As highlighted in the Institute of Medicine report, *Improving the Quality of Health Care for Mental and Substance-Use Conditions* (Institute of Medicine, 2006), one of the six aims of high quality care for substance use conditions is that the provision of care should be equitable and should not vary based on personal characteristics of clients. In general health care, racial/ethnic inequalities in the quality of care received have been well documented. Yet little is known about whether quality differs in specialty substance abuse treatment based on clients’ race/ethnicity.

The goal of this study was to increase our knowledge of racial/ethnic disparities in the treatment quality of substance abuse treatment services by examining predictors of quality indicators and these indicators’ associations with outcomes by race/ethnicity. Using the performance measures of treatment initiation and engagement as quality indicators, this study aimed to: 1) Examine whether racial/ethnic disparities in quality indicators of substance abuse treatment exist; 2) Test whether predictors of treatment initiation and engagement differ by clients’ race/ethnicity; and 3) Evaluate whether race/ethnicity moderates the relationship between treatment engagement and a subsequent detoxification admission, which could be considered a negative outcome.

The research was guided by Ecosocial theory, the Behavioral Model of Health Service Use, and the Texas Christian University (TCU) treatment model. Ecosocial theory asks “Who and what drives current and changing patterns of social inequalities in health” and provides the impetus for examining racial/ethnic inequalities in substance abuse treatment (Krieger, 1994, 2001). The Behavioral Model of Health Service Use (Andersen & Davidson, 2007) was used to examine individual and contextual factors associated with the use of substance abuse treatment services. A modified version of the TCU model (Simpson, 2004) was used to examine the association between treatment engagement and outcomes by race/ethnicity.

This study used client administrative data of substance abuse treatment services from treatment facilities licensed by the state of Massachusetts. The sample consisted of 12,761 adult clients (77% White, 12% Latino, 11% Black) who began an outpatient treatment episode in 2006. The quality indicators used were treatment initiation and engagement. Individual level data were linked with data on treatment facilities from the National Survey on Substance Abuse Treatment Services and with neighborhood data from the U.S. Census. To accomplish the first two aims, multilevel regressions were used to account for within-facility correlations of clients’ initiation and engagement status and to examine the influence of both client and facility characteristics on these measures. Interactions between race/ethnicity and various client- and facility- characteristics were used in multilevel models to determine if the predictors for initiation and engagement differed by client’s race/ethnicity. To accomplish the third aim, time-to-event (survival) analyses were employed, and time (in days) to a detoxification admission in the year following the initial outpatient treatment visit was the outcome.

Results from the time-to-event analysis showed that clients who met the engagement criteria had a longer time to a detoxification admission in the year following the beginning of treatment (Hazard Ratio = 0.84, p < .01), controlling for individual, facility, and neighborhood attributes. Interactions between race/ethnicity and engagement status were not significant in predicting time to a detoxification admission suggesting that treatment engagement works equally in predicting treatment outcomes for the three
racial/ethnic groups. Despite the benefits of treatment engagement, racial/ethnic disparities are present between Latino and White clients in treatment initiation, a precursor to treatment engagement. This disparity in treatment initiation was found to be due, at least in part, to overall lower quality of treatment of the facilities where Latino clients received treatment services. For example, the estimated mean initiation rate of facilities that had a high and medium concentration of Latino clients was 8.9 percentage points and 17.8 percentage points lower, respectively, than those which had a low concentration of Latino clients. A disparity was not found between Black and White clients. Once clients met the initiation criteria, clients from all three racial/ethnic groups were equally likely to engage in treatment. Few predictors of initiation, and none of the predictors of engagement, differed by client’s race/ethnicity.

The findings from this study add to the limited literature on racial/ethnic disparities in the quality of substance abuse treatment and suggests that Latinos are receiving lower quality of care in the early stages of treatment. States are moving toward increased monitoring of treatment performance and are implementing initiatives, such as pay for performance, to try to improve treatment quality. However, implementation of these types of initiatives without mechanisms to address existing disparities are likely to maintain or unintentionally increase disparities in the quality of care.

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Defense Hearing:
Monday October 24, 2011
3:00 – 5:00 pm
Heller-Brown room G-55