NORTH CAROLINA CENTER FOR
PUBLIC POLICY RESEARCH INC.

NEWS RELEASE

For release on Saturday, August 14, 1999.
May be broadcast Saturday a.m. and may
appear in Saturday newspapers.

For more information,
call Mike McLaughlin at the
N.C. Center at (919) 832-2839

GROWING HISPANIC POPULATION HAS UNIQUE HEALTH CARE NEEDS, SAYS CENTER

The Hispanic/Latino population is growing faster than any other part of North Carolina's population, says the N.C. Center for Public Policy Research in a new study released today. The Center says this rapid growth in population is having a high impact on local health departments and that the health care needs of Hispanics are different in key ways from white or black populations in the state. The Center makes policy recommendations to address Hispanic health issues.

"North Carolina is experiencing a wave of Hispanic/Latino immigration," says Mike McLaughlin, editor of the Center's magazine, *North Carolina Insight*. "But the image of Hispanics only as migrant farmworkers no longer applies. Hispanics now hold a growing number of jobs in construction, food service, landscaping, and slaughterhouses. They work in lower-wage and more dangerous jobs with fewer benefits like health insurance, and they use local health department services in greater numbers. State government needs to help these departments meet the need."

Growth in Hispanic/Latino Population

The U.S. Census Bureau and state health officials estimate that the Hispanic/Latino population has nearly doubled since the 1990 Census to more than 200,000, or some 2 percent of the state's population. Some estimates range as high as 350,000. Hispanics/Latinos are settling in urban communities along the Interstate Highway 85 corridor; in western Piedmont counties such as Forsyth, Rockingham, Surry, and Yadkin; near military bases in eastern North Carolina; and in eastern farming areas such as Johnston, Robeson, and Duplin counties.

Because Hispanics are mostly in low-wage occupations, they rely more heavily than the rest of the state's population on local health departments for health care services. The Durham County Health Department, for example, reports serving 5,000 Hispanics in 1997-98, or 22.6 percent of its total caseload. The Wilson County Health Department reported 30 percent of its clients were Hispanic, and in Randolph County, the estimate was 40 percent.

Center Survey of Health Providers Reveals Most Significant Hispanic Health Issues

The Center's year-long study of Hispanic/Latino health issues began with a survey of all 87 local health departments, 22 community and migrant health centers, 34 rural health centers, and 75 rural hospitals. Ninety-four percent of the health departments responded, as well as a majority of all other groups of health care

providers. All health care providers ranked access to health care and lack of health insurance as two of the three most significant health issues facing Hispanics.

The significance of the remaining health care issues varied by age and gender. For example, prenatal care ranked as the most significant issue for *females*. For *males*, health care providers indicated that the key issues beyond access and health insurance were (1) on-the-job injuries, (2) sexually transmitted diseases, and (3) drug and alcohol abuse. For *children*, the key issues were (1) immunization rates, (2) dental care, and (3) nutrition.

Only 68 percent of Hispanic/Latina females in North Carolina receive prenatal care in the first trimester of pregnancy, compared to 87.7 percent for whites and 72.6 percent for African Americans. And Hispanic/Latino males are disproportionately more likely to be injured or killed on the job than whites or African Americans. In 1997, Hispanics/Latinos represented only 2 percent of the state's population but accounted for 9 percent of its workplace deaths. In 1998, this number declined to 6 percent of state workplace deaths, but it is still three times the proportion of Hispanics in the state's population.

Finally, both national studies and a previous Center study in North Carolina show that Hispanic/Latino children are less likely than the overall population to be immunized against childhood diseases. This can lead to greater concentration of vaccine-preventable illnesses among Hispanics/Latinos. For example, in the 1990 U.S. measles outbreak, Hispanic/Latino children were 7.3 times more likely than non-Hispanic white children to contract the illness. Hispanics in North Carolina also experience higher rates of hepatitis B and tuberculosis. And, in a 1996 North Carolina rubella outbreak, 79 of 83 cases occurred in Hispanic/Latino children, endangering them and the general population. This potentially serious illness causes rashes, swollen glands, and arthritis and can lead to ear infection, pneumonia, diarrhea, seizures, and sometimes death. When pregnant women contract the disease, their babies can suffer birth defects. These are good examples of how improving Hispanic health also protects the public health, says the Center's McLaughlin.

Barriers to Hispanics Receiving Health Care

The Center says the primary barrier to Hispanics receiving health care in North Carolina is the language barrier. When asked to identify the three most significant barriers to Hispanics/Latinos obtaining adequate health care in their communities, health departments and other health care providers cited: (1) language (85.8 percent) followed by (2) lack of insurance or other means to pay for health services (55.9 percent) and (3) lack of transportation (55.2 percent). A distant fourth was lack of information and/or awareness about services available (35.0 percent).

