

Executive Summary

OVERVIEW

Latinos are the fastest growing ethnic group in North Carolina. Between 1990 and 2000, their number grew by almost 400%, giving North Carolina the fastest growing Latino population in the country. Latinos now comprise approximately 5% of the state's population.

Latinos move to North Carolina for employment; they are more likely to be employed and in the workforce than any other population in the state. Latinos are often employed in the state's most hazardous industries—agriculture or construction—or in low paying jobs that are less attractive to native North Carolinians. Because of their willingness to work in these industries, some North Carolina businesses actively recruit Latinos from Mexico and other Central American countries. Latinos are major contributors to the North Carolina economy, contributing more than \$2.3 billion in purchases in 1999.

The Latino community is one of tremendous diversity. North Carolina Latinos come from many different geographic backgrounds. Some are united as an ethnic group by a common heritage derived from Spanish language and culture, while others identify more with cultural heritages unique to their countries of origin. Most Latinos in the state are of Mexican origin, but many come from Puerto Rico or other Caribbean, Central American, or South American countries.

The growing Latino population has created new health care challenges for the state. Most North Carolina Latinos are recent immigrants: nearly two-thirds are foreign-born. Because many Latinos are coming directly from Mexico or other foreign countries, they still have language barriers. In addition, persons coming from other countries are accustomed to different health care systems. The rapid growth of this new population has overwhelmed many public agencies, and the underlying issues of lack of insurance coverage, language barriers, different cul-

tural and health care beliefs, and general unfamiliarity with the US health care system have not been adequately addressed.

NC IOM LATINO HEALTH TASK FORCE

Because the large influx of Latinos in North Carolina is so recent, there have been limited opportunities to examine the health status or health care needs of this population. The North Carolina Institute of Medicine (NC IOM), in collaboration with El Pueblo, Inc., helped create a Task Force to study these issues. The Task Force was led by the Honorable Mary Easley, the First Lady of North Carolina, the Honorable Carmen Hooker Odom, Secretary of the NC Department of Health and Human Services, and Felix S. Sabates, Chairman of FSS Holdings in Charlotte, one of the state's most prominent Latino business leaders. The Task Force was comprised of 48 members who were chosen to represent public and private health care sectors, state and local governmental health and human services agencies, legislators, Latino service and advocacy organizations, representatives of private industry, non-profits, and the faith-based community. The work of the Task Force was supported by a generous grant from The Duke Endowment and The Kate B. Reynolds Charitable Trust.

GUIDING PRINCIPLES

At the outset of its efforts, the Latino Health Task Force reached a 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 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 to needed health, behavioral health, or social services should no longer be acceptable in our state.*** The most effective way to increase access to health, mental health and substance abuse, 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 ensure that persons are not discriminated against on the basis of race, ethnicity, or language, NC should seek to comply fully 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 manner.

- ***Care should be compatible with patients' cultural health beliefs and practices.*** Staff at health care organizations, including their leadership and governing boards, should be diverse and representative of the communities

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 to ensure that the health care needs of this vulnerable population are met while in their employment.

MAJOR HEALTH ISSUES FACING THE LATINO COMMUNITY

The Task Force met for more than nine months with the goal of developing a consensus on the major health and health care problems facing the NC Latino community, and to identify public and private sector initiatives that can be undertaken to address these concerns.

Over the course of its deliberations, the Task Force identified eight key issues:

1. **Latinos are disproportionately likely to live in poverty and are more likely to go without health care. Despite these problems, Latinos in the state, especially recent immigrants, are relatively healthy as compared to whites or African Americans. But as Latinos acculturate to the US lifestyle, their health status worsens. Thus, the future health issues confronting the Latino population are likely to be more similar to those of the majority population of our state.**

North Carolina Latinos, especially recent immigrants, are generally healthy. Latinos have better birth outcomes and have lower age-adjusted death rates than whites or African Americans. There are several possible explanations for this. Latinos are a younger population than the state as a whole. North Carolina Latinos are also likely to be recent immigrants: studies have shown that first-generation immigrants may be healthier than those who have lived in the country for longer periods of time. Strong family support systems, coupled with low rates of smoking and traditional diets that emphasize vegetables and grains rather than high-fat foods, may explain, at least in part, why recent immigrants as a group are relatively healthy.

