

**The Sanford Latino Community**

**Lee County**

**A Community Diagnosis including Secondary Data Analysis and  
Qualitative Data Collection**

**April 15, 1999**

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**Completed during 1998-1999 in partial fulfillment of  
requirements for HBHE 240 and 241  
Department of Health Behavior and Health Education  
School of Public Health  
University of North Carolina at Chapel Hill**

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## **EXECUTIVE SUMMARY**

North Carolina has experienced significant economic and demographic changes during the last decade. Large cities and small towns alike have witnessed positive changes such as improved economic status, ethnic diversity within communities, and increased employment and educational opportunities. Such changes have also lead to negative outcomes including unwanted new construction and growth in smaller communities, new or increased racial tension, and unmet needs from service agencies that have not adapted to the increase in population.

The population increase can be partially attributed to the migration of people from Latin American backgrounds into North Carolina. Many service agencies are trying to meet the needs of this new population but find that they are unsure about how to better serve the Latino community. It is important for service organizations to gain a better understanding of the community's Latino population when creating services. Similarly, various community leaders will be more effective in creating community programs or activities with an increased understanding of the lives of Latinos in the Sanford area. In order to effectively serve this population, community members and service providers need to learn about the cultural, economic, demographic, and social characteristics of the Latino community.

The method and process of trying to understand a community could be called many things, but we refer to it as a community diagnosis. A community diagnosis is simply an assessment of the strengths and needs of a community. This document is just that - a written assessment of the lives of Latino community members of Lee County and Sanford.

We completed this document at the request of The Lee County Health Department to enable them to provide services appropriate for the Sanford Latino community. From August 1998 to February 1999, five students from the University of North Carolina School of Public

Health gathered the information presented in this document. The word ‘we’ is written throughout this document, and refers to the five students that completed this community diagnosis.

### **Definition of Latino Community**

Before assessing the strengths and needs of the Latino community, we had to define this community. We have loosely defined a Latino community member as any person with an ethnic background from a Spanish speaking country. The word Latino is preferred over Hispanic or Mexican because it includes people from all Latin American countries, Caribbean countries, and Spain. Although we have presented information about Latinos as a whole group, many cultural and ethnic subgroups are represented in this document. It is important to remember that not all Latinos will fit the characteristics or the statements that are made in this document.

### **Data Collection**

This document is broken into two large sections. The first section is the written analysis of secondary data. Secondary data is information gathered from written and previously documented materials. Sources include various sites on the internet (such as the Center for Disease Control and Prevention, 1990 U.S. Census, the Department of Health and Human Services, and the Office of Minority Health), published articles or studies, history books, local reports on businesses or economy, newspaper clippings, and various other sources.

There are many things to consider when analyzing the secondary data presented in this document. Data does not always correspond and can vary from agency to agency for the following reasons:

- 1) definition and classification of people from Latino backgrounds vary among agencies

- 2) data about Latinos may be outdated due to the rapidly changing demographics of this population
- 3) not all Latinos are accounted for in statistical data because those that do not have legal status may not be represented in National, State, or local level statistics

The data presented in this community diagnosis is as accurate as possible and based on the most reliable and current sources. The data presented allows us to form a general idea about the lives and issues of Latinos living in Lee County.

Primary data collection, the method of gathering data directly from individuals, helps us further understand the issues relevant to the lives of Latinos in the Sanford area. Primary data includes the perceptions, opinions, experiences, and feelings of Latino community members and service providers in the Sanford area. Primary data presented in this document are based on personal beliefs and experiences, and may not be representative of the entire Sanford area Latino community.

### **Secondary Data**

Secondary data provides information about community demographics, the history and economy of Sanford, health issues, disease prevalence, and social issues among the Latino community in Sanford.

Our initial focus in secondary data collection was to gather data on the demographics of the Latino community in Sanford. The growth of this community has been very rapid. The 1990 U.S. Census indicates that about 900 Latinos lived in Sanford in 1990. It is estimated that today about 10,000 Latinos reside in Sanford, making up 20 percent of Sanford's population (Johnson-Webb, 1996).

The Latino community is made up of people from various ethnic groups, but the largest

percentage (43 percent) of North Carolina's Latinos are from Mexico, and 17 percent are from Puerto Rico (Johnson-Webb, 1996). It has been estimated that among the Sanford Latinos, 90 to 95 percent are from Mexico (L. Hurley, personal communication, 1998). Many Latinos come to the United States for job opportunities, resulting in a high proportion of young males compared to other populations (Johnson-Webb, 1996).

Many of the jobs held by Latinos are in the manufacturing and production industries in Lee County. Latinos make up at least 20 percent of the employees at four major industries in Lee County (United Way Assessment, 1997). Economic growth in Lee County has financially benefited the Latino population, but data is unavailable about income levels of Latinos in Sanford.

Secondary data also provided us with information about the health of Latinos, both nationally and locally, although more information is available at the national level. Mortality and morbidity rates suggest that Latinos living in the United States experience many of the same health problems as other United States populations. Heart disease, cancer, diabetes, and HIV/AIDS are the most prevalent diseases within the Latino population.

Data revealed that issues of health care among Latinos had less to do with disease and illnesses, and more to do with access and barriers to health care. Mueller, Ratil, and Boilesen (1998) report that Latinos make up the lowest percent of insured than any other ethnic group in the United States. The Department of Health and Human Services (1998) reports that 10 percent of Lee County's Medicaid recipients are Latino, yet a much larger percentage of the Latino community meet the financial requirements to receive Medicaid. Residency issues are the main reasons that low-income Latinos do not receive Medicaid. North Carolina offers Health Choice to provide health care coverage to all children whose families meet the financial requirements,



regardless of legal status.

Other barriers also prevent Latinos from receiving proper medical care. In a 1994 North Carolina Office of Minority Health survey of local health agencies, several counties listed culture and language barriers as their number one concern.

Issues of crime, domestic violence, substance abuse, and mental health are critical to understanding the lives of Latinos in Sanford. Data from the North Carolina Department of Justice (1997) suggests that Lee County has a slightly higher overall crime rate than North Carolina, with lower rates in violent crimes and high rates in property crimes. Secondary data is not available on domestic violence, substance abuse, and mental health of the Latino community in Sanford.

### **Primary Data**

We addressed issues such as health, language, legal status, and sense of community during interviews. The data presented is from the perspective of both Latino community members and service providers. The purpose of primary data collection is to gather information about the lives of Latinos in Sanford.

Community members expressed many concerns, issues, ideas, experiences, and opinions during the primary data collection, all of which are summed up into six themes: community, health, language and culture, transportation, legal status, and discrimination.

The Latinos interviewed provided their opinions about living in Sanford. Strengths of Sanford include the job opportunities, climate, tranquility, and the positive environment for raising children. There were also some needs identified by community members. Many mentioned the need for recreation and parks, a public transportation system, shopping malls,

cinemas and social activities. Many community members also identified the need for more information in Spanish, including written materials at the Department of Motor Vehicles, health care agencies, banks, and the immigration office. Many people would also like Spanish newspapers and radio stations which provide local news and information.

Primary data was also collected about health issues concerning Latinos. The flu, bronchitis, colds, and occupational injuries were the health problems that have affected the Latino community the most. Other issues of health were limited access to health care, language barriers, quality of health care, high costs, and lack of health care coverage.

Almost every community member and service provider interviewed stated that language is a barrier for Latino community members. Language is an issue that affects many Latinos on a daily basis: in grocery stores, health care settings, schools, jobs, and restaurants. Some people stated it would be helpful if there were more Spanish speakers at service organizations and Spanish written materials at local businesses. Many people were ESL students, but still expressed frustrations during the long process and time commitment required to learn English.

Transportation is a major concern among Latinos in Sanford because there is no public transportation system. Many Latinos do not have driver's license because of their legal status. Also, the cost of cars and insurance are too high, and the local taxi company does not have Spanish speaking staff.

Legal status affects many aspect of a Latino community member's life. Illegal residents face the fear of being discovered by the Immigration and Naturalization Service, and expressed frustrations with the process of obtaining the proper paperwork to become legal residents. Legal status plays a factor in whether someone seeks medical attention, obtains medical insurance, reports illegal activity by an employer or landlord, or receives a driver's license.

The final theme we identified during primary data analysis was discrimination. Many people feel that, “for the most part, Latinos are not welcomed or liked” and are judged and stereotyped (service provider, personal communication, 1998). Interviewees shared experiences of discrimination at work, school, the Department of Motor Vehicles, stores, hospitals, with police, and with landlords.

While many issues were addressed during primary data collection, these six were most common and will provide the reader with an overall understanding of the lives of Sanford Latinos.

## **METHODOLOGY**

Data collection for this community diagnosis can be broken into two components: secondary and primary data collection. We conducted secondary data searches and analysis prior to primary data collection to help understand some of the issues that should be addressed during interviews.

### **Secondary Data Collection**

Data collection began with internet searches at various sites such as the Center for Disease Control and Prevention, Office of Minority Health, and The American Cancer Society. We then focused on gathering statistics particular to Latinos in North Carolina and Lee County using the 1990 U.S. Census, the Department of Health and Human Services, state and local health departments, and the State Center for Health Statistics. Information from any of the sites used in this community diagnosis are cited through out the text and referenced in the reference section.

### *Analysis*

It was sometimes difficult to analyze secondary data because sources tended to vary from one another. When multiple and conflicting sources of data were available we chose to use the most reliable and most current data. While our focus for gathering data was on Lee County Latinos, we gathered the following type of data as well:

- 1) national, state, and local levels of data on Latinos to compare statistics among the differing geographical areas
- 2) data of other racial and ethnic populations in the United States to compare statistics among various populations with Latinos in the United States, North Carolina, and Lee County

The data gathered during secondary data collection brought to light some health, cultural, and social issues that should be addressed during primary data collection. Some of the issues to address included: access to health care; types and availability of health care coverage; language barriers experienced among the Latino community; immigration and legal residency; transportation; employment opportunities; discrimination; and educational opportunities.

