

Health Disparities among North Carolina's Latinos: Our Point of View

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The fact that Latinos are a growing presence in North Carolina is well known among the public health community and other sectors. From 1990 to 2000, the state experienced the fastest growing Latino population of any state in the nation. Today, at least 5% of the state's residents are of Hispanic origin. And due to undercounts and the fast growth of the community, it is estimated that the proportion is much higher. The United States Bureau of the Census announced last year that Latinos are now the largest minority group in the country. Latinos are today a vital part of the North Carolina economy, having initially been recruited to work in low-skill jobs and industries, and now settling in with young families in every county of North Carolina.

North Carolina initially began addressing Latino health disparities during the 1990s, at the time when the state began experiencing a large influx in Latinos. The term 'health disparities' had then gained national and local attention, and public health leaders were charged with getting a better sense of the disparities that existed in our own state. But, little was known about the newly arrived population, and basic questions needed to be answered first: Who were they? Why were they coming in such numbers? And what was public health's role in this? Indeed, the state of North Carolina was confronting the health disparities of a community it did not fully understand. Information on ethnicity was not generally collected in the health data systems, so the state did not have an accurate picture of Latino health. To address this gap in knowledge, some initial studies were conducted by the North Carolina Center for Public Policy Research, the then-called Office of Minority Health and the State Center for Health Statistics within the

North Carolina Department of Health and Human Services, and other groups. As a state and a public health community, we began to learn more about our new neighbors.

Indeed, the work of the early to mid-1990s contributed significantly to our understanding of health disparities among Latinos. It is disappointing, however, that although some progress has been made in translating this knowledge into practice, North Carolina does not yet have the infrastructure, including bilingual personnel and culturally appropriate policies, to fully tackle disparities among Hispanics in the state. Latino health disparities in most cases have been addressed independent of policy change. North Carolina Latinos are at a disadvantage when it comes to sound healthcare policies that address their unique health and healthcare needs.

And the disparities persist. Latino children are more likely to be obese than other children. They are more likely than whites

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and other minorities to have asthma. National data indicate that Latino children and adults are more likely to have dental caries than those from other races or ethnic groups. Latinos are more likely to die in car crashes than any other group. Although not much concrete data exist to support it, we are aware that mental health issues are becoming increasingly serious among Latinos—and that they are largely untreated. Latinas in North Carolina have the highest rate of adolescent pregnancy in the country. Of concern, too, is the number of Latino adolescents

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who are reporting depression to their peers and teachers. And among the North Carolina Latino worker population, there are disproportionate rates of injuries and deaths.

These are serious differences. But beyond specific healthcare issues, we see language barriers as the principal healthcare 'problem,' as defined by both the provider and the Latino community. Until the language differences are addressed, we will make no progress in addressing health disparities for the North Carolina Latino population.

And, in order to fully address the healthcare challenges among Latinos, not just the healthcare access problem, it is critical to recognize that policy plays an increasingly vital part.

Federal Laws Complicate the Provision of Healthcare to Latinos and Other Immigrants

Although Latinos have lived in North Carolina for generations, the 'core' of the community is a newly arriving one. The large immigration wave that occurred over the past ten years is due to the need for low-skilled workers in industries such as poultry plants, construction, restaurants, and agriculture. Many of these workers are not documented. An increasing number of them have young children who were born in North Carolina, and who make up 'mixed-status families.' Some workers may be here on temporary visas and may stay beyond their allotted time. The legal status of a family is crucial, and influences every aspect of a person's life in this country—including access to healthcare.

Immigration policy, however, is mainly an issue that is addressed at the federal level. It is one of the most controversial and complicated issues to tackle. It is also capricious—often influenced by politics, campaigns, and money. Immigration policies impact on the ability of Latinos to access healthcare services.

For example, undocumented immigrants, and other lawful permanent residents who recently arrived in this country, are generally ineligible for publicly funded health insurance coverage, such as Medicaid or NC Health Choice. Medicaid will pay for emergency services provided in a hospital for these immigrants. In addition, the Medicare Modernization Act has funding to pay for emergency services for other undocumented immigrants (who would not otherwise qualify for Medicaid). The Centers for Medicare and Medicaid Services (CMS) earlier this year initially proposed rules that would require hospitals to ask immigrants about their immigration status in order to qualify for these new funds. While this policy may appear innocuous on its face, it would have discouraged immigrants from seeking hospital services for fear that their status would be reported to the Office of Homeland Security (formerly known as Immigration and Naturalization Service). It would put healthcare providers in the role of immigration agents. This policy also could have created public health hazards if people with communicable diseases failed to obtain needed healthcare services. And, it could have cost states more in the long run if emergency healthcare issues were not treated immediately.

Hospitals, providers, and advocates criticized this proposal,

and CMS eventually backed down. The proposal, however, re-ignited the debate of uncompensated care for immigrants.

The state did recently receive some good news. A Medicaid family planning waiver to expand Medicaid income eligibility for family planning services to 185% of the federal poverty level was approved on November 5, 2004. This expansion will provide Medicaid funding to cover family planning services to Latinos who would otherwise be eligible for Medicaid. It also addresses a vital need among the young population—family planning.