Nonetheless, there are some health problems of immediate concern. Latinos are more likely to die from alcohol-related motor vehicle crashes and to suffer occupational injuries. Latinos are more likely to be born with certain developmental disabilities; Latino children are more likely to have dental disease and untreated dental caries. Further, Latinos are also more likely to contract immunization-preventable communicable diseases such as rubella. While first-generation Latinos generally are healthy, if they follow the pattern of other Latinos across the country, their overall health status is likely to worsen as they acculturate to the United States. Already, we are seeing signs that Latino youth are acquiring some of the poor health behaviors that lead to chronic health problems. Latino youth look much like their white and African-American peers in the percentage that report being overweight or at risk of being overweight and leading sedentary lifestyles. One-fourth of Latino high school students report smoking; 10% report their health sta-

tus as poor. This is a higher percentage than white or African-American high school students. Absent culturally appropriate, effective interventions aimed at promoting healthful behaviors among the growing Latino population, Latinos are likely to suffer the same adverse health outcomes as other population groups.

- 2. Immigrants coming to this country are accustomed to different health care systems and may have different health care beliefs. This can create barriers to the effective use of the US health care system. Health, behavioral health, dental, and social services providers must be aware of these different cultural beliefs.**

Health care systems differ from one country to another, as do ways of accessing health services. For example, injections are commonly used to treat a wide variety of infections and other illnesses in Mexico and other countries. Waiting until after tests results are available to determine the course of treatment may not make sense to a person who is accustomed to getting immediate treatment, including antibiotics. Rather than wait, some Latinos may feel more comfortable seeking immediate treatment with vitamins and medicines that are familiar to them from a trusted community source. In addition, many Latinos have understandings of the cause of illness that are different than what is customarily believed in the United States. Because of the influence of certain cultural beliefs and practices, many Latinos may simultaneously seek the help of both formal medical care and folk healers for either acute or chronic conditions. North Carolina health care practitioners need to understand these different cultural expectations in order to be able to communicate effectively with their Latino patients and establish a trusting relationship.

- 3. Because many North Carolina Latinos are recent immigrants, many face language difficulties. This creates barriers when seeking health, behavioral health, or social services, in addition to barriers caused by poverty, isolation, cultural differences, and lack of health insurance.**

According to the US Census, approximately half of North Carolina Latinos have limited English proficiency (LEP) or are unable to speak English very well. These language barriers can impair a Latino's ability to access needed programs and services. Title VI of the Civil Rights Act prohibits public and private providers who accept federal funds (including Medicaid, NC Health Choice, or Medicare reimbursement) from discriminating on the basis of race, color, or national origin. The failure to make services and programs linguistically accessible has been interpreted to violate Title VI provisions. In October and November of 2001, the Office of Civil Rights (OCR) of the US Department of Health and Human Services conducted a review of the NC Department of Health and Human Services and five of the local public health and DSS agencies. OCR found North Carolina to be out of compliance with Title VI by failing to provide adequate language assistance to groups who speak a primary language other than English. According to OCR, individuals with limited English proficiency were sometimes turned away because no interpreters were available, or were required to use their

family members, including minor children, as interpreters. Not only does this violate the provisions of Title VI, it compromises the confidentiality and accuracy of communication between the clients and the agency personnel. The best way to ensure that services are linguistically and culturally accessible is to hire bilingual, bicultural staff, but in the absence of sufficient bilingual personnel, agencies and health care providers must ensure the availability of trained interpreters.

4. Lack of "health literacy" causes additional communication barriers between Latinos and their health care providers.

Health literacy assumes a basic understanding of medical terms, a basic ability to read medical instructions, and an understanding of health care technology which is essential to ensure that the patient can be a full participant in managing his or her medical care. Nationally, 40% of Americans are unable to understand the information and any warnings contained on a common prescription bottle. The increasing complexity of health care information and the shift of a greater responsibility onto patients to participate in health care decision making and manage their own diseases have made health literacy problems much more daunting. While the problem of health literacy is not unique to the Latino population, it is particularly acute for many Latinos because of their communication barriers, different understandings of the underlying factors that affect health, and lack of awareness of the US health care system.

