

BACKGROUND

Sexual minority women (SMW) are more likely than heterosexual women to report depression and hazardous drinking. However, little is known about SMW's use of services depression or hazardous drinking, or whether service use varies by race/ethnicity. We used the Andersen help-seeking behavior model (1995) to address this gap.

OBJECTIVES

To examine relationships among predisposing, enabling, and need-based characteristics and whether they differentiate use of health services for depression and/or hazardous drinking among Hispanic, Black, and White SMW.



METHOD

Data are from 699 Hispanic, Black and White SMW interviewed in the third wave of the 15-year Chicago Health and Life Experiences of Women (CHLEW) study. Descriptive and hierarchical multiple regression (HMR) analyses were used to examine whether:

- (1) predisposing, enabling, or need-based characteristics are associated with health service utilization for depression and/or hazardous drinking;
- (2) predictors (need-based characteristics) of service utilization differ by race/ethnicity; and
- (3) racial/ethnic differences moderate the relationship between need-based characteristics and service utilization while controlling for predisposing and enabling characteristics.

MEASURES

Race/Ethnicity: Only women identified as Hispanic, White, or Black were included in the analyses.



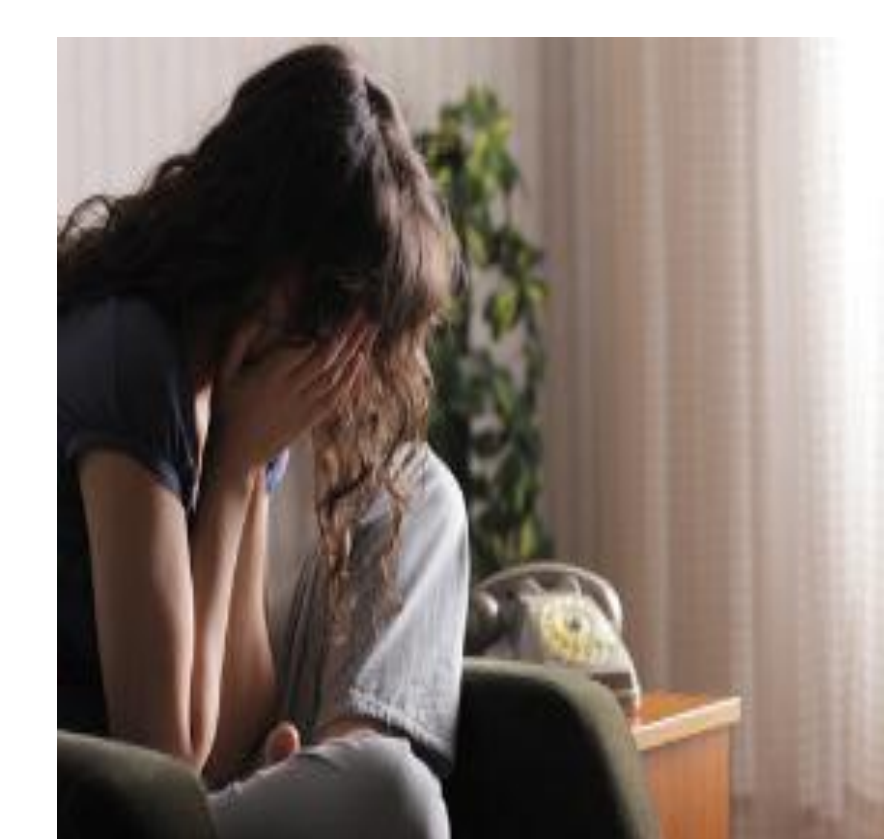
MEASURES CONT.

Ethnic connectedness: One subscale (ethnic social relations) of the Short Acculturation Scale for Hispanics (SASH) was used to measure ethnic connectedness. Scores ≥ 3 were considered as high ethnic connectedness.



Hazardous Drinking: Composite of four indicators of 12-month HD: heavy episodic drinking (6+ drinks in a day), intoxication (two or more episodes), alcohol problem consequences (0-8), and symptoms of potential alcohol dependence (0-5). Participants who reported two or more indicators were considered be positive for HD.

Depression: lifetime depression was assessed using the Diagnostic Interview Schedule (DIS, Robins et al., 1981).