### **Primary Data Collection**

Primary data collection is the method of collecting information directly from community members via interviews and social interaction in the community. Interviews were conducted with both community members and service providers. Forming the interview guide is the first step of primary data collection. We then selected community members and service providers to interview, and finally, we analyzed the data.

#### *Forming the Interview Guide*

The interview questions were an important aspect of data gathering so we took careful consideration when we formed questions for our interview guide. We began by reviewing previous community assessment interview guides and selected relevant questions to form a template for our guide. We then added questions that were specific to the Latino community of Sanford. We tried to keep the guide concise and culturally sensitive so that community members would feel comfortable and answer as accurately as possible. From this, we produced a rough-draft for our interview guide which various community members edited and revised. A bilingual community member then translated the interview guide into Spanish.

#### *Selecting Interviewees*

Based on recommendations of our preceptor at the Health Department, we established an initial list of potential service providers to interview. These service providers then offered the names of other organizations that would be useful in our interview process. In addition, we looked at local resource guides to identify other potential interviewees. In total, we interviewed 12 service providers at their respective workplaces.

In interviewing community members, we wanted to identify people representative of the various Latino sub groups in Sanford. Thus, we chose not to rely on the “snow-ball effect” which may have overlooked some groups. We first established contact with community members at various social service organizations. We conducted individual interviews at the Health Department and focus groups at St. Stephen’s Church and English as a Second Language classes. In addition, we located community members at Latino-owned businesses, trailer parks, and laundromats. During this process, we interviewed 15 community members and conducted five focus groups, each consisting of 4 to 10 people.

Interviews were conducted by a team consisting of a primary interviewer and a note-taker. When possible, interviews were audio-taped after obtaining consent. We conducted interviews in both Spanish and English, with most community members in Spanish and most service providers in English.

### **Data Analysis and Limitations**

In the first step of data analysis, each team member read through all of the interviews and identified major themes, establishing the six most prevalent issues. The team then assigned one or two themes to each member, who then coded interviews and selected descriptive quotes from each.

Our primary data gathering method had several limitations. Due to time constraints, we were unable to pilot test our interview guide and revisions were made after the interview process began. In addition, some service providers may have overstated their organization's ability to serve the Latino community in order to present a more socially desirable image. For example, one service provider stated that their organization had Spanish speaking staff, but actually only contracted with interpreters when the service was needed.

Interviewing community members was more challenging. To begin with, none of the interviewers were Latino and none lived in Sanford, which may have created some barriers to establishing a relationship with the interviewees. As a consequence, many community members may have been reluctant to share some of their personal thoughts and experiences. Also, there may have been some mistrust and fear that the information they provided could affect their work or legal status. While we tried to convey that responses were anonymous, many community members may have doubted strangers who asked personal and potentially controversial questions. Though we attempted to include all subgroups of the Sanford Latino community, there is no way to ensure that the various occupations, ethnicities, age groups, and socio-economic levels are represented.

Although limitations affect the accuracy of the data, these interviews do provide an initial understanding of the Latino community in Sanford. Service providers and community members can use this information to create and improve programs and activities in the Latino community.

## **INTRODUCTION TO SECONDARY DATA ANALYSIS**

Secondary data serves three main purposes in this document. The first is to provide demographic information about Latinos in Lee County. The second is to compare Latinos of Lee County with Latinos in other parts of the United States and with different racial and ethnic backgrounds. The third purpose is to demonstrate demographic transformations within the Latino community.

There are some limitations to a secondary data analysis of Latinos in Lee County. Many sources of secondary data are outdated or inaccurate. For example, when the 1990 census was conducted, racial groups were classified only as White, Black, and other. We were not able to abstract Latino specific information from many data sources.

We also found conflicting data when obtaining information from multiple sources. When this occurred we used data from the most recent and reliable source. Another problem with secondary data analysis of Latinos is the way in which Latinos are classified. For example, a person may be classified as "Hispanic" because of his/her Latino surname, but may be of another race. Additionally, some people that should be classified as Latino are not. It is also important to remember when interpreting secondary data that we can not generalize the findings to every Latino community member.

The secondary data provided in this section should provide the reader with a clearer understanding of the general health status and community characteristics of Latinos in Lee County. Secondary data is provided on a variety of subjects including geography, history, and economy of Sanford; demographic and economic characteristics of Latinos and other members of Sanford; physical and social health of the community; and available services.



## **GEOGRAPHY, HISTORY, AND ECONOMY**

### **GEOGRAPHY**

Centrally located in North Carolina, Lee County is surrounded by Chatham, Moore, and Harnett Counties. According to the Sanford/Lee County Long Range Planning Office (1998), Lee County has a geographic area of 259.3 square miles with 400 acres utilized by industry. Sanford and Broadway, Lee County's two incorporated municipalities, contain the majority of the population.

Sanford is approximately 45 miles South of Raleigh, the state capital, and is accessible by major highway and railway. A central railway crossing physically divides East and West Sanford. Sanford's physical growth in the past few years is evident in current construction sites within the city. Most of the expansion is taking place in the Southeast area of Sanford, extending out towards Fayetteville. This new construction area, with strip malls and a major highway, is distinctly different from North Sanford's older homes and buildings.

Latinos are present throughout Sanford but reside primarily East of the railway crossing and in Jonesboro, a small part of Southwest Sanford extending outside the city limits. There are many small, single family homes and trailer parks located in these areas and a few large shopping centers in Jonesboro. Latinos have settled and developed a community in Jonesboro, where at least eleven Latino-owned businesses prosper. Buchanan Park, in Jonesboro, is also frequented by Latino community members who watch the Latino soccer league hold tournament games every Sunday.

## **HISTORY**

African Americans and Europeans first settled in central North Carolina in the 1740's and 1750's. The area's early growth depended largely on agriculture, particularly cotton and tobacco. Sanford grew at the crossing of two main railroads, the Raleigh and Augusta Air Line and the Western Railroad, becoming an incorporated town on February 11, 1874 as part of Moore County. Sanford is named after Colonel Charles Ogburn Sanford, the civil engineer who played a leading role in the development of the town and the railroad's construction. With the expansion of the railroads, the area's focus turned to industry and manufacturing in businesses such as brownstone quarrying, brick making, furniture production and textiles (The County of Lee, no date).

Lee County, named after Robert E. Lee and formed in 1907 as North Carolina's 98<sup>th</sup> county, was created from portions of its now neighboring Moore and Chatham counties. Sanford, the focus for transportation and industry in the area, was named the county seat. The authority's reason for forming the county was that "wagon and buggy travel through the sands from Sanford to Carthage, ...was too laborious and time consuming for the busy people of the railway junction" (The County of Lee, no date). In 1947, after World War II, Sanford and its neighboring town of Jonesboro merged.

Sanford has grown from a town with a population of 220 in 1872 (Centennial Memories 1874-1974, no date) to a city of at least 20,000 in 1998, making up almost half of Lee County's total population (Lee County Economic Development, 1997). Sanford today is still largely an industrial area and has become an urban, multicultural community, with people of European ancestry, Latinos, African Americans, American Indians and Asians making up its diverse population (Government Information Sharing Project, 1996).

The relatively recent growth of the Latino population is of particular importance because this community has brought a new culture and language to Sanford and to Lee County. The 1990 census indicates that about 69,020 Latinos lived in North Carolina and 900 Latinos lived in Sanford at that time (Government Information Sharing Project, 1996). It was estimated that five years later about 105,333 Latinos lived in North Carolina, and that currently almost 10,000 Latinos live in Sanford (Johnson-Webb, 1996).

This growth is a result of political, economic and social change both internationally and locally. The technological boom of North Carolina that began in the 1980's still attracts many people to the Raleigh, Durham and Chapel Hill area. This increase in population has spread to other areas, including Lee County and Sanford, creating more service oriented and skilled labor jobs. Many of these jobs were filled by migrant workers, facilitating their long term settlement.

The implementation of new federal policies also made it easier for Latinos to settle and establish residency. The Immigration Reform and Control Act (IRCA) of 1986 guaranteed that non-residents who could prove they had lived continuously in the United States since January 1, 1982, could qualify for temporary resident status. A section of this law dealt specifically with migrant farm workers, granting temporary resident status to seasonal workers who could prove 90 days of agricultural service in each of the three years prior to May 1986 (Montweiler, 1987). Under IRCA, family members of migrant farm workers were also eligible for citizenship, creating an influx of immigrant families to the United States, including Sanford (FAIR, 1998).

The Latino population in Sanford is relatively new, but there are signs of establishment throughout the town, including Latino owned businesses, restaurants, stores, churches, and Spanish language billboards. The community became more unified in 1989 after an Immigration and Naturalization Service raid in a mobile home park, predominantly populated by the Latino

community. Many families were deported to their home countries, unaware of their rights and responsibilities. It became apparent that the Latino community would benefit from guidance about the legal and social issues of living in the United States. In 1990, a respected member of the community started The Hispanic Task Force, one of the few Latino-specific service providers in Sanford. The Hispanic Task Force currently serves about 3,000 clients with educational services about legal and social issues (L. Hurley, personal communication, 1998).

## **ECONOMY**

Sanford and Lee County have experienced unprecedented economic growth in the past several years, parallel to growth in the nearby Triangle area, stimulating local industry. This is reflected in Sanford's diverse economic base and wide range of employment opportunities, including service-oriented, skilled and unskilled labor jobs. According to the Lee County Economic Development Corporation (1998), the employment base has increased by about 5,000 over the last five years, with forty-five percent of the county's total employment in the area of manufacturing. Local industrial products range from cosmetics and perfumes to poultry and static elimination equipment. Food industries alone have a combined workforce of more than 1,200 employees (Chamber of Commerce, 1998).

