

North Carolina Minority Health Facts



Hispanics/ Latinos

Office of Minority Health and State Center for Health Statistics

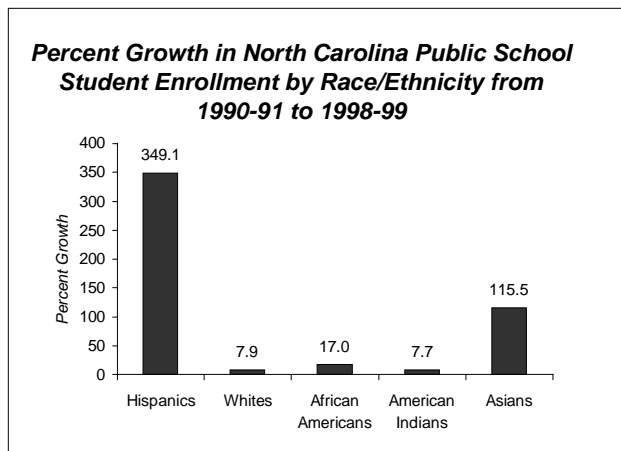
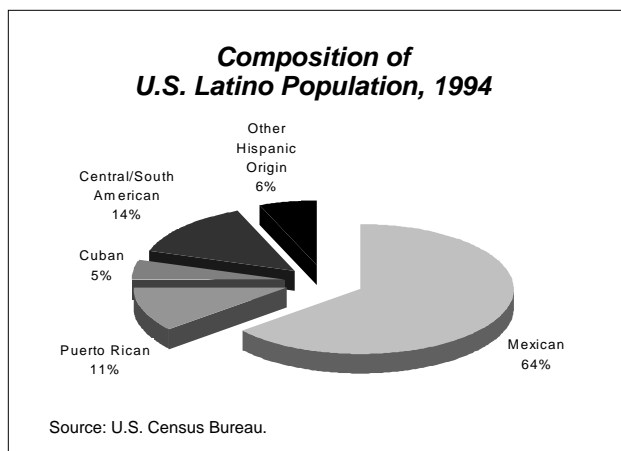
September 1999

Demographics

According to the 1997 Census, Latinos* constitute approximately 11.1% (29.7 million) of the United States (U.S.) population. Latinos are projected to be the largest minority group in the country by the year 2010; by 2050, about 1 in 4 Americans will be Latino. The Latino population in the U.S. consists of people from diverse racial and cultural backgrounds and countries of origin. Nationally, in 1994, Mexicans made up the largest Latino group (64%) followed by Central and South Americans (14%) and Puerto Ricans (11%). In the U.S., Latinos represent the largest foreign-born population group (44.2%); however, over half (55.8%) of all Latinos living in the U.S. are born here.

North Carolina has experienced rapid growth in its Latino population during the past ten years. Most of this increase can be attributed to high levels of migration due to economic opportunities in agriculture, construction and food industries, as well as high Latino birth rates. While precise data are not available, there are many estimates of the Latino population in North Carolina. In 1997, the Census Bureau projected the state's Latino population to be 149,390.¹ In 1996, a public health survey estimated the Latino population at 229,902.² In 1998, another survey estimated the Latino population to be 315,001.³ Although reliable data on country of origin is not readily available for North Carolina, the Mexican population is considered to be the largest Latino group in the state. Overall, the Latino population in the U.S. and North Carolina is relatively young, with a median age of 26 years.¹

The Latino population's recent growth in North Carolina is evidenced by the rapid increase in the number of Latino children enrolled in the public school system. The percentage increase in the state's public school enrollment between the years 1990-91 and 1998-99 was higher among Latino children than other racial/ethnic groups.⁴ Birth rate data also portray this population growth (see page 3).

