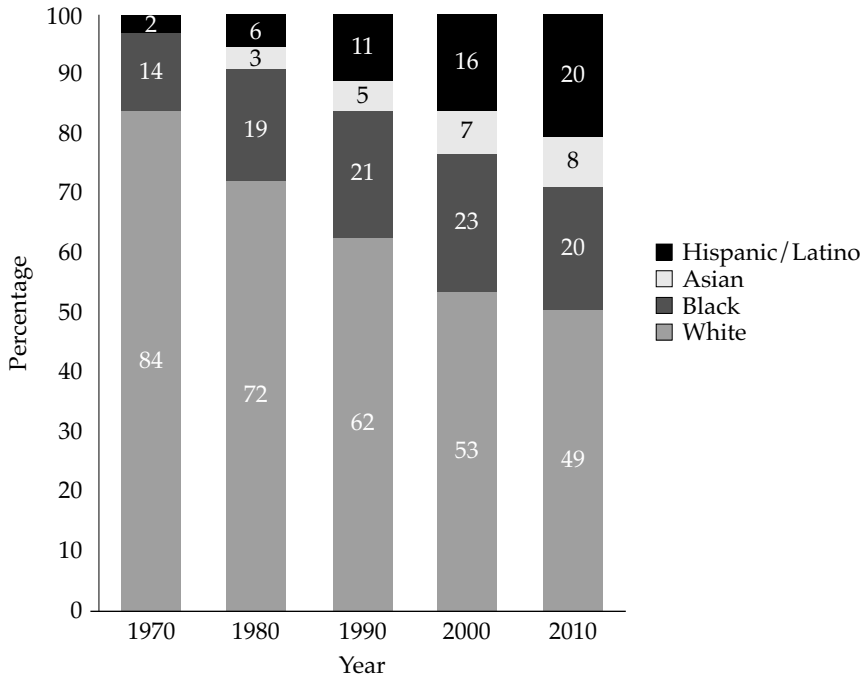


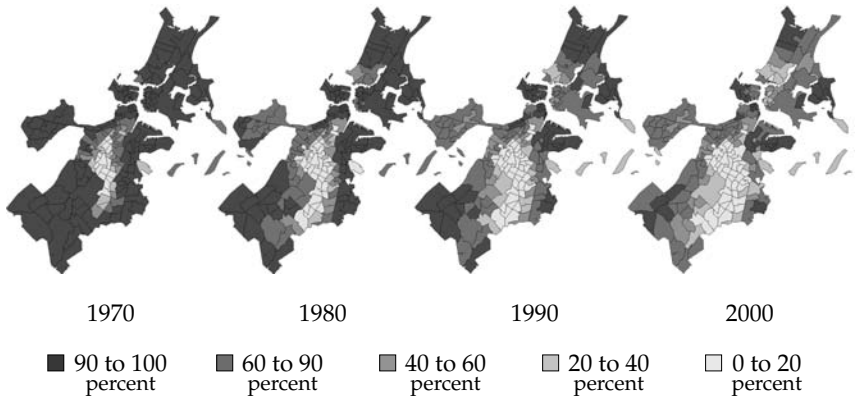
Figure 1.1 Race-Ethnicity in Suffolk County, 1970 to 2010



Source: Authors' compilation based on data from U.S. Census Bureau (2010).

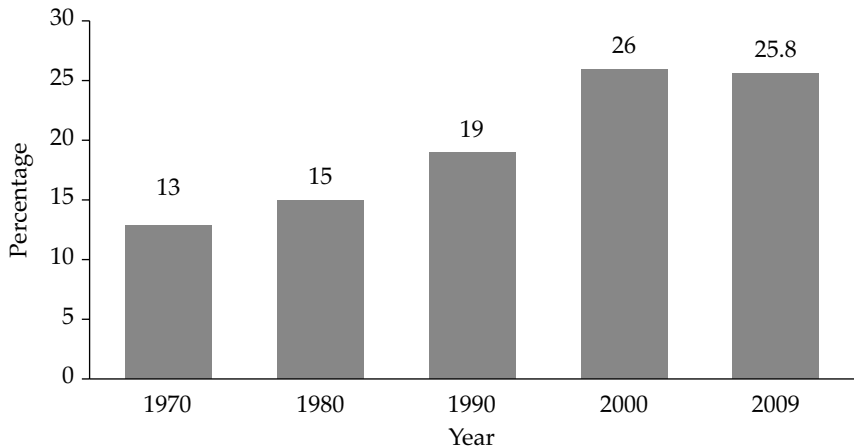
Note: Data for Asian, black, and white exclude Hispanics/Latinos, who can be of any race. Data also exclude individuals who marked more than one race.