Sanford's industrial base is expected to expand as companies relocate to the city, attracted by its small town image, low crime and friendly people. Sanford also offers a large source of available labor to meet a company's employment needs. The Central Carolina Community College located in Sanford provides education and training for skilled laborers in Lee County. In addition, the transportation system, including railroad and highway, offers companies easy product delivery.

Sanford's economic growth is evidenced by improvements to the existing transportation system. The new Sanford-Lee County Regional Airport is scheduled for completion by April 1999 and U.S. Highway 1 from Raleigh will be expanding to four lanes by the end of 1998.

As a result of economic expansion, Sanford has experienced significant growth in the Latino population. Initially, most Latinos came to the area to work on the tobacco farms but many have now found steady employment in the manufacturing sector. They are now an integral part of many local Sanford industries. For example, 53 percent of the 1,100 employees at Gold Kist's poultry a processing company are Latino (Lee County Community Development Department, 1997). Thirty percent of Pac-Fab's 120 employees, 20 percent of Coty's employees, and 11 percent of both This End Up's 200 and Eagle Electric's 60 employees are Latino (Salem, 1998).

Table 1: Percentage of Latino Employees in Sanford Industries, 1997

Company	Number of Latino employees	Percentage of Latino employees
Gold Kist	450	53%
Coty	245	20%
Tyson Foods	140	27%
Eagle Electric	75	11%
Pac Fab	42	30%
Magneti Marelli	26	4%
Cherokee Sanford	157	9%
This End Up	25	11%
Avondale Mills	13	5%

Source: United Way Assessment, 1997.

By the year 2,000, the Latino community of North Carolina is projected to surpass 200,000, providing an additional 80,000 workers in the agriculture, factory, and construction industries (Capote, 1996).

Latinos are clearly a growing population in Sanford, both in the industrial sector and in the community as a whole. Their presence has stimulated the opening of new Latino owned businesses and restaurants located throughout town, but primarily on Main Street of Jonesboro. Additionally, mainstream businesses are beginning to recognize the buying power of the Latino community, influencing many changes in the business sector. For example, banks have introduced multi-language ATMs which enable non-English-speakers to utilize their services (Capote, 1996).

Social, political and economic changes, including immigration laws and job opportunities, have encouraged migration to Lee County. The Latino community has been and will continue to be an integral part of Sanford, contributing unique cultural, economic and social benefits to the community.

## COMMUNITY PROFILE

All indicators reflect that there is a growing Latino population in Sanford and Lee County. However, the existing data for Latinos in North Carolina is both scarce and inaccurate, thereby masking the true presence and influence of Latinos. Where applicable, local and state data were used for the Latino population. When it was not available, national data was substituted. Although the 1990 census data was used as an attempt to provide a comprehensive understanding of the Latino community, there are certain limitations in using this information. These limitations include: outdated statistics that do not depict the tremendous growth of the Latino population in Lee County that occurred after the 1990 census; miscategorization of Latinos in the racial breakdown of the census; and undercounting of the Latino population due to both Latinos' fear of deportation and the transient nature of migrant farm workers.

### DEMOGRAPHICS

Table 2: North Carolina and Lee Co. Hispanic population, 1990-1997

Hispanic Population	1990	1997	% Increase
NC	69,020	149,500	117%
Lee County	900	10,000	1,011%

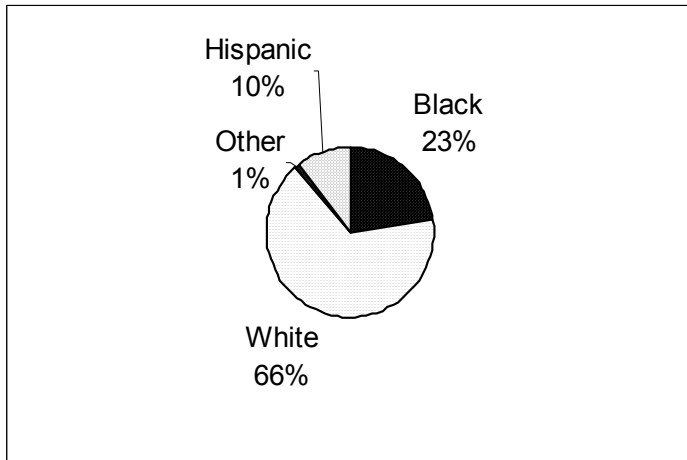
Source: Govt. Info. Sharing Project, 1996, United Way Assessment 1997, personal communication, 1998.

The greater percent increase of Latinos in Lee County compared to North Carolina may be explained by the availability of jobs in the large manufacturing industry in Lee County as well as the close proximity to the Triangle area. Estimates ranged from 5,000 to 10,000, but most service providers interviewed agree that there are approximately 10,000 Latinos in Lee County. Estimates for North Carolina are as high as 300,000 (Luginbuhl, 1998). The percent increase is

extremely large, in part, because demographic data from the 1990 census dramatically under-represents the Latino population.

The overall population of Lee County has grown 16.7 percent from 1990 to 1997, reflecting an increase of 6,933 residents. Much of this growth can be attributed to the migration of Latinos to the area. Although Latinos only comprise 10 percent (Figure 1) of Lee County's total population, it is projected that this community will continue to grow at a faster rate than other racial groups.

Figure 1: Lee County Population by Race, 1997



Source: United Way Assessment, 1997.

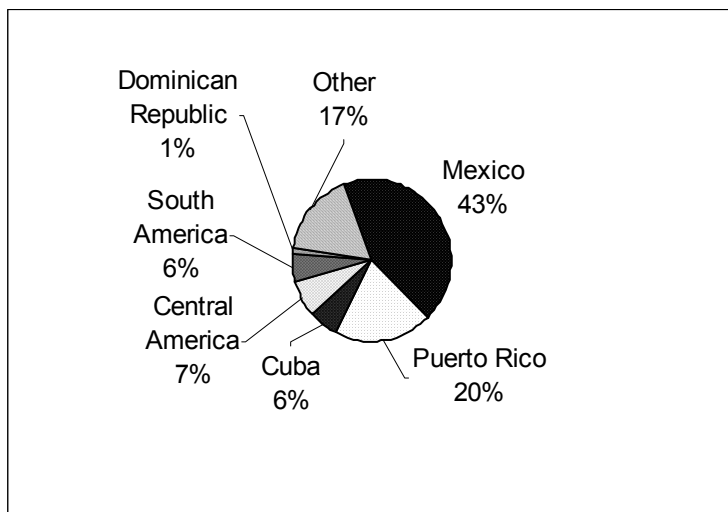
According to Karen Johnson-Webb (1996), two-thirds of North Carolina's Latinos are U.S. born or from U.S. territories, and the 1990 census indicates that only 16 percent of Latinos living in the United States at the time of the census were not U.S. citizens. The largest proportion of Latinos migrate to North Carolina from only a handful of states including California, Texas, Florida, and New York. New Jersey, Virginia, and Georgia are also sources



of smaller, but significant numbers of Latino migration to North Carolina (Johnson-Webb, 1996).

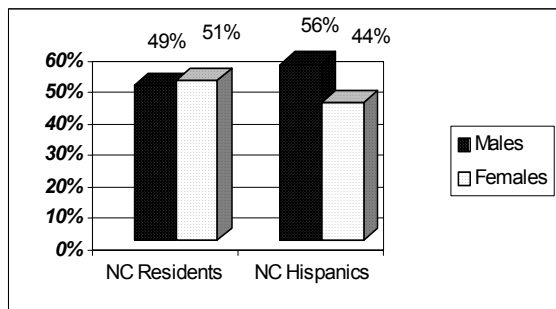
Although Mexicans comprise the largest nationality among Latinos in North Carolina, the remaining 57 percent have diverse and distinct cultures (Figure 2).

Figure 2: Countries of Latino Ethnicity in North Carolina, 1990



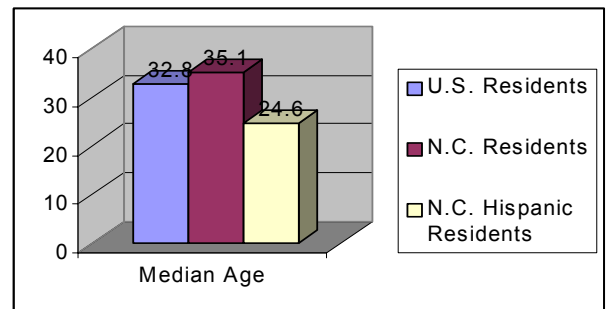
Source: Johnson-Webb, 1996.

Figure 3: Gender of N.C. Residents and N.C. Hispanics, 1996



Source: Johnson-Webb 1996.

Figure 4: Age Comparison, 1996



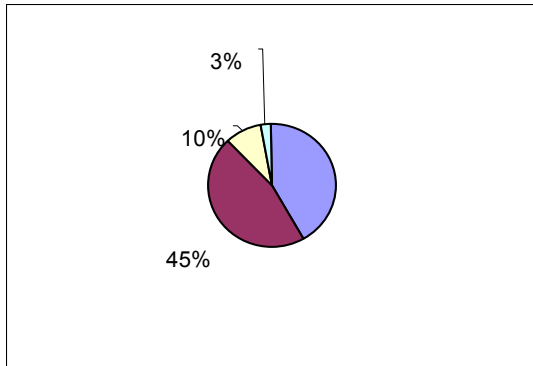
Source: Johnson-Webb, 1996.

Similar to the historical migration patterns of other immigrant populations, Hispanic males slightly outnumber Hispanic females in North Carolina (Figure 3). Growing job opportunities in Lee County industry may attract young Latino males (Figure 4), creating a younger Latino community than the general population (Johnson-Webb, 1996).

