

---

# North Carolina Minority Health Facts



# Hispanics/ Latinos

---

State Center for Health Statistics and Office of Minority Health and Health Disparities

December 2006

---

This report presents basic health facts about Hispanics/Latinos in North Carolina in the areas of mortality, chronic diseases, HIV and sexually transmitted diseases, health risk factors, access to health care, quality of life, maternal and infant health, and child and adolescent health. But first we present some background information on the Hispanic/Latino population in the state.

## What is in a Name? – Origin of the Terms Hispanic and Latino

**Hispanics or Latinos** (in this report Hispanic and Latino are used interchangeably) are those people who classified themselves in one of the specific Spanish, Hispanic, or Latino categories listed on the Census 2000 questionnaire – Mexican, Mexican American, Chicano, Puerto Rican, or Cuban – as well as those who indicate that they are other Spanish/Hispanic/Latino. The term Hispanic was used formally for the first time by the United States in the 1980 census. “Hispanic” and “Latino” have been used to suggest ethnic or cultural homogeneity among people of Latin American heritage; they do not refer to racial background. While many Hispanic Americans may experience group affinity due to language, historical experiences, cultural values, and socioeconomic status, the group is in fact very diverse and may identify themselves more by national origin or birthplace.

The term Hispanic is derived from the Latin word “Hispania,” which means Spain, and is used to refer to people who trace their cultural origins to Spain and the Latin American countries colonized by Spain, with no Indian ancestry. The term may also describe those for whom Spanish is their native language. Some view this term as a positive descriptor, especially in the media. Others regard the term “Hispanic” as Eurocentric, connoting colonialism and disregarding the influences of the

indigenous cultures of the Americas. The term “Hispanic” is more commonly used in the eastern United States, Florida, and Texas.

The term Latino or Latina (female) is used to refer to people originating from, or having a heritage related to, Latin America, which is made up of many countries encompassed by Mexico, Central America, the Caribbean, and South America. This term is widely preferred in California. Latin Americans are distinguished by their diversity and their native tongue may be Spanish, Portuguese, and/or French, depending on whether the country was colonized by Spain, Portugal, or France. However, the term is not appropriate for the millions of Native Americans who inhabit Latin America.

For those who have cultural roots outside of the United States and were either born or raised in the United States, there may be an affinity to two cultures and some people may not be fully integrated into either one. Terms may be created from within the population to define a new identity made up of a mix of two cultural worlds. It is best to ask people which term they prefer to be called by.

In North Carolina, the terms are often used together – “Hispanic/Latino” – so as to be all-encompassing when referring to the population. In the 2000 Census, the term “Hispanic” was changed to “Spanish, Hispanic, or Latino” and defined as follows: “A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.”

The U.S. Census Bureau estimates the 2004 Hispanic/Latino population of North Carolina at 517,617 or just over 6 percent of the total population.<sup>1</sup> The Hispanic population of North Carolina has more than quadrupled since 1990.

## Geographic Origins of Hispanics/Latinos in North Carolina

Hispanic residents of North Carolina are from three sources: those moving directly to the state from Mexico and other Latin American countries; those moving from other United States jurisdictions; and those born in North Carolina. Between 1995 and 2004, 38.2 percent came directly from abroad; 40.2 percent migrated from another jurisdiction; and 21.6 percent were born in North Carolina. Of those Hispanics coming to North Carolina from abroad, nearly three-quarters (73 percent or 149,600) came from Mexico.

Most of the remaining Hispanics moving here from abroad come from other parts of Latin America (21 percent or 43,915). Data compiled by the Department of Homeland Security on immigrant admissions indicate that the key sending countries are: El Salvador, Guatemala, Honduras, and Nicaragua in Central America; Colombia, Peru, and Ecuador in South America; Puerto Rico, a United States territory sending mainly military personnel and their families; and the Dominican Republic in the Caribbean. A very small percentage of Hispanic newcomers to the state (1.4 percent or 2,934) come from countries outside of Latin America. Hispanics from other United States jurisdictions come to North Carolina primarily from metropolitan areas in certain immigrant gateway states. Between 1995 and 2000, the largest numbers moved to North Carolina from the following six metropolitan areas: Los Angeles (5,589); New York (5,040); Houston (3,623); Orange County, California (2,733); Chicago (2,254); and Washington, D.C. (2,116).

## Age and Geographic Characteristics of Hispanics/Latinos in North Carolina

On average, Hispanics in North Carolina are younger than the white population. According to the U.S. Census Bureau's 2004 American Community Survey, the median age of the state's Hispanic population was 26 years, compared to 39 years for the white non-Hispanic population of the state.<sup>2</sup>

Figure 1 presents the number of Hispanics living in each county in North Carolina and also the percentage of each county's total population that is

Hispanic. It can be seen that while the largest number of Hispanics are in Wake and Mecklenburg counties, the highest percentages relative to the total population in the county are located in Montgomery, Lee, Sampson, and Duplin counties.

## Social and Economic Well-Being

The percentage of Hispanic families living below the federal poverty level (for example, \$19,157 annual income for a family of four) in 2004 was 25.6, compared to 7.5 percent for whites.<sup>3</sup> The 2004 median family income in families where the householder is Hispanic or Latino is \$30,589 compared to \$52,991 for white non-Hispanic households.<sup>4</sup> More than 80 percent of white non-Hispanics have received a high school diploma or higher, compared to 44 percent of Hispanics.<sup>5</sup> The unemployment rate in 2000 for Hispanics was higher compared to white non-Hispanics (8.5% compared to 6.3%).<sup>6</sup> Low income, low educational level, and unemployment are all associated with a higher rate of health problems.

