

1 Introduction

North Carolina has one of the fastest growing Latino populations in the country, with much of the growth among new immigrants. Latinos are less likely to have health insurance than other population groups, and are more likely to experience language barriers. The growing Latino population has created new health care challenges for the state. The number of Latinos has overwhelmed many public agencies, and the underlying issues of lack of insurance coverage, transportation, and translation have not been adequately addressed.

In the spring of 2001, the North Carolina Institute of Medicine (NC IOM) began to consider the feasibility of studying the health and health care issues affecting the state's growing Latino population. The Institute approached El Pueblo, Inc., about the possibility of creating a statewide Task Force to study these issues. El Pueblo is a non-profit statewide advocacy and policy organization dedicated to strengthening the Latino community. The NC Institute of Medicine, with the involvement and support of El Pueblo, the NC Area Health Education Centers Program, the NC Hospital Association, and other health-related organizations, approached The Duke Endowment and The Kate B. Reynolds Charitable Trust about the possibility of obtaining funding to support the work of such a Task Force. By late fall of 2001, the Institute received word from both philanthropies that support for the work of the Task Force would be forthcoming. Work was to begin in early 2002 with a final report ready in January 2003. The Institute of Medicine greatly appreciates the support and encouragement of The Duke Endowment and The Kate B. Reynolds Charitable Trust associated with this effort.

As discussed throughout the report, North Carolina has a Latino population largely comprised of recent immigrants, and therefore there have been limited opportunities to assess the health status of this group. Some initial studies and reports have been undertaken and published, but until the inception of the Task

Force, only one had attempted to analyze data and develop policy recommendations from a statewide perspective.¹ The work of this Task Force is a first, as it not only analyzes and considers existing research and assessments, but does so through a Task Force made up of a diverse and inclusive group.

CHARGE TO THE TASK FORCE

Once the decision was reached to launch the Latino Health Task Force, NC IOM and El Pueblo arrived at a consensus specification of the charge to be addressed. It was agreed that the Task Force would undertake four specific functions:

1. To develop a consensus definition of the major health and health care problems facing the NC Latino community. The Task Force would be asked to study, among other things, access to publicly-funded health services (including public health clinics, rural community and migrant health centers, and the area mental health programs in the state), public and private health insurance coverage, cultural and language barriers, dental services, occupational health issues, and specific health problems that disproportionately affect Latinos.
2. To identify whether regional variations exist in the capacity of local communities to address Latino health issues.
3. To identify and disseminate "best practices" for meeting the health and health care needs of Latinos in North Carolina, e.g., local or statewide initiatives that have been successful in improving health for NC's Latino population.
4. To identify public and private sector initiatives that can be undertaken to address these concerns.

MEMBERSHIP OF THE TASK FORCE

Members of the Latino Health Task Force were chosen for their special knowledge and expertise with regard to particular health or health care issues pertinent to the Latino population of our state. Among the members of the Task Force are persons representing the public and private health care sectors, state and local governmental health, behavioral health and human services agencies, legislators, Latino service and advocacy organizations, representatives of private industry, non-profits, and the faith-based community. The list of Task Force members is included in the front section of this report, beginning on page i. The Task Force met for full-day meetings once each month, beginning in April 2002.

LEADERSHIP AND STAFFING OF THE TASK FORCE EFFORT

The First Lady of North Carolina, the Honorable Mary Easley, served as Honorary Chair of the Task Force and actively participated in the deliberations. Her involvement in this role helped underscore the importance of the issues being addressed by the Task Force, as well as enabling the Task Force to take advantage of her own technical knowledge of some of the issues pertinent to the health of Latinos in our state.

On a day-to-day basis, the operational co-chairs of the Task Force were Felix S. Sabates, Chairman of FSS Holdings in Charlotte, one of the state's most promi-

ment Latino business leaders, and the Honorable Carmen Hooker Odom, Secretary of the North Carolina Department of Health and Human Services. Although it was not possible for Mr. Sabates to attend every meeting of the Task Force, Secretary Hooker Odom was at each meeting and steered the group through its many subsets of issue exploration and analysis.

Primary staff direction for the work of the Task Force was the responsibility of Pam Silberman, JD, DrPH, Vice President of the NC Institute of Medicine, Gordon H. DeFriese, PhD, President and CEO of the NC Institute of Medicine, and Andrea Bazan-Manson, MSW, MPH, Executive Director of El Pueblo, a statewide Latino advocacy and public-policy organization based in Raleigh.

The Task Force was supported by a multi-disciplinary Steering Committee composed of key professional staff from several agencies of NC state government, the University of North Carolina at Chapel Hill, El Pueblo, the North Carolina Institute of Medicine, and statewide non-profits. The Steering Committee, whose members are listed in "Acknowledgments," met on a monthly basis about two weeks prior to the scheduled meetings of the full Task Force. The Steering Committee assumed responsibility for planning the Task Force meetings, arranging for speakers who presented key data and information pertinent to the issues being discussed, and helping organize the workgroups in which Task Force members had the opportunity to examine issues in greater detail.

Four workgroups met for several months at different times during the life of the Task Force. These workgroups were:

1. Systems of Care
2. Access to Care
3. Insurance and Workers' Compensation
4. Health Promotion and Health Literacy

The analyses undertaken by each of these workgroups constitute the materials presented in the principal chapters of this report.