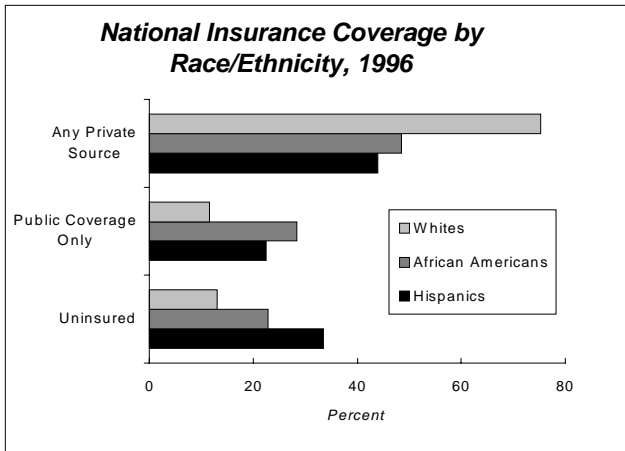


As is the case with other racial and ethnic minorities, Latinos are disproportionately affected by certain health problems. Latinos also face numerous barriers in accessing and using health care services.

Paying for Health Care

Poverty has been identified as a major barrier to receiving appropriate health care. Although the poverty rate for Latino families in the U.S. fell from 26.4% in 1996 to 24.7% in 1997, a large proportion of Latino families continue to live below the poverty level. While health insurance coverage plays a major role in improving access to health

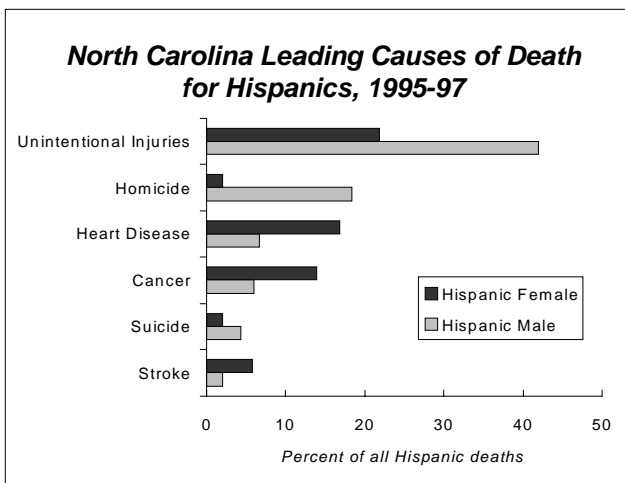
*In this fact sheet, the terms "Hispanic" and "Latino" have been used interchangeably.



care services in the U.S., recent national figures indicate that Latinos and African Americans are more likely to be uninsured than are Whites. In 1996, over 33% of Latinos were uninsured compared to 13% of Whites. Although Latinos make up approximately 12% of the U.S. population under the age of 65, they account for over 21% of the uninsured population in the nation. Latino children under the age of 18, in particular, were more than two times as likely to be uninsured as White children. Overall, health insurance coverage for Latinos in North Carolina is similar to that of Latinos nationally.⁵

Mortality

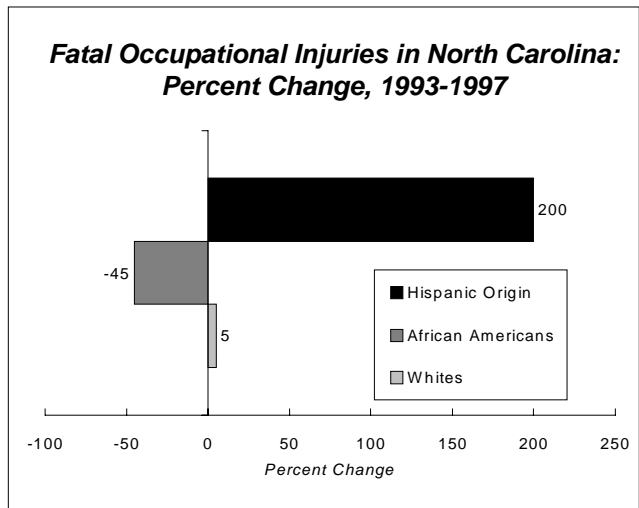
Between 1995 and 1997, unintentional injuries and homicide were the leading causes of death in North Carolina for Latino males 15 to 44 years of age. In 1994, the homicide rate among Latino males ages 15-34 increased to 52.2 per 100,000 compared to the 1987 baseline of 41.3 per 100,000. Among the state’s Latino women (Latinas), unintentional injuries were the leading cause of death, followed by heart disease. Motor vehicle injuries accounted for many of the injury-related deaths. The increased risk of injury-related deaths for Latinos may be associated with younger age and type of occupation.



