) since onset of ESRD regressed with two nested Cox proportional hazards models, first against sociodemographic factors alone, and then against sociodemographic factors and comorbid conditions. Cardiovascular diseases are most predictive of who received a transplant; patients with coronary heart disease, congestive heart failure, or left ventricular hypertrophy showed lower transplantation rates relative to patients without the disease (relative rate [RR] = 0.65 to 0.80, P < .05 each). Obese patients and patients with peripheral vascular disease also showed lower transplantation rates (RR = 0.65 to 0.75, P < .05 each). Previously reported sociodemographic effects of lower transplantation rates for older patients, women, nonwhite patients, and lower income patients were confirmed (P < .01). Sociodemographic effects remained essentially unchanged when adjusted for comorbid conditions. These findings indicate that sociodemographics have strong independent effects on access to transplantation that cannot be explained away as "surrogate" effects related to comorbid factors. Furthermore, the results suggest that lower mortality rates for transplant recipients relative to dialysis patients are due, in part, to a healthier case mix among patients receiving transplants.

GILTHORPE, M.S., LAY-YEE, R., WILSON, R.C., WALTERS, S., GRIFFITHS, R.K., BEDI, R.
Variations in hospitalization rates for asthma among black and minority ethnic communities.
Respiratory Medicine: 92, 1998, no. 4, p. 642-648.
NIVEL: C 7346

In response to the introduction of ethnic monitoring within the U.K. hospital inpatient data set, this study investigates the variations in secondary healthcare utilization by Black and minority ethnic communities whose cause of admission is related to asthma. The study examines all residents of the West Midlands: over 5 million people, of whom 8.5% are from Black and minority ethnic groups. A retrospective study of 15,921 asthma-related hospital admissions, from 1 April 1995 to 31 March 1996, was carried out. Age-standardized admission rates were higher in all Black and minority ethnic groups studied than in the White group. There were elevated rates in Black children aged 5-14 years, and particular differences were observed for Indian and Bangladeshi men and women aged 65 years or over. Emergency admissions to hospital for asthma were strongly associated with patients' socioeconomic background but this was largely observed for Black and minority ethnic groups that also generally experience high levels of deprivation. The findings support previous studies which suggest that hospital utilization rates for asthma among people from Black and minority ethnic groups are high compared with the White group, despite little evidence in measured prevalence. This study suggests that ethnic background is more important in asthma admissions than deprivation, which raises serious concerns on the appropriateness and quality of asthma care for these patient groups within our society. Future studies need to examine pathways to care, that is the health-seeking behaviour of Black and minority ethnic groups, the type of treatment received at the primary care level and referral patterns to secondary care.

GUIDRY, J.J., ADAY, L.A., ZHANG, D., WINN, R.J.
The role of informal and formal social support networks for patients with cancer.
Cancer Practice: 5, 1997, no. 4, p. 241-246.
NIVEL: C 7347

In this study, the authors examined the role of informal and formal social support networks in mitigating barriers to cancer treatment among whites, blacks, and Hispanics, based on a representative sample of cancer patients in Texas. The sample frame for this study was obtained from the University of Texas M. D. Anderson Cancer Center's Texas Community Oncology Network, a consortium of cancer treatment facilities in Texas. Of the 910 patients who were contacted, 593 (65%) responded to the survey. The results show the value of social support networks in assisting cancer patients with continuing treatment. An important finding indicated that health professionals do not provide information regarding social support groups to patients with cancer at the time of diagnosis. Fewer than half of the respondents were asked whether they would be interested in joining a formal social support group. Individuals of all racial/ethnic groups reported that the formal support groups provided emotional assistance. Minorities were more apt to report that the formal support groups helped with continuing treatment. In addition, informal social support networks, such as extended families and civic clubs, were seen as more helpful for blacks and Hispanics as compared with whites. The need for formal and informal networks is indicated by the results of this study, which show that networks, such as relationships with family, friends, and relatives, play an important role in assisting patients in coping with their cancer. These networks are part of the patient's total treatment experience and must be acknowledged by healthcare professionals. A large number of patients are not asked to join social support groups, suggesting a need for training healthcare professionals to provide information regarding the potential benefits of support groups for cancer patients.

HARRIS, D.R., ANDREWS, R., ELIXHAUSER, A.
Racial and gender differences in use of procedures for black and white hospitalized adults.
Ethnicity & Disease: 7, 1997, no. 2, p. 91-105.
NIVEL: C 7348

A number of studies have found that blacks and females with coronary heart disease are less likely to undergo major diagnostic and therapeutic procedures than whites and males, even after controlling for severity of illness and other indicators of physical condition. This investigation examined 78 conditions treated in acute care hospitals to identify possible variations in medical treatment by race and gender among blacks and whites. The study is unique in examining such a wide range of conditions and in using an all-payer national sample. The study examines over 1.7 million inpatient discharge abstracts from the Hospital Cost and Utilization Project, a national sample of about 500 hospitals in the United States. Logistic regression modeling was used to describe the influence of race and gender among blacks and whites on the likelihood of having a major therapeutic or major diagnostic procedure, controlling for patient age, disease severity, health insurance and hospital-level characteristics. The study found that blacks were less likely than whites to receive major therapeutic procedures in 37 of 77 (48%) conditions, and females were less likely than males to receive major therapeutic procedures for 32 of 62 (52%) conditions. The proportion of conditions in which blacks and females were less likely to receive a major diagnostic procedure (without a major therapeutic procedure) was 21% and 26%, respectively. This study identified a number of conditions with apparent variations in medical treatment by race or gender among blacks and whites that should be targeted for more detailed investigations.

HELLMAN, S., BAKER, L., FLORES, D., LEHMAN, H., BACON, J.
Effect of ethnicity on adherence to diabetic regimen.
Ethnicity & Disease: 7, 1997, no. 3, p. 221-228.
NIVEL: C 7349

Evaluating the effectiveness of treatment of diabetic patients in our institution led the authors to seek the relationship between adherence to diabetic regimens and several demographic variables. Of primary importance was ethnicity, which the practitioners believed affected adherence. Other variables researched were: marital status, gender, weight, age, type and duration of diabetes, socioeconomic status, occupation and education. Patients were adult diabetic patients (215) seen in the diabetic clinic of a large health maintenance organization who had their diabetes for at least 6 months. Data were collected from interviews and medical records over a two-year period. Ethnicity, the major test variable, did not show a relationship to adherence. Two variables, gender and weight, showed a trend to significant relationship to adherence. Chi square and t tests were used, depending on the type of data. Since there is no difference in adherence between ethnic groups, standardized care protocols are warranted, since they are cost-efficient.

HENNESSY, L.L., FRIESEN, M.A.
Perceptions of quality of care in a minority population: a pilot study.
Journal of Nursing Care Quality: 8, 1994, no. 2, p. 32-37.
NIVEL: C 7350

Mexican-American patients' perceptions of quality related to the care delivered by health care providers were explored. The review of literature demonstrated that a great volume of work has been done regarding patient satisfaction; however, very few reports of application of this type of research to the Mexican-American population exist. This pilot project attempted to relate the concepts of perception, satisfaction, and quality. Observations occurred in two hospitals with distinctly different patient populations, and results indicated a need to repeat this study with a much larger sample.

HORNBERGER, J.C., GIBSON, C.D., WOOD, W., DEQUELDRE, C., CORSO, I., PALLA, B., BLOCH, D.A.
Eliminating language barriers for non-English-speaking patients.
Medical Care: 34, 1996, no.8, p. 845-856.

More than 31 million persons living in the United States do not speak English, therefore language discordance between the clinician and patient may hinder delivery of cost-effective medical care. A new language service was developed in which interpreters are trained in the skills of simultaneous interpretation commonly used at international conferences. The interpreters are linked from a remote site to headsets worn by the clinician and patient through standard communication wires. The service is called "remote-simultaneous interpretation," to contrast it with a traditional method of an interpreter being physically present at the interview and interpreting consecutively "proximate-consecutive interpretation." The aim of this study is to assess in a randomized protocol the quality of communication, interpretation, and level of patient, interpreter, and physician satisfaction with these two language services. The first postpartum visit with each of 49 mothers and their new burn babies was assigned randomly to proximate-consecutive interpretation (control) or to remote-simultaneous interpretation (experimental). Main outcome measures included (1) the number of physician and mother utterances in the visit, (2) the quality of the interpretation, and (3) physician, interpreter, and mother preferences between the two services. The remote-simultaneous interpreter service averaged 8.3 (10%) more physician utterances (95% confidence interval [CI] 4.3, 12.4) and 9.1 (28%) more mother utterances (95% CI 6.1, 12.1). On average, there were 2.8 (12%) fewer inaccuracies of physician utterances in experimental visits compared with control visits (95% CI -5.9, 0.4) and 3.0 (13%) fewer inaccuracies of mother utterances in experimental visits compared with control visits (95% CI -5.4, -0.6). Mothers and physicians significantly preferred the remote-simultaneous service to proximate-consecutive interpretation service. Interpreters stated that they thought mothers and physicians better understood each other using the remote-simultaneous service, although the interpreters preferred to work with the proximate-consecutive service. Using remote-simultaneous interpretation to improve the quality of communication in discordant-language encounters promises to enhance delivery of medical care for the millions of non-English-speaking patients in the United States.

HORNER, R.D., ODDONE, E.Z., MATCHAR, D.B.
Theories explaining racial differences in the utilization of diagnostic and therapeutic procedures for cerebrovascular disease.
Milbank Quarterly: 73, 1995, no. 3, p. 443-462.

Despite a higher risk of stroke, blacks are less likely than whites to receive the invasive procedures that are used to diagnose and treat cerebrovascular disease, particularly carotid endarterectomy. Explanations for the lower rate of procedural use include racial bias, racial differences in pathophysiology of cerebrovascular disease, affordability, and racial variation in patient decisions regarding care. Studies consistently indicate that blacks are less likely to have severe atherosclerotic lesions of the carotid arteries, reducing their likelihood of being appropriate candidates for carotid endarterectomy. Although ability to pay does not explain the observed variation in use of carotid endarterectomy, it may influence the evaluation process prior to hospitalization. A racial difference in patients' decisions about health care for cerebrovascular disease has never been investigated; it should be a topic of future studies.

HOWARD, D.L., PENCHANSKY, R., BROWN, M.B.
Disaggregating the effects of race on breast cancer survival.
Family Medicine: 30, 1998, no. 3, p. 228-235.
NIVEL: C 7351

This study examines differences in breast cancer survival between African-American and white women to determine whether there is a racial difference in survival after accounting for established influences on outcome, such as stage of cancer, health status, health behavior, utilization patterns, access to care, quality of care, and the doctor-patient relationship. This study is a retrospective review of clinical records. The sample consists of 246 patients of three staff model HMOs who had mastectomies at stage II or above. Data on patient demographics, stage of cancer, health status, and health behavior and utilization, including preventive care, were extracted from patient records. Multivariate logistic regression was used to predict the determinants of advanced stage of cancer. Cox survival analysis was used to predict the determinants of survival. Missed appointments and stage of cancer were the key determinants of survival. The effect of race on survival was marginal after adjusting for these factors. Race, patients who missed appointments, and patients who delayed in reporting breast cancer symptoms were determinants of advanced stage. African-Americans were overrepresented among patients who missed appointments. Missed appointments was a determinant of both advanced stage and shorter survival. This measure is an important component of how race affects survival. Compliance with appointment keeping and alleviating reasons for noncompliance must be considered as factors in breast cancer survival.

JOSEPH, H.J.
Attitudes of Army nurses toward African American and Hispanic patients.
Military Medicine: 162, 1997, no. 2, p. 96-100.
NIVEL: C 7352

A random sample of 86 Army nurses from a major metropolitan area participated in a study to investigate their attitudes toward African American and Hispanic patients. Information was collected using the Ethnic Attitude Assessment Survey. Cronbach alpha for the African American patient was 0.74, with 0.72 for the Hispanic patient. Analysis was conducted using one-way analysis of variance, Pearson correlation, paired t test, and descriptive statistics. The variables examined were gender, educational preparation, ethnicity, nursing experience, time in the Army, overseas assignments, and whether cultural diversity content was included in the respondent's undergraduate curriculum. Attitudes were statistically more positive toward the African American patient than toward the Hispanic patient. Females had more positive attitudes than males, but only toward the African American patient. Finally, nurses perceived a need for cultural understanding when providing care to patients of different ethnic groups.

KAHN, K.L., PEARSON, M.L., HARRISON, E.R., ROGERS, H., BROOK, R.H., DESMOND, K., KEELER, E.B.
Analysis of quality of care for patients who are black or poor in rural and urban settings.
Santa Monica: RAND, 1993. xviii, 139 p., refs., app., figs., tables.
NIVEL: R 9035

Aim of this study was to answer the following questions and examine the answers by race, poverty and location: In what kind of hospitals do patients receive care? How sick are patients when they arrive at the hospital? How does the care provided by physicians and nurses relate to the care patients need? What is the stability of patients at the time of hospital discharge? What are the outcomes for patients once there is taken account of the illness they bring to the hospital? One major finding is that processes of care and instability at discharge are worse within hospital types for patients who are black or from poor neighbourhoods. The data also show length of stay to be longer for patients who are black or poor. Death rates were found to be lower than or equal to those of other patients.

LANNIN, D.R., MATHEWS, H.F., MITCHELL, J., SWANSON, M.S., SWANSON, F.H., EDWARDS, M.S.
Influence of socioeconomic and cultural factors on racial differences in late-stage presentation of breast cancer.
JAMA: 279, 1998, no. 22, p. 1801-1807.

Breast cancer mortality is higher among African American women than among white women in the United States, but the reasons for the racial difference are not known. This study evaluates the influence of socioeconomic and cultural factors on the racial difference in breast cancer stage at diagnosis. Subjects were five hundred forty of 743 patients with newly diagnosed breast cancer and 414 control women from the community matched by age, race, and area of residence. Of the 540 patients, 94 (17.4%) presented with TNM stage III or IV disease. The following demographic and socioeconomic factors were significant predictors of advanced stage: being African American (odds ratio [OR], 3.0; 95% confidence interval [CI], 1.9-4.7); having low income (OR, 3.7; 95% CI, 2.1-6.5); never having been married (OR, 2.9; 95% CI, 1.4-5.9); having no private health insurance (OR, 2.5; 95% CI, 1.6-4.0); delaying seeing a physician because of money (OR, 1.6; 95% CI, 1.1-2.5); or lacking transportation (OR, 2.0; 95% CI, 1.2-3.6). Univariate analysis also revealed a large number of cultural beliefs to be significant predictors. Examples include the following beliefs: air causes a cancer to spread (OR, 2.8; 95% CI, 1.8-4.3); the devil can cause a person to get cancer (OR, 2.1; 95% CI, 1.2-3.5); women who have breast surgery are no longer attractive to men (OR, 1.9; 95% CI, 1.1-3.5); and chiropractic is an effective treatment for breast cancer (OR, 2.4; 95% CI, 1.4-4.4). When the demographic and socioeconomic variables were included in a multivariate logistic regression model, the OR for late stage among African Americans decreased to 1.8 (95% CI, 1.1 -3.2) compared with 3.0 (95% CI, 1.9-4.7) for race alone. However, when the belief measures were included with the demographic and socioeconomic variables, the OR for late stage among African Americans decreased further to 1.2 (95% CI, 0.6-2.5). Socioeconomic factors alone were not sufficient to explain the dramatic effect of race on breast cancer stage; however, socioeconomic variables in conjunction with cultural beliefs and attitudes could largely account for the observed effect.

LEDDA, M.A., WALKER, E.A., BASCH, C.E.
Development and formative evaluation of a foot self-care program for African Americans with diabetes.
The Diabetes Educator: 23, 1997, no. 1, p. 48-51.
NIVEL: C 7353

African Americans with diabetes have a higher rate of lower-extremity amputation due to diabetic foot complications than the general public. Education about proper foot care can help prevent serious diabetic foot complications and assist in early detection of problems. The purpose of this project was to develop, formatively evaluate, and pilot test a self-care, take-home program for the prevention of foot problems in African Americans with diabetes. The program included a brief, one-on-one orientation session and a take-home foot self-care packet. Through telephone follow-up subjects reported the following: good to excellent overall rating of the program, favorable reactions to the patient instruction booklet, an overwhelming positive response to the large hand mirror, and a positive effect on their daily foot-care practices. The Afrocentricity of the patient education materials was preferred by younger subjects; older subjects found this approach too restrictive.

LEE, A.J., BAKER, C.S., GEHLBACH, S., HOSMER, D.W., RETI, M.
Do black elderly Medicare patients receive fewer services? An analysis of procedure use for selected patient conditions.
Medical Care Research and Review: 55, 1998, no. 3, p. 314-333.
NIVEL: C 7354

Blacks have been shown to undergo fewer medical procedures than Whites, particularly for coronary disease. This article uses logistic regression to analyze racial disparities in procedure use among older Medicare enrollees admitted for coronary artery disease, stroke, hip fracture, and colon and breast cancer. Medicare enrollment and claims data are used to identify hospitalizations and procedure use, and to measure other individual-level information. No racial differences in procedures use are found for hip fracture and colon/breast cancer patients, life-threatening diseases for which basic approaches to evaluation and treatment are widely accepted. Substantial differences, however, are found for coronary disease and stroke, two illnesses whose treatment involves substantially greater discretion.

LEE, A.J., GEHLBACH, S., HOSMER, D., RETI, M., BAKER, C.S.
Medicare treatment differences for blacks and whites.
Medical Care: 35, 1997, no. 12, p. 1173-1189.

This study investigated racial differences in procedure use among elderly Medicare beneficiaries. It is hypothesized that providers do not discriminate inappropriately in treating black and white patients and that the apparent differences in black-white treatment could be attributed to other differences between the two populations. Rates of use for selected procedures were examined among two patient groups: (1) the universe of Medicare beneficiaries in 10 states and the District of Columbia and (2) a subset of this sample created by matching beneficiaries on the basis of zip code of residence to neutralize the effects of black-white differences in provider access and regional practice patterns. Because all Medicare beneficiaries have a common core of standard benefits, the importance of financial access differences in accounting for black/white utilization differences is diminished. Three major findings were indicated from this study: (1) area-controlled comparisons find even larger black-white disparities than those shown from uncontrolled comparisons, (2) the disparities are larger in southern states, and (3) the disparities vary substantially with procedure cost. Although no clinical data were analyzed, providers appeared to be giving less intensive treatment to otherwise similar black Medicare beneficiaries.