Betsy Richards of the Harvest Family Medical Clinic in Nash County recalls an encounter at the office of a private obstetrician/gynecologist in which a Hispanic/Latina woman who was having a miscarriage brought her 15-year-old son to interpret. Richards stepped in and offered to provide the service, but the fact that the woman was unable to communicate with the doctor in her own language only added to her struggle. Says Mary Anne Tierney of the Blue Ridge Community Health Center in Henderson County, "The language we want to communicate in when we're hurting is our own."

Inadequate health insurance or lack of means to pay for health services is another key issue, says the Center. National estimates place the number of uninsured Hispanics/Latinos at 33.6 percent, not including undocumented and uncounted immigrants. In North Carolina, 15.5 percent of all citizens are not covered by health insurance. North Carolina's Health Choice for Children insurance program is restricted by federal law to citizens or lawful permanent residents, which excludes Hispanic/Latino children who are legal residents if they arrived after August 22, 1996. Furthermore, while U.S.-born children are eligible for the program, their parents might not apply if they themselves aren't legal residents because they fear deportation or jeopardizing their own immigration status.

Center Recommendations for Addressing the Health Needs of Hispanic/Latino Citizens

The Center offers seven recommendations to better provide health services to the state's growing Hispanic/Latino population. Among the key recommendations are: (1) that the Governor include in his proposed budget to the 2000 legislative session $2.3 million for interpreter services at 85 local health departments; (2) that the Governor include in the 2000 budget an additional $250,000 appropriation to allow more health departments, community and migrant health centers, and rural health centers to provide Maternal Care Coordination services to women ineligible for Medicaid; and (3) that the legislature make an annual appropriation to fund immunization outreach workers in the 20 counties with the largest Hispanic/Latino populations.

The Center says that not only is funding interpreter services essential to improving Hispanic health, but failure to provide this funding could have legal consequences. The Office of Civil Rights in the U.S. Department of Health and Human Services mandates that all recipients of federal funds provide free interpreter services. All health departments in North Carolina receive federal funds so there appears to be a legal mandate to provide interpreter services. McLaughlin says the state recently has lost several lawsuits costing the state more than a billion dollars, and failure to provide interpreters could extend this losing streak.

Among the other recommendations are: (4) that the N.C. Department of Labor devise and implement a plan for enhancing workplace safety among Hispanics/Latinos, and (5) that the legislature form a study commission to examine reimbursement issues for facilities treating Hispanic/Latino patients, including whether to extend state-funded health care coverage to non-citizen children who by income standards alone might otherwise be eligible to participate in the state's child health insurance program.

Not only has the Hispanic/Latino work force provided a ready supply of labor, but the economic impact of the earnings of this population also is significant. A study conducted by East Carolina University's Regional Development Institute found that the impact of dollars and jobs directly attributable to Hispanic/Latino wages flowing back into the economy is as much as $391 million and 20,000 jobs generated in the eastern region of the state alone. And, the Selig Center for Economic Growth at the University of Georgia reports that Hispanic/Latino buying power in North Carolina increased from $8.3 million in 1990 to $2.3 billion in 1999.

McLaughlin says this study of health issues affecting the Hispanic/Latino population is a follow-up to the Center's 1995 study of "The Health of Minority Citizens in North Carolina," also published in *Insight*. Earlier, in a 1993 report entitled "North Carolina's Demographic Destiny, " the Center had identified the state's rising Hispanic/Latino population as a major demographic trend affecting North Carolina in the 21st century.

The N.C. Center for Public Policy Research is an independent, nonpartisan, nonprofit corporation created to study public issues facing North Carolina and to evaluate state government programs. The Center's research on Hispanic/Latino health was supported by a grant from the Kate B. Reynolds Charitable Trust in Winston-Salem, N.C. The Health Care Division of the Trust provides grants to meet the health and medical needs of the people of North Carolina, especially the underserved. The Center receives general operating support from the Z. Smith Reynolds Foundation in Winston-Salem, 14 other foundations, 190 corporate contributors, and almost 1,000 individual and organizational members across the state.

In addition to *North Carolina Insight* magazine, the Center also publishes book-length research reports, a citizens' guide to the legislature, and a textbook for teachers of state and local government. The Center is currently conducting studies of public university governance in North Carolina, wood chip mills and state forestry management, and state lotteries. Recent studies also have examined programs for children with special needs, rural economic development policy, and state job training programs.

Copies of the issue of *North Carolina Insight* containing the Center's research on Hispanic/Latino health are available for $20, which includes tax, postage, and handling. To order, write the Center at P.O. Box 430, Raleigh, N.C. 27602, call (919) 832-2839, fax (919) 832-2847, or order through the Center's web site at *www.ncinsider.com/nccppr*.