5. Latinos are disproportionately likely to be uninsured compared with other racial and ethnic groups. Latinos are more likely to work for small employers or industries that do not offer health insurance coverage to their employees. Because many Latinos are recent immigrants, they are unable to qualify for publicly-funded insurance, such as Medicaid and NC Health Choice. Some Latino adults are afraid of seeking assistance for their eligible citizen children because of their fear that this would affect their ability to remain in the United States or obtain lawful permanent residence status.

North Carolina Latinos are more likely to be uninsured than other groups. More than half (54%) of all Latino adults in North Carolina are uninsured, compared to 11% of non-Latino whites and 22% of African Americans. Nationally, a smaller percentage of Latinos are uninsured (37%) than in North Carolina. Similarly, Latino children in North Carolina are more likely to be uninsured (29%), compared to non-Latino whites (8%) or African Americans (15%). Latinos are more likely to be uninsured for a number of reasons: they are more likely to work for employers or in industries that do not provide coverage, and are less likely to qualify for publicly-funded insurance, despite their relative poverty.

Federal laws in 1996 made eligibility for publicly-funded programs more restrictive for most immigrants. While federal law restricts coverage for many immigrants, the citizen children of these immigrants born in the United States may be eligible for assistance. However, many immigrants are afraid of applying for their children because they fear they or their children

may be labeled "public charges," making it more difficult for the parents to qualify later for lawful permanent resident status, or that they may be deported if they seek assistance from a governmental agency.

6. Migrant farmworkers face additional barriers in accessing health services and are generally thought to be in worse health than the general Latino population. In addition, many migrant and seasonal farmworkers are ineligible for workers' compensation if they are injured on the job.

Migrants suffer all the same barriers faced by other Latinos in accessing the health care system—including different health care expectations, a lack of understanding of the US health system, language barriers, inability to take off work, and transportation problems. Further, migrants are even more likely to be uninsured than the general Latino population, and have particular problems accessing publicly-funded health insurance programs. Because of the transitory nature of their work, migrant farmworkers may have little understanding of the local health care systems. Migrants are often isolated, living in remote rural areas, and may lack telephones and transportation.

Migrant and seasonal farmworkers and their families have different and more complex problems, many of which can be attributed to a mobile lifestyle and the environmental and occupational hazards of farmwork. Because of state laws, migrant and seasonal farmworkers, unlike most other employees, lack workers' compensation coverage. Thus, while they are working in a hazardous industry—agriculture—they have no form of recourse if they are injured on the job. Migrants, as a whole, are more likely to contract infectious and other parasitic diseases. They are also likely to have a higher incidence of tuberculosis. Nationally, studies suggest that migrant farmworker women have poorer health outcomes: the infant mortality rate for farmworkers is 25-30% higher than the national average. Because of the isolation of many migrant and seasonal farmworkers, special outreach efforts are needed by trusted members of the community.

7. There are insufficient resources available to address the health, behavioral health and dental health needs of Latinos.

Because of financial and non-financial barriers, health, behavioral health, and dental health services are generally more limited for the North Carolina Latino population than for other North Carolinians. As a result, the Latino population relies more heavily on publicly-funded programs or safety-net providers; that is, providers who are willing to treat low-income patients for free or on a sliding-fee scale basis. However, these resources are not available throughout the state, and even when available, they may be insufficient to serve all in need. Nationally, almost four fifths of all the people in the United States saw a doctor in the past year. However, the available data—albeit limited—suggest that there are many counties in the state where less than 20% of Latinos visited a primary care provider in the past year. Further, Latinos have particular problems accessing behavioral health services. Despite the evidence that Latinos are more likely to be born with developmental disabilities and that Latino males may have a higher inci-

dence of alcohol abuse, Latino use of publicly-funded mental health, developmental disabilities, and substance abuse services is low. While the state and many other public and private health care providers have implemented special outreach efforts to the Latino community, these are generally isolated initiatives. There have been limited state or local funds available to cover the costs of treating uninsured Latinos.