## Understanding the Data

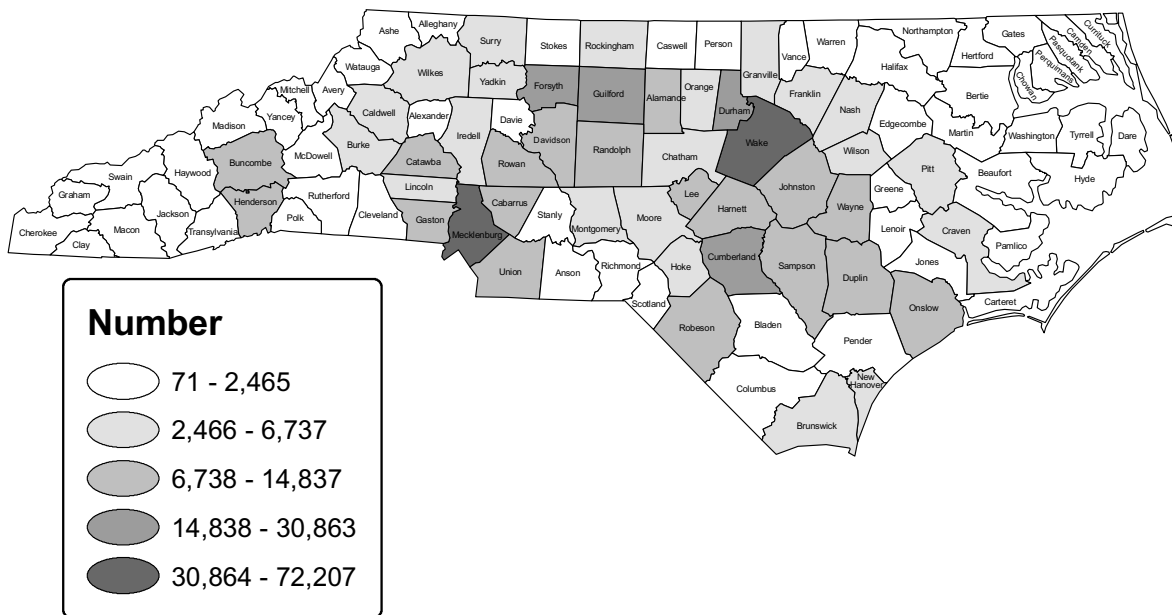
Some of the rates presented in this fact sheet are age-adjusted. This is a statistical technique for calculating rates or percentages for different populations as if they all had the age distribution of a "standard" population (in this publication, the 2000 United States population). Rates adjusted to the same standard population can be directly compared to each other, with differences being attributed to factors other than the age distributions of the populations.

Additionally, we used surname matching in the mortality and cancer incidence data to enhance identification of Hispanics/Latinos. This involved matching to a list of the 639 most common Hispanic surnames from the National Center for Health Statistics. The ethnicity indicator on the death and cancer records does not by itself pick up all of the Hispanic/Latino cases.

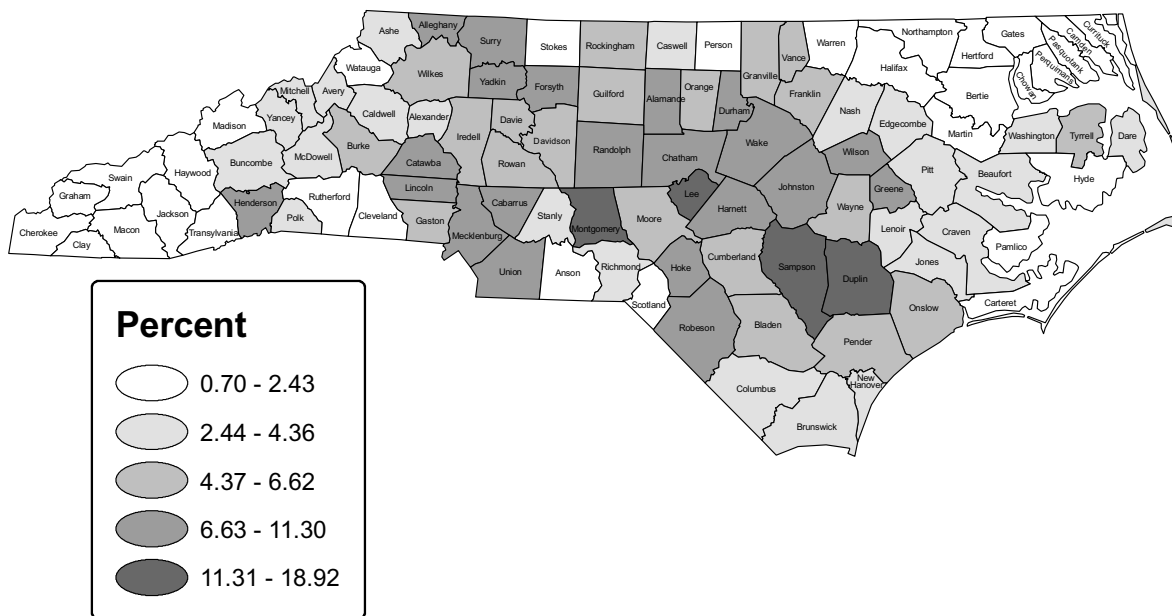
Following are descriptions of several of the data bases that we used to compile the information for this report. The North Carolina Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing statewide telephone survey of adults that collects

Figure 1

## Hispanic or Latino Population North Carolina: Numbers



## Hispanic or Latino Population North Carolina: Percents



Note: From U.S. Census, 2005 Estimates, Hispanic or Latino of any Race



information on the prevalence of chronic conditions, health risk factors, access to health care, and quality of life. The North Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing statewide mail/telephone survey of women who have recently given birth. The survey is conducted approximately 3-5 months postpartum. The Child Health Assessment and Monitoring Program (CHAMP) is an ongoing statewide telephone survey of adults designed to measure the health characteristics of children ages 0 to 17. Eligible children for the CHAMP survey are drawn each month from the BRFSS survey. One child is randomly selected from the household and the adult most knowledgeable about the health of the selected child is interviewed in a follow-up survey.

Some data in this report were drawn from the publication *Racial and Ethnic Health Disparities in North Carolina: Report Card, 2006*, a tool produced by the Office of Minority Health and Health Disparities in partnership with the State Center for Health Statistics. This report card assigns a letter grade for major health indicators and measures the gaps between racial/ethnic minority groups and the white population.

The white population is often used as a point of comparison in the report to determine the health disparities for Hispanics/Latinos, because whites are the majority population in North Carolina and because they often have the best health outcomes. Comparing Hispanics/Latinos to the white majority population does not mean that whites are setting a “gold standard” that all must follow. The white population in North Carolina also has major health issues that need to be addressed.