**Medicaid**

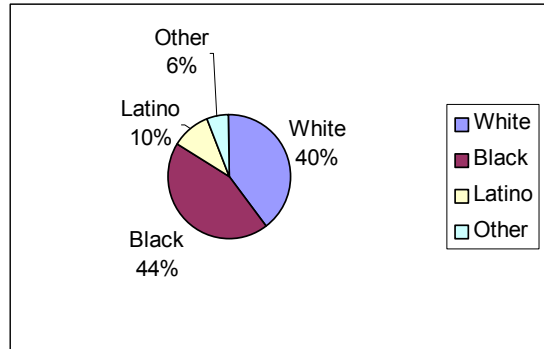
Figures 5 and 6 delineate the percentage of Latinos receiving Medicaid out of the total number of people on Medicaid in 1998. In 1998, Lee County had almost triple the percentage of Medicaid recipients who were Latino compared to North Carolina. In North Carolina, only 3 percent of Medicaid recipients were Latino, compared to 10 percent in Lee County (Figures 5 & 6). Based on Figure 6, the number of individuals receiving Medicaid, and population estimates, approximately 12.2 percent of Latinos, 7.4 percent of Whites, and 23.8 percent of African

Figure 5: Medicaid Recipients in N.C. by Race, 1998



Source: Dept. of Health and Human Services, 1998.

Figure 6: Medicaid Recipients in Lee Co. by Race, 1998



Source: Dept. of Health and Human Services, 1998.

Americans receive Medicaid in Lee County.

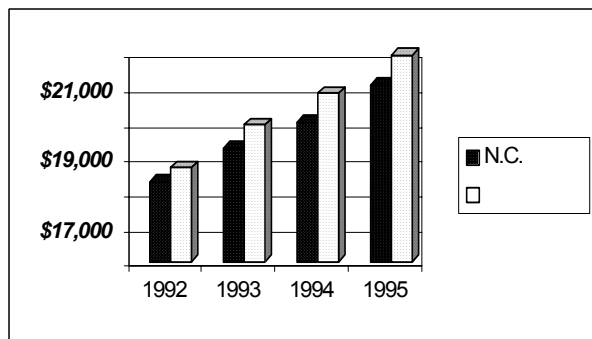
A study conducted by the University of California at Los Angeles found that Latino immigrants were less likely to use public assistance than other low-income Americans (Los Angeles Daily News,

1997). Lower utilization can be attributed to new federal laws as well as Latinos' miscomprehension of the Medicaid system. Many Latinos do not apply due to fears of adverse repercussions on their citizenship, residency, or immigration status. The 1996 welfare law, Personal Responsibility and Work Opportunity Reconciliation Act, declares most legally admitted immigrants who entered the U.S. after August 1996 ineligible to apply for federal assistance during their first five years in the U.S. These legal immigrants now only qualify for emergency services (Ellwood and Ku, 1998).

## ECONOMY

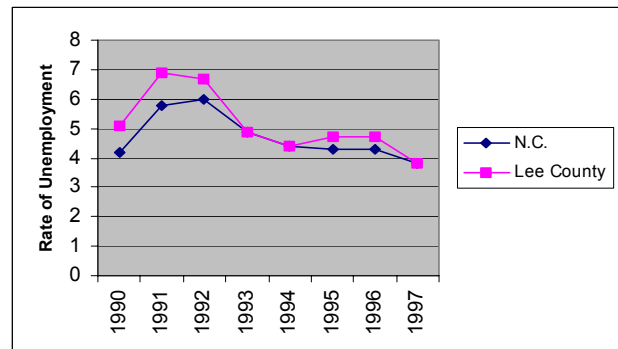
Nationally, the steady upward growth of the economy has increased per capita income, decreased unemployment rates and waned poverty levels in the U.S. This healthy economic trend holds true for North Carolina and Lee County as well (Figures 7 and 8).

Figure 7: Per Capita Income, 1992-1995



Source: Office of State Planning, 1998.

Figure 8: Unemployment Rates, 1990-1997



Source: Office of State Planning, 1998.

Data on economic status for Latino residents in Lee County is unavailable, but national statistics provide comparisons of economic status between Latino and non-Latino populations. Latinos in the U.S. are also benefiting from the strong economy. Their median income has increased by 4.5 percent from 1996 to 1997 and the poverty rate for Latinos decreased to 27.1 percent in 1998, the lowest since 1989 (National Council of La Raza, 1998).

Although the economy is benefiting many Latino families, a wide disparity still exists along ethnic lines in the United States. Latinos have the second highest unemployment rate next to African Americans. The rate of unemployment was 8.8 percent for Latinos compared to 4.2 percent for Whites in 1996. Even with the increase in median income per household among Latino families, 30.3 percent of Latino adults and 40 percent of Latino children fell below the poverty level in 1996. In 1992, 29.3 percent of Latino households lived below the poverty level compared to 13.1 percent of non-Latinos (National Council of La Raza, 1998).

**EDUCATION**

Table 3: Lee County Public School Student Population, 1990-1998

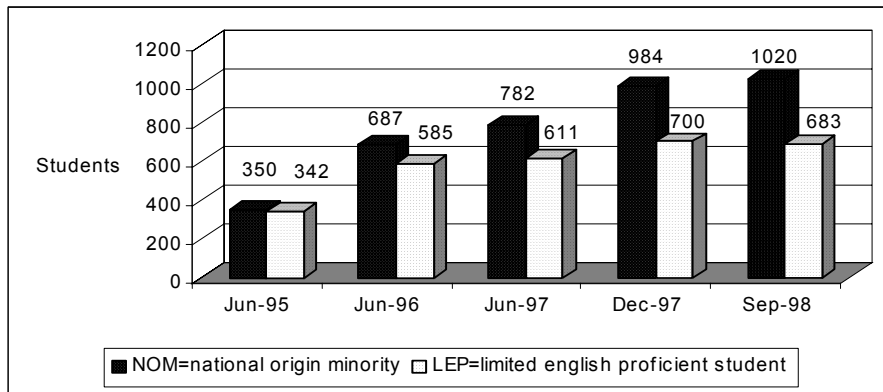
Student Population	1990	1998
National Origin Minority	72	1020
U.S. Born	5702	6946

Source: Lee County School District, 1998.

In 1990, Latinos made up only 1.3 percent of the student body in primary and secondary schools in Lee County, while in 1998 Latinos made up 14.7 percent of the student population (U.S. Census 1990, Lee County School District 1998). Table 3 presents figures of enrollment for National Origin Minority (born outside the U.S.) students and U.S. Born students in 1990 and 1998. Staff from the Lee County School District stated that almost all of the National Origin Minority students are Latino, but were not able to provide an estimate of a proportion. During

the 1996-1997 academic year, 34 National Origin Minority students dropped-out of Lee County high schools. However, a representative of Sanford Schools stated that the drop out rate for Latino students is similar to the drop out rate for non-Latino students (P.Patterson, personal communication, 12/14/98).

Figure 9: Lee County Schools, NOM and LEP Enrollment, 1995-1998



Source: Lee County School District, 1998.

Additionally, in 1998, 12 out of 60 children (20 percent) of Sanford’s Head Start enrollment were Latino children (T. Ray, personal communication, 1998). The increase in National Origin Minority and Limited English Proficient students in Lee County schools (Figure 9) and substantial Head Start enrollment in Sanford may be due to a growing number of Latino families settling into the area with permanent employment rather than passing through as seasonal workers.

Another indicator of the growing Latino community in Lee County is the number of English as a Second Language (ESL) classes offered in the school system. All eleven schools in Lee County have ESL teachers on staff with ten of the eleven schools having full-time ESL

teachers available (Lee County School District, 1998). Central Carolina Community College also offers six different levels of ESL classes daily with an enrollment of 150 Spanish-speaking students. In addition to the ESL courses, Latinos make up 2 percent of Central Carolina Community College regular enrollment, with 81 students (Assistant Registrar, Central Carolina Community College, personal communication, 1998).

## **HOUSING**

Homeownership rates are increasing for immigrants in the United States, however, this trend has only been found among immigrants who have lived in the U.S. for more than 10 years (N.C. Consolidated Plan, 1998). Because a large number of Latinos in North Carolina are recent immigrants, their homeownership rates are the lowest among four major ethnic groups. In North Carolina in 1990, the homeownership rate was 72.9 percent for Whites, 66.3 percent for Native Americans, 49.6 percent for Blacks, and 41.7 percent for Latinos (N.C. Consolidated Plan, 1998).

Several local Latino service providers in the community have stated that, in recent years, more Latinos are purchasing houses in Sanford. According to John Snow, a Sanford Realtor, there has been a “strong market” in Sanford among Latinos who have been buying more homes within the past couple of years. He has seen an overall increase in the number of Latino couples with children, who have dual steady incomes and have been living in Sanford for five or more years. He also stated that the average price of homes purchased by Latinos is between \$60,000 and \$90,000 (J. Snow, personal communication, 1998).

In reality, home-buying is a luxury for few Latino families. In North Carolina, inadequate, substandard housing is a reality for numerous others. Recent research indicates that

80 percent of Latino households in the 0-30 percent income bracket experience the highest incidence of housing problems in North Carolina (N.C. Consolidated Plan, 1998). In Lee County, 36 percent of Latino residents who responded to a needs assessment stated that affordable adequate housing was a major problem (United Way Assessment, 1997).

A large number of Latinos live in three mobile home parks just outside Sanford city limits, Dreamland, Thornwood, and Pine Village. Many opt to buy mobile trailers instead of houses because they are less expensive and loans are more easily obtainable (J. Snow, personal communication, 1998). Service providers from Lee County Health Department have encountered Latinos who have had difficulty renting apartments and other housing due to landlords requiring certain documents such as references and social security cards (M. Madera, personal communication, 1998).

## **HEALTH OF LATINOS IN SANFORD**

The health of a community is determined by the physical health, emotional health and social well-being of its community members. The physical health of Sanford Latinos is addressed in the context of four major health problems as well as the health status of mothers and children. In addition to difficulties with physical health, the Latino community faces great emotional and social challenges such as crime, alcohol abuse, and domestic violence. Also discussed are the various services available to the Latino community and the barriers that prevent many Latinos from using these services.