Title VI of the Civil Rights Act Requires that Healthcare Providers Make Their Services Linguistically Accessible

Title VI of the Civil Rights Act of 1964 states that organizations or providers that receive any amount of federal funds cannot discriminate against people because of race, ethnicity, or national origin. The federal government has interpreted this "national origin" provision to mean that individuals have a right to receive services in a language they understand. This means that patients who go to such facilities should be able to communicate effectively with their providers, and should be able to comprehend the written instructions as they walk out with their prescribed medicines.

In 2001, the Office of Civil Rights within the United States Department of Health and Human Services reviewed North Carolina for its compliance under Title VI, and the state did not receive a good grade. Under the leadership of the Secretary of the North Carolina Department of Health and Human Services, North Carolina has been working hard to ensure that local plans are in place to meet the language needs of both providers and the community. In addition, the Department is also exploring ways to pay for interpreter services for individuals with limited English proficiency who receive Medicaid services. However, more work is needed to make sure that language barriers are removed so that individuals with limited English proficiency can communicate effectively with health and human services providers.

A State Plan

North Carolina has done some groundbreaking work in establishing priorities for the Latino population. *The 2003 Task Force on Latino Health Report*,¹ produced by the North Carolina Institute of Medicine in collaboration with El Pueblo, Inc., is perhaps the most comprehensive summary of Latino health status produced to-date. It also contains specific recommendations on how to improve that health status. The most important premise of the report is that, if North Carolina adopts the recommendations of this comprehensive plan, Latino health disparities will be significantly reduced and/or removed. The report answers the following questions. What are some challenges and opportunities that Latinos face? How can we change the challenges into opportunities? What are some actions and activities (e.g., policy, legislative, and administrative) that can

be implemented to improve the health of Latinos? Which agencies and organizations are responsible for making these recommendations happen?

The report provides a thorough explanation of the gaps between services and programs provided by local health departments, community health centers and migrant clinics, other state programs, and the current local Hispanic community. The strong collaboration, inclusion, and partnership built and maintained by those involved in the Task Force guaranteed that North Carolina healthcare professionals, advocates, and policy makers would be aware of the wide range of health issues facing Latinos. On November 10, 2004, the North Carolina Institute of Medicine and El Pueblo re-convened the Task Force to review progress since the Report's publication. Positive steps have been taken to begin implementation on more than three-quarters of the recommendations. It is commendable work for such a diverse group of agencies, policy makers, and advocates.

However, the General Assembly has not made the level of commitment needed to ameliorate the access barriers and healthcare disparities faced by the growing North Carolina Latino population. While the General Assembly did recently enact legislation to expand the availability of services offered to the uninsured through community health centers, health departments and rural health clinics (many of whom are Latino), these funds are not sufficient to meet the growing needs. For example, there are some estimates that health departments are providing more than \$10 million in uncompensated prenatal care, largely to Latinos; yet only \$1 million was allocated to health departments to meet the primary care needs of the uninsured. Further, no funds were allocated to train interpreters or to assist in recruiting bilingual providers.

There are some local programs that exemplify collaborations among sectors that have been implemented, thanks to private funding. The most promising are the lay health advisor programs. They utilize models that take into account Latinos' native language as well as their strong sense of community and family. Lay health advisor programs do this by training local volunteers to become advocates for health. El Pueblo began such an initiative in March 2004 with funding from The John Rex Endowment. The initiative has trained a group of "promotoras," or health promoters, to work directly with families at the community level. Promotoras become formal leaders in Latino communities across the state. They receive needed up-to-date

health information and develop connections with existing health services, which were once unfamiliar to them. The Chatham Hospital Immigrant Health Initiative has been implementing a lay health promoter program for several years. It has been able to establish a positive and effective collaboration among the hospital, local churches, two local poultry factories, and the University of North Carolina Department of Family Medicine.

In language training, too, there are some promising efforts. "A Su Salud," a recently-launched program at the University of North Carolina at Chapel Hill, provides hands-on Spanish-language training for healthcare providers and students. Area Health Education Centers across the state continue to offer an array of courses for providers who are interested in improving their knowledge about the Latino culture and learning the Spanish language, as well as training programs for interpreter services.

A Commitment to System Change Is Needed

There is a lot of activity from the North Carolina Latino community itself. English classes are offered by various centers and volunteer groups and church-sponsored English classes are usually filled to capacity. Latino non-profit organizations are creating innovative programs to help engage the community in state affairs related to health and human services. The Spanish-language media has emerged as a crucial source for information and is actively utilized by Latino leaders and providers.

Some of the efforts described here are promising, but they are not enough. We have a plan to ensure that all North Carolinians have the same chances. A set of policy recommendations that can take care of our disparities has been developed. We have been challenged by the report, the initial collaborations, and the groundbreaking work of many organizations across the state.

The reduction of Latino health disparities will require North Carolina leaders, elected officials, business and healthcare administrators to commit themselves to system changes. Any efforts will have to take federal immigration policies into account.

Latinos represent more than demographic changes. Latinos represent an important part of North Carolina, contributing significantly to its economic development and culture. It is due time that the Latino community be recognized for this, and that we continue the initial work that has begun. **NCMJ**

REFERENCES

- 1 Task Force Report on Latino Health: 2003. North Carolina Institute of Medicine. Durham, NC. Available at www.nciom.org.