***

For more information on the Center's study of Hispanic/Latino health issues in North Carolina, call Mike McLaughlin, editor of *North Carolina Insight*, at the N.C. Center for Public Policy Research at (919) 832-2839.

Table 2. N.C. Counties with the Largest Hispanic/Latino Populations

County	1997 Hispanic Population	% Growth 1990-1997
Cumberland	23,411	76.05%
Mecklenburg	14,409	115.32%
Wake	12,648	133.66%
Onslow	12,587	56.65%
Guilford	5,564	92.73%
Forsyth	4,084	94.29%
Durham	3,842	87.05%
Craven	3,327	82.70%
Johnston	2,844	125.36%
Orange	2,775	116.97%

Source: Population Estimates Program, Population Division, U.S. Bureau of the Census, Washington, DC 20233.

The Meaning of Hispanic and Latino

Over the last decade, North Carolinians have heard the terms Hispanic and Latino more and more frequently. People generally understand what someone means when they hear these terms, as the Hispanic/Latino segment of North Carolina's population has grown and continues to grow at a phenomenal rate. However, some people get confused between the terms. What is the difference? Generally, "Hispanic" refers to the language spoken in one's home country, while "Latino" refers to the location of those countries—in Latin America. So, for a Latin American from a Spanish-speaking nation, there really is no difference. It's just a matter of personal preference, and most Hispanics/Latinos actually prefer to be referred to according to their country of origin.

The U.S. Census Bureau uses "Hispanic" as an ethnic rather than a racial category. For example, Hispanic origin in Census publications refers to persons who identify themselves as Mexican, Puerto Rican, Cuban, Central or South American, or of other Hispanic origin or descent. In other words, persons of Hispanic origin may be of any race and can be included in both the white and black population groups.

—Joanne Scharer

Table 5. What are the most significant health issues affecting Hispanics/Latinos in your community?

	Males[1]	Females[2]	Children[3]
1	No/Inadequate health insurance (94)	Prenatal care (107)	Access to health care (98)
2	Access to health care (80)	No/Inadequate health insurance (93)	No/Inadequate health insurance (85)
3	On-the-job injuries (49)	Access to health care (92)	Immunization rates (62)
4	Sexually transmitted diseases (40)	Dental care (24)	Dental care (58)
5	Drug/alcohol abuse (36)	Nutrition (14)	Nutrition (38)

[1] Total # of responses: 147
(Health Departments 78, Rural Health Centers 16, Community/Migrant Health Centers 12, Rural Hospitals 41)

[2] Total # of responses: 151
(Health Departments 82, Rural Health Centers 16, Community/Migrant Health Centers 12, Rural Hospitals 41)

[3] Total # of responses: 145
(Health Departments 82, Rural Health Centers 14, Community/Migrant Health Centers 12, Rural Hospitals 37)

Table 7. Cases of Reportable Communicable Diseases in North Carolina

	Hispanics/Latinos		Whites		African Americans	
	Number of cases	Rate per 1,000[1]	Number of cases	Rate per 1,000	Number of cases	Rate per 1,000
Hepatitis B	7	0.05	109	0.02	139	0.08
Rubella	58	0.4	13	0.002	0.0	0.0
Tuberculosis[2]	38	0.3	150	0.03	286	0.2

[1] Rates calculated per 1,000 of the Hispanic/Latino, white, and black populations using 1997 population estimates from the U.S. Census Bureau

[2] Verified cases, all forms.

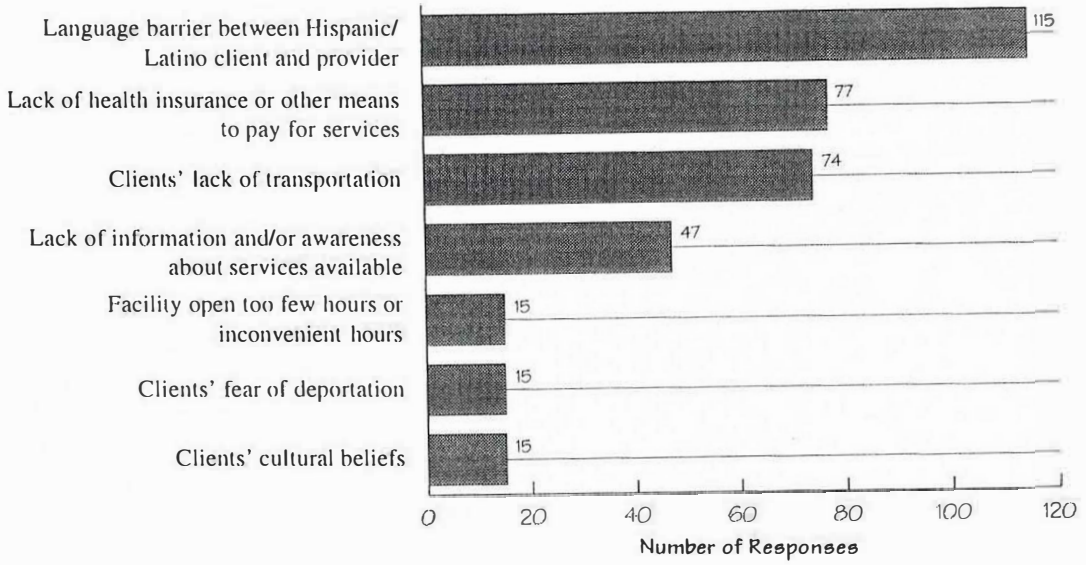
Source: North Carolina Center for Health Statistics (1998)