Occupational Health

Although Latinos represent only a small fraction of the state’s work force, they accounted for 9% of workplace-related deaths in 1997. The relatively high number of injury-related deaths among Latinos may be linked to occupational hazards. A large proportion of Latinos in North Carolina work in agriculture, processing plants, construction factories, and other high-risk jobs. Additionally, employers may not be appropriately training workers due to language barriers and lack of bilingual materials.

In 1997, there were 210 work-related fatal injuries in North Carolina, 18 of them involving Latinos, a 50% increase in workplace deaths among Latinos from the previous year. According to the N.C. Department of Labor, the number of work-related fatal injuries among Latinos in the state increased 200% between 1993 and 1997.⁶ Most of these deaths took place in construction, agricultural, food processing or manufacturing jobs. Workplace death data do not account for non-fatal work-related injuries, which also appear high among Latinos. Workplace-related fatalities and injuries for Latinos are thought to be highly underreported. Employees may not report work-related injuries for fear of losing their jobs.



Large numbers of Latinos work in agriculture as seasonal and migrant farmworkers in North Carolina. North Carolina ranks fifth in the U.S. in number of farmworkers. Exposure to pesticides is a major public health threat for farmworkers. Agricultural work also poses other health risks, such as green tobacco sickness, heat exhaustion, and contact dermatitis, in addition to high injury rates.⁷

Maternal and Child Health

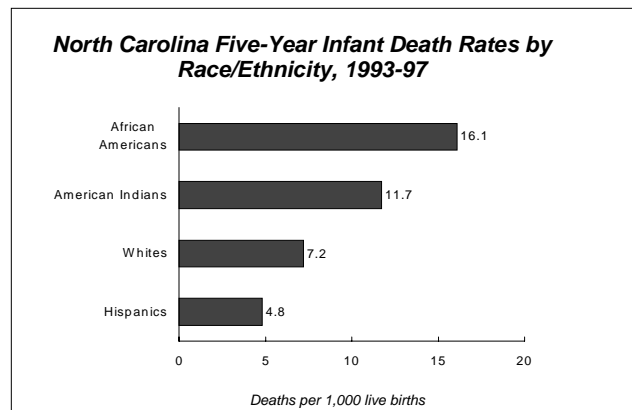
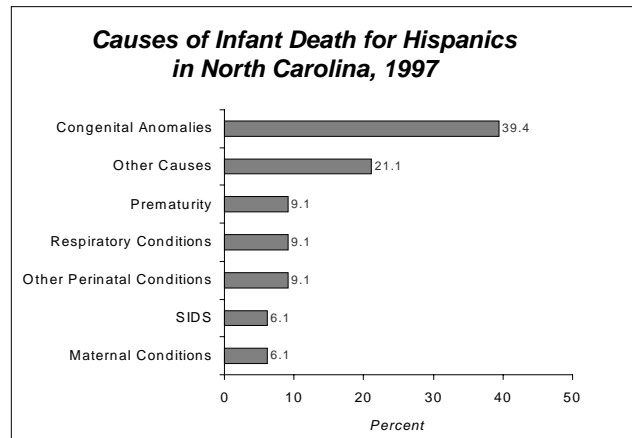
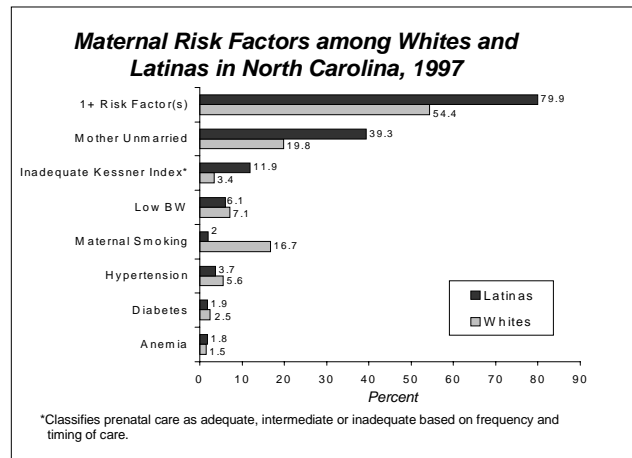
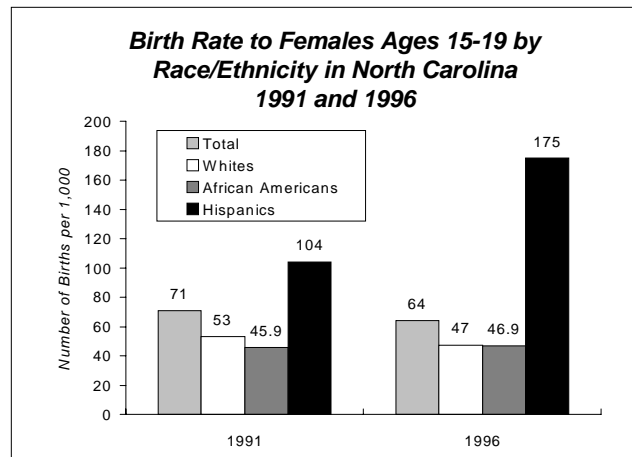
Latinas have the highest birth and fertility rates in the U.S. Nationally, the number of live births per 1,000 women ages 15-44 years (fertility rate) in 1990 was 107.7 for Latinas compared to 67.1 for non-Latino women, the highest fertility rates being among Mexican women.⁸

