Abstract

At the national level, there have been no studies estimating racial and ethnic disparities in depression prevalence, access to healthcare and quality of mental healthcare among the U.S. elderly. All previous studies on the effect of access to care have failed to control for endogeneity among access, healthcare utilization and/or health outcomes.

This dissertation examines four research questions using nationally representative samples of the community-dwelling elderly: (1) Are there racial/ethnic disparities in the prevalence of depression and are the results consistent for different measures of depression? (2) Are there racial/ethnic disparities in having a usual source of care (USOC) and associated correlates? (3) What is the effect of USOC on the prevalence of screened depression? (4) Are there racial/ethnic disparities in quality of mental healthcare in terms of physician recognition and communication?

The data used include the Medicare Current Beneficiary Survey (MCBS) (2001-2003) and the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) (2001-2002). Logistic regression models and a trivariate probit model are employed. All estimates are adjusted by sampling weights and for study design effects.

- Compared to non-Hispanic whites, minorities have a higher prevalence of depression. The results are consistent for different measures of depression.
- Hispanics are significantly less likely than non-Hispanic whites to have a USOC (91.8% vs. 95.6%). No significant difference is found between non-Hispanic blacks (94.4%) and whites.
• Having a USOC is associated with a 24.8% lower prevalence of screened depression (11.5% vs. 15.3%) and 62.6% higher probability of having at least one ambulatory care visit (95.6% vs. 58.8%).

• Among people who screened positive for depression, non-Hispanic blacks are less likely to be recognized by physicians as having depression (18% vs. 33%). There is no significant difference between minorities and non-Hispanic whites in physician communication about mental disorders for people recognized as having depression.

In conclusion, disparities in depression prevalence, access to healthcare, and quality of mental healthcare across racial/ethnic groups remain significant policy concerns at the national level. Improving people’s ability to access healthcare (having a USOC) may help decrease the prevalence of screened depression and improve quality of life.