PRINCIPLES GUIDING THE TASK FORCE EFFORT

Latinos are major contributors to the North Carolina economy. The Selig Center for Growth at the University of Georgia estimated that in 1999, Latinos contributed more than \$2.3 billion in purchases in North Carolina.² East Carolina University estimated that Latinos who work in eastern North Carolina contributed at least \$1.15 billion directly to the economy of 18 counties in eastern North Carolina, which in turn created 16,650 new jobs in 1998.³ Indirectly, Latinos contributed \$875 million to the economy, generating 20,358 jobs.

Latinos move to North Carolina in order to work. Latino adults are more likely to be employed and in the workforce than any other population in the state. In fact, some industries actively recruit Latino workers from Mexico and other Central American countries. Latinos are often employed in the state's most hazardous industries--agriculture and construction--or are employed in low paying jobs that are less attractive to native North Carolinians. The Task Force recognized early in its deliberations the important contribution that Latinos make in

North Carolina, producing our foods, building our roads, working in the service industries—and the critical role that Latinos play in the state's economy.

At the outset of its efforts, the Latino Health Task Force reached clear consensus on some of the principles that would guide its work. The most important of these are:

- **Latinos residing in North Carolina are making a substantial contribution to the economic, social, and cultural enrichment of our state.** Regardless of their immigration status, the health and well-being of this population should be considered of vital importance to the present and future of North Carolina.
- **Language barriers that limit access to needed health, behavioral health, dental, or social services should no longer be acceptable in our state.** The most effective way to increase access to health, mental health, dental, and social services is to hire bilingual and bicultural providers who can provide appropriate services to both the English-speaking and Spanish-speaking populations. In the short term, it may be necessary to hire interpreters to bridge the language gap; but the goal should be to recruit and employ bilingual, bicultural staff. The additional costs incurred in hiring interpreters and/or bilingual staff need to be recognized and reimbursed.

Inasmuch as federal law (Title VI of the Civil Rights Act) mandates that states take positive steps to assure that persons are not discriminated against on the basis of race, ethnicity or language, NC should seek to fully comply with guidelines of the US Office of Civil Rights pertaining to this legislation, not merely try to avoid a federal non-compliance judgment. Compliance is "the right thing to do" and we should seek to "serve" clients in a linguistically and culturally appropriate way.

- **Care should be compatible with patients' cultural health beliefs and practices.** Staff at health care organizations, including the leadership and governing board, should be diverse and representative of the community they serve. Staff at all levels should receive ongoing education and training in culturally appropriate service delivery.
- **Public and private health, behavioral health, dental, and social services providers, non-profits, foundations and churches can play an important role in meeting the health care needs of the growing Latino population in the state.** Private employers and industries that recruit Latinos from other countries have a special responsibility in ensuring that the health care needs of this vulnerable population are met while in their employment.

ORGANIZATION OF THIS REPORT

This report contains nine chapters. Chapters 2-4 offer important background information (demographics, cultural beliefs and health status of NC's Latino population) relevant to the discussion of health issues affecting the Latino population of our state. Chapters 5-8 present summaries of the key findings and recommendations emerging from the work of the four principal workgroups through which the detailed analyses of the Task Force took place. Chapter 9

includes a summary of the work of the Task Force, along with priority recommendations that could lead to a substantial improvement in the health status and health prospects for this important population in our state.

The fact that this is one of the first comprehensive examinations of the health status and unmet health needs of the Latino population across the state should not suggest that communities, government, health care providers, philanthropies, non-profit and faith-based organizations, and private industry have done nothing to address these needs. To the contrary, many efforts have occurred in the public and private sectors at both the state and local levels. Throughout this report we have tried to highlight some of the innovative and exemplary efforts, e.g., a listing of "best practices." These best practices are not exhaustive, but can serve as models for other groups seeking to address the health care needs of the growing Latino population.

CONCLUSION

In the context of these discussions, it has become clear that further steps beyond the work of the Task Force will be necessary. The problems identified, many of which are already apparent and pressing, will necessitate further public and private sector action and it would make sense to plan for the development of the organizational and collaborative efforts needed for those purposes now, even though the specific substantive foci of those efforts cannot be precisely defined.

We are certain that the North Carolina General Assembly, the state's leading private philanthropies, the business and industry community, and the many organizations now functioning to improve the health and welfare of North Carolina's Latino population will find in these recommendations many issues worthy of further discussion and debate. The North Carolina Institute of Medicine stands ready to assist in these deliberations. We hope that this report will lend some factual basis to the issues needing attention as well as partially illuminate the path forward as we all work toward the betterment of health for all North Carolinians.

NOTES

1. Scharer J. Hispanic/Latino Health in North Carolina. NC Center for Public Policy Research, Raleigh, NC: August 1999.
2. Georgia Business and Economic Conditions. Volume 62, No. 2. www.selig.uga.edu Selig Center for Economic Growth (University of GA). North Carolina is expected to experience a 912% increase in Latino purchasing power between 1990 and 2002, the highest growth rate in the country.
3. Simpson MT, Brockett SR, Arena K, Hofmann E. Hispanic Economic Impact Study: An Eastern North Carolina Analysis. East Carolina University Regional Development Institute. Greenville NC: January 1999.