

Latino Health Initiative of Suffolk County, Brentwood, NY

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ABSTRACT:

Assessing minority health care access in the Brentwood community

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INTRODUCTION: The purpose of the Brentwood Community survey is to identify the barriers that exist to health care access affecting the Latino community (54%) in the Hamlet of Brentwood (54,168), New York. Survey findings will be utilized to assess the community's capacity to address these health care needs and to increase access to health care resources.

METHODS: The design of the survey employs bilingual, culturally and literacy sensitive questions administered door-to-door in oral format by trained community volunteers. This allows for population health assessment and surveillance, health promotion and prevention of disease as well as evidence-based public health interventions.

RESULTS: Statistical analysis of the survey results will allow the community to identify its demographic components, insurance status, health history, healthcare access, and barriers to care. Evaluation of these results will be compared to a sample survey conducted in the summer of 2004 in a smaller geographic area of Brentwood (308 participants). These preliminary results showed that 70.6% spoke Spanish, 45% had a high school diploma, 53.4% had a full time job, 26.7% reported not having health insurance, and 26.9% reported having an emergency room visit (mainly for asthma and diabetes). The comparison will allow us to examine the identified barriers and health care needs of this community.

CONCLUSION: Once data collection is complete and data is analyzed we will disseminate this information to community members in a community forum and prepare a report that will be distributed to health care stakeholders and policy makers in the Brentwood community.

Learning Areas:

Assessment of individual and community needs for health education
Diversity and culture
Public health or related education

Learning Objectives:

Identify health care obstacles for minority populations of Brentwood, New York.

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BACKGROUND:

The hamlet of Brentwood, NY has the second largest Latino community in New York State.

Brentwood is challenged by inadequate resources, limited opportunities for education and employment, and poor access to health care services for its medically underserved.

Research studies have demonstrated that socioeconomic status (SES), access to preventive health-care services, insurance status and Limited English proficiency (LEP) contribute to poor health outcomes among Latino and Hispanic populations.

To better understand the impact of these contributing factors, the Latino Health Initiative of Suffolk County (LHISC) developed a community based health assessment to identify barriers to health care access and address community health needs.

LATINO HEALTH INITIATIVE OF SUFFOLK COUNTY:

LHISC provides health information, access to health services and health care providers for, the underserved, underprivileged and those persons with limited proficiency in the English language.

LHISC participated in an academic community based research partnership entitled Community Alliance for Research Empowering Social change (CARES) to examine and address racial/ethnic health disparities on Long Island utilizing Community Based Participatory Research.

METHODS:

A bilingual survey was jointly designed with LHISC and a Stony Brook University academic faculty member.

The survey included 20 culturally and literacy sensitive questions regarding demographics, SES, health care utilization and barriers to health care access.

LHISC recruited and trained 10 data collectors to verbally administer surveys door-to-door in Brentwood, NY from October 2010 to May 2011.

Teams of two data collectors followed a **Participant Recruitment Algorithm**, which divided the recruitment area into four quadrants and provided geographic boundaries.

Respondents who completed the health assessment received an incentive of their choice.

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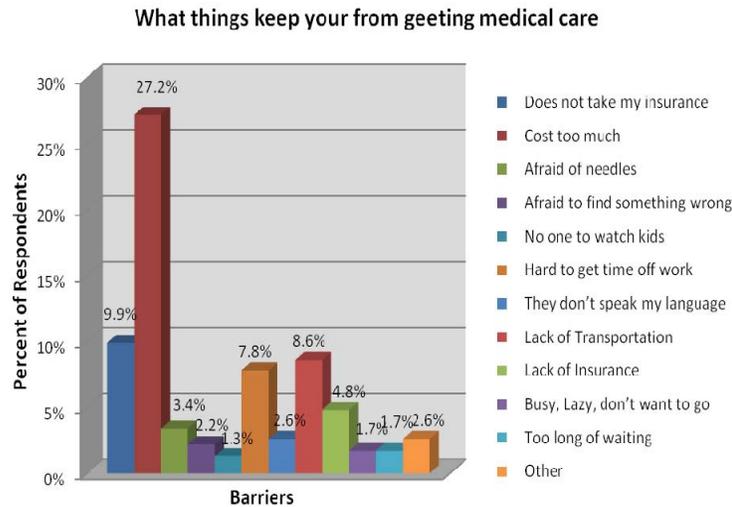
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RESULTS:

2004 Survey results showed that 70% spoke Spanish, 55% had less than a high school diploma, 53.4% had a full time job, 27% reported not having health insurance and 26.9% reported having an emergency room visit (mainly for asthma and diabetes).

Recent survey results demonstrate significant associations between health insurance and Race/Ethnicity, education, country of birth, primary language spoken, English proficiency, employment status, and not having a full time job are associated with not having insurance.

CHALLENGES/BARRIERS:



“Cost too much” was reported a major barrier for Hispanic (31.1%) and other race groups(36.8%), born outside of US (32.7%) primary language spoken is not English (32.2% for Spanish, 38.9% for other language) and those that reported lower income (30.9% for less than \$19,999 and 38.2% for \$20,000 - \$39,999, 12.3% for income \$40,000+).

Respondents reported challenges associated with insurance, cost and fear as major barriers to receiving medical care.

DISCUSSION:

Percentage of insured was greater than expected but demonstrated disparities by race, ethnicity and education.

Limited access and utilization of health care services contributes to poor health and health disparities.

Utilizing evidence based public health practices (door to door data collection) in a community driven project endeavors to bring to light much needed information and address community health concerns.

More training of community members is needed to get accurate information about “true” community needs in order to: 1) identify areas of disparities in the community, 2) educate community stakeholders, 3) and advocate for appropriate resources and improved access health care.