LEE, H.O.
Typical and atypical clinical signs and symptoms of myocardial infarction and delayed seeking of professional care among blacks.
American Journal of Critical Care: 6, 1997, no. 1, p. 7-13.
NIVEL: C 7355

Despite the fact that the effectiveness of thrombolytic therapy for acute myocardial infarction is inversely related to the time between the onset of signs and symptoms and definitive therapy, long delays in seeking treatment have been reported consistently. A variety of reasons for the delays have been suggested. Because such delays are associated with longer hospital stays and higher mortality and morbidity, interventions that reduce delays are especially important. The purpose of this study is to examine research on patients with myocardial infarction who delay seeking professional treatment and the factors related to the delay, and to review studies indicating that black patients have premonitory clinical signs and symptoms of myocardial infarction and changes in the structure and function of the cardiovascular system that are different from those in whites. Studies were reviewed by using MEDLINE and by doing a manual search of relevant research journals in cardiovascular, nursing, and behavioral medicine published since 1970. Data published by the United States Department of Health and Human Services and the Agency for Health Care Policy and Research were also reviewed. Although the lengths of the delays have varied consi-derably, blacks have generally experienced longer delays than whites between acute onset of signs and symptoms of myocardial infarction and arrival at the emergency department. Studies show that black patients have a lower incidence of classic chest pain or discomfort but an increased incidence of dyspnea, whereas white patients are much more likely to complain of chest pain. Culturally sensitive public education about typical and atypical premonitory clinical signs and symptoms of myocardial infarction and the significance of early treatment of myocardial infarction in blacks is needed.

LEGGAT, J.E., SWARTZ, R.D., PORT, F.K.
Withdrawal from dialysis: a review with an emphasis on the black experience.
Advances in Renal Replacement Therapy: 4, 1997, no. 1, p. 22-29.
NIVEL: C 7356

Withdrawal from dialysis has been shown to be a common occurrence in treated end-stage renal disease. Interestingly, there have been several reports documenting that blacks withdraw from dialysis one half to one third the rate of whites. There has been little research into the reasons for this marked discrepancy. This article reviews the existing literature on the different rates of withdrawal in blacks compared with whites. It then draws on a broad range of literature, including sociology, psychiatry, and anthropology, to propose possible reasons for the differences. From this review, it would seem that both medical and cultural factors play important roles in the decisions about withdrawal, but that cultural beliefs and attitudes are more important. More research is needed in both the medical and cultural aspects of rates of withdrawal to help explain the observed differences in blacks compared with whites.

LIPTON, R.B., LOSEY, L.M., GIACHELLO, A., MENDEZ, J., GIROTTI, M.H.
Attitudes and issues in treating Latino patients with type 2 diabetes: views of health-care providers.
The Diabetes Educator: 24, 1998, no. 1, p. 67-71.
NIVEL: C 7357

The purpose of this study was to explore the concerns of Latino patients with Type 2 diabetes. Focus groups were conducted with healthcare practitioners to chart their perceptions of the issues faced by their Latino patients. One group consisted of professionals working among Mexican American clients in an inner-city clinic; another group was held at an inner-city hospital serving mostly Puerto Rican Americans; and a third group involved providers practicing with more affluent, suburban Mexican Americans. Practitioners agreed that communication with patients was hindered by low reading levels, lack of proficiency in English, and an excessive respect for physicians. Emotional barriers to adequate treatment were often more important than financial concerns, even among low-income patients. Fear of insulin therapy was expressed in Hispanic communities, and folk remedies were commonly used. Because family needs were considered most important, adhering to a treatment regimen might be viewed as self-indulgent. Yet families provided valuable reinforcement and emotional support. Important questions facing Latinos with diabetes were effectively identified using focus groups of healthcare providers.

LOZANO, P., CONNELL, F.A., KOEPSELL, T.D.
Use of health services by African-American children with asthma on Medicaid.
JAMA: 274, 1995, no. 6, p. 469-473.

The objective of this study was to determine whether African-American children with asthma use more emergency department (ED) and inpatient medical services and fewer preventive services than white children with similar insurance coverage and family income. Patients were all 576 African-American children and 1369 white children receiving services for asthma between June 1988 and December 1992. Main outcome measures were utilization of asthma services (ED, impatient, office visits, and pharmacy) and well-child services and associated Medicaid reimbursements. African-American children were more likely than white children to make ED visits or to be hospitalized for asthma; adjusted odds ratios (ORs) were 1.70 (95% confidence interval [Cl], 1.34 to 2.15) and 1.42 (95% Cl, 1.03 to 1.96), respectively.

African-American children were less likely to have made an office visit for asthma; the adjusted OR was 0.48 (95% CI, 0.26 to 0.85). The two groups were similarly likely to have filled a prescription for an asthma medication and to have made a well-child visit. Per capita payments for asthma services were 24% higher for African-American children: $436 vs $350 per child-year. Higher use of ED and inpatient services for asthma among African-American children using Medicaid (compared with white children) cannot be fully explained by poverty or inadequate health insurance. Furthermore, these children appear to make disproportionately few office visits for asthma, suggesting suboptimal use of preventive services for asthma. In contrast, the comparable use of well-child visits in the two groups suggests the problem may not be in access to care in general, but there may be specific problems in the successful management of chronic diseases such as asthma among African-American children.

MAILLET, N.A., D'ERAMO-MELKUS, G., SPOLLETT, G.
Using focus groups to characterize the health beliefs and practices of black women with non-insulin-dependent diabetes.
The Diabetes Educator: 22, 1996, no. 1, p. 39-46.
NIVEL: C 7358

The purpose of this focus group intervention was to characterize the health beliefs, self-care practices, diabetes education needs, weight-loss issues, and facilitators and barriers to diabetes health care in black women with non-insulin-dependent diabetes. Major themes that emerged from the focus group were motivation to prevent complications, unrealistic weight goals set by providers, multiple barriers to diet and exercise, and a dual role of family as supporter and deterrent to diabetes management, especially related to diet. These findings suggest that culturally sensitive and appropriate patient educational programs must be provided for minority groups such as black women who have higher rates of diabetes-related complications.

MCDERMOTT, M., SILVA, J., RYDMAN, R., GIACHELLO, A.L., YARZAGARAY, E., ROBINSON, D., PERAGALLO, N., BARQUERO, H., ARROM, J.O.
Practice variations in treating urban minority asthmatics in Chicago.
Journal of Medical Systems: 20, 1996, no. 5, p. 255-266.
NIVEL: C 7359

This study explores provider adherence to national guidelines in treating Latino and African-American asthmatics. We hypothesized that there would be more variations in asthma treatment existing for minorities as a result of variation in physician's adherent to the guidelines. A 96-item survey was administered to 138 Latino and African-American asthmatics attending a hospital emergency department. Data were obtained on demography, severity, access, patient satisfaction, and patient's assessment of physician asthma management. Results were analyzed by ethnicity, gender, practice site of regular provider, and severity. Variation in physician practice was found in these variables. Asthma treatment received by Latino and African-American respondents was deficient compared to guidelines. Regression analyses showed that Latinos fared more poorly on the number of prednisone bursts taken, use of written crisis plans and dispensation of peak flow meters controlling for gender, practice site and severity. African-Americans expressed less dissatisfaction in obtaining services, while both groups expressed high degrees of satisfaction with their providers.

MENON, S.C., PANDEY, D.K., MORGENSTERN, L.B.
Critical factors determining access to acute stroke care.
Neurology: 51, 1998, no. 2, p. 427-432.
NIVEL: C 7360

The objective was to assess gender, ethnic, and access-to-care factors critical in delay time (DT) for presentation to the hospital for acute stroke. Little information is available on the effect of gender, ethnicity, and access issues on DT. Demographic, access-to-care, and DT information was obtained from emergency department (ED) documentation of stroke patients admitted from July 1995 through June 1997 at Hermann Hospital, Houston, TX. Univariate and multivariate regression analyses were performed. Of the 241 eligible patients, 126 were African American (AA), 82 were non-Hispanic white (NHW), and 33 were Hispanic American (HA). Median DT from symptom onset to presentation to the ED was 222 minutes for AAs, 280 minutes for HAs, and 230 minutes for NHWs. A multivariate regression model estimated DT to ED arrival decreased with ambulance transport ($p = 0.003$) and increased in patients with a primary care physician ($p = 0.145$) and in women ($p = 0.052$). DT to see an ED physician after hospital arrival decreased with ambulance transport ($p < 0.001$), hemorrhage patients ($p = 0.006$), and worse stroke severity ($p = 0.038$), and increased in women ($p = 0.041$). DT to see a neurologist decreased with hemorrhage (p =

0.002) and ambulance arrival (p = 0.010). Neurologists saw patients within 3 hours of symptom onset in 34% of NHWs, 28% of AAs, and 18% of HAs. Gender and access-to-care issues may be important determinants of delay in acute stroke care. Less than 20% of HAs presented to the ED within 3 hours of symptom onset.

MITCHELL, J.B., KHANDKER, R.K.
Black-white treatment differences in acute myocardial infarction.
Health Care Financing Review: 17, 1995, no. 2, p. 61-70.

Previous research has documented that black patients with acute myocardial infarction (AMI) are significantly less likely than white patients to receive cardiac procedures. This article seeks to expand this research by: controlling for the limited ability of low-income elderly to pay for care; and adjusting for the impact of differential mortality. We selected a sample of 18,202 Medicare beneficiaries admitted during 1992 with AMI, and followed them for 90 days. Even after adjusting for other factors, black patients with AMI were less likely to undergo cardiac catheterization, and if catheterized, less likely to receive a revascularization procedure.

MOORE, R.D., STANTON, D., GOPALAN, R., CHAISSON, R.E.
Racial differences in the use of drug therapy for HIV disease in an urban community.
New England Journal of Medicine: 330, 1994, no. 11, p. 763-768.

Guidelines for drug therapy in human immunodeficiency virus (HIV) disease are based primarily on the stage of the disease. To determine whether sociodemographic characteristics of patients influence drug therapy in practice, we analyzed the use of antiretroviral therapy and prophylactic therapy for Pneumocystis carinii pneumonia (PCP) in an urban population infected with HIV. All patients presenting for the first time to our HIV clinic from March 1990 through December 1992 were enrolled. Data on sociodemographic and clinical variables and on drug use were collected at the time of presentation and after six months. We asked whether patients with CD4+ cell counts of 500 or less per cubic millimeter were receiving antiretroviral therapy at the time of presentation, and whether patients with CD4+ cell counts of 200 or less per cubic millimeter were receiving PCP prophylaxis. Among the 838 patients enrolled, 656 (79 percent) were blacks, 167 (20 percent) were non-Hispanic whites, and 15 (2 percent) were Asian or Hispanic descent or were not racially classified. There were no racial differences in the stage of HIV disease at the time of presentation. However, there were racial disparities in the receipt of antiretroviral therapy: 63 percent of eligible whites but only 48 percent of eligible blacks received such therapy (P = 0.003). PCP prophylaxis was received by 82 percent of eligible whites but only 58 percent of eligible blacks (P < 0.001). There were no significant differences in the receipt of drug therapy with respect to age, sex, mode of HIV transmission, type of insurance, income, education, or place of residence. In a logistic-regression analysis, race was the feature most strongly associated with the receipt of drug therapy. When blacks were compared with whites, the adjusted relative odds were 0.59 (95 percent confidence interval, 0.38 to 0.93) for the receipt of an antiretroviral agent and 0.27 (95 percent confidence interval, 0.13 to 0.56) for the receipt of PCP prophylaxis. Among patients infected with HIV, blacks were significantly less likely than whites to have received antiretroviral therapy or PCP prophylaxis when they were first referred to an HIV clinic. This disparity suggests a need for culturally specific interventions to ensure uniform access to care, including drug therapy, and uniform standards of care.

MORROW-HOWELL, N., CHADIHA, L.A., PROCTOR, E.K., HOURD-BRYANT, M., DORE, P.
Racial differences in discharge planning.
Health & Social Work: 21, 1996, no. 2, p. 131-139.
NIVEL: C 7361

Given previously reported findings of racial differences in elderly people's use of posthospital care, this article focuses on discharge planning processes as explanations of differential service utilization. The discharge plans for 369 African American and white elderly patients were studied and options pursued for posthospital care by social workers, patients, and families for evidence of racial differences were examined. The authors also looked for racial differences in ruling out nursing home care for reasons of patient and family preference. Discharge planning with African American patients and family members involved less pursuit of nursing home care and more pursuit of formal services in the home than planning with white patients and families. Implications for practice and future research are discussed.

MORT, E.A., WEISSMAN, J.S., EPSTEIN, A.M.
Physician discretion and racial variation in the use of surgical procedures.
Archives of Internal Medicine: 154, 1994, no. 7, p. 761-767.
NIVEL: C 7362

Racial variation in the use of surgical procedures raises concern about equitable access. The goal of our study was to examine racial differences in utilization across a broad range of procedures in Massachusetts and to assess whether racial variation is related to physician discretion. Fiscal year 1988 hospital discharge data for all Massachusetts residents, identified 10 clinically important surgical procedures were obtained, and age- and sex-adjusted rate ratios for white and black patients were calculated. Level of discretion was determined by using a modified Delphi technique. Whites had higher rates for eight procedures (abdominal aortic aneurysm repair, appendectomy, cardiac valve replacement, carotid endarterectomy, cholecystectomy, lumbar disk procedures, open reduction/internal fixation of the femur, and tonsillectomy) and lower rates for two procedures, hysterectomy and prostatectomy. Of the eight procedures for which utilization was higher among whites, four were ranked as moderate- or high-discretion procedures and four were ranked as low-discretion procedures. Hysterectomy, the only procedure for which utilization was substantially higher among blacks (white:black rate ratio < 0.90), was ranked as a high-discretion procedure. With the exception of hysterectomy and prostatectomy, procedure rates for whites were greater than those for blacks for a wide range of surgical procedures. Racial variation exists for low-discretion procedures as well as for those associated with moderate and high discretion. Variation among low-discretion procedures that is not explained by medical need suggests the possibility of race-related differences in access to care or in the way patients and physicians make clinical decisions.

MURPHY, K., CLARK, J.M.
Nurses' experiences of caring for ethnic-minority clients.
Journal of Advanced Nursing: 18, 1993, no. 3, p. 442-450.

This paper describes a research study designed to explore the experiences of nurses caring for ethnic-minority clients and to identify any specific problems nurses encounter when caring for these clients. Data were collected through a process of in-depth interviews with 18 trained nurses. The findings of the study suggest that nurses caring for ethnic-minority clients share many common experiences, problems and challenges. Difficulties in communication with clients and a lack of knowledge about cultural differences were highlighted by all respondents. The lack of holistic care and the inability to develop a therapeutic relationship were identified as major areas of frustration and stress. The study demonstrates that there is an urgent need to develop cultural knowledge in nurse education programmes and that nurses need help and support with communication difficulties. Interpreting services and dietary facilities available for ethnic-minority clients were also found to be inadequate and it is suggested that there is a need to review these facilities within hospitals.

MURRAY, M.D., STANG, P., TIERNEY, W.M.
Health care use by inner-city patients with asthma.
Journal of Clinical Epidemiology: 50, 1997, no. 2, p. 167-174.

The purpose of this study was to describe patterns of health care use by inner-city patients with asthma and to identify patients at risk for hospitalization. We performed a retrospective cohort study of 1788 patients with asthma aged 5 to 34 years from a large hospital-based multi-specialty practice in inner-city Indianapolis from 1985 to 1992. Compared with 633 white patients, 1155 African-American patients had fewer outpatient encounters including primary care visits, urgent visits to the emergency department and urgent care centers, and prescription refills. Emergency department use was greater for African-American males compared with white males. With patients 30 years of age as the referent, survival analysis revealed three to sixfold greater relative risk of hospitalization for asthma for younger patient age groups, and greatest risk among young African-American males. Adolescent patients had the highest cumulative percentage hospitalization and the longest lengths of stay. It is concluded that inadequate routine primary care among African-American patients may increase their risk of asthma exacerbation requiring hospitalization. Age, gender, and race are all important predictors of hospitalization for asthma. Further studies are needed to explore the relation between sources of care and asthma exacerbation.

NARVA, A., STILES, S., KARP, S., TURAK, A.
Access of Native Americans to renal transplantation in Arizona and New Mexico.
Blood Purification: 14, 1996, no. 4, p. 293-304.
NIVEL: C 7363

Lower rates of transplantation among minority groups are a nationally recognized phenomenon. Native Americans (NA) nationally have nearly four times the risk of end-stage renal disease (ESRD) as compared with white (W) Americans and are significantly overrepresented in the Network 15 ESRD population. To understand more about NA and W transplant rates, we looked at all reported Arizona (AZ) and New Mexico (NM) resident cases from the Network No. 15 data base. Age of onset, sex, primary diagnosis, payment source, transplant donor source, and other factors were examined. NA experienced a slightly earlier onset of ESRD than W, and diabetes mellitus was the primary ESRD diagnosis for 63-73% of NA and for 34-39% of W. Because age distribution and frequency of diabetes mellitus of the NA ESRD population differ from those of W in the Network, age-specific and diagnosis-specific transplant rates were examined. Age-adjusted transplant rates per 100 ESRD patients for AZ were 16.4 (NA) and 21.0 (W) and for NM 14.2 (NA) and 22.4 (W). Diagnosis-specific age-adjusted transplant rates for patients with the primary diagnoses of diabetes mellitus and glomerulonephritis, the two most common causes of ESRD among NA, showed a large difference between W and NA rates. Age-adjusted rates for diabetes were: AZ 8.4% (NA) and 14.5% (W); NM 9.8% (NA) and 15.9% (W). Age-adjusted rates for patients with glomerulonephritis were: AZ 23.7% (NA) and 28.0% (W); NM 22.3% (NA) and 33.0% (W). In all comparisons and in both the W and NA ESRD populations, women were transplanted at lower rates than men. NA experienced a greater delay from onset of treated ESRD to transplant than W. Payment source and transplant donor source did not appear to be significantly different between NA and W. The lower transplant rates in NA versus W in Network No. 15 cannot be explained by age- or diagnosis-specific factors.

ODDONE, E.Z., HORNER, R.D., DIERS, T., LIPSCOMB, J., MCINTYRE, L., CAUFFMAN, C., WHITTLE, J., PASSMAN, L.J., KROUPA, L., HEANEY, R. MATCHAR, D.
Understanding racial variation in the use of carotid endarterectomy: the role of aversion to surgery.
Journal of the National Medical Association: 90, 1998, no. 1, p. 25-33.
NIVEL: C 7364

Previous studies indicate that African-American patients undergo carotid endarterectomy at one fourth the rate of white patients. This study was undertaken to determine if differences in aversion to carotid endarterectomy might account for some of the racial difference in utilization of this procedure. A sample of 185 African-American and white patients was selected from a cohort of patients hospitalized for stroke or transient ischemic attack at four Veterans Affairs medical centers. Of these patients, 115 (62%) were able to be contacted by telephone and 95 (83%) agreed to be interviewed. The interview included assessments of functional status, patient preferences for their current health status, and risk aversion to a hypothetical carotid endarterectomy. Patients from both racial groups were similar in age, marital status, level of education, and comorbid medical illnesses. All respondents were male. Functional status for both groups was high and not statistically different. There were no significant racial differences in patients' perceptions of their current health state. However, African-American patients expressed more aversion to the hypothetical surgery than whites. The median excess risk of death accepted to avoid surgery was 20% for African Americans versus 2.5% for whites. These results indicate that racial differences in the utilization of carotid endarterectomy may be due in part to differences in patients' levels of aversion to this surgery.

PAPPAS, G., HADDEN, W.C., KOZAK, L.J., FISHER, G.F.
Potentially avoidable hospitalizations: inequalities in rates between US socioeconomic groups.
American Journal of Public Health: 87, 1997, no. 5, p. 811-816.

