Assessing minority health care access in the Brentwood community

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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 Inc.

- 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

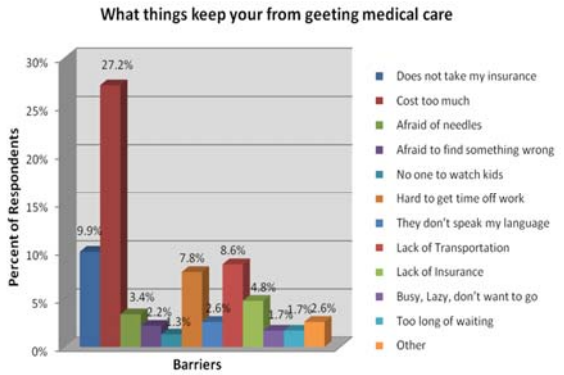
RESULTS

Table 1: Characteristics for CARES /LHISC Brentwood Community Assessment Survey 2010 – 2011 sample compared with 2004 Regis Park survey sample*

	2010 - 2011	2004
Sample Size (N)	232	309
Age		
18-25	9.5	10.4
26-35	20.4	23.5
36-45	26.0	25.4
46-64	30.3	27.4
65+	13.8	13.4
Highest level of school completed		
Less than High School	28.9	55.0
High School Diploma or (GED)	26.8	28.5
Some College or Associate Degree/ BA/ MS	44.2	16.5
Country of Birth		
United States	33.2	24.7
Main language speak		
English	41.4	28.2
Spanish	50.9	70.5
Bilingual (English/Spanish)	3.9	-----
Other	3.9	1.3
English		
Speak	99.2	49.8
Read	85.0	49.5
Write	82.8	47.2
Have a Full time job	54.3	53.4
ER visit during last 12 months		
Yes		26.9
1	20.8	
2+	8.6	
Insurance		
Private	47.0	37.5
Public	18.1	35.8
Both Private and Public	4.7	-----
None	30.2	26.7
Have Primary Health Care Provider	72.7	78.1

- 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

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