## Mortality

Table 1 shows the leading causes of death for Hispanics in North Carolina in 2005. **The top cause of death among Hispanics was motor vehicle injuries, which ranked substantially lower among white non-Hispanics (9<sup>th</sup>) and African American non-Hispanics (8<sup>th</sup>).** Homicide also ranked higher among Hispanics. However, across all three race/ethnicity groups, motor vehicle injuries ranked in the top two among the younger age groups (1-14, and 15-34). **As with white and African American non-Hispanics, cancer and diseases of the heart ranked in the top five.**

**Table 1  
Leading Causes of Death Among Hispanics/  
Latinos in North Carolina, 2005**

Rank	Cause of Death	Number of Deaths
1	Motor vehicle injuries	146
2	Cancer	135
3	Diseases of the heart	85
4	Homicide	71
5	Other unintentional injuries	62
6	Conditions originating in the perinatal period	51
7	Cerebrovascular disease	35
8	Congenital anomalies (birth defects)	32
9	Suicide	23
10	Nephritis, nephrotic syndrome, and nephrosis	18
	All other causes (residual)	183
<b>Total Deaths - All Causes</b>		<b>841</b>

Note: Surname matching was used to enhance identification of Hispanic/Latino deaths (see page 2).

Table 2 shows 2001-2005 age-adjusted death rates (deaths per 100,000 population) for major causes of death and compares Hispanics to white and African American non-Hispanics. The death rates for all chronic conditions were much lower for Hispanics compared to non-Hispanic whites. The largest health disparities for Hispanics among the causes of death were for homicide, motor vehicle injuries, and HIV disease. The Hispanic suicide death rate was slightly lower than the rate for African Americans and much lower than the rate for whites.

## Cancer Incidence

Table 3 shows age-adjusted cancer incidence rates (new cases reported) in North Carolina for the period 2001-2003. Rates for five major types of cancer are shown, as well as total cancer rates. **The leading types of cancer for Hispanics/Latinos were female breast, prostate, lung/bronchus, and colon/rectum.** Again, in order to control for differences in the age structure of the different populations, the rates are adjusted for age. The cancer incidence rates were much lower for Hispanics than for whites.

**Table 2**  
**Age-Adjusted Death Rates\* for Major Causes of Death by Race/Ethnicity**  
**North Carolina Residents, 2001-2005**

CAUSE OF DEATH	Race/Ethnicity		
	Hispanic	White Non-Hispanic	African American Non-Hispanic
<b>Chronic Conditions</b>			
Heart disease	76.2	219.7	268.7
Cancer	84.0	191.9	233.5
Stroke	27.0	60.0	87.8
Diabetes	12.7	21.9	55.8
Chronic lung disease	10.2	50.4	30.8
Kidney disease	8.5	14.3	35.3
Chronic liver disease	4.3	8.9	9.2
<b>Infectious Diseases</b>			
Pneumonia/influenza	8.3	23.6	22.8
Septicemia	5.3	12.7	23.2
HIV disease	3.0	1.4	19.8
<b>Injury and Violence</b>			
Motor vehicle injuries	28.9	18.4	19.3
Other unintentional injuries	16.2	27.6	21.6
Homicide	10.9	3.8	16.0
Suicide	4.4	13.8	5.5

\*Rates are age-adjusted to the 2000 U.S. standard population and are expressed as deaths per 100,000 population.

Note: Surname matching was used to enhance identification of Hispanic/Latino deaths (see page 2).

**Table 3**  
**Age-Adjusted Rates\* for Cancer Incidence by Race/Ethnicity**  
**North Carolina Residents, 2001-2003**

Site	Race/Ethnicity		
	Hispanic	White Non-Hispanic	African American Non-Hispanic
Female Breast	97.1	142.8	131.3
Lung/Bronchus	29.6	65.0	62.6
Prostate	92.7	128.6	233.3
Colon/Rectum	24.2	43.8	52.9
Bladder	9.6	19.3	10.4
Total Cancer (All types)	262.1	420.4	448.8

\*Rates are age-adjusted to the 2000 U.S. standard population and are expressed as cases per 100,000 population. Female and male population estimates, respectively, are used in the denominators of the female breast and prostate cancer incidence rates.

Note: Surname matching was used to enhance identification of Hispanic/Latino cancer cases (see page 2).

## Chronic Diseases

Figure 2 compares the age-adjusted percentages of North Carolina Hispanic, white, and African American adults in 2003-2005 who reported that they had certain chronic conditions, using self-reported data from the 2003-2005 North Carolina BRFSS telephone survey. We examined four chronic diseases: diabetes, high blood pressure, asthma, and arthritis. Hispanics were less likely to report these chronic conditions than both whites and African Americans (with African Americans substantially more likely than whites to report these conditions).