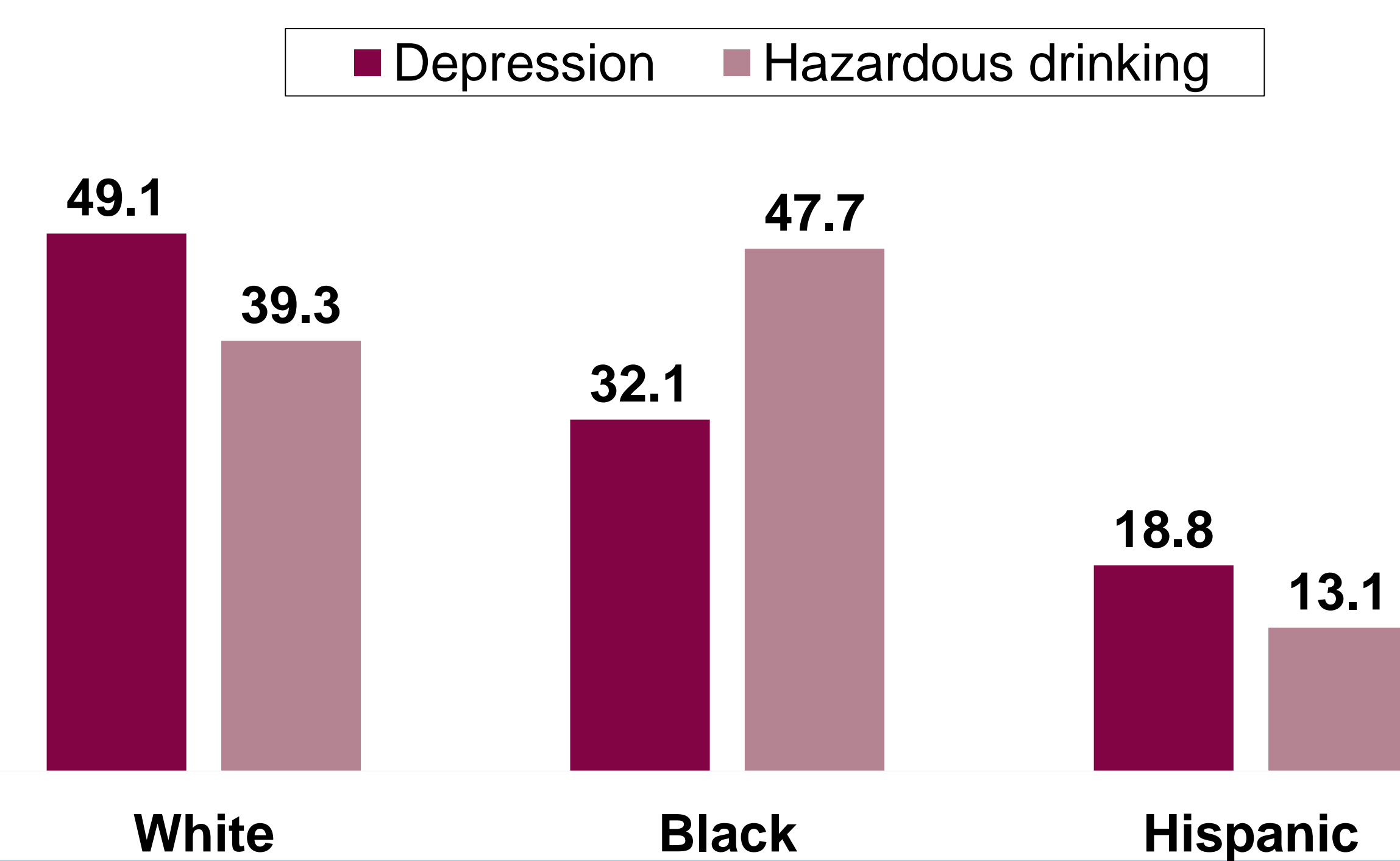
Health Services Use: Whether or not participants had used counseling and psychological services for any mental health problems, including depression, and whether they had ever been treated for drinking problems.

SAMPLE CHARACTERISTICS

- The sample was 24% Hispanic, 37% Black, and 39% White.
- The mean age was 35.5 (SD = 11.3) for Hispanic, 40.0 (SD=13.0) for Black, and 42.9 years (SD=16.0) for White SMW.
- Far fewer Hispanic (19.9%) and Black (21.1%) than White (58.9%) SMW had a bachelor's degree or higher ($p < .001$).
- Fewer Hispanic (22.0%) than Black (32.7%) or White (45.3%) SMW had health insurance ($p < .001$).

RESULTS

Using health services by racial/ethnic group (White, Black, and Hispanic)



RESULTS

- Rates of lifetime depression among White SMW were higher (45.9%) than those for Hispanic (24.8%) or Black (29.4%) SMW ($p < .001$).
- White SMW were more likely to have ever used mental health services (49.1%) than Hispanic (18.8%) or Black (32.1%) SMW ($p < .001$).
- White (36%) and Black (35%) SMW were more likely to report hazardous drinking in the past 12-months than Hispanic SMW (29%) ($p < .05$).
- Hispanic SMW (13.1%) were less likely to have ever used alcohol-specific health services than Black (47.7%) or White (39.3%) SMW ($p < .01$).
- SMW with less education (enabling), who reported higher ethnic connectedness (enabling), or who reported depression (need) were more likely to use mental health services.
- Older participants (predisposing) and those who reported hazardous drinking (need) were more likely to use alcohol-related health services.

LIMITATION

Timeframes used to measure depression, HD and use of health services were different

CONCLUSION & IMPLICATIONS

- Predictors (need-based characteristics) for services use did not differ by race/ethnicity. Although higher rates of service use generally corresponded with higher rates of need, Hispanic SMW appeared to be less likely than Black or White SMW to seek services, especially for hazardous drinking.
- Results highlight the need for research to better understand barriers and facilitators for health service use among SMW of color. Future research is needed that examines which cultural factors may act as barriers or facilitators to help seeking among SMW of color.



ACKNOWLEDGEMENT

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