There are new federal funds available that can be used to provide primary care, dental, and behavioral health services to Latinos and other underserved populations in the state. However, special efforts are needed to encourage and assist communities in seeking these funds. Additional state and local funding is needed to help replicate successful pilot programs aimed at providing culturally appropriate and linguistically accessible primary care, immunization efforts, family planning, maternity services, behavioral health, and dental services across the state.

8. The lack of health data specific to North Carolina Latinos makes it more difficult to measure health disparities and use of health services.

In the past, health data were not collected by race and ethnicity. More recently, some agencies and programs have started to collect this information, but it is difficult to establish baseline data or to make accurate comparisons across different Latino subcultures. In addition, private health care providers do not collect this information routinely, so it is difficult to measure the use of health services among North Carolina Latinos. State and local agencies, and other health, behavioral health, dental, and human services providers should collect health, behavioral health, dental, and social services related data (including but not limited to utilization and health outcomes) by race and ethnicity. Data should be used to determine if Latinos are able to access needed health, behavioral health, dental, and social services and whether there are specific health disparities facing the Latino community.

RECOMMENDATIONS

The Latino Health Task Force made a total of 33 recommendations to improve the health status of Latinos and increase access to culturally and linguistically appropriate health, behavioral health, dental, and social services. Task Force members understand that governmental and private funding available to address these needs is limited. Therefore, the Task Force developed **13 priorities** that, if implemented, would have a significant positive impact on the ability of Latinos to access needed health, behavioral health, dental, and social services which would ultimately lead to improved health status. Because of the immediate need of bridging the language and cultural gap, most of the priority recommendations are aimed at expanding the availability of bilingual and bicultural providers. In addition, the Task Force made recommendations to expand the availability of primary, behavioral health, and dental resources; remove barriers that deter families from applying for Medicaid, NC Health Choice, and other publicly funded programs; provide meaningful workers' compensation for migrant and seasonal farmworkers; develop leadership within the Latino community to address health issues; address the problems of health literacy, includ-

ing the lack of understanding of the US health system; and ensure that the state has adequate data to monitor health disparities and health access of the Latinos living and working in the state.

To expand the availability of bilingual and bicultural providers, the Task Force recommended that:

1. The NC Department of Health and Human Services help local communities in their efforts to recruit and retain bilingual and bicultural providers and to hire and train interpreters. The Department should take responsibility for identifying possible grant sources for these efforts, and should assist local communities in seeking these funds. In addition, the Department should develop systems to maximize federal funds to reimburse providers and agencies for interpreter services. The NC General Assembly should appropriate funding to the NC Department of Health and Human Services to assist in recruiting bilingual and, if available, bicultural professionals and in paying for interpreter services.
2. The NC General Assembly appropriate additional funds to the Office of Minority Health and Health Disparities (OMHHD) to expand the capacity of OMHHD to focus on Latino health issues. Specifically, the OMHHD should expand its technical assistance; communicate with communities about funding opportunities; provide cultural diversity and interpreter training to local agencies, non-profits, and community groups; and conduct research into the major health issues facing Latinos.
 - As part of this effort, the OMHHD Hispanic Health Task Force should be expanded to include a broader collaboration of state agencies and other organizations to develop policies and programs to address the health care needs of Latinos. The collaboration should help support the development or expansion of local coalitions to address the health needs of Latinos.
 - If no new funds are immediately available, the Department of Health and Human Services should explore state, federal, and private grant sources to obtain additional revenues to support the work of OMHHD.
3. The Governor's Office and the NC Department of Health and Human Services explore the issues around certification, credentialing, and licensing of foreign graduates and research what other states are doing to develop systems to enhance recruitment of bilingual and bicultural health, behavioral health, and human services providers.
 - Because of the immediate need for bilingual and bicultural mental health and substance abuse counselors, the NC Department of Health and Human Services should work with the NC Social Work licensure board, the NC Certification Board for Substance Abuse Counselors, and the Office of State Personnel to facilitate the certification, credentialing, licensure and employment of bilingual, bicultural social workers and substance abuse counselors.