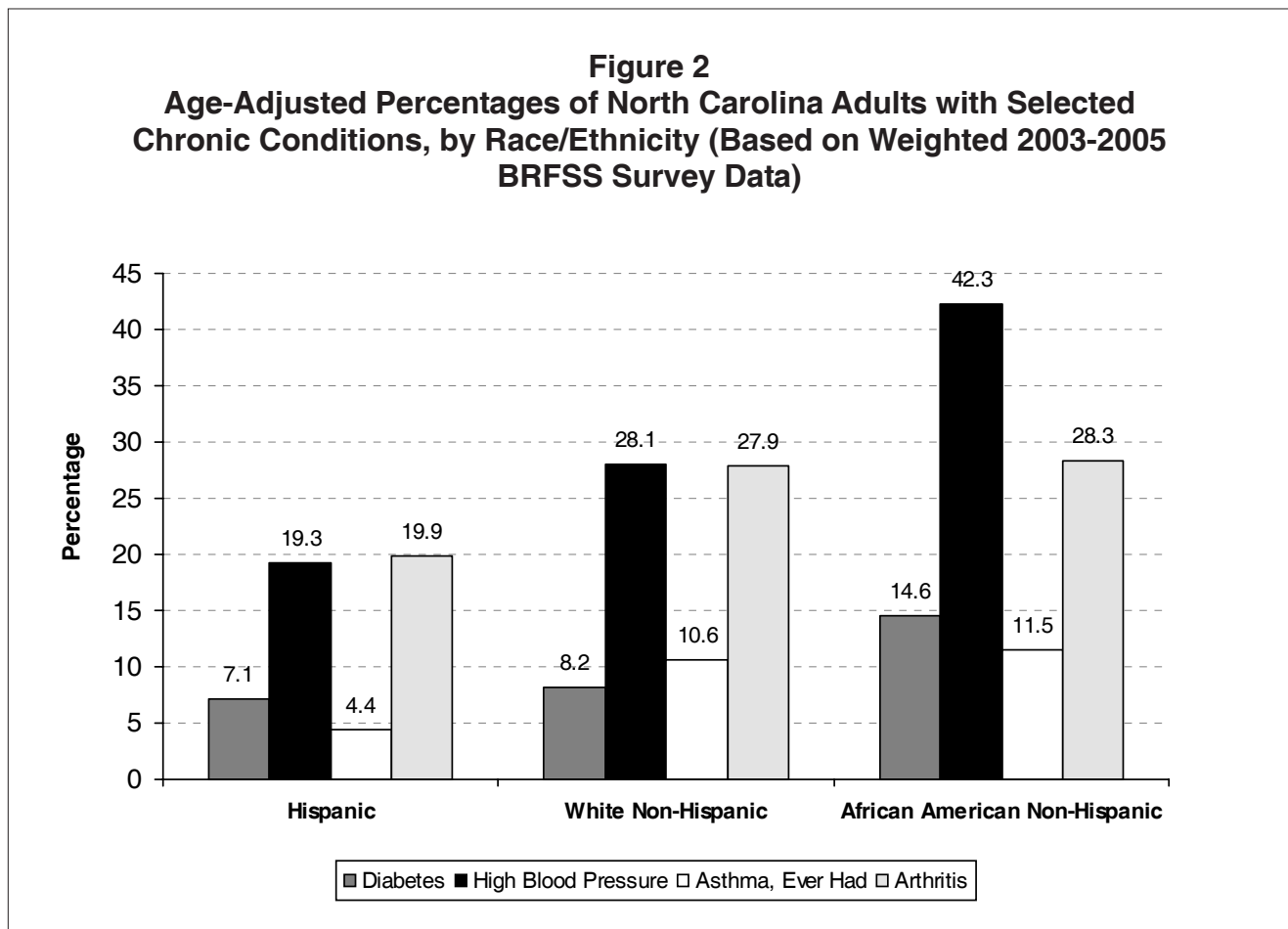
## HIV and Sexually Transmitted Diseases

Figure 3 shows the rate of new cases of HIV and Figure 4 shows the rates of reported sexually transmitted diseases (syphilis and gonorrhea) for Hispanics and white and African American non-

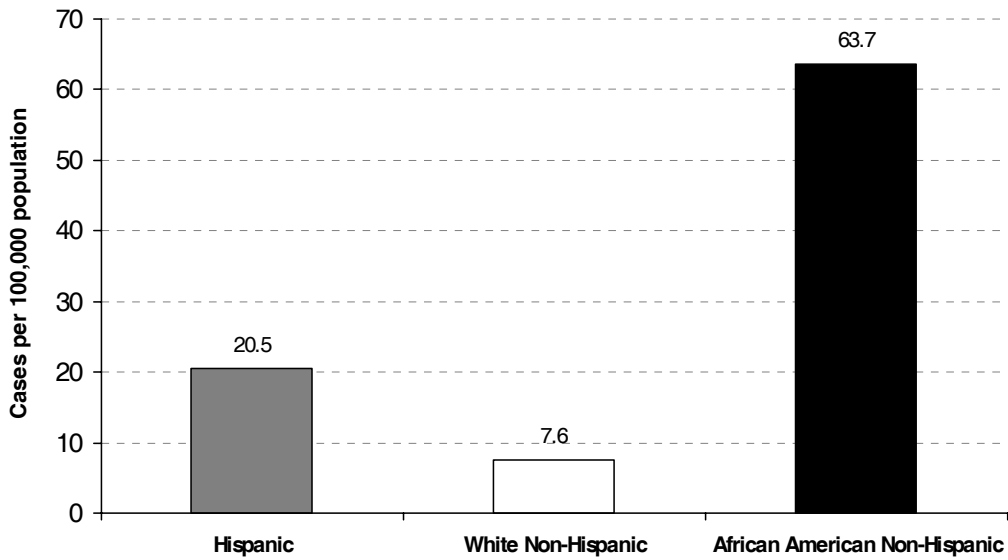
Hispanics during the period 2001-2005. **The HIV rate for Hispanics was nearly three times the rate for whites, but was three times less than the African American rate.** Similarly, the sexually transmitted disease rates are greater for Hispanics than whites, but substantially less than the African American rates.

## Health Risk Factors

Table 4 presents the 2003-2005 BRFSS age-adjusted percentages of adults who reported selected risk factors or conditions. Hispanics were more likely than whites to not get the recommended level of physical activity or not engage in any leisure time activity. Hispanics were also more likely to consume less than the recommended amount of fruits and vegetables each day. A higher percentage of Hispanic adults were obese, compared to white adults. **Compared to both whites and African Americans, Hispanics were substantially less likely to report being a current smoker.**