The National Hospital Discharge Survey (NHDS) was used to evaluate potentially avoidable hospital conditions as an indicator of equity and efficiency in the US health care system. With the use of 1990 data from the NHDS, the National Health Interview Survey, and the census, national rates of hospitalization were calculated for avoidable conditions by age, race, median income of zip code, and insurance status. An estimated 3.1 million hospitalizations were for potentially avoidable conditions. This was 12% of all hospitalizations in 1990 (excluding psychiatric admissions, women with deliveries, and newborns). Rates of potentially avoidable hospitalizations were higher for persons living in middle- and low-income areas than for persons living in high-income areas, and were higher among Blacks than among Whites. These class and racial differences were also found among the privately insured. Differences among income and racial groups for persons aged 65 and over were not significant. Inequalities in potentially avoidable hospitalizations suggest inequity and inefficiency in the health care delivery system. Avoidable hospital conditions are a useful national indicator to monitor access to care.

PETERSON, R., WHITMAN, H., SMITH, J.
A survey of multicultural awareness among hospital and clinic staff.
Journal of Nursing Care Quality: 11, 1997, no. 6, p. 52-59.
NIVEL: C 7365

Building a knowledgebase regarding multicultural beliefs and practices will help health care providers meet the challenge of caring for persons of diverse cultures. It is evident that developing greater multicultural awareness will also help health care workers improve patient care. For this reason, an Interdisciplinary Multicultural Patient Care Team (IMPACT) was developed at the University of Wisconsin Hospital and Clinics (UWHC) and UW Children's Hospital in 1994. The IMPACT sought funds through the University of Wisconsin-Milwaukee Institute on Race and Ethnicity to conduct a hospital- and clinic-wide survey of its 4,000 full- and part-time employees regarding their understanding of multicultural issues. The goal of the survey was to expand upon the pilot study conducted in 1994 with the intent of ascertaining staff cultural awareness and educational needs. Over 800 multidisciplinary personnel returned the survey for a 21 percent response rate. These data will be used to set up educational programs and develop a resource network for all personnel.

PHILBIN, E.F., DISALVO, T.G.
Influence of race and gender on care process, resource use, and hospital-based outcomes in congestive heart failure.
The American Journal of Cardiology: 82, 1998, no. 1, p. 76-81.
NIVEL: C 7366

Race and gender are important determinants of certain clinical outcomes in cardiovascular disease. To examine the influence of race and gender on care process, resource use, and hospital-based case outcomes for patients with congestive heart failure (CHF), administrative records were obtained on all 1995 New York State hospital discharges assigned ICD-9-CM codes indicative of this diagnosis. The following were compared among black and white women and men: demographics, comorbid illness, care processes, length of stay (LOS), hospital charges, mortality rate, and CHF readmission rate. 45,894 patients (black women, 4,750; black men, 3,370; white women, 21,165; white men, 16,609) were identified. Blacks underwent noninvasive cardiac procedures more often than whites; procedure and specialty use rates were lower among women than among men. After adjusting for other patient characteristics and hospital type and location, the authors found race to be an important determinant of LOS (black, 10.4 days; white, 9.3 days; p = 0.0001), hospital charges (black, $13,711; white, $11,074; p = 0.0001), mortality (black-to-white odds ratio = 0.832; p = 0.003), and readmission (black-to-white odds ratio = 1.301; p = 0.0001). Gender was an important determinant of LOS (women, 9.8 days; men, 9.2 days; p = 0.0001), hospital charges (women, $11,690; men, $11,348; p = 0.02), and mortality (women-to-men odds ratio = 0.878; p = 0.0008). It is concluded that race and gender influence care process and hospital-based case outcomes for patients with CHF.

PHILLIPS, R.S., HAMEL, M.B., TENO, J.M., BELLAMY, P., BROSTE, S.K., CALIFF, R.M., VIDAILLET, H., DAVIS, R.B., MUHLBAIER, L.H., CONNORS, A.F.
Race, resource use, and survival in seriously ill hospitalized adults. The SUPPORT Investigators.
Journal of General Internal Medicine: 11, 1996, no. 7, p. 387-396.
NIVEL: C 7367

The objective of this study is to examine the association between patient race and hospital resource use. Patients were 9,105 hospitalized adults with one of nine illnesses associated with an average 6-month mortality of 50%. Measures of resource use included: a modified version of the Therapeutic Intervention Scoring System (TISS); performance of any of five procedures (operation, dialysis, pulmonary artery catheterization, endoscopy, and bronchoscopy); and hospital charges, adjusted by the Medicare cost-to-charge ratio per cost center at each participating hospital. The median patient age was 65; 79% were white, 16% African-American, 3% Hispanic, and 2% other races; 47% died within 6 months. After adjusting for other sociodemographic factors, severity of illness, functional status, and study site, African-Americans were less likely to receive any of five procedures on study day 1 and 3 (adjusted odds ratio [OR] 0.70; 95% confidence interval [CI] 0.60, 0.81). In addition, African-Americans had lower TISS scores on study day 1 and 3 (OR -1.8; 95% CI-1.3, -2.4) and lower estimated costs of hospitalization (OR (-)$2,805; 95% CI (-)$1,672, (-)$3,883). Results were similar after adjustment for patients' preferences and physicians' prognostic estimates. Differences in resource use were less marked after adjusting for the specialty of the attending physician but remained significant. In a subset analysis, cardiologists were less likely to care for African-Americans with congestive heart failure (p < .001), and cardiologists used more resources (p < .001). After adjustment for other sociodemographic factors, severity of illness, functional status, and study site, survival was slightly better for African-American patients (hazard ratio 0.91; 95% CI 0.84, 0.98) than for white or other race patients. Seriously ill African-Americans received less resource-intensive care than other patients after adjustment for other sociodemographic factors and for severity of illness. Some of these differences may be due to differential use of subspecialists. The observed differences in resource use were not associated with a survival advantage for white or other race patients.

POLEDNAK, A.P.
Stage at diagnosis of prostate cancer in Connecticut by poverty and race.
Ethnicity & Disease: 7, 1997, no. 3, p. 215-220.
NIVEL: C 7368

The study sought to determine if black-white differences in distribution of stage at diagnosis of prostate cancer persisted after controlling for a socioeconomic status (SES) indicator as an ecologic variable. The dataset was from the population-based Connecticut Tumor Registry (CTR), covering patients diagnosed in 1988-92. Participants were all white (N = 8,155) and black (N = 521) patients diagnosed with prostate cancer and reported to the CTR. The proportion of prostate cancers diagnosed at the distant (metastatic) stage was significantly higher in blacks than in whites, even within census tracts with high overall or race-specific poverty rates (20% or higher). When patient age and poverty rate of census tract (deciles) were included in a logistic model, black vs. white race was still statistically significantly associated with diagnosis at the distant vs. local or regional stage. Further studies are needed to explore the potential roles of black-white differences in screening rates and in biological factors, independent of SES, in explaining these findings.

POWELL, I.J., SCHWARTZ, K., HUSSAIN, M.
Removal of the financial barrier to health care: does it impact on prostate cancer at presentation and survival? A comparative study between black and white men in a Veterans Affairs system.
Urology: 46, 1995, no. 6, p. 825-830.
NIVEL: C 7369

African-American men are known to have a higher incidence and mortality rate from prostate cancer than American-Caucasian men. It is also known that African

Americans have a higher incidence of advanced stage disease at diagnosis. One hypothesis for the latter is a delay in diagnosis due to lack of financial access to health care. Because eligibility for medical care in Veterans Affairs Medical Centers (VAMCs) is similar for both black and white patients, less disparity of stage at diagnosis, and therefore survival between blacks and whites, would be expected. Cases for this study included only those histologically confirmed, newly diagnosed prostate cancers at the Allen Park VAMC in Wayne County, Michigan, between 1973 and 1992. Trained Surveillance, Epidemiology, and End Result (SEER) abstractors determined the stage at diagnosis, according to SEER criteria. Data analyses include descriptive statistics and survival analysis. The distribution of race and annual income of all male patients seen at the VAMC in Allen Park is similar. Over the entire 20-year period (1973 to 1992), there were a total of 358 prostate cancers in white patients and 383 in black patients. The ages of black and white patients were comparable. The proportion of white and black men presenting with localized disease is similar (57% and 54%, respectively). A significantly greater proportion of black patients with prostate cancer were classified as having distant disease compared with white patients (25% versus 19%; P = 0.045). A racial "crossover" effect in survival occurred around age 70 years, with white men demonstrating improved survival under 70 years of age, and black men 70 years and older tending to have better survival. These data suggest that financial access to care has no apparent influence on the higher proportion of distant disease and poorer survival of African-American patients with prostate cancer compared with American-Caucasian men.

SANDERSON, B.K., RACZYNSKI, J.M., CORNELL, C.E., HARDIN, M., TAYLOR, H.A.
Ethnic disparities in patient recall of physician recommendations of diagnostic and treatment procedures for coronary disease.
American Journal of Epidemiology: 148, 1998, no. 8, p. 741-749.

Despite the proven benefits of many cardiac procedures, some are used less frequently for African American than for white patients with known or suspected coronary disease. This study explored differences between ethnic groups that may affect patient recall of physician recommendations of cardiac procedures. Also examined were patients' responses when asked about adhering to those recommendations. The data examined were collected from interviews with 1,333 African American and white hospital inpatients with known coronary disease admitted to the Birmingham-Black Health Seeking for Coronary Heart Disease Project (1989-1990) in

Alabama. Respondents were asked to recall previous health care encounters, physician recommendations of cardiac procedures, and adherence to those recommendations. Compared with whites, fewer African American patients recalled physicians recommending some cardiac procedures. If procedure recommendations were recalled, no ethnic differences were found in patient recall of adhering to those recommendations. Predictors of recall of the recommended procedures were identified by multivariate logistic regression. Patients' knowledge of having coronary disease was the common factor that predicted their recall of all cardiac procedures. Other predictor variables included some cardiac risk factors and symptoms, socioeconomic status, and ethnicity. Although health care practice is influenced by many factors, it is important to examine variables that may lead to a reduction in ethnic disparities in coronary disease morbidity and mortality.

SEDLIS, S.P., FISHER, V.J., TICE, D., ESPOSITO, R., MADMON, L., STEINBERG, E.H.
Racial differences in performance of invasive cardiac procedures in a Department of Veterans Affairs Medical Center.
Journal of Clinical Epidemiology: 50, 1997, no. 8, p. 899-901.

Racial differences have recently been described in hospital practice, most notably with regard to cardiac procedure utilization. To evaluate the possible reasons behind these differences, statistics generated from a surgical referral conference at a large, tertiary care Veterans Affairs hospital between the years 1988 and 1996 were analysed. In this setting, there is no financial incentive for physicians to recommend or perform invasive procedures, as all physicians are salaried employees of the Veterans Administration. Furthermore, all patients presented at conference have already had cardiac catheterization and are felt to be potential candidates for surgery or angioplasty. Cardiac therapeutic procedures (surgery or percutaneous transluminal coronary angioplasty) were recommended for 1075 of 1474 (72.9%) Caucasian patients and 207 of 322 (64.3%) African-American patients (odds ratio 1.497, 95% confidence interval 1.160 to 1.932, p = 0.0022). Of those patients presented with the option of an invasive procedure, 32 of 207 (15.4%) African-American patients and 89 of 1075 (8.3%) Caucasian patients refused any invasive procedure (odds ratio 2.026, 95% confidence interval 1.311 to 3.130, p = 0.0025). It is concluded that reluctance by African-American patients to undergo invasive cardiac procedures may help explain observed disparities in race-related cardiac care.

SIEGAL, B.R., GREENSTEIN, S.M.
Postrenal transplant compliance from the perspective of African-Americans, Hispanic-Americans, and Anglo-Americans.
Advances in Renal Replacement Therapy: 4, 1997, no. 1, p. 46-54.
NIVEL: C 7370

Medication compliance by patients is a subject that has attracted attention because it has been identified as the third leading cause of renal graft loss. The purpose of this study was to gather specific information about renal-transplant recipients' cognitions, emotions, and behaviors during the postrenal transplant compliance process. Data from 519 renal transplant patients were collected through mailed surveys; chart audits were conducted for 397 patients in the sample. Findings revealed that 96 (18%) of the transplant recipients had been noncompliant with immunosuppressive medications. Factors related to noncompliance included being away from home, length of time since transplant, age, gender, and ethnicity, as well as patients' beliefs regarding how long posttransplant symptoms would persist and their beliefs about the effectiveness of immunosuppressive medications. Of particular interest were the findings related to compliance by African-American patients, which challenge conventional thinking. Implications for assessing patient compliance, patient education, and further research are discussed.

SIMMONS, D., GATLAND, B.A., LEAKEHE, L., FLEMING, C.
Ethnic differences in diabetes care in a multiethnic community in New Zealand.
Diabetes Research and Clinical Practice: 1996, no. 34 (Suppl.), p. S89-93.
NIVEL: C 7371

Residents of two districts of South Auckland, New Zealand with a high proportion of Maori and Pacific Islands people were visited door to door to ascertain the prevalence of known diabetes and its tissue damage. The household survey canvassed 55,518 residents in 12,770 (91%) of 14,002 residences. Diabetes interviews were available for 176,214 (82%) Europeans, 286,336 (85%) Maori and 495,585 (85%) Pacific Islands diabetic patients. Europeans were older than Maori and Pacific Islands patients currently and at diagnosis. When compared with Europeans, Maori and Pacific Islands patients had a higher chance of having had their diabetes diagnosed in pregnancy, were least likely to be receiving antihypertensive or insulin therapy, were more likely to be blind, and were more likely to have received retinal photocoagulation.

There were no ethnic differences in either the proportion of those receiving no ongoing care or in the proportion seen at least once by the diabetes services. Maori people were most likely to be current smokers, were most likely to have defaulted from the diabetic diet and to be dissatisfied with the diabetes service. Pacific Islands people were least likely to have neuropathic symptoms in their feet or to report a known myocardial infarction. Significant ethnic differences in diabetes and its care exist in South Auckland.

SIMMONS, D., SHAW, L., KENEALY, T., SCOTT, D., SCRAGG, R.
Ethnic differences in diabetes knowledge and education: the South Auckland Diabetes Survey.
New Zealand Medical Journal: 107, 1994, no. 978, p. 197-200.
NIVEL: C 7372

The aim of this study was to compare the knowledge of diabetes, and diabetes education provision/preferences among European, Maori and Pacific Islands diabetic patients in south Auckland. The 331 European, 86 Maori and 123 Pacific Islands patients who were interviewed attended local diabetes services and a stratified subsample of general practitioners. Interviews included closed and open questions of diabetes knowledge, age, sex, diabetes treatment, employment status, weekly household income, school/further education received and the actual and preferred format of diabetes education. Pacific Islands patients knew least, and Europeans most, about diabetes from both open and closed diabetes knowledge questions. The majority of Pacific Islands patients could not name the nature, symptoms or complications of diabetes. This was unaffected by duration of diabetes, place of birth or time in New Zealand, although insulin treated Pacific Islands patients knew more than noninsulin treated patients (closed score 71 SD (4)% vs 61 SD (2)% $p < 0.05$). Pacific Islands patients were least likely to have received diabetes education (European 69%, Maori 70%, Pacific Islands 49%, $p < 0.001$). Knowledge scores were higher in those who had received education at diagnosis. Europeans were least likely to want further education (Europeans 52%, Maori 69%, Pacific Islands 63%, $p < 0.01$). The preferred sources for ongoing education were the lay educator/diabetes nurse specialist service (Europeans 28%, Maori 37%, Pacific Islands 76%), and the hospital based clinic among Europeans (27%) and Maori (36%). No Pacific Islands patients preferred a hospital based ongoing education service, while few diabetic patients of any ethnic group preferred to receive education via their general practitioner. In all ethnic groups, patients wanting more education knew more than those who did not.

The local delivery of diabetes education is uneven. Among Pacific Islands people, it is grossly inadequate. In order for all patients to receive such education, the diabetes services need to be better coordinated and integrated with primary health care.

SUGARMAN, J.R., BAUER, M.C., BARBER, E.L., HAYES, J.L., HUGHES, J.W.
Factors associated with failure to complete treatment for diabetic retinopathy among Navajo Indians.
Diabetes Care: 16, 1993, no. 1, p. 326-328.
NIVEL: C 7373

The objective of this study was to determine the proportion of patients with suspected proliferative diabetic retinopathy who did not receive the recommended follow-up ophthalmological evaluation and care, and to examine associations between various patient characteristics and the failure to obtain care. The study cohort included all Navajo Indians identified by a retrospective review of records who had proliferative diabetic retinopathy diagnosed at an Indian Health Service Optometry Clinic between 1 October 1985 and 30 September 1988. Follow-up data were obtained by medical record reviews and by interviews with subjects. Of 69 patients identified, 57 of 61 living patients were interviewed. Twenty-three (40.4%) had failed to obtain recommended follow-up. The RR for incomplete treatment among those without a vehicle in the household compared with those with a vehicle was 1.91 (95% CI 1.32-2.76). Other factors associated with incomplete treatment were female sex and marital status other than currently married. Twelve (21%) patients answered "no" to the question, "Have you been told that diabetes was affecting your eyes?" Eight of 38 (21%) who confirmed that they had been told that diabetes was affecting their eyes responded "no" to the question, "Do you think that diabetes is affecting your eyes?" However, the answers to these questions did not distinguish between patients who obtained or did not obtain recommended care. Interventions to increase the proportion of Navajo Indians with diabetic retinopathy who receive appropriate ophthalmologic care must address the issue of transportation.

TAYLOR, A.J., MEYER, G.S., MORSE, R.W., PEARSON, C.E.
Can characteristics of a health care system mitigate ethnic bias in access to cardiovascular procedures? Experience from the Military Health Services System.
Journal of the American College of Cardiology: 30, 1997, no. 4, p. 901-907.
NIVEL: C 7374

This study sought to investigate the independent effect of ethnicity on the utilization of invasive cardiac procedures after acute myocardial infarction (AMI). The precise role of ethnicity in access to cardiovascular procedures is unknown, particularly because of difficulty in isolating ethnicity from financial and other socioeconomic factors. A retrospective analysis of the use of cardiac catheterization and coronary revascularization procedures after AMI in military health care beneficiaries was conducted. The Military Health Services System (MHSS) ensures equal access to care in an environment without financial incentives for procedural utilization; furthermore, socioeconomic differences between patients beyond ethnicity are minimized. Data were analyzed from the Civilian External Peer Review Program representing abstracted chart reviews from 125 military health care facilities worldwide for all patients (1,208 white; 233 nonwhite [155 black]) with the principal or secondary diagnosis of AMI from March to September 1993. Rates of cardiac catheterization were similar in white and nonwhite patients (34.8 vs. 39.1%, $p = 0.21$). After controlling for age, gender, cardiovascular risk factors and AMI variables, including infarct size and other risk markers, there were no differences in the use of this procedure during the AMI admission in comparisons of white versus nonwhite patients (estimated odds ratio [OR] 0.96, 95% confidence interval [CI] 0.69 to 1.34) and white versus black patients (OR 1.19, 95% CI 0.80 to 1.78). However, white patients were significantly more likely than nonwhite patients to be "considered" for future cardiac catheterization (OR 1.77, 95% CI 1.19 to 2.61). Coronary revascularization within 180 days was not significantly affected by race in white versus nonwhite (OR 0.90, 95% CI 0.59 to 1.39) and white versus black patients (OR 1.11, 95% CI 0.65 to 1.89). Outcomes (30- and 180-day mortality and readmission rates) were similar for all race groups. There is a limited relation between ethnicity and the use of invasive cardiac procedures in the MHSS. These data raise the promise that characteristics of a health care system can mitigate ethnic bias in medicine.

