

# North Carolina Minority Health Facts: **Hispanics/Latinos**



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

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This report presents demographic, social, economic, and health information about North Carolina's Hispanic/Latino population. A variety of topic areas are covered, including mortality, chronic diseases, HIV and sexually transmitted diseases, health risk factors, access to health care, quality of life, and maternal and infant health, and child and adolescent health.

## **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 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.

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 2008 Hispanic/Latino population of North Carolina at 684,770 or 7.4 percent of the total population.<sup>1</sup> According to Census estimates, North Carolina’s Hispanic/Latino population has increased 788 percent since 1990 when the population was estimated at 77,118.

### Geographic Origins of Hispanics/Latinos in North Carolina

Hispanic residents of North Carolina are from three sources: those born in North Carolina; those moving from other United States jurisdictions; and those moving directly to the state from Mexico and other Latin American countries. According to the Pew Hispanic Research Center, nearly half (47%) of North Carolina Hispanics were born in North Carolina.<sup>2</sup> The number of Hispanic births in North Carolina has increased dramatically over the last decade. From 1999–2008, the percentage of North Carolina resident births to Hispanic/Latina mothers increased 91 percent—rising from 8.7 percent of all births in 1999 to 16.5 percent by 2008.<sup>3</sup> Approximately half (53%) of North Carolina Hispanics are foreign-born. The majority of foreign-born Hispanics are of Mexican origin (70%), with Central American origins comprising another sizeable portion of the population (17%). Among foreign-born Hispanics, 50 percent entered the U.S. after 1999, 36 percent entered during the 1990s, and 14 percent before 1990.<sup>2</sup> Data compiled by the Department of Homeland Security on North Carolina residents who obtained permanent legal resident status reveals that Mexico is the most common country of origin for North Carolina immigrants. In FY2009, immigrants from Mexico represented nearly 16 percent of all people obtaining permanent legal residence in the state. Immigrants from other Latin American countries, such as Columbia (3%), El Salvador (2%), Dominican Republic (1.8%), Peru (1.6%), and Brazil (1.2%) also represented a significant portion of immigrants obtaining legal residence in the state.<sup>4</sup>

### 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, 2008 American Community Survey, the median age of the state’s Hispanic population was 25 years, compared to 41 years for the white population of the state.<sup>2</sup>

Figure 1 presents the number of Hispanics living in each county 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 percentage of Hispanics relative to the total population in the county are located in Montgomery, Lee, Sampson, and Duplin counties.

### Social and Economic Well-Being

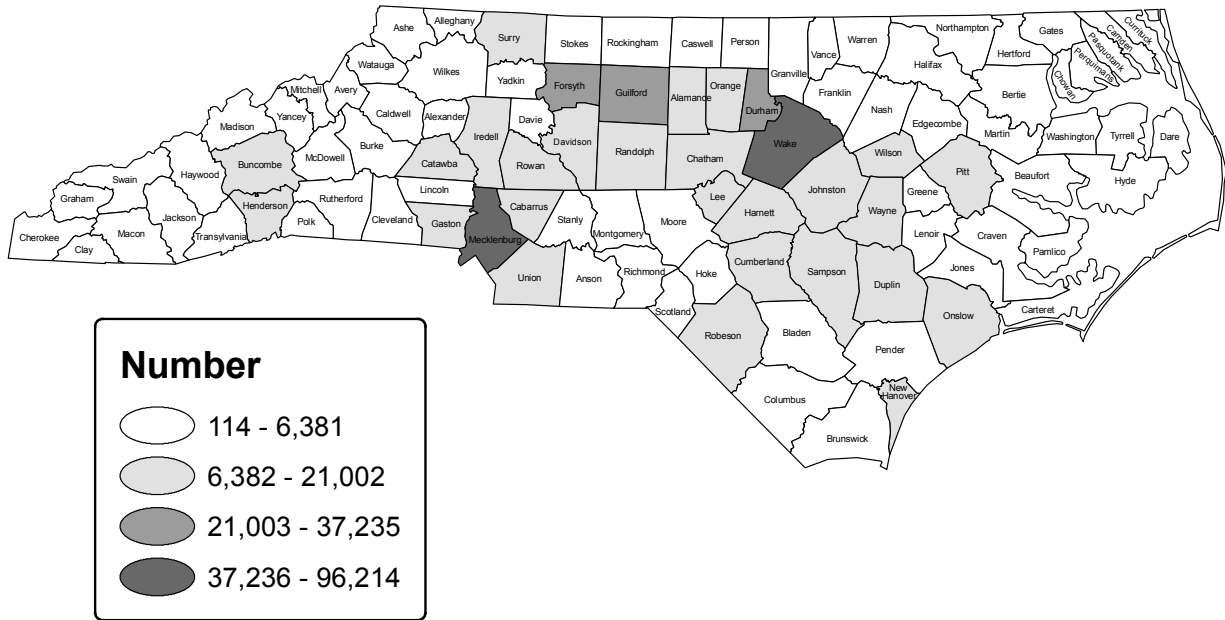
The percentage of Hispanic families living below the federal poverty level (for example \$21,834 annual income for a family of four) in 2008 was 24.8 compared to 6.7 for whites.<sup>5</sup> The 2008 median household income in families where the head of the householder is Hispanic/Latino is \$34,426 compared to \$52,412 for white households.<sup>5</sup> Over 85 percent of whites have received a high school diploma or higher compared to 51 percent of Hispanics.<sup>5</sup> The unemployment rate in 2008 for Hispanics was higher compared to whites (7.7 compared to 5.4).<sup>5</sup> Low income, low educational level, and unemployment are all associated with a higher rate of health problems.

