



PROJECT MUSE®

---

## Brentwood Community Health Care Assessment

Melody S. Goodman, Maria Gonzalez, Sandra Gil, Xuemei Si, Judith L. Pashoukos,  
Jewel D. Stafford, Elsa Ford, Dennis A. Pashoukos

Progress in Community Health Partnerships: Research, Education,  
and Action, Volume 8, Issue 1, Spring 2014, pp. 5-6 (Article)

Published by The Johns Hopkins University Press  
DOI: 10.1353/cpr.2014.0012



➔ For additional information about this article  
<http://muse.jhu.edu/journals/cpr/summary/v008/8.1.goodman.html>

## Brentwood Community Health Care Assessment

Melody S. Goodman, PhD<sup>1</sup>, Maria Gonzalez, BA<sup>2</sup>, Sandra Gil<sup>2</sup>, Xuemei Si, MPH, MS<sup>1</sup>, Judith L. Pashoukos, MSN, RN<sup>2</sup>, Jewel D. Stafford, MSW<sup>1</sup>, Elsa Ford, BS<sup>2</sup>, and Dennis A. Pashoukos, BS<sup>2</sup>

(1) Washington University in St. Louis School of Medicine; (2) Latino Health Initiative of Suffolk County

### What Is the Purpose of This Study?

- The purpose of the Brentwood Community Health Assessment was to assess health care utilization and identify barriers to health care access within Hamlet of Brentwood in Suffolk County, New York, a predominately Hispanic (69%) and immigrant (47%) community in a New York City suburb.
- Provide community partners trained in research methods with experiential learning through the development and implementation of a research project.
- Develop the infrastructure for community-based participatory research (CBPR) by funding CBPR pilot projects.
- Collect the data necessary to demonstrate the racial/ethnic, and income disparities that exist within a high-income county.

### What Is the Problem?

- The Latino Health Initiative of Suffolk County acknowledged existing challenges documenting community issues in access to care, combating the perception that all of Suffolk County is high income, and working with limited resources; Brentwood is often overshadowed by the surrounding communities that have higher wealth, more resources, and few barriers to health care access.
- Growing evidence shows that segregation is one of the many causes of racial and ethnic health disparities. Eliminating disparities owing to segregation and other contributing factors require community support and comprehensive, multilevel, culturally appropriate strategies.
- Community members have limited knowledge of research and often mistrust researchers; particularly among some of the most vulnerable populations (e.g., racial/ethnic minorities, immigrants, and low income).

### What Are the Findings?

- The assessment results revealed that most residents are able to access health care when needed; however, the most significant barriers to health care access are lack of insurance and cost of medical care.
- The majority of respondents reported having a primary care provider; a greater percentage of those with insurance have a primary care provider when compared with those who are uninsured. There were also significant trends with age and income; older respondents and those with higher incomes were more likely to be insured.
- There were significant differences in the percentage of respondents reporting cost as barrier to purchasing prescription drugs in the past 12 months by race/ethnicity, country of birth, primary language spoken, and English proficiency. Respondents who were Hispanic, and those who speak a primary language other than English, were born outside the United States, and reported limited English proficiency were more likely to report this barrier.
- There were significant differences in insurance status by age, race/ethnicity, income, education level, country of birth, main language spoken, and English proficiency. Respondents with low income and education levels, those born outside of the United States, those who speak a primary language other than English and have limited English proficiency were more likely to be uninsured.

- There were statistically significant differences in the proportion of respondents that reported “cost too much” as a barrier by age, income, country of birth, and race/ethnicity. Respondents who were younger and those who reported lower incomes, were born outside of the United States, and those who self-identified as Hispanic were more likely to report cost as barrier to accessing medical care.

#### Who Should Care Most?

- Community members interested in partnering with academic researchers to conduct a community health assessment
- Academic researchers using CBPR to assess community health needs
- Community stakeholders interested in training community members on research methods to develop the infrastructure for CBPR.

#### Recommendations for Action

- Train community members on research methods as a foundation in developing the infrastructure for CBPR.
- Provide an internal funding mechanism to allow community members an experiential learning process of designing a research project, developing a grant proposal, implementing a research project, and disseminating the results.
- Provide funding to train community members on research methods and develop CBPR pilot projects.
- Provide funding for the development of community–academic research partnerships.
- Develop equitable community–academic research partnerships to produce research synergy allowing the collaboration to produce outcomes that neither partner could have obtained independently.
- Develop a community driven research agenda for addressing disparities at the local level.
- The community policy brief is intended to inform community-based organizations, public health policymakers, and other individuals whose primary interest is not research, but who would be interested in the application and translation of research findings for practical purposes.