WANG, F., JAVITT, J.C., TIELSCH, J.M.
Racial variations in treatment for glaucoma and cataract among Medicare recipients.
Ophthalmic Epidemiology: 4, 1997, no. 2, p. 89-100.
NIVEL: C 7375

The purpose of this study was to identify the location of barriers to treatment for glaucoma and cataract among African-American Medicare beneficiaries. The receipt of eye care in general and care for glaucoma and cataract in particular among black and white Medicare beneficiaries using 1991 Medicare physician claims data was examined. Racial differences in treatment for glaucoma and cataract were examined both for the Medicare population as a whole and for identified eye care users. The results were compared to the expected value of black-white difference based on population prevalence data for each specific condition. Thirty percent of black beneficiaries and 45% of white Medicare beneficiaries used eye care services in 1991. After adjusting for the expected difference in prevalence, black beneficiaries were half as likely to be surgically treated for glaucoma compared to white beneficiaries, and 80% as likely for cataract. When the analysis was restricted to those using eye care services, blacks continued to have lower than expected rates of treatment for glaucoma (observed RR = 3.2, 95% confidence interval = 3.1-3.4 vs an expected RR of 4.3, 95% confidence interval = 3.5-5.4), but a higher rate of treatment for cataract (RR = 1.2, 95% confidence interval = 1.2-1.3). Among those with physician-diagnosed glaucoma and cataract, blacks were more likely to undergo surgical treatment for these conditions than whites (RR = 1.5 for glaucoma, 95% confidence interval = 1.4-1.5; RR = 1.2 for cataract, 95% confidence interval = 1.2-1.3). Barriers to treatment for glaucoma and cataract among black Medicare beneficiaries involve primarily limitations in access to the eye care system. The undertreatment for glaucoma among black beneficiaries was reduced, but not eliminated, after removing the effect of unequal access to the eye care system.

WATERS, T.M., CHANG, R.W., WORSDALL, E., RAMSEY-GOLDMAN, R.
Ethnicity and access to care in systemic lupus erythematosus.
Arthritis Care and Research: 9, 1996, no. 6, p. 492-500.
NIVEL: C 7376

The objective of this study was to define access to care and to examine the relationship between ethnicity and access to care in systemic lupus erythematosus

(SLE). A review of published literature was supplemented with preliminary data from a pilot study. Data from patient interviews, chart reviews, and insurer surveys were collected at 2 sites and used to develop several measures of access. The relationship between ethnicity and access was examined through chi-square analyses, difference of means testing, and multivariate regression. Although African-American SLE patients appear less likely to be privately insured and more likely to be uninsured, no significant differences in utilization rates were detected between ethnic groups. Uninsured patients, however, had significantly fewer physician visits than both the Medicaid and the privately insured patients. Multivariate regression confirm a strong and negative relationship between physician visits and patient coinsurance rates. Careful examination of multiple dimensions of access may highlight differences between ethnic groups. Further research is necessary to document these differences and explore their relationships to outcomes.

WEITZMAN, S., COOPER, L., CHAMBLESS, L., ROSAMOND, W., CLEGG, L.,
MARCUCCI, G., ROMM, F., WHITE, A.
Gender, racial, and geographic differences in the performance of cardiac diagnostic and therapeutic procedures for hospitalized acute myocardial infarction in four states.
The American Journal of Cardiology: 79, 1997, no. 6, p. 722-726.
NIVEL: C 7377

This study compared rates of performance of cardiac procedures in relation to gender, race, and geographic location in patients hospitalized for myocardial infarction. The Atherosclerosis Risk in Communities (ARIC) study provides population data and standardized data collection methods. Hospital records of eligible people aged 35 to 74 years were abstracted in communities of 4 states in the United States: North Carolina, Mississippi, Maryland, and Minnesota. Between January 1987 and December 1991, 5,462 "definite" hospitalized patients with myocardial infarctions were identified. Women treated in nonteaching hospitals were less likely than men to have coronary angiography (odds ratio [OR] 0.7, 95% confidence interval [CI] 0.5 to 1.0), coronary artery bypass graft surgery (CABG) (OR 0.6, 95% CI 0.4 to 0.8), and thrombolytic therapy (OR 0.8, 95% CI 0.6 to 1.0), after controlling for age, race, severity of myocardial infarction, co-morbidity, and geographic area. Findings were similar in teaching hospitals. Blacks in the biracial communities were significantly less likely than whites to have coronary angiography, percutaneous transluminal coronary angioplasty, coronary artery bypass graft surgery, and thrombolytic therapy. After controlling for age, race, severity of myocardial infarction and co-morbidity, no consistent geographic differences were observed, except for Forsyth whites having the highest and Washington County the lowest odds for coronary angiography. Appropriate outcome measures would serve to evaluate the effect, if any, of the differences described on the ARIC population.

WISDOM, K., FRYZEK, J.P., HAVSTAD, S.L., ANDERSON, R.M., DREILING, M.C., TILLEY, B.C.
Comparison of laboratory test frequency and test results between African-Americans and Caucasians with diabetes: opportunity for improvement. Findings from a large urban health maintenance organization.
Diabetes Care: 20, 1997, no. 6, p. 971-977.
NIVEL: C 7378

The objective of this study was to compare African-American and Caucasian patients with preexisting diabetes in a health maintenance organization (HMO) on: 1) frequency with which they received a subset of recommended laboratory tests according to the American Diabetes Association (ADA) consensus guidelines and 2) the results of laboratory test values (glycosylated hemoglobin, cholesterol, and creatinine). A cross-sectional study of 2,312 HMO members with diabetes continuously enrolled during 1991 was conducted using computerized medical record and billing data. Receipt of the ADA recommended tests for glycosylated hemoglobin, cholesterol, and creatinine was compared between African-Americans and Caucasians, stratified by insulin requirements. In addition, group comparisons were made based on the laboratory test results. Less than 20 percent of all subjects received the recommended number of ADA tests. This did not differ by race except for creatinine and cholesterol testing in insulin users only, where African-Americans had more tests. On average, after adjusting for covariates, African-Americans had significantly higher glycosylated hemoglobin and creatinine laboratory values. Both groups had elevated cholesterol values. The opportunity exists to improve the process of care for both African-Americans and Caucasians with diabetes in an HMO setting. The need to improve glycosylated hemoglobin results and subsequently limit complications is especially pressing among the African-American population.

ZALDIVAR, A., SMOLOWITZ, J.
Perceptions of the importance placed on religion and folk medicine by non-Mexican--American Hispanic adults with diabetes.
The Diabetes Educator: 20, 1994, no. 4, p. 303-306.
NIVEL: C 7379

The high incidence of diabetes and diabetes-related complications in Hispanic adults in the United States continues to be of concern among healthcare providers. The underutilization of screening services and early treatment centers by Hispanic adults seems to contribute to the problem. This survey examined whether religious, spiritual, and folk medicine beliefs play a role in the participants' view of diabetes and treatment choices. One hundred four non-Mexican-American Hispanic adults with diabetes were surveyed using a self-report questionnaire. Results showed that 78% of patients believed they had diabetes because it was God's will; 17% of patients reported using herbs to treat their diabetes. This survey demonstrates the importance of addressing religion and spirituality when dealing with the issues of disease and health in this population.

ZALOZNIK, A.J.
Breast cancer stage at diagnosis: Caucasians versus Hispanics.
Breast Cancer Research and Treatment: 42, 1997, no. 2, p. 121-124.
NIVEL: C 7380

In the Department of Defense health care system, all women have the same ability to access health care. Thus, there should be no racial differences in stage at diagnosis solely based on ability to seek health care. A retrospective review of breast cancer cases from 1980-1992 was conducted to determine if there were any differences in stage at diagnosis between Caucasian and Hispanic females. Data was available for 6134 Caucasian and 182 Hispanic females. Although not statistically significant, Hispanic females had fewer Stage I (41% versus 53%) and more Stage IIA (37% versus 28%) breast cancers than Caucasian females. Hispanic females had statistically fewer tumors < or = 1 cm ($p < 0.001$). Caucasian females were older (median age 58 years) at presentation than Hispanic females (median age 51 years). Significantly ($p = 0.002$) more Hispanic females (44%) were < 50 years old compared to Caucasian females (28%). When access to care is not an issue, Hispanic females tended to present at a more advanced stage although this did not reach statistical significance. Hispanic females with breast cancer were significantly younger than

Caucasian females.

ZAMBRANA, R.E., ELL, K., DORRINGTON, C., WACHSMAN, L., HODGE, D.
The relationship between psychosocial status of immigrant Latino mothers and use of emergency pediatric services.
Health & Social Work: 19, 1994, no. 2, p. 93-102.
NIVEL: C 7381

Consistent empirical evidence has shown that low-income Latino populations tend to underutilize health care services and do not have a usual source of care. This article identifies and describes the sociodemographic and psychosocial characteristics of Latino immigrant mothers who use emergency pediatric services, assesses the association of maternal characteristics with perceived barriers to care, and examines key predictors of total number of pediatric visits in a year. A survey was carried out to obtain data on reason for emergency room visit, usual sources of care, child's health, and mother's physical and psychosocial health. The results revealed a clear pattern of delayed care for acute problems in the children, a high number of reported barriers to pediatric care, and high mental distress reported by mothers.

ZORATTI, E.M., HAVSTAD, S., RODRIGUEZ, J., ROBENS-PARADISE, Y., LAFATA, J.E., MCCARTHY, B.
Health service use by African Americans and Caucasians with asthma in a managed care setting.
American Journal of Respiratory and Critical Care Medicine: 158, 1998, no. 2, p. 371-377.
NIVEL: C 7382

Managed care plan members provide a population for analysis that minimizes the financial barriers to routine medical care that have been linked to high rates of asthma-related hospitalization, emergency care, and mortality among urban African Americans. Patterns of asthma care among 464 African American (AA) and 1,609 Caucasian (C) asthma patients, age 15 to 45 yr, in a southeast Michigan managed care system during 1993 were examined. Compared with C, AA had fewer visits to asthma specialists (0.32 versus 0.50 visits/yr, $p = 0.002$), and filled fewer prescriptions for inhaled steroids (1.44 versus 1.74 Rx/yr, $p = 0.038$), while being more likely to visit the emergency department with asthma (0.71 versus 0.28 visits/yr, $p < 0.001$), to be hospitalized with asthma (0.08 versus 0.03 admissions/yr, $p = 0.002$), or to have filled prescriptions for oral steroids (0.91 versus 0.59 Rx/yr, $p < 0.001$). AA were equally likely to have visited a primary care physician for asthma (0.95 versus 0.93 visits/yr, $p = 0.81$). Similar physician visit profiles and discrepancies in the use of oral steroids persisted when analyzing exclusively low socioeconomic status subgroups. These results suggest that ethnic differences in patterns of asthma-related health care persist within managed care settings and are only partially due to financial barriers.

ZUCKERMAN, M.J., GUERRA, L.G., DROSSMAN, D.A., FOLAND, J.A.,
GREGORY, G.G.
Health-care-seeking behaviors related to bowel complaints. Hispanics versus non-Hispanic whites.
Digestive Diseases and Science: 41, 1996, no. 1, p. 77-82.
NIVEL: C 7383

Health-care-seeking behaviors related to bowel complaints may vary between ethnic groups. A survey of a nonpatient population in El Paso, Texas, was conducted in order to examine differences in health care behavior related to bowel dysfunction, and in the perception of health and bowel function, in Hispanics and non-Hispanic whites. Data from 905 subjects who were either Hispanic (580) or non-Hispanic white (325) given a forced-choice, self-report questionnaire were used for analysis. Data on health care behavior variables were studied using logistic regression, in ethnic and gender groups, controlling for age and socioeconomic status. A log-linear analysis was applied to health perception variables in ethnic and gender groups. Hispanics were less likely than non-Hispanic whites to have seen a physician for bowel symptoms ($P < 0.02$). Of the subjects with symptoms compatible with irritable bowel syndrome, Hispanics were less likely to have seen a physician ($P < 0.05$). More Hispanics reported buying folk remedies ($P < 0.001$), and herbal teas were taken more often to maintain good bowel function ($P < 0.02$) and to treat bowel problems ($P < 0.005$). Additionally, Hispanics had a poorer perception of their health in general ($P < 0.001$), reported more concern about their health ($P < 0.02$), more concern about bowel function ($P < 0.001$), and more time spent attending to bowel function ($P < 0.001$). Therefore, data on health-care-seeking behaviors related to bowel dysfunction showed that Hispanics were less likely than non-Hispanic whites to seek health care for bowel complaints and that Hispanics were more likely to self-medicate with folk remedies to maintain good bowel function. The perception of health and bowel function is in part determined by ethnic differences.

7. MENTAL HEALTH CARE

ATKINSON, D.R., LOWE, S.M.
The role of ethnicity, cultural knowledge, and conventional techniques in counseling and psychotherapy.
In: PONTERELLO, J.G., CASAS, J.M., SUZUKI, L.A., ALEXANDER, CH.M. (eds.): Handbook of multicultural counseling. Thousand Oaks, Ca.: Sage Publications, 1995. p. 387-414.
NIVEL: C 7182

After reviewing the literature published in the 1970s and 1980s on psychotherapeutic services and treatment practices for ethnic minority populations, Sue and Zane (1987) concluded that: (a) more ethnic therapists who presumably are bilingual or are familiar with ethnic cultural values should be recruited into the mental health field, (b) students and therapists should acquire knowledge of ethnic cultures and communities, and (c) traditional forms of treatment should be modified because they are geared primarily for mainstream Americans. The purpose of this article is to review the research literature published since 1970 to determine if there is support for these three recommendations.

BARKER, L.A., ADELMAN, H.S.
Mental health and help-seeking among ethnic minority adolescents.
Journal of Adolescence: 17, 1994, no. 3, p. 251-263.
NIVEL: C 7183

Survey data are reported on the mental health status and professional help-seeking behavior of adolescents. Predominantly representing a sample of lower SES, ethnic minority backgrounds. Contrary to popular stereotypes, the sample's mental health status was found to be similar to findings from samples from non-minority backgrounds. Despite evident need for help, respondents indicated low utilization of services. Among those who did use professional help, school-based sources and medical personnel were used most often. Of factors examined as potential predictors of help-seeking, cognitive-affective factors were accounted for a small, yet significant amount of the variance. The findings highlight the importance of studying within-group differences to avoid perpetuating incorrect generalizations related to persons from low SES and ethnic minority backgrounds.

BARNEY, D.D.
Use of mental health services by American Indian and Alaska Native elders.
In: PADGETT, D.K. (ed.). Handbook on ethnicity, aging, and mental health. Westport, Connecticut: Greenwood Press, 1995. p. 203-214.
NIVEL: C 7184

The purpose of this study was to identify use patterns by examining factors that predict mental health service use among urban and reservation American Indian and Alaska Native elders. The study is built upon assumptions represented by the Anderson and Newman conceptual framework in which three groups of variables explain different service utilization patterns.

BLACK, B.S., RABINS, P.V., GERMAN, P., ROCA, R., MCGUIRE, M., BRANT, L.J.
Use of formal and informal sources of mental health care among older African-American public-housing residents.
Psychological Medicine: 28, 1998, no. 3, p. 519-530.

Elderly residents of public housing have high rates of psychiatric disorders, but most of those in need of care do not use any mental health service. This study examines the use of formal and alternative informal sources of mental health care in a sample of elderly African-American public-housing residents. Data from an epidemiological survey of six Baltimore public-housing developments for the elderly (weighted N = 818) were analysed to examine the utilization of mental health services by older African-American residents. Logistic regression analyses were used to determine correlates of using formal and informal sources by those needing mental health care. Thirty-five per cent of subjects needed mental health care. Less than half (47%) of those in need received any mental health care in the previous 6 months. Residents in need were more likely to use formal (38.5%) than informal sources (18.6%) for care. The strongest correlates of using formal providers were substance use disorder (OR = 15.62), Medicare insurance (OR = 10.31) and psychological distress (OR = 10.27). The strongest correlates of using informal sources were perceiving little or no support from religious/spiritual beliefs (OR = 21.65), cognitive disorder (OR = 19.71) and having a confidant (OR = 15.07). Contrary to elderly African-Americans in general, those in public housing rely more on formal than informal sources for mental health problems. Nevertheless, both sources fail to fill the gap between need and met need. Interventions to increase identification, referral and treatment of elderly public-housing residents in need should target general medical providers and clergy and include assertive outreach by mental health specialists.

BLANK, M.B., TETRICK, F.L., BRINKLEY, D.F., SMITH, H.O., DOHENY, V.
Racial matching and service utilization among seriously mentally ill consumers in the rural South.
Community Mental Health Journal: 30, 1994, no. 3, p. 271-281.
NIVEL: C 7185

The authors examined racial matching between case manager and client for 677 seriously mentally ill consumers served through a rural community mental health center in the southeastern United States. Nonparametric statistics indicated that client-case manager dyads were more likely to be of the same race than of different races. Same-race dyads tended to have greater service utilization as indicated by a greater number of made appointments over the study period. An interaction was found for failed appointments where African Americans in same-race dyads were more likely to fail appointments, while caucasian consumers in same-race dyads were less likely to fail appointments.

CALLAN, A., LITTLEWOOD, R.
Patient satisfaction: ethnic origin or explanatory model?
International Journal of Social Psychiatry: 44, 1998, no. 1, p. 1-11.
NIVEL: C 7186

Despite concern over their psychiatric treatment, little is known about black and ethnic minority patient satisfaction with psychiatric services and whether perceived 'ethnicity' or discrepant understanding of illness experience is most relevant. Twenty-one white British and 63 ethnic minority patients were interviewed for their opinions on psychiatric in-patient care, their treatment preferences and their explanatory models of their illness. The most significant association with satisfaction was not ethnic origin but the patient's explanatory model of their illness which showed little association with ethnicity whether patients were voluntary or involuntary. Satisfaction is most likely when there is concordance between the patient's and psychiatrist's explanatory model.

CHAPLIN, R.H., THORP, C., ISMAIL, I.A., COLLACOTT, R.A., BHAUMIK, S.
Psychiatric disorder in Asian adults with learning disabilities: patterns of service use.
Journal of Intellectual Disability Research: 40, 1996, no. 4, p. 298-304.
NIVEL: C 7187

Asian and white Caucasian adults with learning disabilities seen by the Department of the Psychiatry of Learning Disabilities, Frith Hospital, Leicester, England, in 1991 were studied. Asian adults with learning disabilities were under-represented with respect to the local population (as measured by learning disability register), but not the population of individuals with learning disabilities known to the psychiatric services. Asians were significantly more likely to receive a psychiatric diagnosis, in particular that of psychosis, but there were striking similarities in the routes of referral, the number of contacts with the service and the range of defined disabilities.