### Mortality

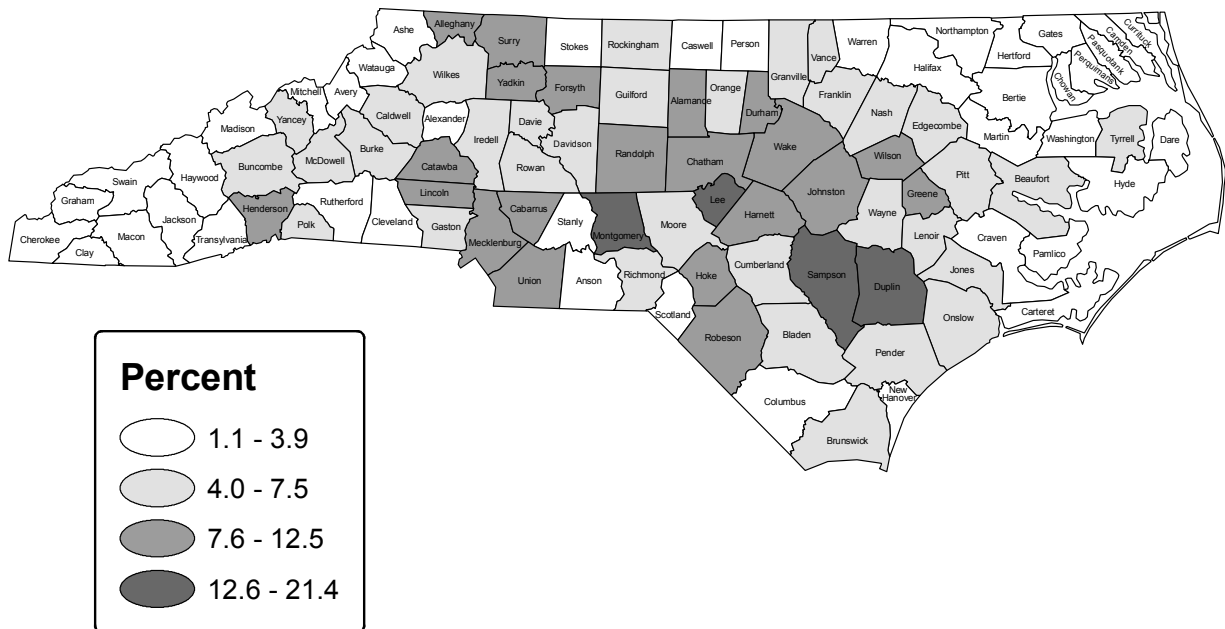
Table 1 shows the leading causes of death for Hispanics in North Carolina in 2008. **The top cause of death among Hispanics is cancer. The second leading cause of death among Hispanics is motor vehicle injuries, which ranked substantially lower among whites (10<sup>th</sup>) and African Americans (11<sup>th</sup>).** Homicide also ranked higher among Hispanics. **As with whites and African Americans, cancer and diseases of the heart ranked in the top three.**