- The General Assembly should appropriate funds to the University and Community College system to provide course work tailored to foreign graduates to assist them in preparing for certification, credentialing, and licensure in social work, substance abuse, nursing, and other allied health and human services professions to increase the recruitment of bilingual, bicultural providers.
4. The NC General Assembly appropriate funding to maintain and expand the AHEC Spanish Language and Cultural Training Initiative and the Office of Minority Health and Health Disparities interpreter training and cultural diversity training courses.

To expand the availability of health, behavioral health and dental services, the Task Force recommended that:

5. The NC Primary Health Care Association, in conjunction with the NC Office of Research, Demonstrations and Rural Health Development and other state agencies, encourage and assist communities in seeking new federal Community and Migrant Health funds to expand the availability of primary care, dental, and behavioral health services. The NC General Assembly should appropriate funds to Community and Migrant Health Centers (C/MHC) to be used to support the federal grants.
6. The NC General Assembly establish a health program that would address the health needs of uninsured, low-income Latinos who would otherwise qualify for public insurance, but who cannot because of federal immigration restrictions. Priority should be given to: coverage of children; prenatal care; and health conditions or diseases that are significant problems for Latino populations, as determined by the State Health Director.

To help remove barriers that deter families from applying for Medicaid, NC Health Choice, and other publicly-funded services, the Task Force recommended that:

7. The NC Division of Medical Assistance and Division of Social Services re-examine the Medicaid, NC Health Choice and other DSS applications, notices, and policies to make services more accessible to the Latino population.
 - As part of this effort, the NC Department of Health and Human Services should help train Latino service organizations and other organizations to assist applicants in filling out Medicaid, NC Health Choice, and other public assistance applications. Funding from private foundations would assist in supporting this work.
8. The NC Division of Medical Assistance explore methods to improve migrant families' access to Medicaid and NC Health Choice.

To ensure that migrant and seasonal farmworkers are covered by workers' compensation, the Task Force recommended that:

9. The NC General Assembly extend workers' compensation to agricultural workers if they work for an employer who employs three or more full-time workers at least 13 weeks in a year. The NC General Assembly should also change existing workers' compensation laws to give the Industrial Commission the right to impose monetary or other sanctions on workers' compensation carriers for a pattern or practice of bad faith denials.
 - The Industrial Commission should be directed to conduct an educational campaign, through the Latino media, partnering organizations and existing outreach sources and programs, to explain how the workers' compensation system works, who is covered, how to apply for benefits, and where to go for assistance.

To develop leadership within the Latino population to improve Latino health, the Task Force recommended that:

10. El Pueblo, in conjunction with AHEC and other organizations, create a Latino Health Institute dedicated to improving the health of North Carolina Latinos.

To address the problems of health literacy, including the lack of understanding of the US health system among many Latinos, the Task Force recommended that:

11. The NC Department of Health and Human Services take the lead in convening a group of organizations that have developed and implemented lay health advisor programs. This group will help coordinate and strengthen lay health advisor programs, develop training for lay health advisors, and provide technical assistance to other organizations seeking to implement similar programs. The group should help identify possible funding sources from North Carolina and national philanthropies, with priority given to communities and counties with a large concentration of Latino residents.
12. The NC Community College system (Adult Literacy) take positive steps to address the problems of low literacy, including health literacy, among its Latino population. There is a need for a statewide initiative to address this problem across all population groups (not limited to Latinos).

To ensure that the state has adequate data to monitor health disparities and health access of the Latinos living and working in the state, the Task Force recommended that:

13. The NC Department of Health and Human Services and other health, behavioral health, dental, and human services providers should collect health, behavioral health, dental, and social services-related data (including but not limited to utilization and health outcomes) by race and ethnicity to determine if Latinos are able to access needed health, behavioral health, dental, and social services, and whether there are specific health disparities facing the North Carolina Latino community.