COLE, E., LEAVEY, G., KING, M., JOHNSON-SABINE, E., HOAR, A.
Pathways to care for patients with a first episode of psychosis: a comparison of ethnic groups.
British Journal of Psychiatry: 167, 1995, no. 6, p. 770-776.
NIVEL: C 7188

It is reported that patients from ethnic minority groups, in particular Afro-Caribbeans, are more likely to enter less desirable pathways to psychiatric care. The aim of this study was to determine whether ethnicity significantly affected time to presentation, type of first contact, rates of compulsory admission and police and primary care involvement, in patients with their first episode of psychosis. As part of a prospective epidemiological study, patients and their carers were interviewed using a semi-structured questionnaire to trace the various persons and agencies seen en route to their first contact with psychiatric services. While compulsory admission was more likely for black patients, the excess was less striking than in previous studies. Black patients were no more likely than other patients to have police involvement. The most important factors in avoiding an adverse pathway were having a supportive family member or friend and the presence of a general practitioner to assist in gaining access to psychiatric services. The routes to psychiatric services for first onset patients are different to those for chronic patients. Variables associated with social support were more important than ethnicity in determining pathways to care. Police involvement and compulsory admissions were strongly associated with the absence of GP involvement and the absence of help-seeking by a friend or relative. It may be that ethnicity becomes an important variable after the patient has come into contact with psychiatric services.

COMMANDER, M.J., DHARAN, S.P., ODELL, S.M., SURTEES, P.G.
Access to mental health care in an inner-city health district. II: Association with demographic factors.
British Journal of Psychiatry: 170, 1997, p. 317-320.
NIVEL: C 7189

In addition to clinical and service factors, planners need to take account of the influence of demographic variables, especially ethnicity, on access to mental health care. Estimated prevalence rates were calculated from epidemiological surveys undertaken in three settings: psychiatric services, primary care and the general population. Associations between demographic factors and service use were examined using the 'pathways to care' model. Considerable differences in access to mental health care were found, particularly according to ethnicity. The major impediment to Asians accessing care occurred at the interface between primary and secondary care, whereas the most striking feature for Blacks was the poor level of case recognition by GPs. In order to improve the uptake of mental health care, new initiatives should target those who are most likely to be unwell but least likely to access services. Purchasers and providers need to address differential patterns of use when developing and reviewing services.

COOPER-PATRICK, L., POWE, N.R., JENCKES, M.W., GONZALES, J.J., LEVINE, D.M., FORD, D.E.
Identification of patient attitudes and preferences regarding treatment of depression.
Journal of General Internal Medicine: 12, 1997, no. 7, p. 431-438.
NIVEL: C 7190

The objective of this study was to identify attitudes that influence patient help-seeking behavior and aspects of treatment that influence patient preferences for management of depression. Patients were eight black patients and eight white patients with depression: seven health care professionals (four physicians and three social workers). Discussions were audiotaped, transcribed, and reviewed independently by two investigators to identify and group distinct comments into categories with specific themes. Differences were adjudicated by a third investigator. Comments within categories were then checked for relevance and consistency by a health services researcher and a psychiatrist. More than 90% of the 806 comments could be grouped into one of 16 categories. Black patients raised more concerns than white patients regarding spirituality and stigma. Patients made more comments than professionals regarding the impact of spirituality, social support systems, coping strategies, life experiences, patient-provider relationships, and attributes of specific treatments. They discussed the role these factors played in their help-seeking behavior and adherence to treatment. In-depth focus group discussions with depressed patients can provide valuable and unique information about patient experiences and concerns regarding treatment for depression. Clinicians, researchers, and policymakers need to incorporate the range of factors identified by patients into their decision making for individuals with depression.

CUCCARO, M.L., WRIGHT, H.H., ROWND, C.V., ABRAMSON, R.K., WALLER, J., FENDER, D.
Professional perceptions of children with developmental difficulties: the influence of race and socioeconomic status.
Journal of Autism and Developmental Disorders: 26, 1996, no. 4, p. 461-469.
NIVEL: C 7191

This study examines the impact of variables related to culture and disadvantage as they influence decisions made about children with developmental difficulties. The findings of importance can be summarized as follows: 1. Professional perceptions of developmental difficulties suggestive of autism or ADHD do not appear to be influenced by the ethnic group membership of the child. 2. Professional perceptions of those categories associated with developmental difficulties in young children differed significantly as a function of SES. The direction was such that higher SES was associated with a greater likelihood of autistic disorder on both vignettes. Note, this finding was not observed for the ADHD category on either vignette. These findings suggest that SES does influence professional perceptions (as the only difference in the vignettes was the SES descriptor). These findings stand in contrast to current knowledge about the relationship between autism and SES. Also, the significant difference for cultural deprivation was in the appropriate direction. 3. Professional perceptions of children differed between the vignettes as a function of discipline. For the autism vignette, discipline-related differences were observed. Child psychiatrists ranked autistic disorder and learning disability as more likely categories relative to school psychologists. Speech-language professionals ranked language disorder as a more likely category relative to both groups of professionals and also ranked the LD category as more likely relative to school psychologists. On the ADHD vignette there were less salient differences. However, again speech-language professionals ranked both LD and DD as more likely categories relative to school psychologists. Clearly, the secondary rankings of categories such as LD and DD are applied differently as a function of discipline.

DALRYMPLE, A.J., O'DOHERTY, J.J., NIETSCHEI, K.M.
Comparative analysis of Native admissions and registrations to northwestern Ontario treatment facilities: hospital and community sectors.
The Canadian Journal of Psychiatry: 40, 1995, no. 8, p. 467-473.
NIVEL: C 7192

The objective was to study Native and non-Native admissions to acute psychiatric care in the northwestern region of Ontario in 1992. A 1986 to 1987 study was replicated comparing Native to non-Native admissions to acute psychiatric care in the northwestern region of Ontario in 1992 and Native registrations to community mental health agencies in the first 6 months of 1993 were examined. The comparative analysis of hospital admissions revealed that: Natives are still being admitted at 33% more than the rate expected on the basis of population; depression appears to be underdiagnosed for Natives; they continue to be admitted mainly for reasons other than major psychiatric conditions; substance abuse and forensic history are commonly involved; they stay in hospital for twice as long as their non-Native control; they more often come from rural settings; and they are less likely to be followed by the outpatient service and more likely to be followed by the criminal justice system. The examination of registrations to community mental health agencies revealed that: the same overrepresentation of Natives; mood- and thought-presenting problems of Natives in this sector were identical to non-Natives; and their length of stay was similar. The psychiatric hospital appears to be providing acute care treatment, not for the serious psychiatric illnesses for which it is mandated, but for atypical admissions that result from economic, social and cultural dislocation. There may be underdiagnosis of atypical depression in the Native hospitalized population. When asked what they are being treated for the diagnostic profile of Natives and non-Natives is identical on mood and thought dimensions. No appreciable change has occurred over the 5 years in the way hospital psychiatric services are used by Natives. Cultural stereotypes may be influencing the diagnosis of Natives in inappropriate ways. Enhancing Native control of treatment programs and community development may provide a partial solution. Properly mandated and accountable community agencies (both generic- and culture-specific) will help reduce unnecessary hospitalization.

DAVIES, S., THORNICROFT, G., LEESE, M., HIGGINGBOTHAM, A., PHELAN, M.
Ethnic differences in risk of compulsory psychiatric admission among representative cases of psychosis in London.
British Medical Journal: 312, 1996, no. 7030, p. 533-537.

The objecective of this study was to compare the risk of detention under the Mental Health Act 1983 in a representative group of people with psychotic disorders from different ethnic groups. Annual period prevalent cases of psychosis were identified in 1993 in the study areas from hospital and community data. Standardised criteria were applied to case notes to establish diagnosis and detention under the act. 535 patients were identified, of whom 439 fulfilled ICD-10 criteria for psychosis. Main outcome measures were risk of ever having been detained under the Mental Health Act 1983, risk of detention under specific sections of the act during the study year, and risk of contact with forensic services for the different ethnic groups. 439 patients with a psychotic illness were identified. Nearly half of the white patients had been detained under the act compared with 70% and 69% of black Caribbean and black African patients, respectively. Black Caribbean and black African patients were more likely than white patients to have been involuntarily detained (adjusted odds ratio 3.67; 95% confidence interval 2.07 to 6.50 and 2.88; 1.04 to 7.95, respectively). Rates of use of sections 2, 3 and 136 in the study year were higher for black than for white patients, and black patients were more likely than white patients to have been admitted to a psychiatric intensive care facility or prison. Independent of psychiatric diagnosis and sociodemographic differences, black African and black Caribbean patients with psychosis in south London were more likely than white patients to have ever been detained under the Mental Health Act 1983.

FLASKERUD, J.H., HU, L.T.
Participation in and outcome of treatment for major depression among low income Asian-Americans.
Psychiatry Research: 53, 1994, no. 3, p. 289-300.
NIVEL: C 7193

This study examined the relationship of four aspects of psychiatric treatment (use of medication, client-therapist ethnic match, treatment in an Asian-specific clinic, and professional therapist) to participation in treatment and outcome of treatment in low income Asian-American clients (n = 273) of the Los Angeles County mental health system who were diagnosed with major depression. Based on cultural responsiveness theory, the study tested the hypothesis that use of medication in treatment would have the greatest effect on participation and outcome followed, in order, by clienttherapist ethnic match, treatment in an Asian-specific clinic, and treatment by a professional therapist. The hypotheses were largely supported: treatment with medication had a significant relationship to total number of treatment sessions (participation) and improvement in the admission-discharge Global Assessment Scale (GAS) score (outcome). Treatment by a therapist of the same ethnicity as the client and treatment in an agency designated to provide services to Asian clients both had significant relationships to the number of treatment sessions but not to GAS score improvement. Four covariates included in the analysis and treatment by a professional therapist had no relationship to either of the dependent variables.

FLASKERUD, J.H., AKUTSU, P.D.
Significant influence of participation in ethnic-specific programs on clinical diagnosis for Asian Americans.
Psycholical Reports: 72, 1993, no. 3 (Part 2), p. 1228-1230.
NIVEL: C 7194

Asian American clients (N=1528) in the Los Angeles County mental health system who where seen at ethnic-specific (Asian) clinics by Asian therapists were diagnosed with significantly lower percentages of psychotic disorders and other major psychiatric disorders and significantly higher percentages of nonpsychiatric disorders than were Asian clients who were seen by Asian and white therapists at mainstream clinics.

FREIMAN, M.P., CUNNINGHAM, P.J.
Use of health care for the treatment of mental problems among racial/ethnic subpopulations.
Medical Care Research and Review: 54, 1997, no. 1, p. 80-100.

This article analyzes the degree to which interactions between race/ethnicity and other characteristics of a person and their local area are important in determining the probability of any mental health care use. Separate equations are estimated for “Blacks and Hispanics” and “Whites and other groups”. Simulations are then performed where the probabilities of use are estimated for individuals in one racial/ethnic group, using coefficients estimated for another racial/ethnic group. These simulations show that the probability of use for Blacks and Hispanics would be similar to Whites if they were subject to the same behavioral patterns (regression coefficients) as Whites, and vice versa. The results indicate the limitations of simply using dummy variables to represent race/ethnicity and the value of learning more about how the health care system interacts with persons of different racial/ethnic backgrounds. Policies that directly affect the location, characteristics, and behavior of health care providers, as well as the behavior of consumers, may be as relevant to achieving equality of use or access as incremental changes in health coverage.

GOTTESFELD, H.
Community context and the underutilization of mental health services by minority patients.
Psychological Reports: 76, 1995, no. 1, p. 207-210.
NIVEL: C 7195

An organization applying the principles of "community context" had 20 dropouts among 111 African American and Hispanic patients in its mental health services. Its sister organization applying conventional psychiatric service approaches had 114 dropouts among 167 African American and Hispanic patients.

HARADA, N.D., KIM, L.S.
Use of mental health services by older Asian and Pacific Islander Americans.
In: PADGETT, D.K. (ed.). Handbook on ethnicity, aging and mental health. Westport, Connecticut: Greenwood Press, 1995. p. 185-202.
NIVEL: C 7196

Trends in utilization of mental health services are described within specific groups of older Asian and Pacific Islander Americans in Los Angeles County over a five-year period from 1983 to 1988. Analyses were performed to examine differences in predictors of mental health services utilization for type of setting (in- or outpatient), premature termination from outpatient care, and length of outpatient treatment. Significant differences were found among these populations.

HATFIELD, B., MOHAMAD, H., RAHIM, Z., TANWEER, H.
Mental health and the Asian communities: a local survey.
The British Journal of Social Work: 26, 1996, no. 2, p. 315-336.
NIVEL: C 7197

The survey of people from the Asian communities in ‘Milltown’ included people who used mental health services, family members of service users, and members of the Asian general public. Personal and social stresses of the group were explored, as were their perceptions of the ‘causes’ of mental ill-health and appropriate responses. Although most people saw family and social stress as central, a religious dimension was also prominent, in terms both of causes and treatment of mental ill-health. There was no evidence of rejection of mainstream services because of a choice on the part of Asian families or communities to be self-servicing. A range of issues identified by respondents surrounded the cultural acceptability of services in ‘Milltown’ to Asian people. A lack of knowledge of service availability was also apparent, with a heavy reliance upon GP services for mental health care in the community. The findings of the survey are compared with similar studies, where available, which focus on indigenous white British service users. Some findings are common; other issues are specific to this Asian group.

JERRELL, J.M., WILSON, J.L.
The utility of dual diagnosis services for consumers from nonwhite ethnic groups.
Psychiatric Services: 47, 1996, no. 11, p. 1256-1258.
NIVEL: C 7198

Differences in psychosocial functioning, symptoms, service use, and costs for 40 nonwhite consumers of mental health services and 92 white consumers were compared at baseline and six months in a controlled clinical trial of three dual diagnosis interventions. At six months nonwhite consumers had lower psychosocial functioning than white consumers as measured by self-report and clinicians' ratings. Nonwhite consumers received significantly less supportive treatment than white consumers. Qualitative data from staff interviews indicated that nonwhite consumers had inadequate community and family supports due to a variety of problems. Although the nonwhite consumers had outcomes similar to those of white consumers, the complex needs of the nonwhite consumers warrant additional staff resources and culturally sensitive services in dual diagnosis treatment programs.

KATERNDAHL, D.A., REALINI, J.P.
Panic disorder in Hispanic patients.
Family Medicine: 30, 1998, no. 3, p. 210-214.
NIVEL: C 7199

This study determined the proportion of community-dwelling Hispanics who present for medical care for their panic attacks and identified factors associated with seeking care. Characteristics of Hispanic subjects with those of non-Hispanic white panic sufferers were also compared. In this community-based study, subjects with panic attacks completed a structured interview concerning health care utilization, panic characteristics, coexisting psychiatric problems, and illness attitudes. Hispanics were self-identified and completed the Cuellar acculturation scale for Mexican-Americans. Twenty-nine (53.7%) of 54 Hispanic subjects had sought medical care for their panic attacks. Care seeking in non-Hispanic whites was not dependent on these factors. Half of the Hispanics with panic attacks seek no medical care for their attacks. Predictors of seeking care among Hispanics in San Antonio included coping style, symptom perceptions, and access to transportation.

LANTICAN, L.S.
Mexican American clients' perceptions of services in an outpatient mental health facility in a border city.
Issues in Mental Health Nursing: 19, 1998, no. 2, p. 125-137.
NIVEL: C 7200

This descriptive-exploratory pilot study analyzed the perceptions of services in an outpatient mental health facility located in a border city in southwest Texas among Mexican American clientele with chronic mental illness. Face-to-face interviews using structured questionnaires were conducted with high functioning mentally ill clients. The questionnaire, with both English and Spanish versions, consisted of items on sociodemographics, support networks, illness experiences, reasons for seeking health services, reactions to being visited in the home setting for follow-up care, receiving care from a mental health professional with a similar cultural background, satisfactions, problems encountered in the mental health delivery system, and suggestions for improving health services. Data from 56 respondents yielded generally highly favorable and positive ratings of services received in the facility. Overall, these baseline data present challenges and implications for delivering culturally competent mental health care to Mexican American clients with chronic mental illness.

LEDA, C., ROSENHECK, R.
Race in the treatment of homeless mentally ill veterans.
The Journal of Nervous and Mental Disease: 183, 1995, no. 8, p. 529-537.
NIVEL: C 7201

A multi-site descriptive outcome study examined differences between black and white veterans in admission characteristics, program participation, and outcomes following an episode of treatment in a Veterans Affairs residential program for homeless veterans with psychiatric and substance abuse problems. Admission, discharge, and 6-month and 12-month postdischarge follow-up data were collected on 119 black and 144 white veterans admitted to the Domiciliary Care for Homeless Veterans Program at three sites. Chi-square tests and t-tests were used to identify differences between racial groups at admission. Factorial repeated-measures analysis of covariance was then used to identify differences between black and white veterans in improvement, controlling for differences that were significant at the time of admission. On admission, blacks were younger and had more problems with drugs and violent behavior, but were less likely than whites to have clinical diagnoses of alcohol abuse or a serious psychiatric disorder, and had fewer suicide attempts. They also had more social contacts and had more frequently experienced a recent disruption in an important relationship. Few differences were found between the two racial groups in measures of program participation. One year after discharge, both black and white veterans had improved in virtually all domains. Black veterans showed greater improvement in medical symptomatology, social contacts, and violence, while white veterans showed a greater increase in outpatient health service use. While both black and white veterans benefitted from participation in residential treatment, the data suggest that blacks were more likely to re-establish previously disrupted social ties while whites increased their involvement in the VA health care system.

LEO, R.J., SHERRY, C., JONES, A.W.
Referral patterns and recognition of depression among African-American and Caucasian patients.
General Hospital Psychiatry: 20, 1998, no. 3, p. 175-182.
NIVEL: C 7202

A retrospective review of psychiatric consultations was conducted for African-American and Caucasian patients for a 2-year period. Reasons for referral, assigned diagnoses, accuracy rates, and discordance and concordance rates were assessed. Referrals for depression comprised 24.6% of all consults for Caucasian and African-American inpatients. Only 40.3% of patients referred for depression were diagnosed with a depressive disorder; 54.4% of patients diagnosed with depressive disorders were referred for other reasons. African-American patients were referred for evaluation of depression and diagnosed with depressive disorders significantly less often than Caucasian patients. No significant differences were obtained between African-Americans and Caucasians in the accuracy rates of patients referred for depression. Discordance and concordance rates for the two groups were comparable. Diagnoses assigned to African-Americans and Caucasians incorrectly referred for depression did not differ significantly. For depressed African-Americans and Caucasians referred for reasons other than depression, the only difference noted was in the referral rates for adjustment of psychotropics. The nonpsychiatric staff fails to recognize depression and often refer depressed patients inappropriately. Depressed patients are primarily referred for suicide assessment and disruptive behaviors. Referrals for depression may be a secondary concern to nonpsychiatric staff. In addition, cultural variables and racial differences between hospital staff and patients may account for the differences in referral patterns. Awareness of the needs of African-American patients is required.