**Figure 1**

# Hispanic/Latino Population North Carolina: Numbers



# Hispanic/Latino Population North Carolina: Percents



Source: NCHS, 2008 Bridged Population

**Table 1**  
**Leading Causes of Death Among**  
**Hispanics/Latinos in North Carolina, 2008**

Rank	Cause of Death	Number of Deaths
1	Cancer	178
2	Motor vehicle injuries	137
3	Diseases of the heart	114
4	Homicide	83
5	Other Unintentional injuries	73
6	Conditions originating in the perinatal period	66
7	Congenital anomalies (birth defects)	50
8	Cerebrovascular disease	44
9	Suicide	42
10	Diabetes mellitus	24
	All other causes (residual)	265
	<b>Total Deaths—All Causes</b>	<b>1,076</b>

Note: Surname matching was used to enhance identification of Hispanic/Latino deaths.

Table 2 shows 2004–2008 age-adjusted death rates (deaths per 100,000 population) for major causes of death, comparing Hispanics to whites and African Americans. The death rates for all chronic conditions were much lower for Hispanics compared to whites and African Americans. 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 similar to the African-American rate 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 2002–2006. The leading types of cancer for Hispanics/Latinos (female breast, prostate, lung/bronchus, and colon/rectum) are shown as well as total cancer rates. Again, in order to control for differences in the age structure of the different populations, the rates are adjusted for age. **Cancer incidence rates were much lower for Hispanics than for whites.**

### Chronic Diseases

Figure 2 compares the age-adjusted percentages of North Carolina Hispanic, white, and African-

**Table 2**  
**Age-Adjusted Death Rates\* for Major Causes of Death**  
**by Race/Ethnicity, North Carolina Residents, 2004–2008**

Cause of Death	Hispanic	White	African American
<b>Chronic Conditions</b>			
Heart disease	66.4	192.6	236.0
Cancer	80.4	185.2	224.0
Stroke	20.5	49.2	73.5
Diabetes	11.2	19.5	51.0
Chronic lung disease	11.4	51.1	30.4
Kidney disease	8.7	14.8	36.5
Chronic liver disease	5.9	9.3	8.4
<b>Infectious Diseases</b>			
Pneumonia/influenza	6.8	20.2	19.2
Septicemia	6.5	12.3	22.3
HIV disease	2.7	1.2	16.5
<b>Injury and Violence</b>			
Motor vehicle injuries	24.1	18.1	18.0
Other unintentional injuries	13.4	30.9	21.8
Homicide	10.3	3.6	16.4
Suicide	5.6	14.4	5.0

\*Rates are age-adjusted to the 2000 U.S. standard population and are expressed as deaths per 100,000 population—using underlying cause of death.

Note: Surname matching was used to enhance identification of Hispanic/Latino deaths.

