CORRELATES OF SELF-DIAGNOSIS OF CHRONIC MEDICAL AND MENTAL HEALTH CONDITIONS IN UNDER-SERVED AFRICAN AMERICAN AND LATINO POPULATIONS

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INTRODUCTION

Numerous studies point to a significant incidence of undiagnosed chronic and life-threatening medical conditions among medically under-served minority populations. In addition, late diagnosis of life-threatening conditions, such as invasive cancer, among under-served populations is also pervasive and well documented. These studies indicate the urgent need for an understanding of the healthcare system and population-specific determinants of delayed diagnosis and early treatment initiation among individuals affected by these conditions. This knowledge will in turn facilitate the development of interventions that are designed to more effectively address the burden of disease in minority populations. However, to date little attention has been given to understanding the factors that facilitate self-diagnosis and self-treatment in minority populations. The intent of this study is to evaluate the interactions between multifactorial influences that enable, dispose, and define individuals' perceived need for health care (Behavioral Model for Vulnerable Populations) in addition to certain disease-specific factors that might be predictors of professional medical care treatment-seeking or self-diagnosis and management of chronic conditions in minority populations.

While empirical attribution to a single factor of influence is difficult, an understanding of the relationships between these factors will facilitate early interventions for chronic conditions. While an individual’s report of a self-diagnosed medical condition is not an automatic indication of the existence of this condition, issues relating to disease symptoms and awareness among medically under-served individuals might be predictive of self-diagnosis and management or seeking professional care diagnosis and management preferences of these individuals. Also, the occurrence of certain medical conditions may more readily dispose individuals to access medical care when all other factors are controlled for.

Among minority populations, the incidence of health disparities is increasingly associated with the significant disparities observed for many chronic conditions. The objective of this study is to apply the Behavioral Model for Vulnerable Populations to examine the relationship between healthcare utilization and the diagnosis of chronic conditions among publicly housed Hispanics and African Americans. This theoretical framework is particularly appropriate, as it includes domains especially relevant to understanding the health and the health-seeking behavior of vulnerable populations, defined as ethnic minorities; undocumented immigrants; children and adolescents; mentally ill, chronically ill, and disabled persons; the elderly; and financially impoverished and homeless persons. Specifically, this study compares enabling characteristics of two groups: those who self-reported their medical conditions without a physician’s diagnosis and those who have had a physician’s diagnosis for their cond