Examining Latino Differences in Mental Healthcare Use: The Roles of Acculturation and Attitudes Towards Healthcare

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Explanations for Differential Use

• Ethnicity-specific factors
  • Limited English language proficiency
  • Immigrant status (Vega, Kolody, and Aguilar-Gaxiola 2001)
  • Self-reliance
  • Racial-ethnic differences may be due to attitudinal differences or interpretation of mental health problems.
  -- Belief that one can overcome illness without medical intervention (Ortega and Alegria 2002)

Data and Sample

Data on individuals’ use of mental healthcare services and individual characteristics come from the Medical Expenditure Panel Surveys (MEPS), sponsored by the Agency for Healthcare Research and Quality.

MEPS is a series of surveys based on clustered and stratified samples of households that provide nationally representative estimates of healthcare use, expenditures, and insurance coverage for the US non-institutionalized population. Pooled series of respondents age 18-64 in 2002 and 2003.

Sample adults aged 18 and older, sample size of 30,234. The final sample includes 5,959 Mexicans, 340 Cubans, 623 Puerto Ricans and 23,312 whites.

Multivariate Models

Series of logistic regression models predicting the odds of using mental healthcare services in the past year

Examine coefficients for each ethnic subgroup gap at baseline model (net of controls)

Compare the gap coefficients including the mediating effects of language of interview, immigrant status, and medical self-reliant attitude

Logistic Regressions

Examine coefficients for each ethnic subgroup gap at baseline model (net of controls)

Compare the gap coefficients including the mediating effects of language of interview, immigrant status, and medical self-reliant attitude

Discussion/Conclusion

• Utilization patterns in use of specialty, non-specialty, and any type of mental healthcare differ across the three Latino subgroups.
  • The predictive efficacy of acculturative variables on ethnic group differences varies by subgroup.
  • Language barriers play a key role for Mexicans’ use of mental health services, and partially mediate the gap in service use between this group and non-Latino whites.
  • Self-reliant attitudes towards healthcare are associated with lower use, but these attitudes do not explain the ethnic gaps in use.