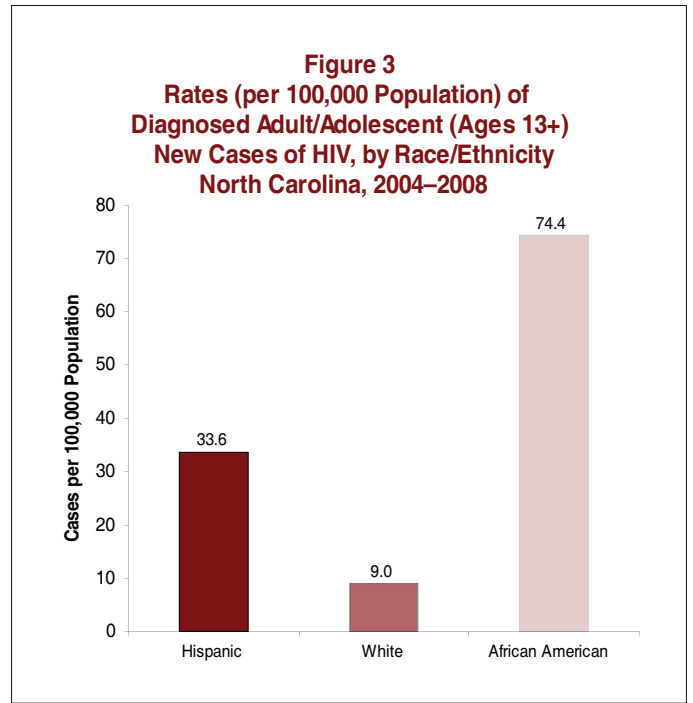
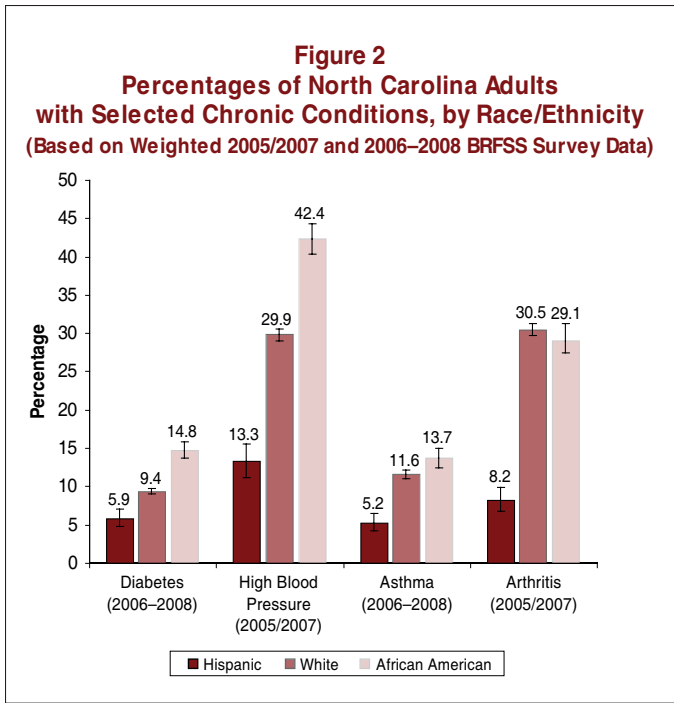
American adults who reported that they had certain chronic conditions, using self-reported data from the 2006–2008 (or 2005/2007) North Carolina BRFSS survey. Four chronic diseases are presented: diabetes, high blood pressure, asthma, and arthritis. Hispanics were less likely to report these chronic conditions than both whites and African Americans (with the exception of arthritis, African Americans are substantially more likely than whites to report these conditions).

**Table 3**  
**Age-Adjusted Rates\* for Cancer Incidence by**  
**Race/Ethnicity, North Carolina Residents, 2002–2006**

Site:	Hispanic	White	African American
Female Breast	108.7	149.5	143.0
Lung/Bronchus	34.4	76.9	69.9
Prostate	85.5	136.8	242.5
Colon/Rectum	28.6	46.9	57.5
Total Cancer (All types)	317.1	478.0	497.9

\*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.

