



Racial Disparities in Access to Appropriate Alcohol Treatment Services

Overview: The primary objectives of this study are to assess racial/ethnic disparities in access to appropriate alcohol treatment services, to identify factors contributing to these disparities, and to understand how these factors affect recovery from alcohol use disorders (AUDs) across ethnic groups over time. There is growing evidence that the care provided to minority groups often does not meet the level of need. Given the disproportionately high rates of alcohol-related morbidity and mortality in some racial/ethnic groups, it is important to assess the magnitude of that need as well as the factors that prevent access to appropriate treatment. This health services research project will adapt treatment-seeking models and apply them to the longitudinal analysis of multiple outcomes to determine both the appropriateness and effectiveness of the care that was received.

Design/Methods: The project includes a secondary analyses of NIAAA's National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationally representative longitudinal survey conducted between 2001 and 2005 that includes large samples of Black and Hispanic Americans. The project will (1) describe racial/ethnic variation in the need for alcohol treatment services and the persistence of need over time; (2) determine the extent of racial/ethnic disparities in unmet need for services, with a particular emphasis on the degree to which services that are provided fit racial/ethnic profiles of need based on published clinical guidelines; (3) examine how racial/ethnic disparities in unmet need and access to appropriate care are explained by attitudinal, logistical, and structural barriers to treatment, disentangling the effects of race/ethnicity from other important factors, such as AUD severity, co-occurring illnesses, and social economic status; and (4) evaluate the impact of the utilization of appropriate treatment services on racial/ethnic differences in the remission of alcohol problems over time.

Significance: This recently funded project represents a significant and promising departure from previous attempts to examine racial/ethnic differences in the utilization of alcohol treatment services, which have provided limited and inconsistent results. It capitalizes on a very large dataset from a national probability sample, including extensive longitudinal data, and employs state-of-the-art statistical techniques to examine a wide array of factors that may influence the emergence of racial/ethnic disparities in the utilization of alcohol treatment services. In addition, its focus on both the quantity and appropriateness of services received across racial/ethnic groups is relatively unique among studies on disparities in access to health care, providing an opportunity to more accurately characterize the magnitude and nature of disparities in the delivery and utilization of alcohol treatment services and their impact on treatment outcomes. The study thus has the potential to generate highly comprehensive and sophisticated analysis of racial/ethnic disparities in the utilization of alcohol treatment services and to make important contributions to the development of effective public health strategies to eliminate them.

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