Table 10. Leading Causes of Death in North Carolina 1995–1997

	Hispanics/Latinos		Whites		African Americans	
	Number of deaths	% of total	Number of deaths	% of total	Number of deaths	% of total
Unintentional Motor Vehicle Accidents	149	25.4%	3,246	2.2%	1,128	2.5%
Homicide	85	14.5%	857	.57%	1,095	2.4%
Other Injuries	70	11.9%	3,400	2.3%	1,062	2.4%
Diseases of the Heart	53	9.0%	45,969	30.6%	11,961	26.7%
Cancer	46	7.8%	35,017	23.3%	9,758	21.8%
Suicide	22	3.7%	2,356	1.6%	310	.69%
AIDS	18	3.1%	711	.47%	1,584	3.5%
Cerebrovascular Disease	17	2.9%	11,936	8.0%	3,670	8.2%
Liver Disease/Cirrhosis	6	1.0%	1,500	1.00%	502	1.12%
Pneumonia & Influenza	6	1.0%	6,095	4.06%	1,269	2.8%
Diabetes	4	0.7%	3,407	2.3%	1,885	4.2%
Chronic Obstructive Pulmonary Disease	2	0.3%	7,908	5.3%	1,081	2.4%

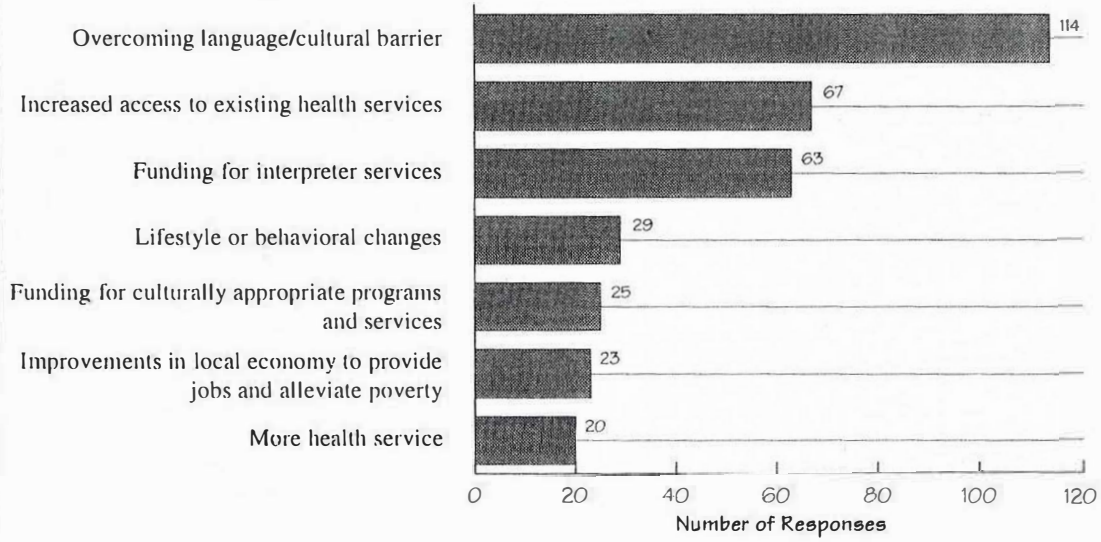
Source: North Carolina Center for Health Statistics (1998)

Figure 3. What are the most significant barriers to obtaining adequate health care for Hispanics/Latinos in your community?



Total # of responses: 134
(Health Departments 75, Rural Health Centers 13, Community/Migrant Health Centers 8, Rural Hospitals 38).
Respondents could choose more than one issue, and the top five responses are included here.

Figure 5. Which of the following are the most important in improving health outcomes for Hispanics/Latinos?



Total # of responses: 154
(Health Departments 81, Rural Health Centers 17, Community/Migrant Health Centers 11, Rural Hospitals 45). Respondents could choose more than one issue.