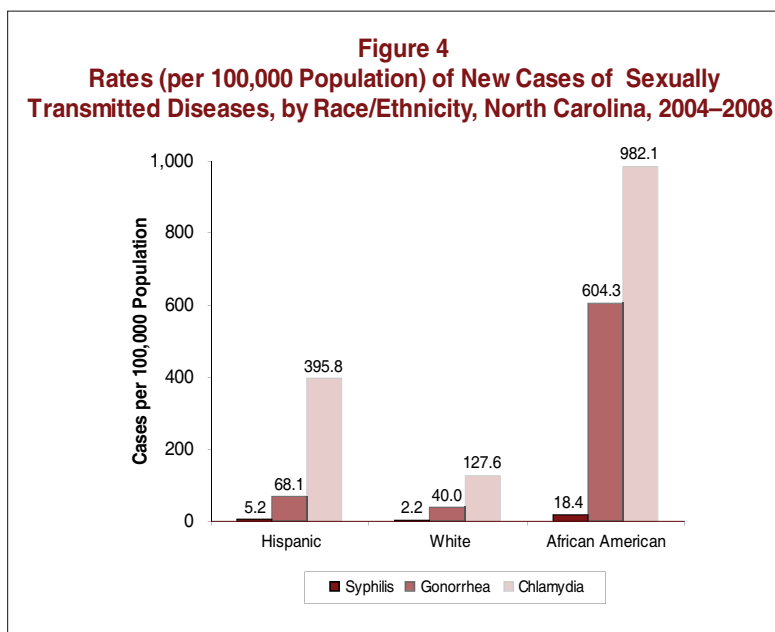


### HIV and Sexually Transmitted Diseases

Figure 3 shows the rate of newly diagnosed cases of HIV and Figure 4 shows the rates of reported sexually transmitted diseases (syphilis, gonorrhea, and chlamydia) for Hispanics, whites and African Americans during the period of 2004–2008. **The number of HIV positive individuals has been increasing rapidly among Hispanics in recent years. The HIV infection rate for Hispanics was nearly four times the rate for whites, but was less than half the rate of African Americans.** Similarly, 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 2006–2008 (or 2005/2007) BRFSS percentages of adults who reported selected risk factors or conditions. Hispanics were more likely than whites not to get the recommended level of physical activity or not to engage in any leisure time activity. Hispanics were also less likely to consume the recommended amount of fruits and vegetables each day. A slightly higher percentage of Hispanic adults were overweight or obese, compared to white adults. **Compared with both whites and African Americans, Hispanics were substantially less likely to report being a current smoker.**



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

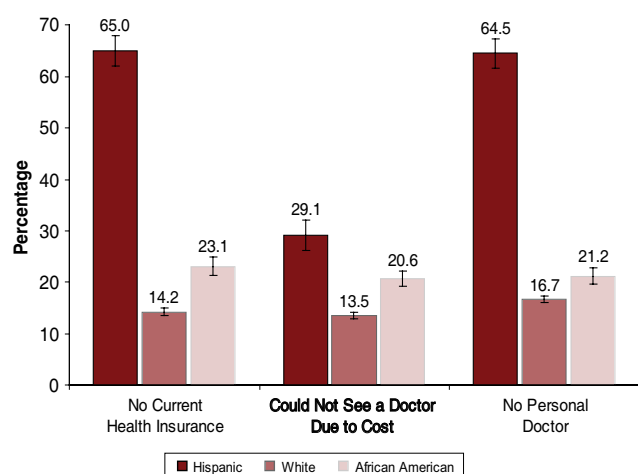
	Hispanic	White	African American
Current Smoker*	16.3	22.2	22.4
Do not get recommended level of physical activity**	73.0	53.6	63.6
No leisure time physical activity*	37.3	21.3	29.4
Consume less than 5 servings of fruits and vegetables**	84.5	76.2	82.2
Binge drinking*	13.0	12.8	9.5
Overweight or Obese*	63.5	62.3	74.9

\* 2006–2008  
 \*\* 2005/2007

## Access to Health Care

Using 2006–2008 North Carolina BRFSS data, Figure 5 shows the percentages of Hispanic, white, and African-American 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.**

**Figure 5**  
**Percentages of North Carolina Adults with Problems Related to Access to Health Care, by Race/Ethnicity**  
 (Based on Weighted 2005–2008 BRFSS Survey Data)



## Quality of Life

Table 5 shows the percentages of selected indicators related to quality of life, using self-reported data from the 2006–2008 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 four questions: self-reported disability, trouble learning or remembering, activity limitation, or need for special equipment) was significantly less than for whites and African Americans.

## Maternal and Infant Health

Figure 6 presents data on smoking during pregnancy and prenatal care among 2004–2008 live births to Hispanic, white and African-American women residing in North Carolina. The percentage with late or no prenatal care is 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 is much lower for Hispanic women compared to both white and African-American women.**

**Table 5**  
**Percentages of North Carolina Adults with Selected Quality-of-Life Indicators, by Race/Ethnicity**  
 (Based on Weighted 2006–2008 BRFSS Survey Data)

	Hispanic	White	African American
Fair or poor health	29.1	15.7	21.6
Disability	19.3	31.8	34.3
14 or more days in past month with poor mental health	6.4	10.8	11.4
14 or more days in past month with poor physical health	7.9	11.6	12.2
14 or more days in past month when the usual activities of daily living were limited	9.6	14.0	16.0

Table 6 presents selected 2003–2007 results from the Pregnancy Risk Assessment Monitoring System (PRAMS). Hispanic women were at a higher risk than white 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 after pregnancy than both whites and African Americans.**