Latinas have been found to initiate childbearing earlier, are more likely to give birth to four or more children, and continue to have children later in life than other women. Latina birth and fertility rates in the U.S. are particularly high among teenagers (under age 20).

Fertility trends for Latinos in North Carolina mirror those at the national level. From 1991 to 1997, the percentage of Hispanic births in North Carolina increased dramatically, as compared to other racial and ethnic groups in the state. Overall, 68.1% of pregnant Latinas in the state received prenatal care in the first trimester of their pregnancy, compared to 87.7% of White women. Latinas ages 15-19 in North Carolina experienced a 69% change in birth rates between 1991 and 1996, from 104 to 175 per 1,000, while the birth rate decreased for all other adolescent groups during the same period. Fourteen percent of pregnant Latina adolescents in the state received inadequate prenatal care in 1996, a much higher rate than for other racial/ethnic groups.⁹ Some of the contributing factors to the high adolescent birth rates include a relatively young Latino population, early sexual activity, cultural influences such as emphasis on motherhood, low contraceptive use, and low use of family planning and other health care services.

Birth Outcomes. Birth outcomes among Latinas remain relatively similar to those of White women. In North Carolina, the rate of low birthweight babies for Latinas was 6.1% in 1997, compared to 7.1% for Whites. This favorable birth outcome exists in spite of low socioeconomic status, underutilization of prenatal and preventive care among Latinas, and other risk factors. However, this advantage appears to diminish the longer Latinas reside in the U.S. and may not be universal to all Latino groups.¹⁰ There is growing evidence suggesting that Latino groups such as Cuban Americans and Mexicans have different birth outcomes than do other groups, such as Puerto Ricans. Some of these differences might be attributed to variations in acculturation, socioeconomic levels, nutrition, and access to health care services.