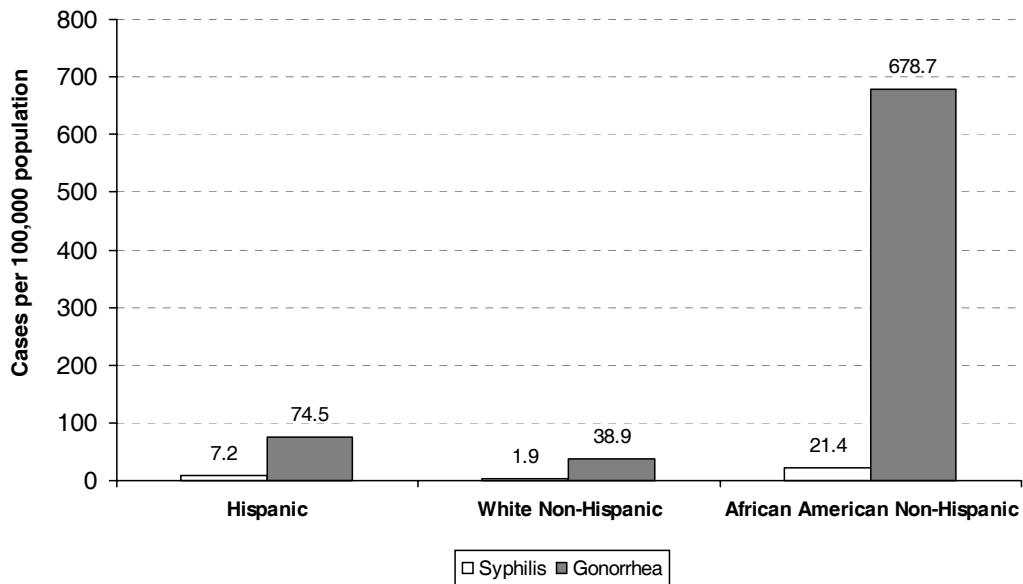


**Figure 3**  
**New Cases of HIV per 100,000 Population**  
**by Race/Ethnicity, North Carolina, 2001-2005**



Note: Data are from the North Carolina HIV/STD Prevention and Care Branch.

**Figure 4**  
**New Cases of Sexually Transmitted Diseases per 100,000 Population**  
**by Race/Ethnicity, North Carolina, 2001-2005**



Note: Data are from the North Carolina HIV/STD Prevention and Care Branch.

**Table 4**  
**Age-Adjusted Percentages of North Carolina Adults with Selected Risk Factors/Conditions, by Race/Ethnicity**  
**(Based on Weighted 2003-2005 BRFSS Survey Data)**

	Hispanic	White Non-Hispanic	African American Non-Hispanic
Current smoker	17.2	24.6	22.8
Do not get recommended level of physical activity	77.0	56.2	66.0
No leisure time physical activity	43.9	20.9	31.5
Consume less than 5 servings fruits and vegetables	88.4	83.7	88.3
Binge drinking	10.5	10.7	6.3
Obese	26.1	22.3	36.5

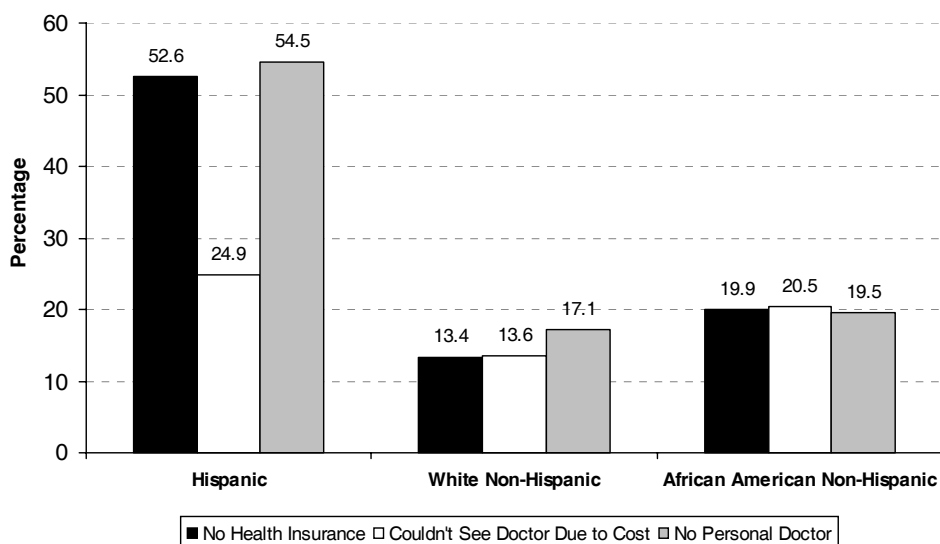
### Access to Health Care

Again using 2003-2005 North Carolina BRFSS data, Figure 5 shows the age-adjusted percentages of Hispanic, white non-Hispanic, and African American non-Hispanic adults who reported certain problems related to access to health care. **Hispanics had substantially higher percentages than whites and African Americans for all three measures – no current health insurance, couldn't see a doctor due to cost, and no personal doctor.** Some reasons for problems related to access to care are language and cultural barriers.

### Quality of Life

Table 5 shows the age-adjusted percentages of selected indicators related to quality of life, using self-reported data from the 2003-2005 North Carolina BRFSS telephone survey. **A higher percentage of Hispanics reported fair or poor health than both whites and African Americans.** On the other hand, the percentage of Hispanics who reported a disability (derived from 4 questions: self-reported disability, trouble learning or remembering,

**Figure 5**  
**Age-Adjusted Percentages of North Carolina Adults with Problems Related to Access to Health Care, by Race/Ethnicity**  
**(Based on Weighted 2003-2005 BRFSS Survey Data)**





**Table 5**  
**Age-Adjusted Percentages of North Carolina Adults with Selected**  
**Quality-of-Life Indicators, by Race/Ethnicity**  
**(Based on Weighted 2003-2005 BRFSS Survey Data)**

	Hispanic	White Non-Hispanic	African American Non-Hispanic
Fair or poor health	33.8	15.6	23.2
Disability	26.8	27.3	33.2
14 or more days in past month with poor mental health	7.0	10.0	11.7
14 or more days in past month with poor physical health	10.8	10.6	12.9
14 or more days in past month when the usual activities of daily living were limited	14.4	14.0	17.2

