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

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Objective: This study examines the correlates of self-diagnosis of chronic medical and mental health conditions in under-served minority populations. The Behavioral Model for Vulnerable Populations was employed to compare the predisposing and enabling characteristics of two groups: the first group consisted of individuals who self-reported their medical conditions without a presumptive or definitive physician diagnosis, while the second group consisted of individuals who self-reported their medical conditions with a presumptive or definitive physician diagnosis of their condition.

Study Setting: The sample consisted of 287 African American and Latino heads of household. This sample was obtained from a geographically defined random sample of 418 households from three urban public housing communities in Los Angeles County, California.

Study Design: This study was a cross-sectional, face-to-face, semistructured interview survey.

Results: Using logistic regression techniques and controlling for demographic characteristics, the results indicate that accessibility, affordability, continuity of medical care, and financial strains were the core concepts that explain the gap between self vs physician diagnosis of medical conditions.

Conclusion: This study identifies unique characteristics of minority persons who claimed that their medical conditions had not been presented to or diagnosed by a medical provider in comparison to those who are formally diagnosed by medical providers. The study provides an entry point for further examination of correlates and sequels of self-diagnosis and its resultant effects on professional treatment-seeking in minority populations with certain medically important chronic conditions. (*Ethn Dis.* 2008;18[Suppl 2]:S2-105–S2-111)

Key Words: Medical Conditions, Health Perception, Health Care Utilization, Minority, Public Housing

INTRODUCTION

Numerous studies point to a significant incidence of undiagnosed chronic and life-threatening medical conditions among medically under-served minority populations.[1–4] In addition, late diagnosis of life-threatening conditions, such as invasive cancer, among under-served populations is also pervasive and well documented.[4–7] 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[8]) 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.[9–10] 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 condi-