LEONG, F.T.L., WAGNER, N.S., TATA, S.P.
Racial and ethnic variations in help-seeking attitudes.
In: PONTEROTTO, J.G., CASAS, J.M., SUZUKI, L.A., ALEXANDER, C.M. (eds.). Handbook of multicultural counseling. Thousand Oaks, Ca.: Sage Publications, 1995. p. 415-438.
NIVEL: C 7203

The authors explore the literature on attitudes toward and use of western mental health services by ethnic minority group members, including Asian Americans, Hispanic Americans and African Americans. Although the various ethnic groups differ, several common themes seem to characterize their attitudes toward help seeking: the common need for mental health services, the importance of intraethnic differences among subgroups and the need of culturally responsive services. Recommendations are made for changes in service characteristics.

LEONG, F.T.L.
Asian Americans' differential patterns of utilization of inpatient and outpatient public mental health services in Hawaii.
Journal of Community Psychology: 22, 1994, no. 2, p. 82-96.
NIVEL: C 7204

The major purpose of the present study was to examine Asian Americans' differential patterns of utilization of mental health services in Hawaii. It was proposed that an analysis of Asian Americans' differential patterns of utilization of inpatient and outpatient mental health services may provide some clues to the reasons behind their overall pattern of underutilization. More specifically, whereas it has been established in many studies that Asian Americans tend to underutilize mental health services, the present research questions are directed at determining if Asian Americans tend to (a) underutilize inpatient mental health services, (b) overutilize or use at their representative level outpatient mental health services, and (c) exhibit different patterns in the sources of referral into the mental health system. Using a dataset from the state of Hawaii's Department of Health, mental health service utilization rates for three

Asian-American groups (Chinese, Japanese, and Filipino) were compared to each other and to those of White Americans. It was found that there were ethnic subgroups (e.g., Chinese versus Filipino) and intergroup differences (i.e., Asian versus White) in the utilization of inpatient and outpatient mental health services as well as in sources of referral into the mental health system. The clinical and research implications of the findings are discussed.

MARTIN, T.W.
White therapists' differing perceptions of black and white adolescents.
Adolescence: 28, 1993, no. 110, p. 281-289.
NIVEL: C 7205

The literature provides evidence that therapists' misunderstanding of minority cultures may be responsible for higher dropout rates and difficulty in forming congruent problem conceptualization. In this study, therapists' perceptions of the behaviors of black and white adolescents were examined. One group of 20 psychotherapists was presented with a scenario involving a white adolescent and a second group of 20 psychotherapists was presented with an identical scenario involving a black adolescent. The therapists rated the clinical significance of each of the behaviors that were present in the scenario. The behaviors of the black adolescent were rated overall as less clinically significant than the behaviors of the white adolescent. In addition, there were differences in the perceptions of specific behaviors. It is suggested that findings from this type of study can help identify misperceptions about a client's culture, which can aid in designing curricula for training therapists to be culturally sensitive.

MAYNARD, C., EHRETH, J., COX, G.B., PETERSON, P.D., MCGANN, M.E.
Racial differences in the utilization of public mental health services in Washington State.
Administration and Policy in Mental Health: 24, 1997, no. 5, p. 411-424.
NIVEL: C 7206

This study analyzed racial differences in the use of public outpatient mental health services in four regions of Washington State. Patients in this study were enrolled in the state's mental health management information system, which contains detailed information about patient characteristics and service utilization. There were distinct racial differences with respect to baseline characteristics, and even after adjusting for these characteristics and region of the state as well, racial differences in the type and amount of services used persisted. In particular, African-Americans were more likely to use crisis services and were less likely to use individual or group treatment. This previously reported finding requires further exploration.

MCGOVERN, D., HEMMINGS, P.
A follow-up of second generation Afro-Caribbeans and white British with a first admission diagnosis of schizophrenia: attitudes to mental illness and psychiatric services of patients and relatives.
Social Science and Medicine: 38, 1994, no. 1, p. 117-127.

A sample of second generation Afro-Caribbeans and white British with a diagnosis of schizophrenia, and their relatives, were interviewed 5-10 years after first admission. There was no difference between Afro-Caribbeans and whites on measures of satisfaction, conceptualization about illness and attitudes to different types of treatment and management. However black relatives were more likely to attribute causation of illness to substance use and to view services as racist. Most black patients and relatives thought that black day centres would be beneficial.

MCKAY, M.M., MCCADAM, K., GONZALES, J.J.
Addressing the barriers to mental health services for inner city children and their caretakers.
Community Mental Health Journal: 32, 1996, no. 4, p. 353-361.
NIVEL: C 7207

This paper will outline a series of three research studies meant to identify factors related to child mental health service usage and barriers to help seeking for urban minority children and their caretakers. In addition, this paper will describe the systematic development and evaluation of a telephone intervention strategy aimed towards increasing overall attendance at initial intake appointments at an urban child serving agency. The first study explores differences in demographic variables, for two groups of children (n = 450), those that came to an initial intake interview and those that requested child mental health services, but failed to come to any scheduled appointments. The second study evaluates a telephone engagement intervention meant to increase initial attendance (n = 54). Finally, the third study, more rigorously evaluates the impact of an intensive telephone intervention on initial attendance rates by randomly assigning families to the more focused telephone intervention or a "business as usual" telephone screening (n = 108).

MCMILLER, W.P., WEISZ, J.R.
Help-seeking preceding mental health clinic intake among African-American, Latino, and Caucasian youth.
Journal of the American Academy of Child and Adolescent Psychiatry: 35, 1997, no. 8, p. 1086-1094.
NIVEL: C 7208

Pathways into child mental health clinics were studied to test this hypothesis: Prior to contacting clinics for their child's problems, African-American and Latino families are less likely than Caucasian families to seek help from agencies and professionals (and more likely to contact family and community sources). Regression analyses were conducted, applied to a sample of 192 clinic-admitted families, assessed the impact of ethnicity and income, child gender and age, and parent perceptions of child problem severity and likely treatment benefit, on preclinic help-seeking. As predicted, African-American and Latino families, compared with Caucasian families, sought help from professionals and agencies much less often, as a first step and as a percentage of all their preclinic help-seeking. With income, age, gender, and parent perceptions in the model, both African-American and Latino families were 0.37 as likely as Caucasian families to seek intitial help from a professional or agency. Although many minority youths are admitted to mental health clinics, seeking help from professionals may not have been their parents' preference. The apparent reluctance of minority parents carries implications for clinical intervention and alliance formation with minority group families and for the design and evaluation of ethnic community outreach programs.

MILLET, P.E., SULLIVAN, B.F., SCHWEBEL, A.I., MYERS, L.J.
Black Americans' and White Americans' views of the etiology and treatment of mental health problems.
Community Mental Health Journal: 32, 1996, no. 3, p. 235-242.
NIVEL: C 7209

Black Americans, in contrast to White Americans, use the mental health system in different ways. For example, Blacks tend to terminate treatment earlier than Whites. One explanation for the racial differences is that members of the two groups hold different views about mental health problems and their treatment. To test this explanation, subjects read and responded to questions about vignettes describing individuals encountering personal difficulties that ranged from adjustment challenges to severe psychiatric illness. Black American respondents rated spiritual factors as more important in the etiology and treatment of the difficulties than did Whites. The implications of these findings for theory and practice are discussed.

PADGETT, D.K., PATRICK, C., BURNS, B.J., SCHLESINGER, H.J.
Use of mental health services by black and white elderly.
In: PADGETT, D.K. (ed.) Handbook on ethnicity, aging, and mental health. Westport, Connecticut: Greenwood Press, 1995. p. 145-164.
NIVEL: C 7210

The authors seek to address the question of whether race differences exist in use of outpatient and inpatient mental health services. Furthermore they examine what characteristics of black and white older persons are associated with the likelihood of being hospitalized and of seeking outpatient mental health treatment and what characteristics predict the number of inpatient hospital days and mental health visits among those who enter treatment. Findings are presented from a large database of insurance claims and enrollment files for 1.2 million federal employees and their dependents enrolled in the Blue Cross/Blue Shield Federal Employee Program in 1983. There were no significant racial differences in use of inpatient psychiatric services. Whites had slightly higher rates of hospitalization and days in treatment. There were also no significant racial differences in rates of outpatient utilization. However, whites made significantly more mental health visits than their black counterparts. This last finding could be explained by the usually confounding effects of minority status because these were minimized or controlled for in the analyses. It is therefore concluded that discussions of how to improve access to mental health services must go beyond the obvious need to reduce economic barriers.

PADGETT, D.K., PATRICK, C., BURNS, B.J., SCHLESINGER, H.J.
Ethnicity and the use of outpatient mental health services in a national insured population.
American Journal of Public Health: 84, 1994, no. 2, p. 222-226.

Factors affecting ethnic differences in the use of outpatient mental health services are analyzed in an insured, nonpoor population to determine if lower use by Blacks and Hispanics persists when socioeconomic and other factors are controlled. To identify significant predictors of the probability and amount of use, insurance claims data for a population of 1.2 million federal employees insured by Blue Cross/Blue Shield in 1983 were analyzed with the Andersen and Newman model of health service utilization. Logistic and ordinary least squares regression models were estimated for each ethnic group. Blacks and Hispanics had lower probabilities and amounts of use when compared with Whites after controlling for a number of variables. Since ethnic differences in the use of outpatient mental health services exist even in an insured, nonpoor population, factors other than lower socioeconomic status or insurance coverage--for example, cultural or attitudinal factors and service system barriers--are likely responsible. Such findings have policy implications in the current climate of health care reform to increase access to care for the underserved.

PADGETT, D.K., PATRICK, C., BURNS, B.J., SCHLESINGER, H.J.
Ethnic differences in use of inpatient mental health services by blacks, whites, and Hispanics in a national insured population.
Health Services Research: 29, 1994, no. 2, p. 135-153.

The authors examined whether ethnic differences in use of inpatient mental health services exist when the usually confounding effects of minority status and culture are minimized or controlled. Secondary analyses were conducted using a national insurance claims database for 1.2 million federal employees and their dependents insured by the Blue Cross/Blue Shield (BC/BS) Federal Employees Plan (FEP). The Andersen-Newman model of health utilization was used to analyze predisposing, enabling, and need variables as predictors of inpatient mental health utilization during 1983. The study design was cross-sectional. The study database was made up of BC/BS insurance claims, Office of Personnel Management employee data, and Area Resource File data. No significant differences were found among blacks, whites, and Hispanics in the probability of a psychiatric hospitalization or in the number of inpatient psychiatric days. Regression analyses revealed younger age and psychiatric treatment of other family members as significant predictors of a hospitalization; region of residence, younger age, hospital bed availability, and high option plan enrollment were significant predictors of the number of treatment days. Ethnic differences in use of inpatient mental health services were not significant in this generously insured population. Further research involving primary data collection among large and diverse samples of ethnic individuals is needed to fully examine the effects of cultural and socioeconomic differences on use of mental health services.

PUMARIEGA, A.J., GLOVER, S., HOLZER, C.E., NGUYEN, H.
Administrative update: utilization of services (II): utilization of mental health services in a tri-ethnic sample of adolescents.
Community Mental Health Journal: 34, 1998, no. 2, p. 145-156.
NIVEL: C 7211

In this study of a tri-ethnic sample of 2528 junior and high school students, utilization of outpatient mental health services is examined in relation to a number of variables cited in the literature as leading to potential biases and barriers to care. These include: age, gender, ethnicity, socioeconomic status, family size and composition, and linguistic fluency in Hispanic youth. The impact of service availability was examined through differences between the two regions studied: a well-served region of coastal southeast Texas and the markedly under served lower Rio Grande Valley. The impact of symptomatology was evaluated using the total problem score on the Youth Self Report by Achenbach. Hispanic youth had significantly lower mean service utilization than non-Hispanic whites. Multiple regression analyses demonstrated that socioeconomic status and family composition had a greater relative impact on utilization than all other non-clinical factors, both for the total sample as well as for the Hispanic sample. Ethnicity may play a significant role in child mental health services utilization through its close association to socioeconomic status.

ROBERTS, N., CAWTHORPE, D.
Immigrant child and adolescent psychiatric referrals: a five-year retrospective study of Asian and Caucasian families.
The Canadian Journal of Psychiatry: 40, 1995, no. 5, p. 252-256.
NIVEL: C 7212

Referrals to the Bradford (England) Child and Family Psychiatric Clinic were studied over a five-year period with the purpose of comparing native Caucasian and immigrant groups. Punjabi Moslems of Pakistani descent formed a majority of immigrant referrals. This immigrant sample was compared with native Caucasians matched for age and sex. Differences between these groups were found in the rates and sources of referral, together with family composition, diagnosis and adherence to treatment. These results are discussed in terms of the influence of cultural background and gender socialization. This report makes suggestions with respect to service provision and the assessment of individuals from linguistically unassimilated ethnic minorities.

RODRIGUEZ, O., MAHARD O'DONNELL, R.
Help-seeking and use of mental health services by the Hispanic elderly.
In: PADGETT, D.K. (ed.) Handbook on ethnicity, aging, and mental health. Westport, Connecticut: Greenwood Press, 1995. p. 165-184.
NIVEL: C 7213

Two explanatory frame-works for understanding Hispanic use of mental health services - the alternative resources and barrier theories - are examined and tested, using data from a survey of elderly Puerto Ricans in New York City.

ROSENHECK, R., LEDA, C., FRISMAN, L., GALLUP, P.
Homeless mentally ill veterans: race, service use, and treatment outcomes.
American Journal of Orthopsychiatry: 67, 1997, no. 4, p. 632-638.
NIVEL: C 7214

Comparisons of service use and treatment outcomes for 145 black and 236 white homeless veterans with mental disorders showed few differences. A greater improvement in psychiatric symptoms and alcohol problems among white than black veterans did not hold true when black veterans had participated in the residential treatment component of the program. The implications of the findings for the successful treatment of homeless black veterans are discussed.

ROSENHECK, R., FONTANA, A.
Ethnocultural variations in service use among veterans suffering from PTSD.
In: MARSELLA, A.J., FRIEDMAN, M.J., GERRITY, E.T., SARFIELD, R.M. (eds.). Ethnocultural aspects of posttraumatic stress disorder: issues, research and clinical implications. Washington, D.C.: American Psychological Association, 1996. p. 483-504.
NIVEL: C 7215

This study explores differences among ethnocultural minority groups in five related domains: (a) sociodemographic status and baseline clinical presentation, (b) self-identified service needs, (c) past service use, (d) prospectively examined use of team services during the year after first contact with a special program, and (e) clinical improvement as assessed by team clinicians at the time of the last clinical contact. Several differences in service use and clinical improvement were identified. Most of these differences can be explained by epidemiologic and cultural factors that exist independently of service system characteristics.

ROSENHECK, R., FONTANA, A., COTTROL, C.
Effect of clinician-veteran racial pairing in the treatment of posttraumatic stress disorder.
The American Journal of Psychiatry: 152, 1995, no. 4, p. 555-563.
NIVEL: 7216

This study explored the effect of veterans' race and of the pairing of veterans' and clinicians' race on the process and outcome of treatment for war-related posttraumatic stress disorder (PTSD). As part of the national evaluation of the PTSD Clinical Teams program of the Department of Veterans Affairs, data on assessment of 4,726 white and black male veterans at admission to the program and on the race and other characteristics of their 315 primary clinicians were obtained. Measures of service delivery and treatment emphasis were obtained 2, 4, 8, and 12 months after program entry, along with clinicians' ratings of improvement. After control for sociodemographic characteristics, clinical status, and clinicians' characteristics, multivariate analysis showed that black veterans had significantly lower program participation ratings than white veterans on 10 of 24 measures, but no differences in clinicians' improvement ratings were noted. Additional analyses showed that pairing of white clinicians with black veterans was associated with lower program participation on four of the 24 measures and with lower improvement ratings on one of 15 measures. When treated by either black or white clinicians, black veterans had poorer attendance than white veterans, seemed less committed to treatment, received more treatment for substance abuse, were less likely to be prescribed antidepressant medications, and showed less improvement in control of violent behavior. Although no differences were noted on most measures, the pairing of black veterans with white clinicians was associated with receiving fewer services. According to some other measures, black veterans received less intensive services regardless of the clinician's race.

ROSENHECK, R., FONTANA, A.
Utilization of mental health services by minority veterans of the Vietnam era.
The Journal of Nervous and Mental Disease: 182, 1994, no. 12, p. 685-691.
NIVEL: C 7217

This study sought to identify differences in utilization of mental health services among members of five minority groups who served in the military during the Vietnam era. Data on utilization of mental health services from five different types of provider (Veterans Affairs [VA] and non-VA mental health providers, nonpsychiatrist physicians, clergy, and self-help groups) were obtained from a national survey of Vietnam era veterans (the National Vietnam Veterans Readjustment Study) along with information on sociodemographic characteristics, health status, income, and health insurance coverage. Chi-square tests and multivariate logistic regression analyses were used to compare use of various services among whites, blacks, Puerto Rican Hispanics, Mexican Hispanics, and others. Black veterans and Mexican Hispanic veterans were significantly less likely than white veterans to have used non-VA mental health services or self-help groups, after adjusting for health status and other factors. There were no differences between ethnocultural groups in use of VA mental health services, or services provided by nonpsychiatrist physicians or clergy, even after adjustment was made for health and economic factors. Although military service during the Vietnam conflict may have alienated many minority veterans from the federal government, the reluctance of minorities to use non-VA mental health services does not extend to the VA system. Further studies are needed to clarify the reasons for less non-VA service use among some minority groups.

SILOVE, D., MANICAVASAGAR, V., BELTRAN, R., LE, G., NGUYEN, H., PHAN, T., BLASZCZYNSKI, A.
Satisfaction of Vietnamese patients and their families with refugee and mainstream mental health services.
Psychiatric Services: 48, 1997, no. 8, p. 1064-1069.
NIVEL: C 7218

The study examined levels of satisfaction with mainstream mental health services and specialized mental health services for refugees among Vietnamese psychiatric patients and their relatives. Demographic, diagnostic, symptomatic, and service-related issues that might influence satisfaction were investigated. Eighty-six Vietnamese patients were identified from case notes of mainstream inpatient services (N = 31), mainstream community services (N = 7), and a specialized refugee treatment unit (N = 48). During an interview, a scale measuring satisfaction with treatment as well as measures of anxiety, depression, and posttraumatic stress disorder was administered to them. A modified satisfaction scale was administered to 56 relatives. Patients and relatives were, on average, moderately satisfied with treatment. Patients expressed greater satisfaction with the specialized treatment unit for refugees than with mainstream services, a finding that was not influenced by diagnostic differences or symptom levels at the time patients responded. Further analyses controlling for multiple comparisons revealed that the extent of the information provided and the ease of negotiating changes in treatment were the most salient variables in distinguishing satisfaction levels across the two types of treatment centers. Patients' fluency in English and their relatives' level of education were inversely associated with satisfaction scores, tentatively suggesting that the greater the ability of patients and their families to evaluate services, the less likely they were to express satisfaction with treatment. Specialized mental health services for refugees may be more acceptable to refugee populations than their mainstream counterparts, perhaps because better communication with patients and their families is possible in the specialized services. Patients and families who are in a position to evaluate services fully are more likely to be critical of treatments offered.