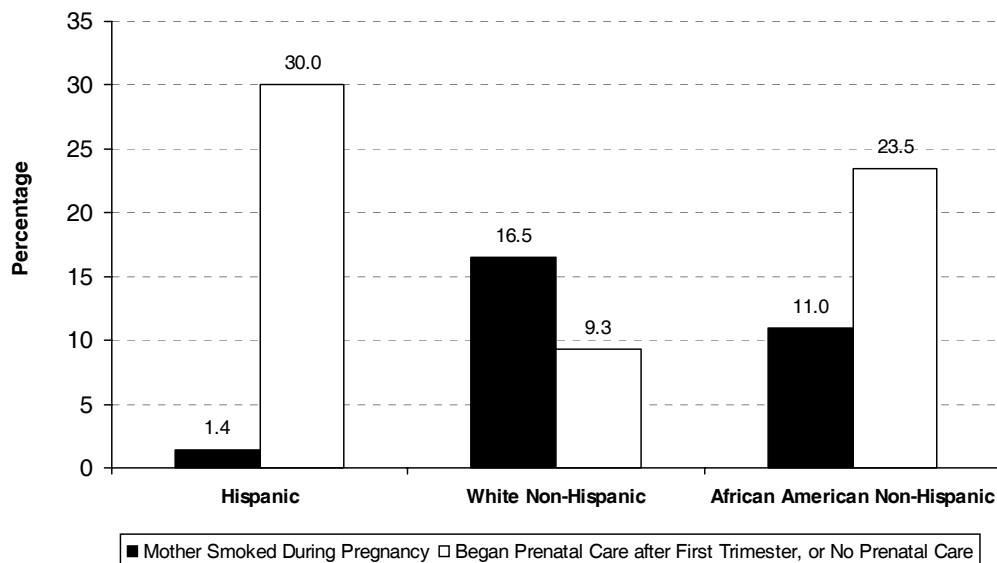
activity limitation, or need for special equipment) was similar to the percentages for whites and African Americans.

### Maternal and Infant Health

Figure 6 presents data on smoking during pregnancy and prenatal care among 2001-2005 live births to Hispanic, white non-Hispanic, and African

American non-Hispanic women residing in North Carolina. The percentage with late or no prenatal care was more than three times as high for Hispanic women compared to whites, and over 20 percent higher than the percentage for African American women. **On a positive note, the rate of smoking during pregnancy was much lower for Hispanic women than for both white and African American women.**

**Figure 6**  
**Percentages of 2001-2005 North Carolina Resident Live Births with**  
**Maternal Smoking During Pregnancy with Late or No Prenatal Care**  
**by Race/Ethnicity**



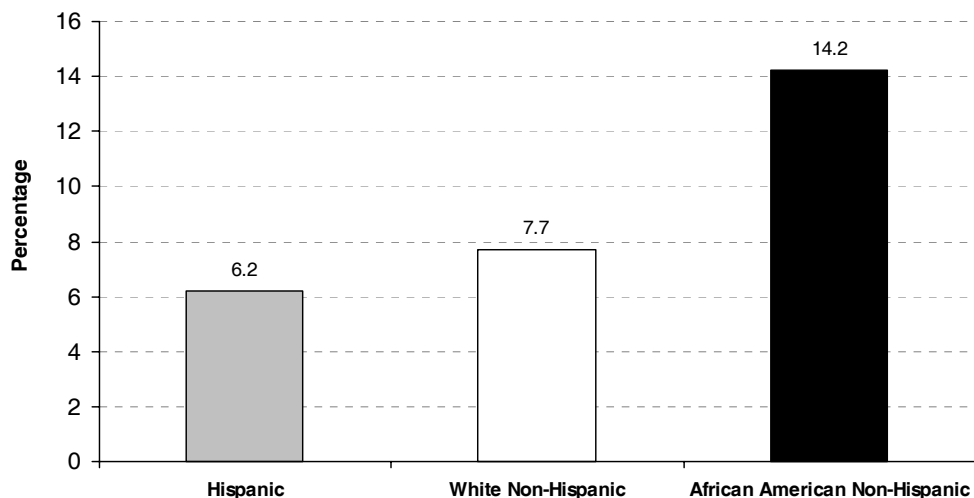
**Table 6**  
**Percentages of North Carolina Women with a Recent Live Birth Who Had Selected Risk Factors, by Race/Ethnicity**  
**(Based on Weighted 2000-2004 PRAMS Survey Data)**

	Hispanic	White Non-Hispanic	African American Non-Hispanic
Pregnancy was unintended (wanted later or not at all)	41.2	35.0	63.7
Mother did not take folic acid every day before pregnancy	81.3	66.6	83.1
Usual sleeping position for baby was not on back	43.0	35.5	55.5
Mother reported violence during pregnancy	8.8	3.9	6.8
Mother did not breastfeed at all	13.6	28.6	48.7
Mother reported smoking during pregnancy	2.5	16.9	10.0

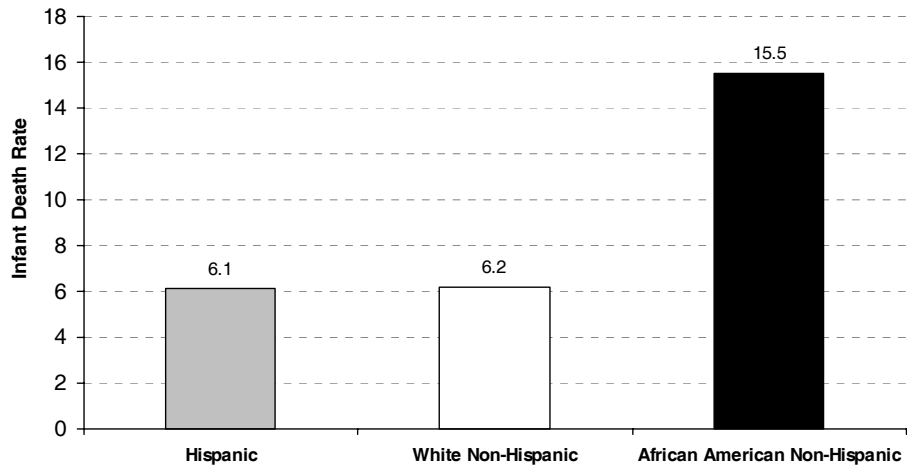
Table 6 presents selected 2000-2004 results from the Pregnancy Risk Assessment Monitoring System (PRAMS). Hispanic women were at substantially higher risk than white non-Hispanic women for the first four measures presented in Table 6: pregnancy was unintended, mother did not take folic acid every day before pregnancy, usual sleeping position for baby was not on back, and mother reported physical violence during pregnancy. However, **Hispanic women were more likely to breastfeed and less likely to smoke during pregnancy than both white and African American non-Hispanics.**

Figure 7 shows the percentage of live births that were low birth weight (less than 5 lbs., 9 ozs., or 2500 grams) and Figure 8 shows the infant death rate (infant deaths per 1,000 live births) for Hispanics, white non-Hispanics, and African American non-Hispanics. **During 2001-2005, the percentage of births that were low birth weight was lower for Hispanics than for both white and African American non-Hispanics. The infant death rate was substantially lower for Hispanics than for African Americans (6.1 compared to 15.5 deaths per 1,000 live births). The Hispanic rate was nearly identical to the white rate.**

**Figure 7**  
**Percentages of 2001-2005 North Carolina Resident Live Births That Were Low Birth Weight, by Race/Ethnicity**



**Figure 8**  
**2001-2005 Infant Deaths per 1,000 Live Births, by Race/Ethnicity**



Note: The mother's race and ethnicity as self-reported on the matching birth certificate were used to categorize the race/ethnicity of the infant deaths.