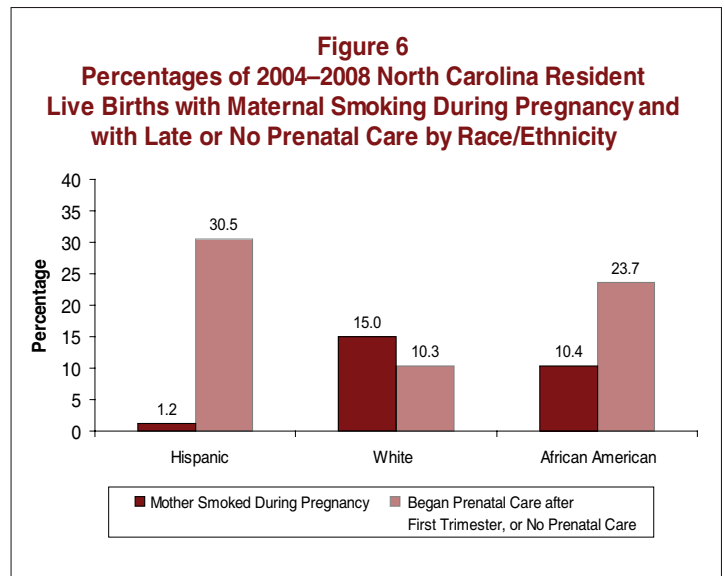
Figure 7 shows the percentage of live births that were low birth weight (less than 5 lbs., 9 ozs. or 2,500 grams) and Figure 8 shows the infant death rate (infant deaths per 1,000 live births) for Hispanics, whites, and African Americans. During 2004–2008, the percentage of births that were low birth weight was lower for Hispanics than both whites and African Americans. **The infant death rate was substantially lower for Hispanics compared to African Americans (6.3 compared to 15.1 deaths per 1,000 live births).** The Hispanic rate was nearly identical to the white rate.

### Child and Adolescent Health

**The leading causes of death for children 1–17 years of age during 2004–2008 were motor vehicle injuries, other unintentional injuries, homicide, cancer, and birth defects.**

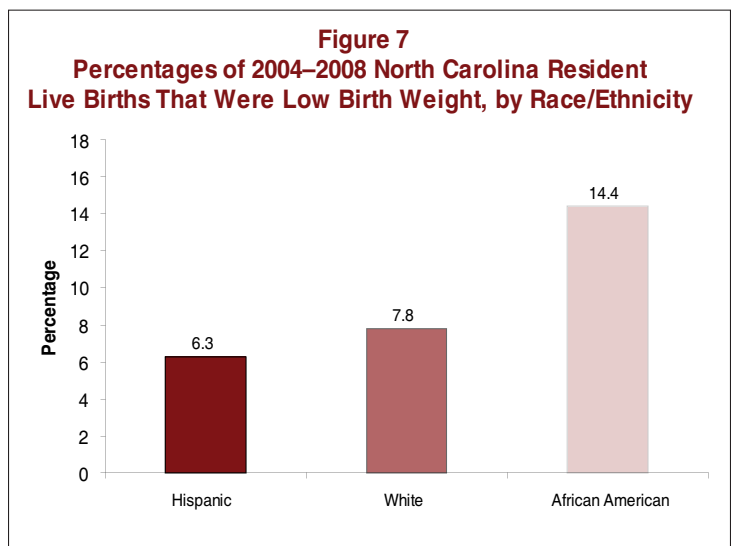
Figure 9 shows the death rate for children 1–17 years of age (per 100,000 population) for Hispanics, whites, and African Americans during the years 2004–2008. The Hispanic rate is lower than the African-American rate and somewhat higher than the white rate. The Hispanic rate of 25.7 per 100,000 means about 53 Hispanic children ages 1–17 died each year in North Carolina.