As expressed in the secondary data introduction, the health data and statistics provided throughout this section may not truly reflect the situation of Latinos in Sanford. Demographic and health data specific to Latinos has been collected only in recent years, and much of the data is conflicting. National and State statistics are used to provide insight into the health status of Latinos in the United States when local data is not available. Statistics for non-Latinos are also provided for comparisons between Latino and non-Latino populations.

### **MORTALITY AND MORBIDITY**

Mortality and morbidity rates for specific diseases or illnesses provide a good indication of the health condition of a population. Despite major disparities in the health status of Latinos and that of other populations, health status of Latinos is improving. Healthy People 2000 is a national health initiative to improve the health of all Americans, setting specific goals for the year 2000. Of the 82 Healthy People 2000 objectives, about half of the baseline data indicate a decrease in health disparity between Latinos and the total population (Healthy People 2000, 1998).



Very little data exist about the health situation of Latinos in Lee County or Sanford, although the frequencies for leading causes of death among Latinos in 1997 are available (Table 4). Some of these main causes of death are disease specific and some are socially related. Social health of the Latino community will be discussed in a later portion of this document. According to the North Carolina State Center for Health Statistics, there is no data available on disease prevalence among Latinos in North Carolina (personal communication, 1998).

Table 4: Leading Causes of Death for Descendants of Hispanic Origin, 1997

Cause of Death	Lee County	North Carolina
Diseases of the Heart	0	17
Cerebrovascular Disease (CVD)	0	6
Cancer	0	14
Diabetes	0	2
Pneumonia and Influenza	1	4
Unintended Motor Vehicle	2	69
Other Injuries	1	29
Suicide	0	14
Homicide	0	35
Other	1	39
Total	5	237

Source: State Center for Health Statistics, N.C. State Center of Environment, Health and Natural Resources, 1997.

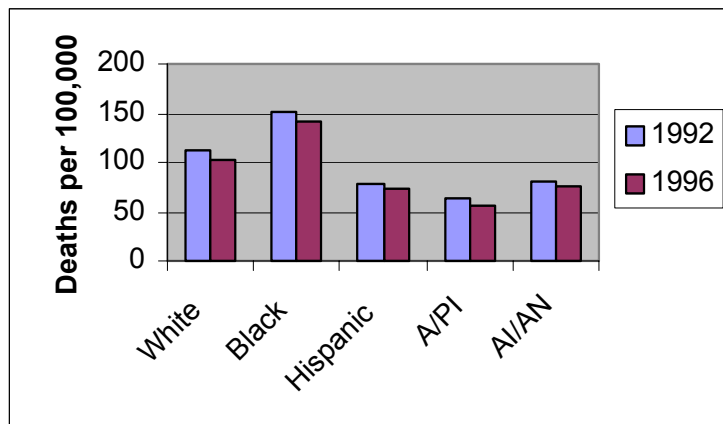
## Heart Disease

Heart disease is the number one killer of all populations in the United States. Three major risk factors for heart disease are smoking, high blood pressure (hypertension), and high cholesterol. Other risk factors include obesity, inactivity, and a family history of heart disease.

Statistics suggest that Latinos have lower cardio-vascular disease death rates for coronary heart disease than Whites and African Americans (Figure10), but among women, Latinos and African Americans have the highest death rates of all ethnic groups. Latino women are more likely to be overweight (particularly those of Mexican and Puerto Rican descent) which

increases their risk of heart disease (National Women’s Health Information Center, 1998). Both male and female Latinos have higher age-adjusted rates of hypertension, and only 38 percent of Mexican-Americans had their cholesterol checked in 1995 and 1996 (U.S. Department of Health and Human Services, 1998).

Figure 10: Coronary Heart Disease Deaths by Race, U.S., 1992-1996



Source: U.S. Department of Health and Human Services, 1998.

## Cancer

North Carolina ranks 27<sup>th</sup> highest overall in cancer mortality rates in the continental U.S. Overall, Latinos have lower cancer rates than Whites and African Americans, and higher rates than Asian/Pacific Islander and American Indian/Alaskan Natives (Center for Disease Control, 1998; National Cancer Institute, 1998).

Incidence and prevalence rates of cancer are not available for Latinos, but it is important to note that the risk of death from cancer is higher in minority communities due to later diagnosis and treatment, resulting in more severe health outcomes. The proportion of Latino women who die from cervical cancer continues to rise, most likely due to obtaining treatment later than other

populations once the cancer has developed. In 1995, data from the National Vital Statistics System indicated that 3.1 per 100,000 Latino women died from cervical cancer, but the cervical cancer death rate for all females was 2.5 per 100,000 (Healthy People 2000, 1998).

Similar to trends among all American women, more Latino women are getting pap tests. In 1994, 91 percent of Latino women reported ever having received a pap test. In the same survey, 50 percent of Latino women stated that they had received a clinical breast exam or mammography exam in 1994 (Healthy People 2000, 1998).

## **Diabetes**

About 5 percent of Latinos living in the United States between the ages of 20 and 44, and 20 percent of those between the ages of 45 and 74 have diabetes (National Diabetes Information Clearinghouse, 1998). The prevalence of diabetes in Latino populations in the United States is nearly double that of Whites (Department of Health and Human Services, 1998).

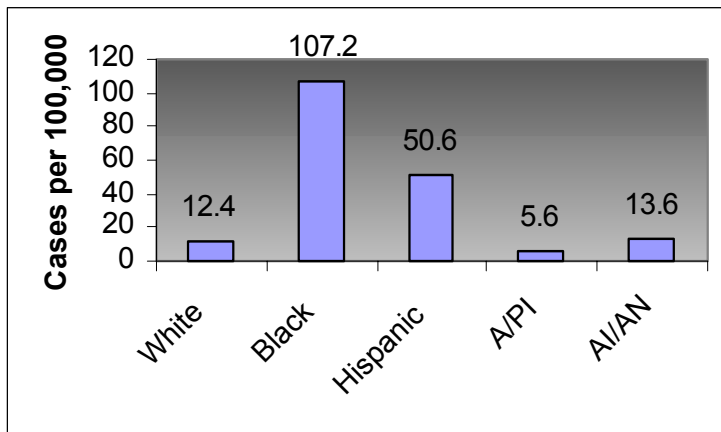
Diabetes is a condition with many complications including heart disease, end-stage renal disease, blindness, and lower extremity amputations. All of these have the potential to be prevented through early detection, appropriate monitoring of hypertension and blood glucose levels, administering proper foot care, reducing hyperglycemia, eliminating cigarette smoking, and reducing high blood pressure (Department of Health and Human Services, 1998).

The North Carolina Diabetes Advisory Council provides a monthly newspaper written in Spanish and English, educating the public about the prevention, detection, and management of diabetes (1998).

## **HIV/AIDS**

AIDS has disproportionately affected minority populations. Latinos constitute 10 percent of the U.S. population, yet they account for nearly 18 percent of the 641,086 AIDS cases reported in the United States through December 1997 (Center for Disease Control and Prevention, 1998). Figure 11 illustrates the rate of adult AIDS cases for five ethnic groups. In 1996, 85 percent of children reported with AIDS were African American or Latino (National Institute of Allergy and Infectious Disease, 1998). In 1995, North Carolina had an AIDS prevalence rate of 11.1 per 100,000 population. This was an increase from 8.0 per 100,000 in 1990 (North Carolina State Center for Health Statistics, 1997).

Figure 11: AIDS Cases per 100,000 (13 Years or Older) in the U.S., 1997



Source: U.S. Department of Health and Human Services, 1998.

Most HIV/AIDS cases reported among Latinos have been men, although the proportion of cases among women is rising. Intravenous injection drug use is a major factor in the spread of HIV/AIDS. During the period July 1994-June 1995, 44 percent of new cases in Latino men, and 15 percent in Latino women, were related to injection drug use (National Institute of Allergy and Infectious Diseases, 1998; Center for Disease Control and Prevention, 1998).

Twenty-one percent of new AIDS cases reported in 1997 occurred among Latinos, and the AIDS incidence rate was 37.7 per 100,000, almost four times the rate for Whites (10.4 per 100,000) (Center for Disease Control and Prevention, 1998). Contributing factors of the disparities include misperceptions of risk, late detection of infection, inefficient follow-up care, and lack of health insurance to pay for drug therapies (Department of Health and Human Services, 1998).

## **MATERNAL AND CHILD HEALTH**

### **Health Indicators**

Live births, utilization of prenatal care, low birth weight, infant mortality and teenage pregnancy statistics are measurable indicators of the health of mothers and children as well as communities.

#### *Birth Rates*

Birth rates in Lee County are higher than those of North Carolina and the United States. In 1997, the birth rate was 72.9 per 1,000 females age 15 to 44 compared to 62.9 and 65.3 in North Carolina and the United States. United States birth rates in 1995 for Whites and Latinos respectively were 64.4 and 105.0 per 1,000.

#### *Prenatal Care*

In addition to a high birth rate, mothers of Hispanic Origin are more likely to receive late or no prenatal care than White mothers. Giachello (1994) found that foreign-born Latinos are more likely to receive late or no prenatal care than U.S. born Latino mothers. In 1995, 68 percent of Hispanic mothers in the U.S. received prenatal care in the first trimester compared to

88.3 percent of Whites (Ventura et al, 1996). In Lee County, the percent of children born to mothers who received late or no prenatal care is much higher than state and national rates. While 22.6 percent of live births received late or no prenatal care in Lee County, this was true of only 3.3 percent and 4.0 percent of live births in North Carolina and the U.S. in 1997 (North Carolina Health Statistics Pocket Guide, 1998). In North Carolina, 7.4 percent of live births to women of Hispanic Origin received late or no prenatal care, more than double the average (3.3 percent) for North Carolina.

Early prenatal care is important for the reduction of infant mortality and low birth weight as well as other negative health outcomes. Table 5 compares overall rates of infant mortality and low birth weight in Lee County, North Carolina and the United States.