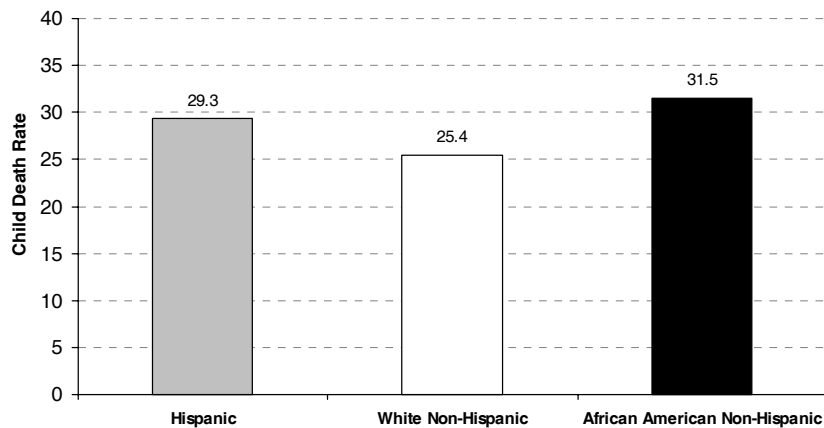
**Child and Adolescent Health**

The leading causes of death for children 1-17 years of age during 2001-2005 were motor vehicle injuries, other unintentional injuries, cancer, homicide, and birth defects.

Figure 9 shows the death rate for children 1-17 years of age for Hispanics, white non-Hispanics,

and African American non-Hispanics during the years 2001-2005 (death rates are per 100,000 population). The Hispanic rate is slightly lower than the African American rate and somewhat higher than the white rate. The Hispanic rate of 29.3 deaths per 100,000 population means about 44 Hispanic children ages 1-17 died each year in North Carolina.

**Figure 9**  
**Deaths per 100,000 Population of Children Ages 1-17, by Race/Ethnicity North Carolina, 2001-2005**



Note: Surname matching was used to enhance identification of Hispanic/Latino deaths (see page 2).

Table 7 compares the age-adjusted percentages of North Carolina children whose parents reported that they had certain chronic conditions or risk factors, using data from the 2005 North Carolina Child Health Assessment and Monitoring Program (CHAMP). According to self-reports from parents, compared to white and African American non-Hispanic children, Hispanic children were more likely to have fair or poor health, have no health insurance in the past year, experience a delay getting a prescribed medication due to cost, have no personal doctor or dentist, and were less likely to engage in physically active play. **The percentage of children with special health care needs was much lower for Hispanics, compared to white and African American non-Hispanic children.**

The 2006 *Racial and Ethnic Health Disparities in North Carolina Report Card* shows that the percentage of Hispanic/Latino children under age 18 who were overweight increased from 17.0 in the 1997-2001 period to 21.3 in 2004.

Figure 10 shows the teen pregnancy rate (reported pregnancies per 1,000 female population for ages 15-19) for Hispanics and white and African American non-Hispanics. **The teen pregnancy rate for Hispanics was more than three times the white rate and nearly twice the African American rate.** These figures include both married and unmarried teens.

## Challenges of Collecting Accurate Data

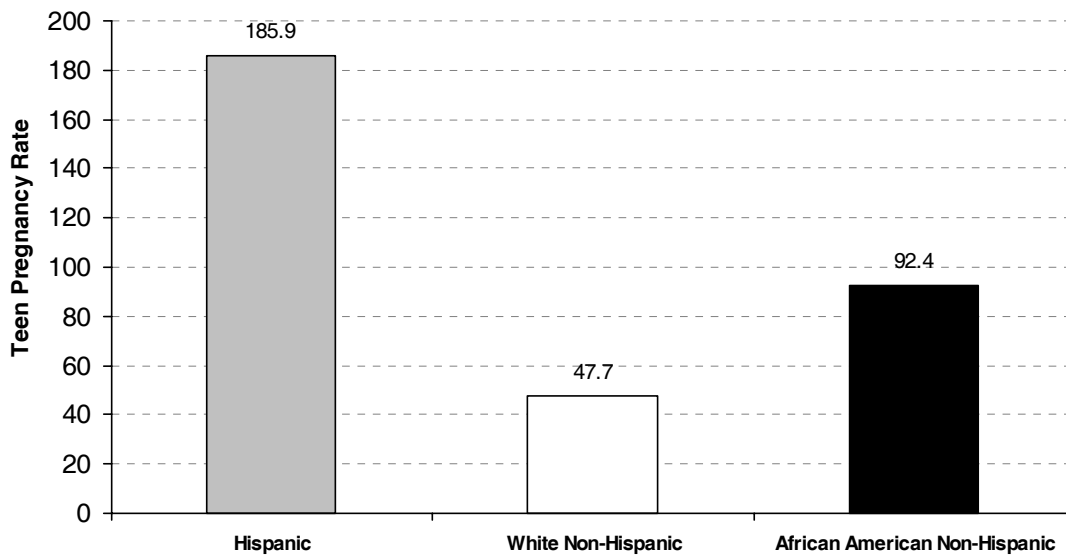
For North Carolina birth and death certificates, all text entries for race are converted into one of the following ten categories: White, Black, Indian, Chinese, Japanese, Hawaiian, Filipino, Other Asian or Pacific Islander, Other Entries, and Not Reported. **The National Center for Health Statistics (NCHS) considers Hispanic to be an ethnic group rather than a racial group and includes a separate variable for capturing Hispanic origin on the vital statistics files.** According to NCHS coding specifications, if “Hispanic” is listed as a race on the birth certificate, then race should be recorded as “White.”<sup>7</sup> Because accurate counts are essential for developing and/or expanding services to meet specific health needs and for developing culturally based programs, in this report the “race” category on birth and death certificates is combined with the “ethnicity” category to create the race/ethnicity variable (e.g. white non-Hispanic, African American non-Hispanic, and Hispanic).