SINGH, S.P., CROUDACE, T., BECK, A., HARRISON, G.
Perceived ethnicity and the risk of compulsory admission.
Social Psychiatry and Psychiatric Epidemiology: 33, 1998, no. 1, p. 39-44.
NIVEL: C 7219

Black-Caribbean patients are more often admitted compulsorily to psychiatric wards than patients from other ethnic groups. The authors tested the hypothesis that perceived ethnicity of a patient had no independent effect on the risk of compulsory admission. For all consecutive admissions over a 6-month period to acute psychiatric wards in Nottingham, medical officers responsible for the decision to admit completed a questionnaire recording clinical details of the patients and reasons for admission. The results showed that 43.2% of Black-Caribbean patients and 18.8% of White patients were admitted compulsorily (unadjusted odds ratio 3.29, 95% CI 1.71-6.33). Perceived ethnicity (Black-Caribbean) was significantly associated with being young, receiving a diagnosis of psychosis, and being perceived to be at a risk of violent acting out. A forced entry logistic regression model was used to adjust for hypothesised confounding variables such as age, sex, diagnosis, risk, socio-economic status and level of social support. A diagnosis of psychosis, risk of committing violence and being Black-Caribbean had independent effects on the risk of being compulsorily detained. The odds ratio for compulsory detention of Black-Caribbean patients was 2.16 (95% CI 1.03-4.52) after adjusting for the hypothesized confounding variables.

SNOWDEN, L.R., HU, T.W.
Outpatient service use in minority-serving mental health programs.
Administration and Policy in Mental Health: 24, 1997, no. 2, p. 149-159.
NIVEL: C 7220

To evaluate the impact of participation in a minority-serving mental health program on patterns of service utilization, data on approximately 25,000 clients from a large, ethnically diverse mental health system were examined over three successive fiscal years. Clients seen in programs with higher rates of non-white participation received more outpatient care but less case management than clients seen elsewhere. The results were obtained after controlling for sociodemographic and clinic variables including treatment in an ethnic or language-matched dyad. Whether by selection and training of staff, administrative policy, operating style, program atmosphere or case-mix, minority-serving programs appear to promote distinctive patterns of utilization.

SNOWDEN, L.R., HU, T.W., JERRELL, J.M.
Emergency care avoidance: ethnic matching and participation in minority-serving programs.
Community Mental Health Journal: 31, 1995, no. 5, p. 463-473.
NIVEL: C 7221

Using data from a county level mental health service system, relationships were examined between ethnic matching, program involvement and emergency service use. When clients were matched with an ethnically similar clinician who was also proficient in their preferred language, they had fewer emergency service visits than did clients who were unmatched on the basis of ethnicity and language. Equally if not more significant than ethnicity or language matching was the client's program and the proportion of minority clients it served. Clients in programs serving a relatively large proportion of minority clients had fewer emergency service visits than those in programs serving a smaller proportion of minority clients. More research is needed to document the impact of matching along with greater attention to minority oriented programs.

SOLBERG, V.S., RITSMA, S., DAVIS, B.J., TATA, S.P., JOLLY, A.
Asian-American students' severity of problems and willingness to seek help from university counseling centers: role of previous counseling experience, gender, and ethnicity.
Journal of Counseling Psychology: 41, 1994, no. 3, p. 275-279.
NIVEL: C 7222

The purpose of this study was to extend previous work conducted to understand the problem concerns and help-seeking likelihood of Asian-American college students. A sample of 596 undergraduate and graduate Asian-American students returned a survey questionnaire (response rate 53.8%). Results indicated that previous counseling experience was related to higher ratings for substance abuse concerns and willingness to seek help from a university counseling center to address academic, interpersonal, and substance abuse concerns. Asian-American women indicated higher severity ratings for substance abuse issues than did Asian-American men.

SWANSON, J.W., HOLZER, C.E., GANJU, V.K.
Hispanic Americans and the state mental hospitals in Texas: ethnic parity as a latent function of a fiscal incentive policy.
Social Science and Medicine: 37, 1993, no. 7. P. 917-926.

This paper examines patterns of utilization of the state mental hospitals in Texas by Hispanics compared to Anglos over a 5-year period from FY 1984 to FY 1988. Historically, Hispanics have been underrepresented in public mental health client populations in the United States. In the mid-1980s in Texas, the ethnic gap in use of psychiatric facilities was expected to widen as Hispanic population growth outpaced the capacity of the public system to provide accessible mental health services for persons with serious and persistent psychiatric illnesses. But in the inpatient sector, the gap narrowed significantly in the second half of the decade, due to a policy-driven sharp reduction in the overall census of the state mental hospitals. A fiscal incentive program to stimulate the development of community-based mental health services had a markedly different effect on subsequent inpatient utilization by Anglos compared to Hispanics, most notably in counties that were less urban and less affluent and counties with a relatively high proportion of Hispanic residents. The context and mixed implications of these developments are explored.

TABORA, B.L., FLASKERUD, J.H.
Mental health beliefs, practices, and knowledge of Chinese American immigrant women.
Issues in Mental Health Nursing: 18, 1997, no. 3, p. 173-189.
NIVEL: C 7223

The purpose of this study was to describe the mental health beliefs and practices of Chinese American immigrant women. A two-part design using both qualitative and quantitative techniques was employed. The first step utilized focus group (n = 14) and key informant (n = 2) interviews to discover the beliefs, practices, and knowledge about mental health of this population. Content analysis was used to examine and condense the qualitative data. After completion of the qualitative component, 72 women were recruited to complete a set of questionnaires, which included a demographic questionnaire, culture and work subscale, and the mental health portion of the Health Behavior Scale of the Survey of Chinese American Mental Health (NRCAAMH, 1993). Pearson product-moment correlations and regression analysis were used to analyze the quantitative data. Content analysis found that the cultural value placed on the avoidance of shame, pragmatism that results in the use of both Western and traditional Chinese practitioners and treatments, and the inadequacy of Western-type services to meet the needs of the Chinese American immigrant population act as barriers to utilization of these services. These results are cross-validated by the quantitative findings. The importance of culture in determining the pathway to care was supported by the finding that higher levels of acculturation are related to greater use of mental health services.

TAKEUCHI, D.T., SUE, S., YEH, M.
Return rates and outcomes from ethnicity-specific mental health programs in Los Angeles.
American Journal of Public Health: 85, 1995, no. 5, p. 638-643.

The present study compared the return rate, length of treatment, and treatment outcome of ethnic minority adults who received services from ethnicity-specific or mainstream programs. The sample consisted of 1516 African Americans, 1888 Asian Americans, and 1306 Mexican Americans who used 1 of 36 predominantly White (mainstream) or 18 ethnicity-specific mental health centers in Los Angeles County over a 6-year period. Predictor variables included type of program (ethnicity specific vs mainstream), disorder, ethnic match (whether or not clients had a therapist of the same ethnicity), gender, age, and Medi-Cal eligibility. The criterion variables were return after one session, total number of sessions, and treatment outcome. The study indicated that ethnic clients who attended ethnicity-specific programs had a higher return rate and stayed in the treatment longer than those using mainstream services. The data analyses were less clear cut when treatment outcome was examined. The findings support the notion that ethnicity-specific programs seem to increase the continued use of mental health services among ethnic minority groups.

TATA, S.P., LEONG, F.T.L.
Individualism-Collectivism, social-network orientation, and acculturation as predictors of attitudes toward seeking professional psychological help among Chinese Americans.
Journal of Counseling Psychology: 41, 1994, no. 3, p. 280-287.
NIVEL: C 7224

Several culturally based variables were used to predict the patterns of help-seeking attitudes among a sample of Chinese-American students (N=219) in a large midwestern university. Cultural values operationalized by H.C. Triandis, R. Bontempo, M.J. Villareal, M. Asai, and N. Lucca's (1988) Individualism-Collectivism Scale, social support attitudes operationalized by A. Vaux's (1985) Network Orientation Scale, and the continuous variable of acculturation operationalized by the Suinn-Lew Asian Self-Identity Acculturation Scale (R.M. Suinn, K. Rickard-Figueroa, S. Lew & P. Vigil, 1987) were selected as predictors of attitudes as measured by E.H. Fischer and J.L. Turner's (1970) Attitudes Toward Seeking Professional Psychological Help Scale. Each of the 4 independent variables were found to be significant predictors of attitudes towards seeking professional psychological help. The counseling and research implications of the results are discussed.

TRAUER, T.
Ethnic differences in the utilisation of public psychiatric services in an area of suburban Melbourne.
The Australian and New Zealand Journal of Psychiatry: 29, 1995, no. 4, p. 615-623.
NIVEL: C 7225

The main aim of this study was to compare levels of service use by English and non-English speaking background people. A comparison of service use in 1991/1992 between clients of English speaking (ESB) and non English-speaking (NESB) background was undertaken using hospital inpatient statistics, community mental health centre contact data, interpreter usage figures, and the 1991 Australian census. The main findings indicated: (a) longer median lengths of stay of NESB than ESB inpatients; (b) roughly equal involuntary hospitalisation rates between ESB and NESB residents, but significantly lower rates of voluntary hospitalisation for NESB residents; (c) NESB face-to-face clinic contacts significantly shorter (by between five to ten minutes) than ESB; and (d) variable and generally low use of interpreters. No significant associations between ethnicity, legal status and gender were found. There were limitations in the available data and conclusions could be drawn only with caution. Recommendations include better routine collection of ethnically relevant information, and measures designed to improve the acceptability and accessibility of inpatient services.

WRIGHT, L., SHERRARD, C.
Stuttering therapy with British-Asian children (II): speech and language therapists' perceptions of their effectiveness.
European Journal of Disorders of Communication: 29, 1994, no. 4, p. 325-337.
NIVEL: C 7226

This paper tested hypotheses arising from the literature on the treatment of stuttering in British-Asian children and adolescents, using data obtained from a postal questionnaire completed by 87 therapists. The results showed therapists treating lower numbers of Asian clients than expected, but perceiving their therapy to be less effective with their Asian clients than with their British ones. The variables affecting therapists' perceived success were not those expected. Greater experience with Asian clients did not increase perceived success, nor did Asian therapist and client sharing broadly the same cultural background guarantee success. A satisfactory interpreter service did not lead to a higher perceived success rate, nor did postgraduate training or making special changes to usual working practices. On the contrary, therapists in the last two categories were less likely to perceive success with their Asian clients. Therapists identified a very wide range of cultural factors needing special consideration in therapy, but consensus centred around parental attitudes to stuttering and to therapy.

YEH, M., TAKEUCHI, D.T., SUE, S.
Asian-American children treated in the mental health system: a comparison of parallel and mainstream outpatient service centers.
Journal of Clinical Child Psychology: 23, 1994, no. 1, p. 5-12.
NIVEL: C 7227

Examined differences between ethnic-specific and mainstream outpatient mental health services for Asian-American children. The study found that Asian-American children who received services at ethnic-specific centers were less likely to drop out of services after the first session, utilized more services, and had higher functioning scores at discharge than did those who attended mainstream centers, even when variables including social class and functioning score at admissons were controlled. Centers were also compared on population characteristics and therapist-client ethnicity match. The findings suggest that ethnic-specific mental health centers are effective in serving the Asian-American child community.

YING, Y.W., HU, L.T.
Public outpatient mental health services: use and outcome among Asian Americans.
American Journal of Orthopsychiatry: 64, 1994 , no. 3, p. 448-455.
NIVEL: C 7228

Use of public outpatient mental health services and treatment outcomes were studied among Chinese, Japanese, Filipino, Korean, and Southeast-Asian Americans in Los Angeles County. Filipinos were underrepresented in the system, whereas Southeast Asians were overrepresented and had higher utilization rates, but showed less improvement, than did the other groups. The influence of therapist-client ethnic match and of clinicians' professional status were assessed, and recommendations are made for further research based on present findings.

ZITO, J.M., SAFER, D.J., DOSREIS, S., RIDDLE, M.A.
Racial disparity in psychotropic medications prescribed for youths with Medicaid insurance in Maryland. Journal of the American Academy of Child and Adolescent Psychiatry: 37, 1998, no. 2, p. 179-184.
NIVEL: C 7229

A retrospective analysis was conducted using state Medicaid prescription drug reimbursement claims for youths aged 5 through 14 years according to the race of the recipients of psychotropic and medical drugs. A person-based data set was created from Medicaid administrative data for fiscal year 1991 from the state of Maryland to yield the following: (1) estimates of prevalence of prescription recipients per 100 eligible enrollees; (2) relative prescription use ratios according to race (African-American versus Caucasian); and (3) the interrelation of race and geographic region on prescription prevalence. Five major findings were observed: (1) African-American youths with Medicaid insurance aged 5 through 14 were less than half (39% to 52%) as likely to have been prescribed psychotropic medications as Caucasian youths with Medicaid insurance; (2) the relative difference for nonpsychotropic medication classes was much less pronounced: African-American youths were prescribed nonpsychotropic medications at a rate 60% to 87% of the Caucasian youths' rate; (3) the stimulants (essentially methylphenidate) had the most disparate African-American/Caucasian ratio (1:2.5); (4) the racial disparity for psychotropics was not altered by partial (noncontinuous enrollment) eligibility status; and (5) although geographic variation reduced the racial disparity, the substantial racial difference

(1:2.0) remained. Compared with Caucasians, African-American youths aged 5 through 14 with Medicaid insurance coverage showed a distinctly lower rate of treatment with psychopharmacological agents.

8. CARE AND TREATMENT OF DRUG ADDICTS

ALLEN, K.
Barriers to treatment for addicted African-American women.
Journal of the National Medical Association: 87, 1995, no. 10, p. 751-756.
NIVEL: C 7236

This article describes barriers to treatment identified by a sample of substance-abusing/addicted women (mostly African-American). A self-administered questionnaire, the Allen Barriers to Treatment Instrument, was submitted to 97 substance-abusing/addicted women throughout the state of Illinois who were not in treatment. Results showed that the barriers most identified by these subjects included responsibility for child care, lack of insurance or money, and community issues.

ARROYO, J.A., WESTERBERG, V.S., TONIGAN, J.S.
Comparison of treatment utilization and outcome for Hispanics and non-Hispanic whites.
Journal of Studies on Alcohol: 59, 1998, no. 3, p. 286-291.
NIVEL: C 7237

The objective os this study was to examine the use of formal alcohol treatment and Alcoholics Anonymous (AA) by Hispanics and non-Hispanic whites, and to compare ethnic groups on posttreatment functioning. Data from a publicly funded substance abuse treatment center in New Mexico were used to investigate possible differences between Hispanic (n = 46) and non-Hispanic white (n = 62) men (n = 76) and women (n = 32) on percent days alcohol therapy and AA attendance for 6 months after study recruitment. Hispanic clients were more often male (80% vs 63%), had fewer years of education (mean = 11.6 vs 12.6) and were less likely to live alone (7% vs 29%) than were non-Hispanic white clients. The heavy drinking (drinks per drinking day mean = 16.7; standard drink units in prior 90 days mean = 941.00) and few abstinent days (mean = 0.44) that characterized both groups at intake improved over time with Hispanics engaging in more formal alcohol therapy sessions but attending fewer AA meetings than non-Hispanic whites over the course of 6 months of follow-up.

Attendance at treatment and AA were separately associated with decreased intensity and quantity of alcohol use, but not abstinent days, for both ethnic groups. Hispanic and non-Hispanic white clients used somewhat different treatment strategies to deal with alcohol-related problems, these paths, however, ultimately resulted in similar posttreatment drinking outcomes (frequency, intensity and quantity of alcohol consumption).

CHERPITEL, C.J.
Differences in performance of screening instruments for problem drinking among blacks, whites and Hispanics in an emergency room population.
Journal of Studies on Alcohol: 59, 1998, no. 4, p. 420-426.
NIVEL: C 7238

The purpose of this study was to compare the performance of a number of standard screening instruments for alcohol dependence and harmful drinking/abuse by ethnicity (black, Hispanic and white) and by ethnicity and gender in an emergency room setting. A probability sample of patients (N = 1,429) was breath analyzed and interviewed at the Santa Clara Valley Medical Center in San Jose, California. Sensitivity and specificity were analyzed among current drinkers (n = 857) for the CAGE, Brief MAST, AUDIT, TWEAK, RAPS and other items against combined ICD- 10 or DSM-IV criteria for alcohol dependence and separately for alcohol dependence or harmful drinking or abuse. Screening measures were not found to perform equally well by ethnicity or gender, with lower sensitivity found for women compared to men. Consistency in sensitivity of measures was found to vary considerably across ethnic and gender groups, with some measures (most notably the RAPS and the AUDIT) showing consistently high sensitivity across subgroups. None of the instruments performed nearly as well for identifying alcohol dependence or harmful drinking or abuse combined as for alcohol dependence alone. Analyses suggest that, while the RAPS may hold promise for identifying problem drinkers across ethnic and gender subgroups, it and other screening instruments currently in use require additional evaluation in a variety of settings to determine their usefulness for identifying those who could benefit from a brief intervention or referral for problem drinking.

KLINE, A.
Pathways into drug user treatment: the influence of gender and racial/ethnic identity.
Substance Use & Misuse: 31, 1996, no. 3, p. 323-342.
NIVEL: C 7239

Drawing on constructs from models of health behavior change, this paper examines gender and racial/ethnic influences on access to residential drug user treatment. Using a focus group methodology, data were collected from a sample of 65 in-treatment White, Black, and Hispanic men and women. Hispanics were more likely to delay treatment because of a reluctance to acknowledge their addictions and discomfort at being separated from family. Females reported more negative expectations about treatment than males and more use of drugs to bolster self-esteem. Responsibility to children represented the most powerful catalyst to treatment for women. Implications for improving access to treatment for women and minorities are discussed.

ROSENHECK, R., SEIBYL, C.L.
Participation and outcome in a residential treatment and work therapy program for addictive disorders: the effects of race.
The American Journal of Psychiatry: 155,1998, no. 8, p. 1029-1034.
NIVEL: C 7240

The authors examined differences in program participation and outcome between black and white veterans with addictive disorders who participated in an intensive Department of Veterans Affairs (VA) residential work therapy program. Data on 962 veterans treated in the VA Compensated Work Therapy/Transitional Residence Program were gathered. Multivariate analyses were used to compare black and white veterans on admission characteristics, program participation, and 3-month outcome. The black subjects were younger than the white veterans and had more severe drug abuse problems, less severe alcohol and psychiatric problems, and more extensive social support networks. There were no differences between groups in 11 of 13 measures of program participation, although the blacks felt more positively about the therapeutic milieu and worked more hours per month in the work therapy program than the whites. The black veterans also showed more improvement in alcohol use and housing. The proportion of black participants at the site level had no impact on measures of program participation or outcome among black participants with one exception: blacks were more likely to achieve sobriety at 3 months when treated in programs with higher proportions of black participants. Detailed data on program participation and outcome in a large study group showed no evidence of less program participation or worse outcome among black patients.