Figure 1.2 Percentage White in Suffolk County, 1970 to 2000



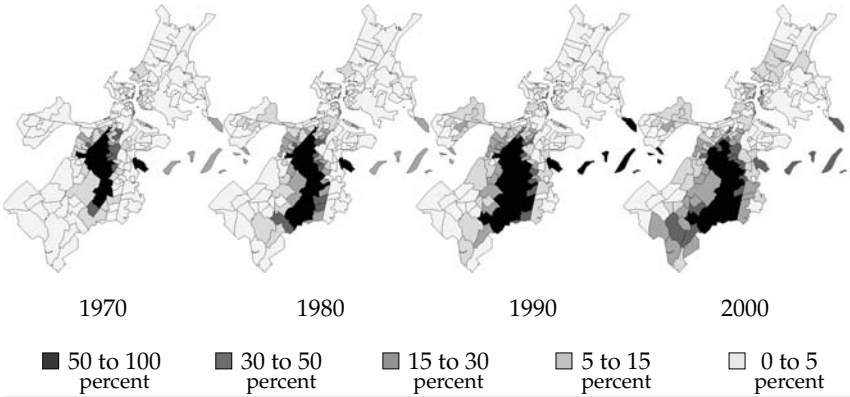
Source: Authors' compilation based on data from the U.S. Census Neighborhood Change Database (NCDB) 1970–2000 (GeoLytics 2010). Maps created with GeoLytics software.
Note: White population, with the exception of 1970, is non-Hispanic.

Figure 1.3 Percentage Foreign-Born in Suffolk County, 1970 to 2009



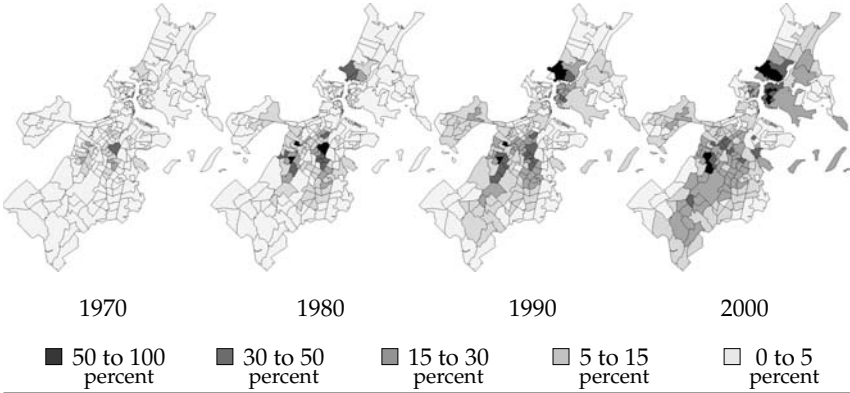
Source: Authors' calculations based on data from the U.S. Census Bureau (2010).

Figure 1.4 Percentage Black in Suffolk County, 1970 to 2000



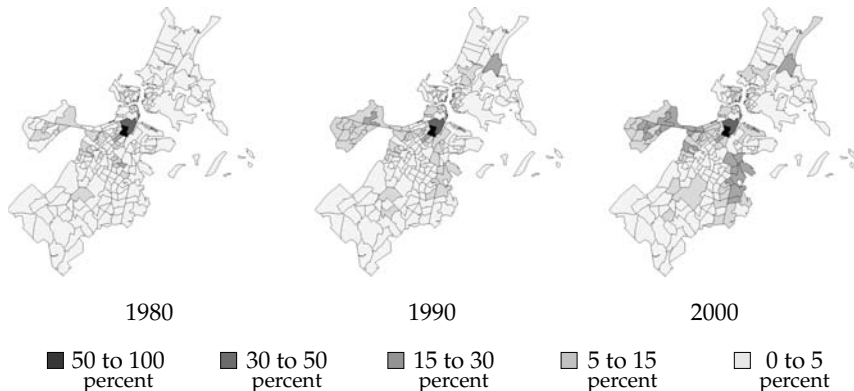
Source: Authors' compilation based on data from the U.S. Census Neighborhood Change Database (NCDB) 1970–2000 (GeoLytics 2010). Maps created with GeoLytics software.
Note: Black population, with the exception of 1970, is non-Hispanic.