Infant Mortality. Although significant steps have been taken to improve the state's infant mortality rate, North Carolina continues to have one of the highest infant mortality rates in the nation. The infant mortality rate for Latinas in North Carolina is lower than those of other



Race/Ethnicity	Number of Births			Percent Change 1991-97
	1991	1994	1997	
Latinos	1,831	4,240	6,891	276%
Whites	69,233	70,241	75,789	9%
African Americans	30,430	27,861	27,452	-10%
American Indians	1,476	1,554	1,584	7%
Asians	1,115	1,683	2,071	86%

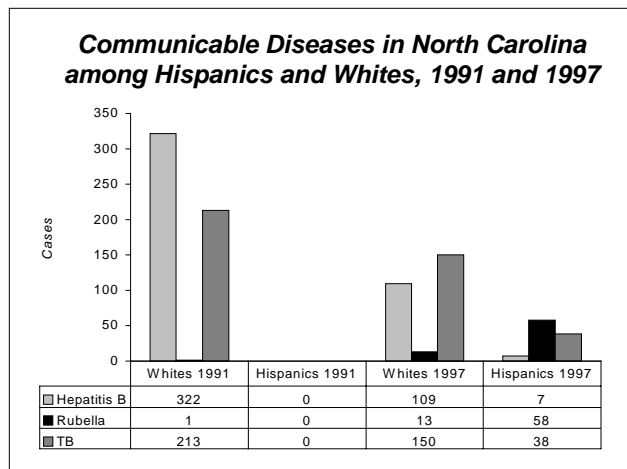
racial and ethnic groups. For the five-year period 1993-97, the infant mortality rate for Latinos was 4.8 deaths per 1,000 births compared to 7.2 for Whites.

In 1997, the leading causes of infant death for Latinos in the state were congenital anomalies (39%); immaturity and prematurity, respiratory conditions, and other perinatal and maternal conditions, each accounting for about 9% of the deaths; and Sudden Infant Death Syndrome (SIDS), 6%.

Immunizations. According to a survey conducted by the N.C. Center for Public Policy Research,¹¹ the immunization rates for Latino children in North Carolina are similar to the national rates for Latinos. Latino children had a lower rate of appropriate immunization (58.8%) than did Whites (66.4%) in 1995. However, national data demonstrate a narrowing of the gap in immunization coverage between Hispanic children and non-Hispanic White children.¹²

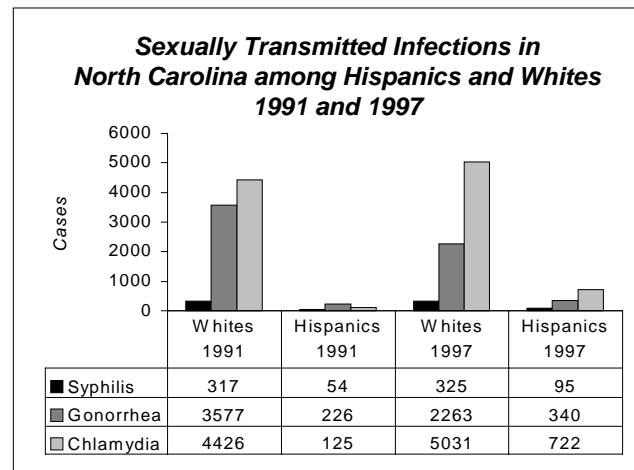
Communicable Diseases

TB and Rubella. The number of reported cases of tuberculosis (TB) and rubella increased significantly between 1991 and 1997 in North Carolina, with most of the rubella cases affecting Latinos. Rubella is a highly contagious disease which can lead to pneumonia, meningitis, and even death if not treated. It is especially dangerous for pregnant women, as it can lead to infant birth defects and infant death. Only 9 confirmed cases of rubella were reported between 1987 and 1995. In 1996, however, 83 cases were reported within a three-month period; 79 among Latinos. In 1997, the number of reported cases of rubella for Latinos in North Carolina dropped to 58. Immunization against rubella and other communicable diseases is needed, but is often hampered by a lack of insurance coverage, access difficulties, and limited health information within the Latino community.



