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Exploring Racial Disparity in Posttraumatic Stress Disorder Diagnosis: Implications for Care of African American Women

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Objective: To explore factors contributing to disparities in posttraumatic stress disorder (PTSD) diagnosis between African Americans and White Americans, while controlling for gender and class by using a data set limited to poor women.

Design: A cross-sectional epidemiological secondary analysis.

Setting: Michigan Medicaid fee-for-service claims data from 1994 through 1997.

Sample: A total of 20,298 African American and White American adolescents and adult women, including 2,996 with PTSD diagnosis.

Main outcome measures: Victimization, PTSD diagnosis, psychiatric and somatic comorbidities, and PTSD treatment.

Results: African American women were underrepresented in the group diagnosed with PTSD (12% versus 31% in the comparison group), despite having equal rates of hospitalization for rape and battering. They were less likely to be diagnosed with comorbidities associated with complex PTSD, such as dissociative disorder (OR = 0.259, $p < .001$) or borderline personality disorder (OR = 0.178, $p < .001$), but were equally likely to be diagnosed with conduct disorder, schizophrenia, or substance abuse. African American women were 40% less likely to have continuous insurance coverage.

Conclusions: Patient, provider, and system factors appear to interact to create disparities in PTSD diagnosis and treatment. Attention to case finding and provider or system bias may help reduce disparities. *JOGNN*, 34, 521-530; 2005. DOI: 10.1177/0884217505278296

Keywords: Health disparities—African American women—mental health—posttraumatic stress disorder (PTSD)

Accepted: September 2004

Posttraumatic stress disorder (PTSD) is a significant U.S. and global health problem, for which female gender and socioeconomic disadvantage are recognized as major risk factors (Breslau et al. 1998; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). Less is known about race or ethnicity as a risk factor for PTSD or as a factor in treatment service use or outcomes. In other U.S. surveys, after controlling for poverty and urban environment, African Americans did not differ in their rate of symptoms meeting PTSD diagnostic criteria (Breslau et al., 1998). However, when we analyzed female Medicaid recipients' health service claims data from Michigan, African American women were half as likely as White American women to have a PTSD diagnosis, although we controlled for poverty by their Medicaid eligibility.

In the analysis described in this article, we used an ecosocial perspective (Krieger, Chen, Waterman, Rehkopf, & Subramain, 2003) to seek out alternative factors that could have accounted for this lower rate of PTSD diagnosis. Our discussion evaluates the support for these potential explanations and points

A growing number of studies document disparities in mental health treatment across minority racial or ethnic groups.

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