Figure 1.5 Percentage Hispanic/Latino in Suffolk County, 1970 to 2000



Source: Authors' compilation based on data from the U.S. Census Neighborhood Change Database (NCDB) 1970–2000 (GeoLytics 2010). Maps created with GeoLytics software.
Note: Hispanic population includes respondents of any race.

Figure 1.6 Percentage Asian in Suffolk County, 1980 to 2000



Source: Authors' compilation based on data from the U.S. Census Neighborhood Change Database (NCDB) 1970–2000 (GeoLytics 2010). Maps created with GeoLytics software.

Note: Asian population in 1980 is non-Hispanic/Latino, and includes American Indian, Asian, Native Hawaiian, and Pacific Islander. 1990 and 2000 do not include American Indian. Comparable data for 1970 were not available.

Table 1.1 Medical Sites and Psychiatric Clinics

Site	Clinic
Academic Medical Center 1 (AMC1)	Inpatient psychiatric unit Outpatient psychiatric service Acute psychiatric service (emergency department)
Academic Medical Center 2 (AMC2)	Outpatient Latino mental health clinic Psychiatric outpatient service Psychiatry residency training settings
Private Psychiatric Hospital (PPH)	Inpatient psychiatric unit
Neighborhood Community Health Center (NCHC)	Outpatient mental health services
Region Medical Center (RMC)	Outpatient and inpatient psychiatric services

Source: Authors' compilation.

Table 1.2 Phase 1: Number of Clinician and Staff Interviews by Site

All Sites	192
Academic Medical Center 1 (AMC1)	79
Academic Medical Center 2 (AMC2) and Latino Clinic	56
Neighborhood Community Health Center (NCHC)	24
Regional Medical Center (RMC)	19
Private Psychiatric Hospital (PPH)	14

Source: Authors' compilation.

Table 1.3 Number of Interviews by Profession

Total interviews	192
Psychiatrists, psychologists, and other M.D.s	74
M.D. psychiatrists, Ph.D. psychologists, other M.D.s, other Ph.D.s	
Other mental health professionals	27
Social workers, mental health counselors with master's degree	
Other health-care staff	27
Nurses, mental health workers, occupational therapists, dieticians	
Patient support staff	47
Interpreters, chaplains, advocates, mental health associates	
Administrative support staff	11
Security, housekeeping, dietary, clerical	
Management support staff	6
Nonmedical administrative and clerical managers	

Source: Authors' compilation.

Table 1.4 Phase 1: Clinician and Staff Interview Demographics (N=192)

Gender	Female	66%
	Male	34%
Age	Mean years (SD)	Range
	43.16 (12.3)	21–70
Origin	White	68%
	Black, African American	12%
	Asian	7%
	Multiracial	3%
	Other	10%
Ethnicity	Hispanic, Latino	14%
	Not Hispanic, Latino	86%
Foreign-born or Puerto Rican-born		29%
U.S.-born		71%

Source: Authors' compilation.

Table 5.1 Motives for Clinician-Patient Matching

Motive	Goal
Instrumental	To facilitate direct communication between care provider and patient without the need for a translator or interpreter
Diagnostic	To ensure maximal clinician sensitivity to <ul style="list-style-type: none">- culturally influenced configurations of symptoms- culturally influenced idioms of distress- the relationship between distress and patient's broader lifeworld context To yield "better" or more accurate diagnoses
Therapeutic	To maximize utilization rates of available services To prevent treatment drop-out To lengthen duration of treatment To achieve greater rapport and stronger therapeutic alliance To achieve greater patient satisfaction To improve treatment outcomes
Economic	To decrease use of expensive services (such as emergency care, inpatient care) in favor of lower-cost outpatient clinical services

Source: Author's compilation.