Table 5: Low Birth Weight, Infant and Neonatal Mortality Rates in Lee Co, N.C. and the U.S., 1997

	United States	North Carolina	Lee County
Percent LBW*	7.4%	8.7%	7.8%
Infant Mortality Rate**	7.3	9.2	12.7
Neonatal Mortality Rate***	4.8	6.1	8.5

\*5 lbs. 8 oz. or less, \*\*Deaths under 1 yr. per 1,000 live births, \*\*\*Deaths under 28 days per 1,000 births

Source: North Carolina Health Statistics Pocket Guide, 1998.

### *Birthweight and Infant Mortality*

In 1996, 4.1 percent (6 total) of babies of Hispanic Origin mothers were classified as low birth weight in Lee County compared to 6.2 percent (421 total) in North Carolina (North Carolina Health Statistics Pocket Guide, 1998). The infant mortality rate for this same population was 6.8 per 1,000 live births in Lee County, compared to a rate of 4.8 in North

Carolina. This data suggests that even though many Latino women receive late or no prenatal care, they do not necessarily have more low birth weight babies or infant deaths. In fact, Mexican American women are the least likely to have high infant mortality rates, low birth weight or pre-term babies regardless of low rates of prenatal care (Giachello, 1994).

### **Sources of Care and WIC Services**

Lee County has a higher percent of infants born to mothers that utilize Medicaid and The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services compared to North Carolina. In 1995, 53.3 percent of the babies born in Lee County were to mothers receiving Medicaid as opposed to 44.1 percent of all women giving birth in North Carolina. The percent of pregnant and postpartum women utilizing WIC services in Lee County was 46.7 percent compared to the lower state percentage of 41.8 percent. The higher percentages may be reflective of Lee County's higher teen pregnancy rate.

As of October of 1998, approximately 29 percent of all WIC participants in the Lee County WIC program are categorized as Latino compared to 32 percent for Whites and 35 percent for Blacks (C. Harris, personal communication, 1998). These numbers may suggest the need for social services, such as WIC, is higher for Hispanics than Blacks than for Whites living in Lee County.

### **Teen Pregnancy**

In the United States, almost 500,000 teenagers give birth each year. The U.S. birth rate for teens (ages 15-19) in 1996 was 54.4 per 1,000, down 4 percent from 1995 (65.8) and down 12 percent from 1991 (62.1). The trend is similar in North Carolina where birth rates to teenagers were 70.5 per 1,000 births in 1991 compared to 63.5 per 1,000 births in 1996. (Ventura et al, 1996; North Carolina Health Statistics Pocket Guide, 1998). However, the birth rate for Hispanic origin mothers under 20 in North Carolina was 155.2 per 1,000 births compared to 48.6 per 1,000 births among non-Hispanic origin mothers in 1995 (Ventura et al, 1996).

Due to Lee County's high teen pregnancy rate of 105.6 and birth rate of 82.5 per 1,000 females compared to the state rates of 85.5 and 62.3 per 1,000 females (North Carolina Health Statistics Pocket Guide, 1997), it is no surprise that the Lee County Health Department names teenage pregnancy as their number one health problem and priority. Reasons include Lee County's higher rates of total and White teen pregnancies compared to the state, the fact that two-thirds of pregnancies are to unmarried females, a rate increase among Whites (although the minority rate is decreasing) and significant social consequences (Lee County Health Department, 1998).

Data show that the rates of birth to unmarried teen mothers in the United States has been steadily rising, resulting in many health risks for babies and mothers, including low socio-economic status. The overall percent of births to unmarried mothers age 15 to 17 has tripled from 1950 (23 percent) to 1996 (84 percent) (Ventura et al, 1996). Consequences of teenage pregnancy include complications during pregnancy and delivery, low birth weight, lower likelihood of receiving adequate prenatal care, high infant mortality rates and increased incidence of children born seriously ill, disabled or mentally retarded (Giachello, 1994).



## **Cultural Influences in Maternal and Child Health**

Overall, birth rates and birth outcomes of Latinos are due to a number of factors including acculturation, the use of traditional cultural birthing practices and care, nationality and other socioeconomic factors. It is possible that cultural factors such as social support, traditional care and remedies, emotional well-being during pregnancy, and help from extended family members may help Latinos overcome some of the barriers to infant mortality and low birth. However, cultural norms such as *verguenza* (shame) may also contribute to lack of preventive measures such as contraception use and family planning services (Giachello, 1994).

## **OCCUPATIONAL HEALTH**

Latinos in Sanford and Lee County, as in much of the United States, work in a disproportionate number of hazardous jobs. Rates of occupational disease are available only for selected industrial categories but not by racial or ethnic groups. This section will describe occupational health issues in three of the main occupational fields among Sanford Latinos. Although there are Latinos working in many different occupational fields, the vast majority work in the poultry processing plants, other manufacturing jobs, and construction. Lee County does not have a large number of migrant farmworkers compared to some other counties in North Carolina, so this paper will not discuss the health risks associated with farm work.

According to worker advocates, "much of North Carolina's economy is based on the availability of workers who are unaware of their rights and do not question their employers' lack of safety and health training, protective equipment, and posted safety regulations" (Nameth, 1994). Only six percent of North Carolina's labor force is unionized (E. Eng, personal communication, 1998). Federal law states that safety and health training must be provided in the

primary language of the worker, but this does not always happen.

### **Poultry Plants and Manufacturing Professions**

There is one poultry plant and many manufacturing plants in Lee County that hire large numbers of Latinos (see Table 1, pg. 6). The types of occupational hazards associated with poultry production and manufacturing are similar and result in similar treatment and prevention strategies.

Production and manufacturing work is physically strenuous because workers do repetitive stressful motion. Two of the major health problems that result from this type of work are back injuries and cumulative trauma disorders, a group of disorders that damage the tendons, muscles, and nerves inside hands, wrists, arms, shoulders, neck and back. These include carpal tunnel syndrome, tendonitis, tenosynovitis, and ganglion cysts (North Carolina Occupational Safety and Health, 1990). "To offset the repetitive motion problems associated with this type of task, many plants rotate their employees to different tasks periodically. Other plants have employees participate in exercise programs scheduled periodically throughout their shift to relieve stress and reduce muscle strain" (Carter, 1992).

Employees that work in poultry plants face additional risk for injury. According to the North Carolina Department of Labor (1997), workers in poultry slaughtering and processing jobs had 21.5 occupational injuries or illnesses per 100 workers in 1994 and 19.4 per 100 in 1995.

These risk are sometimes a result of insufficient machine guarding and extremely cold temperatures. Contact with moving machine parts can result in crushed hands, severed fingers, arms and legs, and can also cause serious cuts and lacerations. The Retail, Wholesale, and Department Store Union's Health and Safety Department (no date) reports poultry plants are kept

very cold to prevent the chickens from spoiling and to avoid the need for frequent cleaning of equipment. The cold temperature can result in lack of manual dexterity and numbness which may increase the number of work-related injuries.

### **Construction workers**

While making up only 5.5 percent of the U.S. work population, construction workers suffer 18 percent of all occupational injuries (Nameth, 1994). Construction work requires heavy lifting in addition to the use of many power tools and machines. Injuries range from back injuries to cumulative trauma disorder to crushed limbs or severe lacerations.

## **ENVIRONMENTAL HEALTH**

There are several environmental health hazards related to housing. The most common problems among Latinos in Sanford are related to sub-standard housing conditions and overcrowding resulting in inadequate heat and plumbing. Lack of heat is dangerous because many people will use unsafe methods of heat that may result in fires (M. Seibel, personal communication, 1998). Plumbing systems are set up for houses that have two people per bedroom; dwellings with more than the recommended number of occupants may have problems with overflowing septic tanks, creating a potentially hazardous situation (R. Warren, personal communication, 1998).

The Environmental Health branch of the Lee County Health Department is responsible for inspecting septic tanks, wells, lead levels in houses, and swimming pools. Lee County, unlike other counties in North Carolina, has been fortunate in having few problems with lead. Children who have been screened there have had very low levels (R. Warren, personal communication, 1998).

## **INDICATORS OF SOCIAL HEALTH**

Important indicators of social health in a community include crime, domestic violence, mental health problems, and substance abuse. Though little data is available on the Latino population, there are important cultural differences and implications that are significant in understanding the social and mental well-being of this population. These values are also important in planning outreach and services for Latinos.

### **Crime and Arrests**

Crime data reveal rates of arrest, violence, death, and injury which have a direct effect on the health of a community. Crime data show that Lee County has a slightly higher overall crime rate than North Carolina, with lower rates in violent crimes and higher rates in property crimes (North Carolina Department of Justice, 1997). Data particular to Latinos, however, is limited. Statistics from the Sanford Police Department show that the number of complaints involving Latinos increased by 3 percent in 1997. The total number of arrests in Sanford in 1997 was 6,091 and 194 of those were Latino (Sanford Police Department, 1998).

### **Domestic/Family Violence**

Domestic violence is a serious problem among Latino communities as well as other cultural and ethnic groups. On average, 8 in 1,000 women in the United States experienced violent victimization by an intimate partner between the years of 1992 and 1996 (Family and Intimate Violence Prevention Team, 1998). The 1995 National Crime Victimization survey found that about three quarters of all lone-offender violence against women was by an offender they knew and 29 percent were by an intimate partner (husband, ex-husband, boyfriend, or ex-

boyfriend). This study also found that women across all races and ethnicities experienced equal rates of violent victimization, but rates were highest among women with an annual income less than \$10,000 and women 19-29 years of age (Bachman, 1995).

Despite similarities in rates of violence across racial/ethnic lines, within the Latino population there are differences in nationality, immigration, education, length of time living in the United States, and acculturation level which affect perceptions and norms. Torres (1991) cites some factors which can put Latinos at a greater risk for abuse, including lower socioeconomic status, unemployment, age, pregnancy, social isolation, high levels of stress, and substance abuse. These situational conditions affect the occurrence of domestic violence as well as the decision to seek assistance.