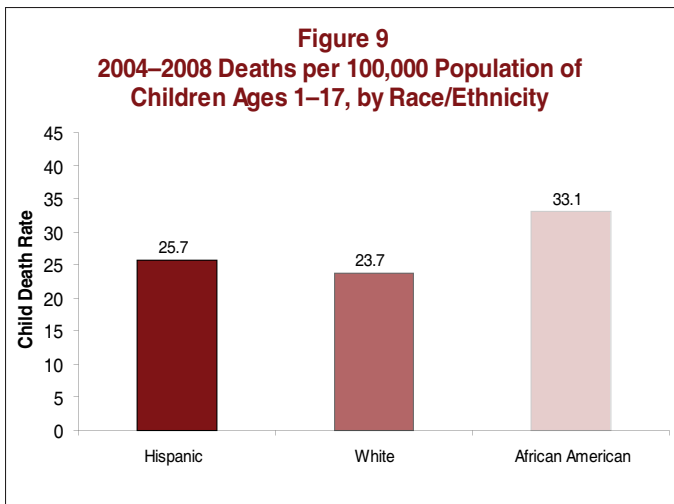
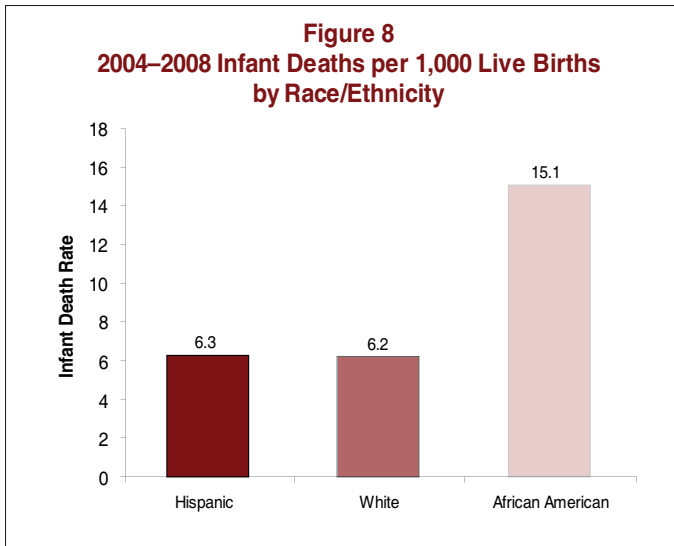
Table 7 compares the percentages of North Carolina children whose parents reported that they had certain chronic conditions or risk factors,



**Table 6**  
**Percentages of North Carolina Women with a Recent Live Birth Who Had Selected Risk Factors, by Race/Ethnicity**  
 (Based on Weighted 2003–2007 PRAMS Survey Data)

	Hispanic	White	African American
Pregnancy was unintended (wanted later or not at all)	43.3	36.7	61.2
Mother did not take folic acid every day before pregnancy	78.4	64.9	80.5
Usual sleeping position for baby was not on back	34.5	31.0	53.1
Mother reported violence during pregnancy	8.0	3.3	7.4
Mother did not breastfeed at all	13.3	25.3	41.6
Mother reported smoking after pregnancy	4.1	18.1	17.0





**Table 7**  
Percentages of North Carolina Children with Selected Risk Factors/Conditions, by Race/Ethnicity  
(Based on Weighted 2008 CHAMP Survey Data)

	Hispanic	White	African American
Asthma, ever had	10.1	13.7	18.6
Fair or poor health	8.7	1.1	4.4
No health insurance some time in past 12 months	25.8	8.0	12.3
No personal doctor	29.8	13.5	15.0
No regular dentist	29.6	17.4	23.8
Fair or poor dental health	11.9	4.6	8.5
Cut size of child's meals in last year/not enough money for food	19.3	2.8	9.0
Spends no time in physically active play	7.0	2.0	5.6

using data from the 2008 North Carolina Child Health Assessment and Monitoring Program (CHAMP). According to self-reports from parents, compared to white and African-American children, Hispanic children were more likely to have fair or poor health, have no health insurance in the past year, have no personal doctor or dentist, and were less likely to engage in physically active play. The percentage of children with an elevated need for medical, mental health or educational services was lower for Hispanics, compared to white and African-American children.

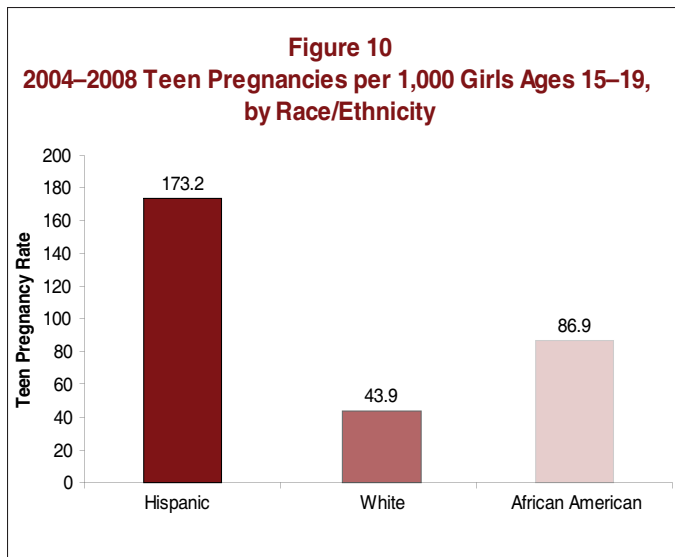
According to the 2007 Youth Risk Behavior Surveillance System, a national school-based survey conducted by the Centers for Disease Control and Prevention, the percentage of North Carolina Hispanics who reported smoking cigarettes on one or more of the past 30 days was lower (20.2%) than the white percentage (26.7%); but much higher than the African-American percentage (14.8%). The percentage of high school students who reported drinking alcohol follows the same pattern. The Hispanic percentage was lower (38.7%) compared to whites (43.0%), but higher than the African-American percentage (27.2%).