An estimated 10 to 15 million people in the U.S. are infected with tuberculosis. Most of these cases are found in states with the highest number of Latinos. Although Latinos accounted for only about 12% of the U.S. population in 1996, they accounted for over 21% of all reported cases of TB that year.¹³ In 1997, North Carolina ranked 10th in the U.S. in the number of reported TB cases. A lack of preventive medical care and the large number of migrant farmworkers without appropriate health insurance coverage are some of the factors associated with this increased risk of TB. It is estimated that migrant farmworkers are six times more likely to develop TB than is the general population.¹⁴

Sexually Transmitted Infections. North Carolina has some of the highest rates of sexually transmitted infections (STIs) in the nation. Between 1991 and 1995, the number of syphilis cases increased 76% among Latinos in the state. During the same period, there were large percentage increases in the number of reported cases of gonorrhea (50%) and chlamydia (478%) among the state's Latinos. The increased prevalence of these diseases may reflect the increase in the Latino population. Although the total number of cases of STIs among Latinos may seem small, the increase in the reported cases of chlamydia in Latino communities deserves serious attention.



Cultural attitudes and beliefs towards STIs and the lack of bilingual health care personnel may hinder effective prevention strategies for reducing the risk of STIs. Since most STIs must be reported to the state, some people may delay seeking care. Others may use traditional health practices instead of going to medical providers, or may not know about available health services.

HIV/AIDS. Nationally, AIDS rates are higher among Latinos than Whites, with HIV infection being the leading cause of death among Latinos ages 25 through 44.¹⁵ In the U.S. in 1994, there were 49.9 AIDS cases per 100,000 Latinos, compared with 29.9 cases per 100,000 for the total

population. Foreign-born Latinos were found to have higher rates of reported AIDS cases than those born in the U.S.¹¹

Although only 18 new cases of AIDS were reported among Latinos in North Carolina in 1995, the number increased to 29 cases in 1997. The rate of AIDS among Latinos is thought to be much higher than currently reported. Although the North Carolina figures are too small to draw conclusions, recent national estimates suggest that about 19% of persons diagnosed with AIDS from 1991 through 1996 were Latinos.

With increased numbers of Latinos in the state, there is a growing need to monitor and provide prevention, screening, and treatment for communicable diseases in this population.

Chronic Health Conditions

Breast and Cervical Cancer. Incidences of breast and cervical cancer among Latinas vary tremendously according to where they live in the U.S. Although data for North Carolina are not available, there is concern that Latinas, particularly those whose primary language is not English, are underutilizing screening services and may not be able to access prevention services.¹⁶

Nationally, breast cancer has increased three times faster among Latinas than among non-Hispanic Whites. Latinas still have lower incidences and lower mortality from breast cancer than do African Americans and non-Hispanic Whites.

The incidence of cervical cancer among Latinas is high. According to national surveys, Latinas were almost three times as likely to have cervical cancer than non-Hispanic White women.

Diabetes. The prevalence of diabetes has been increasing in the U.S. over the last decade. While diabetes among the general population increased from 28 cases per 1,000

in 1986 to 30 per 1,000 in 1994, the increase was much higher among Mexican Americans, rising from 54 to 66 cases per 1,000 during the same period. There is little state-specific data on diabetes among Latinos.

Cardiovascular Disease. Nationally, cardiovascular disease is a leading cause of death in the Latino community, as well as in other population groups. Among Latinos, nearly 25% of total deaths are due to cardiovascular disease. Some of the risk factors for this disease include high blood pressure, diabetes, obesity, and high blood cholesterol.

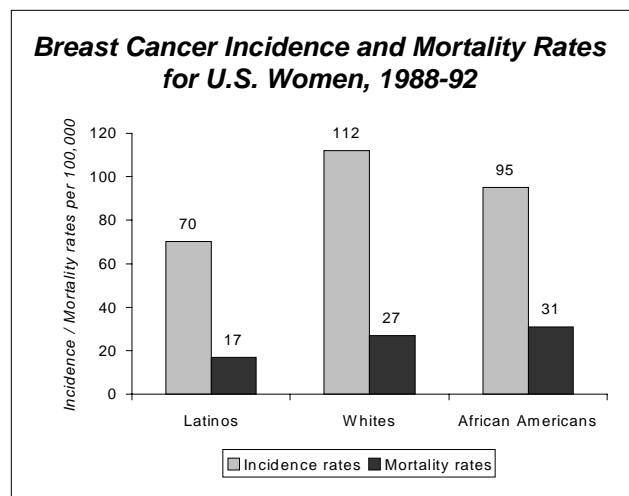
Dental Health. Dental health has been identified as an issue of concern for Latinos in the state.¹¹ National data indicates that in 1993, the proportion of Mexican Americans ages 35 and older using oral health care services increased to 45%, from 38% in 1991, while the rate for Puerto Ricans decreased to 37% from the 1991 baseline of 51%. Farmworkers are particularly at risk for poor access to preventive dental care and consistently self-report it as a top health concern.