The survey data used in this report also have limitations. The BRFSS and CHAMP surveys are telephone surveys. While only about 5 percent of households in North Carolina do not have a telephone, the surveys will miss all of these households, which often are lower socioeconomic status. This may result in underreporting of certain health problems. In addition, the data are self-

**Table 7**  
**Age-Adjusted Percentages of North Carolina Children with Selected Risk Factors/Conditions by Race/Ethnicity (Based on Weighted 2005 CHAMP Survey Data)**

	Hispanic	White Non-Hispanic	African American Non-Hispanic
Asthma, ever had	15.5	16.7	20.5
Children with special health care needs	9.1	23.8	20.7
Fair or poor health	12.6	2.8	6.0
No health insurance some time in past 12 months	38.9	9.1	10.8
Delayed or did not get medicine due to cost	10.8	4.8	5.5
No personal doctor	51.1	15.1	23.4
No regular dentist	51.5	21.7	27.5
Cut size of child's meals in last year/not enough money for food	16.1	3.4	11.4
Spends no time in physically active play	4.5	1.6	2.7
Child hurt in last month because adult not watching	12.4	21.8	25.2

**Figure 10**  
**2001-2005 Teen Pregnancies per 1,000 Girls Ages 15-19, by Race/Ethnicity**



reported. Due to a lack of knowledge about a particular question or to a tendency to provide socially acceptable answers, some respondents may misreport some health problems. **On a positive note, the BRFSS, CHAMP, and PRAMS surveys are all conducted in both English and Spanish.**

Finally, due to the different methods of collecting racial data in various types of health records, comparing racial tabulations across various data sources can be problematic. For example, race in the birth and survey data (BRFSS, CHAMP, and PRAMS) presented in this report are self-reported, while race on the death and cancer case records is often determined by third-party observation.<sup>7</sup> **We enhanced ascertainment of Hispanic deaths and cancer cases by matching these records to a list of common Hispanic surnames.**

## Conclusion

This report shows that Hispanics in North Carolina experience worse outcomes across many health measures than do white non-Hispanics. But Hispanics are less likely than both white and African American non-Hispanics to report diabetes,

high blood pressure, or asthma, even after adjusting for the younger age of the Hispanic population in North Carolina. However, diabetes and other chronic diseases are expected to become much more prevalent in North Carolina's Hispanic population in future years. Hispanics were substantially more likely to report having no health insurance, not being able to see a doctor due to cost, or not having a personal doctor; this means less opportunity to diagnose chronic conditions. These results suggest significant health care barriers faced by Hispanics. Hispanics had a lower infant death rate and a lower percentage of low birth weight births than both white and African American non-Hispanics. Across most health measures presented in this report, Hispanics fared worse than white non-Hispanics and better than African-American non-Hispanics.

The Hispanic population in North Carolina continues to increase substantially. This report shows that Hispanics in North Carolina are faced with many health problems and health care barriers. Policy makers are encouraged to use the data presented in this report to address current and future issues through funding and interventions that focus on the Hispanic/Latino population.

## References

1. <http://quickfacts.census.gov/qfd/states/37000.html>
2. <http://factfinder.census.gov>
3. <http://www.census.gov/hhes/www/poverty/threshld/thresh04.html>
4. <http://www.census.gov/acs/www/>
5. <http://factfinder.census.gov/home/saff/main.html>
6. <http://factfinder.census.gov>
7. Buescher, P, Gizlice, Z, Jones-Vessey, K., Self-Reported versus Published Data on Racial Classification in North Carolina Birth Records. *SCHS Studies*, No. 139. State Center for Health Statistics, North Carolina Department of Health and Human Services, February 2004.  
<http://www.schs.state.nc.us/SCHS/pdf/SCHS139.pdf>

### Notes:

Some of the data in this report were drawn from the following publication, which is cited as a reference document and for further information and detail:

Office of Minority Health and Health Disparities and State Center for Health Statistics. *Racial and Ethnic Health Disparities in North Carolina: Report Card 2006*. North Carolina Department of Health and Human Services, July 2006.  
<http://www.schs.state.nc.us/SCHS/pdf/ReportCard2006.pdf> or <http://www.ncminorityhealth.org>

Much of the background information on the origin of the term Hispanic and the geographic origins of Hispanic/Latinos in North Carolina comes from the following publication, cited as a reference document and for further information and detail:

John D. Kasarda and James H. Johnson, Jr. *The Economic Impact of the Hispanic Population on the State of North Carolina*. Frank Hawkins Kenan Institute of Private Enterprise, Kenan-Flagler Business School, The University of North Carolina at Chapel Hill, January 2006. <http://www.kenaninstitute.unc.edu>

For information on differences in health measures between Spanish-speaking and English-speaking Hispanics see:

Herrick H, Gizlice Z. Spanish-Speaking Hispanics in North Carolina: Health Status, Access to Health Care, and Quality of Life (Results from the 2002 and 2003 N.C. BRFSS Surveys). *SCHS Studies*, No. 143. State Center for Health Statistics, North Carolina Department of Health and Human Services, July 2004.  
<http://www.schs.state.nc.us/SCHS/pdf/SCHS143.pdf>



State Center for Health Statistics  
Division of Public Health  
Department of Health and Human Services  
1908 Mail Service Center  
Raleigh N.C. 27699-1908  
(919) 733-4728  
<http://www.schs.state.nc.us/SCHS>



Office of Minority Health and Health Disparities  
Department of Health and Human Services  
1906 Mail Service Center  
Raleigh N.C. 27699-1906  
(919) 431-1613  
<http://www.ncminorityhealth.org/omhhd/index.html>



Division of Public Health homepage:  
<http://www.ncpublichealth.com>

2,500 copies of this public document were printed at a cost  
of \$1,112.70 or 45¢ per copy 12/06

An Equal Opportunity/Affirmative Action Employer



---

Department of Health and Human Services  
State Center for Health Statistics  
1908 Mail Service Center  
Raleigh, NC 27699-1908



Printed on recycled paper