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

### Understanding the Data

Hispanic is considered an ethnicity, not a race, and Hispanics are often included in the white racial category. In most instances in this report, however, Hispanics/Latinos are removed from the racial groups to allow for a more accurate portrayal of health disparities by race/ethnicity.

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.

Confidence intervals are displayed for the BRFSS figures (Figures 2 and 5). The confidence interval is the range within which we would expect the “true” population percentage to fall 95 percent of the time. As an approximation, if the confidence intervals of groups being compared do not overlap, then the difference is statistically significant at the 95 percent level.

Additionally, surnames were matched 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. This technique is used because research suggests that ethnicity indicators on death and cancer records alone do not pick up all Hispanic/Latino cases.

Following are descriptions of several of the data sources 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 information on the prevalence of chronic conditions, 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 three to five 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.

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.

### Challenges of Collecting Accurate Data

For North Carolina birth and death certificates, all text entries for race are converted into one of the following 10 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 and cancer incidence data is combined with the “ethnicity” category to create the race/ethnicity variable (e.g., white, African American, and Hispanic).

The survey data used in this report also have limitations. The BRFSS and CHAMP surveys are landline 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, recent increases in the number of cell phone-only households, has implications for traditional landline surveys such as the BRFSS and NC CHAMP. Cell phone only samples are more likely to be male, African American, Hispanic, under the age of 34, employed, of lower income, and unmarried. Both NC BRFSS and NC CHAMP weight their survey data to adjust for landline sampling deficiencies. Due to a lack of knowledge about a particular question or 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.**

The BRFSS, CHAMP, PRAMS, and birth certificate data presented in this report have the advantage that the respondent is asked to self-report their own race during the survey or on the mother’s birth certificate worksheet. For the cancer and HIV/STD case data, however, race may be determined by the health care provider’s observation or derived from medical records, which may lead to misclassification. For death certificates, the funeral director should ask a family member or other informant what the race of the decedent is, but sometimes the race is assigned just by physical appearance, leading to possible misclassification.<sup>6</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 whites. Diabetes and other chronic diseases are expected to become much more prevalent in North Carolina’s Hispanic population in future years. However, Hispanics are currently less likely than both whites and African Americans to report diabetes, high blood pressure, or asthma, even after adjusting for the younger age of the Hispanic population in North Carolina. Hispanics were substantially more likely to report not having 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 percentage of low birth weight babies than both whites and African Americans and an infant death rate equal to whites and lower than African Americans. Across most health measures presented in this report, Hispanics fare worse than whites and better than African Americans.

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

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4. U.S. Department of Homeland Security. Persons Obtaining Legal Permanent Resident Status by State or Territory of Residence and Region or Country of Birth: Fiscal Year 2009. Available at: [www.dhs.gov/files/statistics/publications/LPR09.shtm](http://www.dhs.gov/files/statistics/publications/LPR09.shtm).
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## Notes:

Some of the data in this report were drawn from the following publication, which is cited as 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 2010*. North Carolina Department of Health and Human Services, April 2010. [www.schs.state.nc.us/SCHS/pdf/ReportCard2010.pdf](http://www.schs.state.nc.us/SCHS/pdf/ReportCard2010.pdf).

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. [www.schs.state.nc.us/SCHS/pdf/SCHS143.pdf](http://www.schs.state.nc.us/SCHS/pdf/SCHS143.pdf).

Photo Credit: U.S. Census Bureau Public Information Office (PIO).



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Raleigh, NC 27699-1908  
919.733.4728  
[www.schs.state.nc.us/SCHS](http://www.schs.state.nc.us/SCHS)



**Office of Minority Health and Health Disparities**

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1906 Mail Service Center  
Raleigh, NC 27699-1906  
919.431.1613  
[www.ncminorityhealth.org](http://www.ncminorityhealth.org)



**State of North Carolina**  
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**Department of Health and Human Services**  
Lanier M. Cansler, Secretary  
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