

Trial addresses health disparities in alcohol treatment

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Yale researchers are completing a first-of-its-kind clinical trial to test the efficacy of an automated bilingual alcohol screening and intervention tool for use in emergency departments (EDs). The computerized tool,

administered to English- and Spanish-speaking Latino patient volunteers, is designed to address health disparities in the treatment of alcohol use disorders.

Previous studies show that the Latino population is particularly at risk for dangerous [drinking](#) behaviors, including heavy daily drinking, binge drinking, alcohol dependency, impaired driving, and alcohol-related arrests. Emergency departments are uniquely positioned to address these concerns, said Dr. Federico Vaca, professor of emergency medicine and at the Yale Child Study Center. "

It is our sincere hope that the findings of this large study will advance our understanding of how best to address the [health disparities](#) in alcohol use disorders, and the ED is an ideal setting as we know that some of the most vulnerable groups, when it comes to alcohol use, seek emergency care as a result of alcohol-related medical conditions."

The clinical trial, led by Vaca, recently concluded enrollment at a large, urban [emergency department](#) where Latinos make up 38% of city residents. Patients volunteering to be in the study were given a health quiz to identify those with high-risk drinking behaviors for inclusion in the trial. Using a bilingual online health tool called AB-CASI (automated bilingual computerized [alcohol](#) screening and brief intervention), participants were prompted to share information about their drinking, including quantity and frequency, reasons that would make them consider reducing their drinking or seeking specialized treatment services, any motor vehicle, legal, or employment-related events, and any treatment they may be receiving. Via interview, patients were assisted in finding healthier coping strategies and advised on treatment options. Follow up assessments were made by telephone at one, six, and twelve months.

To date, there have been almost no studies of this kind that have enrolled

Spanish-speaking participants, and none that have used an automated bilingual computerized approach, which is more likely to compel participants to share sensitive information, the researchers said. This study is particularly unique not only because it uses bilingual health information technology in the ED, they noted, but because the brief intervention that is delivered is automated and tailored specifically for individual patients based on their responses to reflective questioning by AB-CASI.

In addition, noted Vaca: "We will have the opportunity to explore the unique differences within Latino subgroups, as we know that the U.S. Latino population is not homogenous and this has implications for treatment services."

Provided by Yale University

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