ROUSE, B.A., CARTER, J.H., RODRIGUEZ-ANDREW, S.
Race/ethnicity and other sociocultural influences on alcoholism treatment for women.
Recent Developments in Alcoholism: 12, 1995, p. 343-367.
NIVEL: C 7241

This chapter discusses sociocultural influences on the availability, access, diagnosis, and treatment of alcoholism for women, particularly those in minority groups. Race/ethnicity and other sociocultural influences are presented in terms of the societal context and the counselor-client relationship. The latest data on heavy drinking, alcohol-induced mortality, and alcoholism treatment utilization are presented on African-American, Hispanic, and white women. Data also are presented on the ability to pay for treatment through insurance or earnings. Information on Native Americans and Asian/Pacific Islanders is included whenever possible.

TREPPER, T.S., NELSON, T.S., MCCOLLUM, E.E., MCAVOY, P.
Improving substance abuse service delivery to Hispanic women through increased cultural competencies: a qualitative study.
Journal of Substance Abuse Treatment: 14, 1997, no. 3, p. 225-234.
NIVEL: C 7242

In 1985, one woman in seventeen in the US was Hispanic-an estimated 8.5 million-and it is predicted that by the end of this century, Hispanics will comprise the largest ethnic group in this country (Amaro & Russo, 1987). Although the term "Hispanic" suggests a homogeneous group, united by similarities, this is not the case. The term refers to an ethnic group, not a racial one, whose chief commonalities are the Spanish language and some broad cultural values. Making substance abuse treatment services accessible to Hispanic women and their families requires that agencies become culturally competent to deal with this population. The authors of this qualitative study interviewed female Hispanic substance-abuse treatment clients and therapists to find what agencies might do to create a receptive atmosphere for Hispanic women.

UZIEL-MILLER, N.D., LYONS, J.S., KISSIEL, C., LOVE, S.
Treatment needs and initial outcomes of a residential recovery program for African-American women and their children.
The American Journal on Addictions: 7, 1998, no. 1, p. 43-50.
NIVEL: C 7243

The current research was designed to assess the treatment needs of 42 substance-abusing women and the efficacy of a women-based, culturally influenced, multifaceted residential treatment program for women and their children. Women presented with multidimensional treatment needs, including limited educational/employment histories, significant child-care needs, and histories of victimization and psychological distress. Women remained in residence for an average of 259 days. In all, 88% of the women remained substance-free at discharge; 49% had jobs or were enrolled in school/job training. This integrated, gender/culture-based approach provides a model for more effective substance-abuse treatment for women and their families.

9. OTHER HEALTH SERVICES

AILINGER, R.L., DEAR, M.R.
Adherence to tuberculosis preventive therapy among Latino immigrants.
Public Health Nursing: 15, 1998, no. 1, p. 19-24.
NIVEL: C 7244

Tuberculosis infects someone in the world every second. Although TB is preventable and curable, it has resurfaced as a significant health problem in the U.S., particularly among Latino immigrant groups. In this study of 65 Latino immigrants primarily from Central America, adherence to appointments and medication taking during the six months of preventive therapy for latent TB infection was examined. Findings indicated that the Latinos' adherence to appointment keeping ranged from 81% on the first visit to 59% by the sixth monthly visit. Similarly, medication adherence dropped from 89% in the first month to 64% at six months. Demographic factors, self-assessment of health, other support and presence of side effects were examined in the analysis. Implications for public health nursing are discussed.

ANDERSON, L.M., WOOD, D.L., SHERBOURNE, C.D.
Maternal acculturation and childhood immunization levels among children in Latino families in Los Angeles.
The American Journal of Public Health: 87, 1997, no. 12, p. 2018-2021.
NIVEL: C 7245

This study examined the relationship between acculturation levels of poor Latina women in Los Angeles and their children's immunization status. Receipt of three doses of diphtheriatetanus-pertussis vaccine and two doses of oral polio vaccine by the age of 12 months was considered adequate immunization. Household interviews were conducted in East Los Angeles and South Central Los Angeles with mothers (n = 688) about one randomly selected child aged 12 to 36 months. One fourth of the children were inadequately immunized. Less-acculturated mothers were more likely to have adequately immunized children. Inadequate prenatal care, absence of close family members, the child's birth position as other than firstborn, and more than one family relocation during the child's lifetime were associated with inadequate immunization. The findings challenge the notion that children of recent immigrants bear a higher risk of underimmunization.

CORNELIUS, L.J., ALTMAN, B.M.
Have we succeeded in reducing barriers to medical care for African and Hispanic Americans with disabilities?
Social Work in Health Care: 22, 1995, no. 2, p. 1-17.
NIVEL: C 7246

There has been considerable progress in reducing barriers to care for African and Hispanics Americans. Yet current research indicates that overall African and Hispanic Americans are disproportionately encountering barriers to care. Unfortunately very little is known regarding the status of African and Hispanic Americans with disabilities. The purpose of this paper is to assess by using data from the 1987 National Medical Expenditure Survey (NMES), the degree of disability for African, Hispanic and Native Americans and the extent to which it is correlated with the use of services. The findings report that as in the case of other African and Hispanic Americans, African and Hispanic Americans with disabilities disproportionately encounter barriers to care. They are more likely than whites to lack insurance, a regular provider and less likely to see a doctor during the year. The implications of these findings for the care of persons with disabilities are discussed.

GORDON, A.K.
Hospice and minorities: a national study of organizational access and practice.
The Hospice Journal: 11, 1996, no. 1, p. 49-70.
NIVEL: C 7248

Hospices in the U.S. were surveyed in 1990 to find out whether service to blacks and Hispanics was affected by admission criteria and hospice service characteristics of hospices located in or near these populations. Hospice characteristics such as reimbursement patterns, staff interventions, and admission criteria were different depending upon the percent of blacks and/or Hispanics in the hospice service area or actually served by the hospice. Care for Hispanics was more dependent on Medicaid and free care than blacks whose care was financed primarily by Medicare and

Medicaid. Hospices identified problems in serving Hispanics as language, reimbursement, and severity-of-illness issues. Hospice admission criteria, especially the primary caregiver requirement, were identified as impeding access for blacks. Hispanics were perceived as presenting the most access and service problems and as the most underserved.

GORDON, A.K.
Deterrents to access and service for blacks and Hispanics: the Medicare Hospice Benefit, healthcare utilization, and cultural barriers.
The Hospice Journal: 10, 1995, no. 2, p. 65-83.
NIVEL: C 7249

The Medicare Hospice Benefit may limit access for Blacks and Hispanics because of its requirement of continuity of care, entailing the availability of a primary caregiver. The literature on utilization of healthcare services by Blacks and Hispanics shows these groups were likely to receive too little care, too late. Kalish and Reynolds' (1976) research on attitudes of Blacks, Mexican-Americans, and Whites toward dying shows cultural differences that could affect acceptance of hospice philosophy. In other research reviewed in this paper distrust of White service providers was a significant cultural barrier for Blacks in using health services. Lack of familiarity with the health care system and language barriers were barriers most often for Hispanics. Black caregivers are more likely than Whites to have dying persons living with them, to be extended family members or nonrelated, and to be more limited in their ability to provide caregiving support because of a lack of economic resources. Hispanics appear to have a circumscribed support system, narrowly defined by blood kinship, with females as the expected caregivers.

HENNINK, M., COOPER, P., DIAMOND, I.
Asian women's use of family planning services.
The British Journal of Family Planning: 24, 1998, no. 2, p. 43-52.
NIVEL: C 7250

Detailed research on the family planning needs of Asian women is extremely important in informing public policy in the new purchaser-provider environment of the National Health Service (NHS), which was introduced in 1991. In depth interviews were conducted with Asian women of Indian, Pakistani and Bangladeshi backgrounds in the South and West Regional Health Authority area, to investigate their family planning behaviour and use of family planning services. This research shows significant diversity in the knowledge and use of contraception between married professional women, married non-professional women and unmarried women. This paper examines the different family planning service implications for each group of women. The results show that professional married women and unmarried women are able to meet their family planning needs by utilising existing family planning services. However, married non-professional women experience significant difficulties in using family planning services largely due to communication problems with health professionals and their low levels of personal autonomy. Most Asian women in this study showed a strong preference for a female GP and a non-Asian GP for sexual health and contraceptive services.

MAJUMDAR, B., BROWNE, G., ROBERTS, J.
The prevalence of multicultural groups receiving in-home service from three community agencies in southern Ontario: implications for cultural sensitivity training.
Canadian Journal of Public Health: 86, 1995, no. 3, p. 206-211.
NIVEL: C 7251

This survey assessed the ethnocultural proportion of clients (largely seniors) receiving services from three home care health agencies in Southern Ontario. Providers from the three agencies were asked to recall clients served in the previous two weeks and to describe them in terms of race, language, sex, age and disability status. White, English-speaking clients comprised 88.3% of the sample (N = 931). The remaining 11.7% of clients were white, non-English-speaking (7.8%), visible minority (2.8%), francophone (0.77%), indigenous (0.22%) and Hispanic (0.11%). Sixty-three percent of clients were women and 34% men. The majority (66.6%) of clients were over 65 years. The 11.7% of clients who were identified as multicultural in three home care agencies are an under-representation of the multicultural mix of population in the Southern Ontario region, which is 24%. Some recommendations have been offered for a system for ethnocultural data collection for the region and provision of cultural sensitivity training programs to enhance staff knowledge and skills.

MARBELLA, A.M., HARRIS, M.C., DIEHR, S., IGNACE, G., IGNACE, G.
Use of Native American healers among Native American patients in an urban Native American health center.
Archives of Family Medicine: 7, 1998, no. 2, p. 182-185.
NIVEL: C 7252

To gain an understanding of the prevalence, utilization patterns, and practice implications of the use of Native American healers together with the use of physicians, semistructured interviews at an urban Indian Health Service clinic in Milwaukee, Wisc. were conducted of a convenience sample of 150 patients at least 18 years old. The mean age of patients was 40 years, and the sex distribution was 68.7% women and 31.3% men. Thirty tribal affiliations were represented, the largest groups being Ojibwa (20.7%), Oneida (20.0%), Chippewa (11.3%), and Menominee (8.0%). The number of patients seeing healers were measured and information was gathered on the types of healers, the ceremonies used for healing, the reasons for seeing healers, and whether patients discuss with their physicians their use of healers. It was found that 38.0% of the patients see a healer, and of those who do not, 86.0% would consider seeing one in the future. Most patients report seeing a healer for spiritual reasons. The most frequently visited healers were herbalists, spiritual healers, and medicine men. Sweat lodge ceremonies, spiritual healing, and herbal remedies were the most common treatments. More than a third of the patients seeing healers received different advice from their physicians and healers. The patients rate their healer's advice higher than their physician's advice 61.4% of the time. Only 14.8% of the patients seeing healers tell their physician about their use. It is concluded that physicians should be aware that their Native American patients may be using alternative forms of treatment, and they should open a respectful and culturally sensitive dialogue about this use with their patients.

MIKHAIL, B.I.
Hispanic mothers' beliefs and practices regarding selected children's health problems.
Western Journal of Nursing Research: 16, 1994, no. 6, p. 623-638.
NIVEL: C 7253

The purpose of this study was to identify and describe the Hispanic mothers' initial sources of advice and help with children's illnesses; beliefs about the etiology and seriousness of certain children's illnesses, namely, fever, cough, diarrhea, vomiting, conjunctivitis, skin rash, minor wounds, and burns; practices for the management of these children's health problems, including the use of home remedies, if any. Interviews were conducted with 100 women of Hispanic origin who had at least one child age 5 years or less and who were attending a community clinic in a rural area of central California. Mothers' beliefs about problem etiologies varied widely and revealed several misconceptions, folk beliefs, and lack of knowledge. The findings also revealed that only 32% of the mothers used or would use health professionals as the initial source of advice or help with children's problems. The majority of the subjects (81%) admitted to using home remedies to manage children's problems; 17% sought the help of a folk healer (mainly for the treatment of empacho). The various types of home remedies used by mothers were described and included the ingestion or application of certain foods, fluids, herbal teas, or other materials as well as methods to eliminate the perceived causes of the problems. It is important to note that 11% of the mothers had used azarcon or greta (substances containing lead) for treating empacho and other stomach problems in children. The need for culturally responsive and sensitive health care is discussed.

MOORE, P., FENLON, N., HEPWORTH, J.T.
Indicators of differences in immunization rates of Mexican American and white non-Hispanic infants in a Medicaid managed care system.
Public Health Nursing: 13, 1996, no. 1, p. 21-30.
NIVEL: C 7254

Immunization levels of Mexican American and white non-Hispanic infants enrolled in Arizona's Medicaid managed care demonstration project, a prototype of the model proposed for a reformed health care system, were compared and the influence of sociodemographic characteristics, acculturation levels, health beliefs of the mothers, and infant health status on immunization levels were assessed. The study used data collected from office records, birth certificates, and household interviews. The random sample included 292 white non-Hispanic and 274 Mexican American infants. White non-Hispanic infants received more immunizations by age 1 than the Mexican American infants. However, after controlling for a full set of explanatory variables in a multiple regression analysis, ethnicity was no longer a significant predictor of immunization levels. Significant predictors of a higher number of immunizations included fewer siblings, older maternal age, and higher maternal education. Health insurance and enrollment in a managed care plan were not sufficient to ensure adequate immunization of these Medicaid enrolled infants. Results are discussed in terms of previous research and the essential functions of public health as outlined in the Institute of Medicine's Report on the Future of Public Health.

NUTTALL, P., FLORES, F.C.
Hmong healing practices used for common childhood illnesses.
Pediatric Nursing: 23, 1997, no. 3, p. 247-251.
NIVEL: C 7255

Central California has become a place of refuge and settlement for Southeast Asian Hmong immigrants over the past 20 years. The resulting assimilation of this new cultural group into American society has produced the need for multi-ethnic understanding and culturally sensitive health care interventions. Knowledge regarding the health care practices of Hmong parents provides the foundation for this understanding and an integrated and meaningful model of child care. This study of Hmong parents describes (a) their indigenous healing practices, (b) the purposes of these health care practices, (c) their beliefs about western medical care, and (d) their views on seeking western pediatric health care. A one-group descriptive design was used. Interview data from Hmong parents (N = 21) describes illness causation, healing rituals, herbal remedies, and other health care traditions.

O'HARE, P.A., MALONE, D., LUSK, E., MCCORKLE, R.
Unmet needs of black patients with cancer posthospitalization: a descriptive study.
Oncology Nursing Forum: 20, 1993, no. 4, p. 659-664.
NIVEL: C 7256

This article describes self-reported unmet needs of black patients with cancer posthospitalization and suggests a plan of research. The study sample consisted of 63 black patients with solid cancerous tumors who were discharged from seven hospitals in the Philadelphia, PA, area. The investigators collected data using the Enforced Social Dependency Scale (ESDS) and the Symptom Distress Scale (SDS). They added a checklist to the end of the ESDS to collect self-reported needs areas. The patients reported demographic data such as race and income. The investigators abstracted other demographic data, along with medical factors and complex problems, from the patients' hospital or home health agency medical records. Descriptive statistics and t-tests were used to analyze the data. Personal care and home activity needs were not being met adequately for this sample of low-income, urban-dwelling, black patients with cancer. The SDS revealed that the patients had significantly greater symptom distress related to frequency of nausea, intensity of pain, and difficulty breathing. Overall, patients with breast and gynecologic cancers reported the highest levels of symptom distress. Women who were elderly, black, alone, poor, and chronically ill were likely to have unmet needs and high levels of symptom distress.

SCHUSTER, M.A., WOOD, D.L., DUAN, N., MAZEL, R.M., SHERBOURNE, C.D., HALFON, N.
Utilization of well-child care services for African-American infants in a low-income community: results of a randomized, controlled case management/home visitation intervention.
Pediatrics: 101, 1998, no. 6, p. 999-1005.
NIVEL: C 7257

The objective of this study was to evaluate a case management/home visitation intervention to improve access to and utilization of well-child care (WCC) visits. The study was a randomized, controlled trial with baseline and follow-up interview surveys. Mothers and infants in the intervention group were assigned to a case manager who made at least four home visits during the infant's first year of life. In addition, the case managers contacted clients by telephone and mail to see if they had kept their WCC appointments and to follow up on other issues. The sample consisted of African-American mothers of newborns from South Central Los Angeles: 185 mothers in the intervention group and 180 in the control group completed both interview surveys. The principal outcome variable was number of WCC visits. Additional outcome variables included the child's type of insurance, the number of months with insurance coverage during the first year of life, age when first enrolled in Medi-Cal, age at the first WCC visit, usual source of WCC, travel time to the usual source of care, whether the child had a regular provider, and whether the child ever needed care but did not get it. There was little change in the overall distribution of number of WCC visits during the first year of life. Comparisons of the cumulative numbers of visits for each possible cutoff showed that children in the intervention group were more likely than children in the control group to have at least four visits (81% vs 70%). Because this split was identified empirically rather than through an antecedent hypothesis, a Smirnov test was conducted to account for multiple comparisons. This test showed a reduced level of significance. Other outcome variables did not show significant differences for the control and intervention groups. In light of the high expense of this intervention, the evaluation shows that moderate-intensity case management and home visitation program is not an effective way to increase the number of WCC visits.

SISSONS JOSHI, M.
Adherence in ethnic minorities: the case of South Asians in Britain.
In: MYERS, L.B., MIDENCE, K. Adherence to treatment in medical conditions. Amsterdam: Harwood Academic Publishers, 1998, p. 255-284.
NIVEL: B 4226

This chapter reviews literature pertaining to adherence of South Asians in Britain. Help-seeking behaviors, doctor-patient relationships, health behavior, perceived vulnerability and normative factors are mentioned as key-factors in explaining variation in patient adherence.

STREETLY, A., GRANT, C., BICKLER, G., ELDRIDGE, P., BIRD,S., GRIFFITHS, W.
Variation in coverage by ethnic group of neonatal (Guthrie) screening programme in south London.
British Medical Journal: 309, 1994, no. 6951, p. 372-374.

The objective of this study was to determine whether coverage of the neonatal (Guthrie) screening programme in Britain is different for groups at highest risk of sickle cell disease and to identify possible reasons for incomplete coverage. Subjects were 1727 infants born between 1 October and 31 December 1991. The main outcome measure was the proportion of infants with an identifiable screening test result. Screening covered 1663/1727 (96.3%) infants overall (745/786 (94.8%) in West Lambeth; 918/941 (97.6%) in Camberwell). The relative odds ratio of an African infant not having been tested compared with a white infant was 3.05 (95% confidence interval 1.30 to 7.14) (2.08 (0.86 to 5.01) after adjustment for mobility and district of residence). For infants whose families moved into the districts after the birth compared with those born and resident in the districts the relative odds ratio of having been tested was 10.16 (4.85 to 21.29). The odds ratio of locally delivered infants in West Lambeth not having been tested compared with those in Camberwell was 2.12 (1.08 to 4.16) after adjustment for ethnic group. Coverage of the screening programme is incomplete and poorer in infants of African ethnic group than in white infants.

Poorer coverage is also associated with mobility of the family around the time of birth. The findings have implications for using the neonatal programme for testing for sickle cell disease and other disorders. Arrangements for monitoring the existing screening programme are inadequate and an improved system should be established, similar to the scheme that monitors the immunisation programme.

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