Though not a homogenous group, there are some cultural values that are common throughout Latin America that affect individual beliefs and norms surrounding domestic violence. These include *familismo*, *respeto*, *machismo* and *marianismo* (Project Esperanza, 1995). (See Appendix A for a more complete list and definitions). Further, Torres (1991) states that Mexican-American women are more tolerant toward wife abuse and that it is more acceptable in Mexican-American than Anglo-American families. A service provider at the Coalition for Family Peace stated that this is true for many Latin American women. However, once Latinos become aware that abuse is a prosecutable offense in the United States, they are more likely to take action against it, especially if the action falls within acceptable cultural norms (eg. it is better for the family, especially the children; *familismo*) (C. Koch, personal communication, 1998).

Culturally appropriate outreach and intervention efforts are important in effectively working with the Latino population. Cultural aspects that should be reflected in health programs

include religious and family values, trust building, needs of the children over the individual, and confidentiality (C. Koch, personal communication, 1998).

Haven, the domestic and family violence provider located in Sanford, has one staff member and two volunteers who speak Spanish (as of February, 1999). This agency provides brochures, videos, and posters in Spanish and plans to begin organizing outreach efforts to the Latino community in Sanford in 1999. The Hispanic Task Force also works closely with Haven, assisting with outreach efforts and interpreter services. Two Haven staff members, who do not speak Spanish, expressed that crisis intervention is very difficult with Latinos who speak little or no English because using interpreter services prevents them from building trust and rapport with the clients. They also believe that domestic violence is prevalent among Latinos in Sanford, but that Latino women do not feel comfortable accessing the services because of cultural differences. From July 1, 1997 to June 1, 1998, only 14 Latino women of the 209 total women stayed at Lee County shelters for battered women (T. Moore, personal communication, 1998). It is likely that the bilingual staff member hired early in 1999 will help reduce some cultural and language barriers, resulting in increased utilization among Latinos.

## **Mental Health**

Latinos throughout the United States have faced problems including poverty, discrimination, language barriers, limited education, lack of social support, and cultural conflict which put them at risk for mental health disorders. Under-use of services is documented throughout the United States and could be due to multiple factors including a lack of need for these services, alternative sources of treatment, and barriers within the mental health service industry (Trevino & Rendon, 1994).

## Lee-Harnett Area Mental Health, Developmental Disabilities and Substance Abuse

Authority is a non-profit agency which provides services to Lee and Harnett counties, with one office in Sanford. Mental health adult service includes outpatient and inpatient services, partial hospitalization to patients in crisis situations, community residential services, and a Psychosocial Rehabilitation Program. Individual, group and family counseling is available as well as 24 hour emergency services. In addition, they provide many services for children, people with developmental disabilities, and substance abusers.

Table 6: Number Served by Lee County Mental Health Services, 1997

	Number	Percent
Total Served	5,327	100.0%
Mental Health	3,547	66.6%
Substance Abuse	856	16.1%
Inpatient Days	537	10.1%
Developmental Diseases	331	6.2%
Willie M*	36	0.7%
Thomas S**	20	0.4%

\* Service for children certified due to severe assaultive and aggressive behavior

\*\* Service for adults with mental disabilities

Source: Lee-Harnett Area Mental Health, Developmental Disabilities and Substance Abuse Authority, 1998.

Because there are no staff members who speak Spanish, interpreter services are used with Latino clients. A staff member at the Sanford Center felt that many Latinos would prefer to have therapy with a Spanish-speaker but that cultural issues were not a major problem because the center recognizes and tries to accommodate differences (personal communication, 1998).

Brochures are available in both Spanish and English.

### **Alcohol Abuse**

Alcohol abuse is a problem across all racial and ethnic lines in the United States, resulting in adverse social and physical health outcomes. Alcohol abuse is predominantly an

issue among Latino men and uncommon among Latino women, because smoking and drinking are not culturally appropriate for women. *Machismo* is often connected with Latino drinking patterns, and this may contribute to denial of alcohol problems within this community. Aguirre-Molina and Caetano (1994, pp 405-406) state that “for a man to admit that he is having problems with alcohol would be to admit that he is not in control and is therefore not *un hombre completo*” [a complete man]. Though these cultural norms exist, drinking patterns vary with such things as acculturation level, socioeconomic status, and age. In fact, acculturation into U.S. society is argued by some to be a major factor in rising rates of alcohol problems among Latinos (Aguirre-Molina & Caetano, 1994). Alcohol use is associated with various negative health outcomes including increased morbidity and mortality rates, mental health problems (including depression), domestic and familial problems, injury, and homicide (Aguirre-Molina & Caetano, 1994).

The Substance Abuse Program through Lee-Harnett Mental Health includes outpatient treatment, medical detoxification, residential treatment, and rehabilitation. In 1997, 856 people were seen for substance abuse by Lee County Mental Health (see Table 8). Lee-Harnett Mental Health also contracts with the Woodrow Scoggins Transitional Living Center (a halfway house for adolescent substance abusers) and Lee-Harnett Fellowship Home (a halfway house for adult male substance abusers). In addition, they provide educational and prevention services to the community, Alcohol and Drug Education Traffic School (for people convicted of DWI), and Drug Education School. Casa Cosecha (Harvest House) is a non-profit, state-funded addiction treatment program for adult male migrant and seasonal farmworkers. Spanish language Alcoholics Anonymous is an additional resource for the community.



## **HEALTH CARE COVERAGE**

The financial burden of health care is of great concern to most people living in the United States. Many Latinos face immense obstacles in obtaining health care coverage because they may be ineligible for insurance due to their residency status, lack the necessary financial resources to purchase insurance, or lack knowledge about health coverage options.

Mueller, Ratil, and Boilesen (1998) researched the effects of minority health status, residence, and insurance status on physician utilization. They found that insurance coverage had the greatest association with utilization, and that an insured person was twice as likely as a person without insurance to use a physician's services. The study also found that Latinos make up the lowest percent of insured than any other ethnic group in the United States.

Medicaid health care coverage is an option for eligible qualified aliens, or individuals who have resided in the United States for five or more years. Under Federal Law, immigrants are unable to receive Medicaid coverage until they have lived in the U.S. for 5 years. Services covered by Medicaid include in-patient and out-patient hospital services, necessary medical equipment, medical transportation, and children's health care. North Carolina's Medicaid system provides additional services including prescription drugs, intermediate care facilities for individuals with mental disabilities, mental health services, adult health screenings, and a variety of children's health care programs (North Carolina Department of Health and Human Services, 1997).

Currently, the North Carolina General Assembly is discussing laws that encourage more employers to provide health insurance benefits, but employer provided insurance may not ensure coverage for Latinos. A study conducted by Schone and Cooper (in Shinkman, 1997) found that young workers, of all races, in low paying jobs were less likely than the general population to be

offered, and to accept, employer covered health insurance. Many declined due to the increasing costs of premiums and significant employee contributions. Latinos in Lee County fit the description of people that are least offered and least accept employee offered insurance. In 1996, only 61 percent of Latinos in the United States were offered employer's insurance, compared with 74.5 percent of African-Americans and 77 percent of Whites and others. Of that 61 percent, only 77.5 percent of Latinos accepted the coverage (Schone and Cooper, in Shinkman, 1998).

North Carolina offers North Carolina's Health Choice, a free program that allows low income families to insure their children. Eligibility requires that family income be no more than 200 percent of the Federal Poverty Level, that individuals are legal citizens of the U.S., and have not been covered during the last six months by private or employer offered insurance. Individuals apply for North Carolina's Health Choice through the Department of Social Services, but all claims are handled through Blue Cross/Blue Shield. Benefits include all those available to North Carolina State employees, plus dental and hearing services. Members whose incomes are 150 percent of the poverty level pay no fees and no co-payments. People that are between the 150 percent and 200 percent of the poverty level pay an enrollment fee and a co-payment, but the co-payment may not exceed 5 percent of that person's income (K. Terry, personal communication, 1998).

At Central Carolina Hospital, individuals that have not resided in the United States for more than five years, and do not qualify for Medicaid or other health care coverage, are provided free emergency care in case of life-threatening medical situations. Women are also provided free labor and delivery care, allowing two days of hospital stay (K. Terry, personal communication, 1998). Additional methods of coverage are available through grants and hospital policies for a select few who are unable to pay for services (M. Marrero, personal

communication, 1998).

A hotline service called North Carolina Health Care Resource Line is available to discuss insurance options for individuals residing in North Carolina. This number is 1-800-367-2229 and has 24 hour Spanish speaking staff available. The Department of Social Services also provides health care coverage information.

## **BARRIERS TO UTILIZATION OF HEALTH SERVICES**

There are many barriers preventing Latinos in Lee County from using health care services. Language and cultural differences between health care providers and patients are arguably the largest barriers. Other barriers include lack of familiarity and awareness of available services, a fear that one's residency status may be affected, lack of transportation, and the financial magnitude of health care (Bazan Manson & Caputo, 1996).

In a 1994 North Carolina Office of Minority Health survey of local health agencies, several counties listed cultural and language barriers as their number one concern. It is difficult for non-English speakers to learn about and access health care services. The North Carolina Office of Minority Health in Raleigh emphasizes that "while second generation immigrants generally learn the language of their new country and become more acculturated, a link is needed for the first generation. If we cannot communicate, it may not matter what type or amount of services we provide" (Lopez, 1993).

Other types of cultural differences impact Latino utilization of health care services in Lee County: the concept of time, *confianza* and *personalismo* (Lopez, 1993) (See Appendix A for definitions). The concept of time is different for many Latinos who may not understand the importance of showing up for an appointment at a specific time since one usually has to wait.

Confidence and personal relationships are necessary for trust building, and are difficult to achieve when working through interpreters.

