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**Title**

*Substantial variation in healthcare service use and costs among adults with psychological distress by race-ethnicity*

**Priority 1 (Research Category)**

Behavioral, psychosocial, and mental illness

**Presenters**

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**Abstract**

Context: Prior studies showed higher healthcare service utilization and costs among persons with mental illness. Psychological distress (PD), self-reported non-specific symptoms of stress, anxiety, and depression may lead to serious mental illness. Yet, little is known about healthcare services use and costs among persons experiencing PD. Objective: To describe and analyze variation in healthcare utilization and costs among adults with psychological distress by race-ethnicity. Study Design: Cross-sectional prevalence study. Analysis: Summary statistics to examine the patterns of healthcare service use and costs across four psychological distress categories by race-ethnicity. Used adjusted Wald tests to assess significant differences across racial groups. Setting or Dataset: Medical Expenditure Panel Survey data 2016-2019. Population studied: Nationally representative sample of US adults. Outcome Measures: The outcomes were (1) 5-different annual health services (office-based visits, primary care visits, behavioral health visits, emergency department (ED) visits, and hospitalizations) and (2) 4-different annual healthcare expenditures (prescription medications, office-based, ED, and inpatient). Results: Of the 75,628 respondents (representing 210 million US adults), 40% reported no PD, 42% had low, 11% had moderate, and 7% had high PD. The total number of office-based visits increased as the PD worsened (Mean (SD) – no:5(9), low:8(13), moderate:10.0(17), high:13(22)). Asian adults had the lowest number of office-based visits compared to those in the overall race group across all PD categories. Black adults with moderate and high PD had higher ED utilization and hospitalizations. Hispanic adults with high PD had a higher number of primary care visits than those in the overall race group (7 vs. 6,  $p < 0.05$ ). All adults with moderate or high PD had at least one behavioral health visit. Total healthcare expenditures rose as the level of PD increased (Mean (SD) – no: \$4K (13K); low: \$7K (17K), moderate: \$11K (24K); high: \$14K (26K)). Black adults with high PD had high office-based and prescription expenses. Conclusion: We find a large variation in healthcare utilization and costs by levels of PD and race-ethnicity. To improve service use and mental health outcomes in non-White populations, it is crucial to study their perceptions of behavioral health problems, and access to care barriers, including cultural beliefs, stigma, and help-seeking behaviors.