Challenges of Collecting Accurate Data

Accurate counts are essential for developing, adapting, or expanding services to meet specific health needs and for developing culturally-based programs. A number of factors hamper efforts to obtain accurate data on minority populations in the U.S., particularly the Latino population. The U.S. Census has historically undercounted Latinos and other ethnic minority groups. Data collection methods such as telephone surveys may not reach Latino families without a telephone. The State of North Carolina collects a variety of information about its residents, but a significant number of these data sources are not yet collecting data by Latino ethnicity. Unreliable population counts and the relatively small number of cases of certain conditions present difficulties in computing rates of death and disease, particularly age-adjusted rates, for the Latino population. In addition, race and ethnicity information is sometimes left blank on records and survey forms. This issue has been found to be particularly prevalent for Latinos.

Barriers to Health Care

Latinos face several significant health care barriers, including a scarcity of linguistically appropriate services, inability to afford medical care, and a lack of knowledge about available services. In response, national, state, and local health agencies are implementing and planning multifaceted efforts focusing on the state's growing Latino community. These efforts are beginning to address some of the health issues highlighted in this publication.



Sources:

1. U.S. Bureau of the Census, Washington, DC, 1997.
2. Local Health Directors Survey.
3. FaithAction, Greensboro, NC, Jan. 1998.
4. NC Department of Public Instruction, 1999.
5. MEPS Chartbook #2. *Racial and Ethnic Differences in Health, 1996*. AHCPR.
6. North Carolina Department of Labor, 1997. Census of fatal occupational injuries in North Carolina, 1997.
7. NC Office of Research, Demonstrations and Rural Health Development, 1999.
8. National Center for Health Statistics. Advance report of final natality statistics 1990. Month Vital Stat Rep. February 25, 1993;41(9) (suppl). DHHS publication PHS 92-1120.
9. The Annie E. Casey Foundation, (1998). Kids Count Special Report: When teens have sex: Issues and trends.
10. Manson, B.A., Borg, A., Brewer, J., Lutton, M., Torres, Y., (1999). *Latina Reproductive Health in North Carolina: Demographics, Health Status, and Programs*.
11. Joanne Scharer, "Hispanic/Latino Health in North Carolina: Failure to communicate?," NC Center for Public Policy Research. Raleigh NC. Vol. 18 No. 2-3, Aug. 1999.
12. US National Immunization Survey, CDC, 1996
13. CDC. Tuberculosis Morbidity – United States, 1997. MMWR 47(13)
14. NCLR (1998). Tuberculosis Update: Fact Sheet. National Council of La Raza, July 1998.
15. Anderson, R.N., Kochanek, K.D., Murphy, S.L. (1997). Report of final mortality statistics, 1995. *Month Vital Stat Report*. 1997; 45(suppl 2):52-54.
16. Klevens, R.M., Diaz, T., Fleming, P.L. Mays, M.A. & Frey, R. (1999). Trends in AIDS among Latinos in the United States, 1991-1996.

Produced by Andrea Bazan Manson, Emmanuel Ngui, and Francis Vergara, Office of Minority Health; Carol Schriber, Office of Communication; Paul Buescher, Roy Clark, and Kathryn Surles, State Center for Health Statistics; N.C. Department of Health and Human Services. Data were provided by the State Center for Health Statistics and other state agencies. *Thank you to all who contributed to this report.*

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Office of Minority Health
Division of Public Health
Department of Health and Human Services
1906 Mail Service Center
Raleigh N.C. 27699-1906
(919) 715-0992

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