Latinos, particularly those who have recently come to the United States, tend to have different perceptions of when to seek “professional” medical care. In their native countries, most Latinos first seek advice from a family member, then a *senioria* (a woman who is especially knowledgeable about the causes and treatments of illness), then a *espiritista*, *curandera*, or *santero* (folk practitioners), and finally, from a physician. “Health care providers should remember that people who appear to have delayed seeking health care have most likely counted on curing their illness through culturally known and well understood folk processes” (Spencer, 1979).

Among Latinos in Sanford, lack of transportation is a deterrent to receiving health care. The only public transportation available is the County of Lee Transit System (COLTS) which provides transportation to and from health or social service agencies. It is a "dial-a-ride" system and is paid for by programs such as Medicaid. COLTS is hoping to establish a public route with regular service for community members in 1999. They have recently translated their brochures into Spanish, but have no Spanish speaking staff (R. Ruffner, personal communication, 1999).

In 1994, the North Carolina Office of Minority Health in Raleigh conducted an assessment of health service needs for the Hispanic/Latino community in North Carolina and identified ways to improve health services. Their three key recommendations are: hiring bilingual personnel (or developing mechanisms to share bilingual personnel among agencies), translating intake forms into Spanish, and developing a resource list of cultural and educational materials and videos in Spanish. Other recommendations are to provide more cultural diversity training for staff members and to include Latino community members in program planning

(Lopez, 1993).

## **CONCLUSION OF HEALTH DATA**

Latinos in the United States generally tackle the same health problems that other Americans must face. Unfortunately, language barriers, lower incomes, cultural norms, lack of health insurance, and limited access to proper health care, create challenges for many Latinos. Services are available at the local, state, and national level to aid the Latino community with health needs. While these services are available and effective, additional efforts would be beneficial for the Latino population.

## **RESOURCES AND ASSETS**

### **HEALTH CARE ORGANIZATIONS**

Community members and service providers referred to the following health care providers most commonly during interviews. Additional resource information, including telephone numbers and availability of services in Spanish, is available in Appendix C.

#### **Central Carolina Hospital**

The Central Carolina Hospital in Sanford offers a broad range of diagnostic, therapeutic and emergency services. Three major branches of the hospital are the physical therapy department, occupational health services, and the Family Medical Center.

The hospital has a medical staff of approximately fifty physicians, none of which are fluent in Spanish. Interpreter services are provided by paid community members as necessary. Hospital staff have been working to make their services more available to Latinos in the area. They have contracted with AT&T for translation of their telephone calls, and have added signs in Spanish throughout the hospital. The Patient's Bill of Rights is now available in Spanish; however, no other brochures have been translated at this point (K. Taylor, personal communication, 1998).

#### **Lee County Health Department**

The Lee County Health Department, located in central Sanford, has 46 employees, 21 of whom are health care providers. The Health Department offers a wide variety of services, with an emphasis on preventive care: adult health clinic, maternal and child health clinics, WIC, immunizations, women's preventive health services, communicable disease services, health

education, health promotion, dental health services, environmental health services, animal control, and vital statistics. The health department does not offer primary care services. According to Health Department employees, the maternal and child health clinic is the program most often used by Latinos in Lee County (G. Morgan, personal communication, 1998).

The Health Department is committed to providing services to Latinos living in Lee County. As of April, 1999 the Health Department has six bilingual employees including, two full-time Spanish interpreters, one bilingual parenting support worker, and one animal control officer, a Women Infants and Children clerk, and an administrative clerk.. The Health Department has some Spanish-language health education materials, and staff is working to have more information translated.

The Health Promotion Program offers nutrition counseling, health screenings, and educational classes on weight control, smoking, stress reduction and other topics. The program is utilized by churches, work sites, and other interested community groups. Interpreters are used when doing outreach to the Latino community (G. Morgan, personal communication, 1998).

### **Moncure Community Health Center**

For health services not available at the Lee County Health Department many Latinos attend the Moncure Community Health Center. This health center provides both preventive and primary health services for the entire family, including child health care and immunizations, teen health care, adult medicine, chronic illness and minor trauma, physical exams, geriatric care, laboratory and x-ray services. It also offers prevention, diagnosis, and treatment of emotional, family and school problems: drug, alcohol and tobacco use, and the testing and treatment of STDs. Fees are determined on a sliding scale basis. Services are offered in English and Spanish,

and there is a Hispanic Resource Coordinator on site (Coalition to Improve the Quality of Life, 1996).

### **Other Health Organizations**

There are other health services in addition to the County Hospital and Health Departments, many of which are now offering interpreters or written material in Spanish. Helping Hands of Sanford is a clinic that provides medical care for people in need of acute care and have no medical insurance or Medicaid. Helping Hands offers dental, medical and limited pharmaceutical services. Interim Health Care and St. Joseph's Home Health Agency offer in-home health care on a sliding scale for individuals that do not have health care coverage (Coalition to Improve the Quality of Life, 1996).

Services specific to Latinos throughout the state are limited, but there are three statewide hotlines specific to health offered in Spanish and English: Health Check Hotline (1-800-474-9000), First Step Hotline (1-800-367-2229), and the Cancer Information Service (1-800-422-6237) (Coalition to Improve the Quality of Life, 1996).

### **COMMUNITY RESOURCES AND ASSETS**

Several formal and informal organizations, associations, and support systems serve as resources for the Sanford Latino community. These resources are a source of strength and a means for the community to provide support to its members. They also provide an opportunity to build community capacity. Many interviewees felt that these resources were assets because they offered the community a sense of unity, a place of safety, and a sense of social support. The resources listed do not make up an exhaustive list of all assets in the Latino community, but



name those which interviewees mentioned repeatedly.

### **Hispanic Task Force**

The Hispanic Task Force is a non-profit organization which was established by concerned citizens of Sanford following an INS raid at a mobile home park, where many Latinos lived. This organization meets many needs of the Sanford Latino population by providing assistance with translation and interpretation, home buying and renting, acquiring birth certificates, filling out taxes and residency documentation, and helping immigrant Latinos understand U.S. laws. The Hispanic Task Force is funded to focus mainly on domestic and sexual violence and works closely with Haven to assist Latino victims of sexual and domestic abuse. They charge a small fee for most services, sometimes on a sliding scale.

### **Latino Soccer League**

Latino community members developed a soccer league in Sanford, which has competing teams in several surrounding cities, including Chapel Hill. Teams meet once a week, year round, at Buchanan Park located in Jonesboro near Kendale Plaza. Most soccer games are played on Sundays, when many community members have the time to enjoy watching the games. The league provides an opportunity for participation, socializing, entertainment, and recreation, which may help build and strengthen community ties and cohesiveness.

### **Church**

Although there are several churches that offer Spanish services, the largest church, and the one most frequently mentioned by interviewees, was St. Stephen's Catholic Church. Spanish

masses take place every Sunday at 1:00pm. Juan Carlos Possos teaches bible study classes on Friday evenings at 6:00, with childcare provided. Martha Bronson, coordinator of the church's Hispanic Ministry, estimates that about 300 Latinos are members of St. Stephens, not including children. The church offers instrumental support, including: ESL classes, service provider outreach education, and assistance with acquiring residency or birth certificate documentation. St. Steven's Church also offers marital classes and organizes food and clothing donations. Overall, Sanford churches are an important source of social support for many, provide opportunities for community participation and organization efforts, and help strengthen existing relationships and sense of community.

### **Local Businesses**

Another asset in the community is the increasing number of locally owned Latino businesses, including several Mexican and Latin American restaurants (Mazatlan I and II, La Cabana, El Paraiso, and Enrique's Tacos), stores (La Bodega, Mundo Latino), a Mexican bakery (Chichos Panaderia), and a video store (Tierra Caliente). These businesses provide the Latino community with items that are relevant and essential to their needs and expand job opportunities. Even more importantly, they serve as central locations for information dissemination. Often times, flyers, Spanish newspapers, and announcements are posted in storefronts where Latino community members will take notice of events occurring in Sanford. The growth and establishment of Latino owned businesses shows that Latinos are permanent and committed Sanford community members.

## **ESL Classes**

English as a Second Language classes, offered at 6 different language ability levels, take place at the Central Carolina Community College (CCC). A total of about 150 students are enrolled in the class and classes meet every week night from 5:00pm to 9:00pm. The teachers' Spanish language abilities range from minimum to fluent (native) Spanish skills and teachers come from various ethnic/national backgrounds, including: the United States, Puerto Rico, Dominican Republic, and Mexico. Beverly Owens is a contact person for CCC's ESL classes. During a focus group, one student stated that ESL class was one of the best things that has ever happened to him (personal communication, 1998). ESL classes provide opportunities for Latinos to advance in work, to communicate with the many Sanford residents who do not speak Spanish, and to overcome many of the barriers associated with low English proficiency (See Language and Culture).

## INTRODUCTION TO PRIMARY DATA

The following six chapters are a discussion of the most important strengths and needs of the Sanford Latino community as perceived by both Latino community members and service providers. The six chapters are: The Latino Community, Health, Language and Cultural Issues, Transportation, Legal Status, and Discrimination.

The Latino community chapter focuses on various dimensions of the “Sanford Latino community”, including, elements of community capacity, sense of community, community cohesiveness, and both the needs and benefits of living in Sanford, as identified by Sanford Latino residents. The chapter on health discusses physical health issues (in particular, occupation health), mental health issues, health care coverage, access to health care, and perceived quality of care. The following chapter, discussing language and cultural issues, illustrates the struggle and barriers for many Latino community members who do not speak English. Ideas in this chapter overlap with elements of every other theme chapter because language and cultural barriers impacts all aspects of life. It also raises some suggestions for improving the situation in Sanford for non-English speakers. The transportation chapter discusses some barriers for Latinos who do not own cars and some ways that they overcome these barriers. Lack of transportation affects many areas of life, including, work, health, and ability to do daily activities. Next, the chapter on legal status and legal issues considers the reality for many Sanford Latinos who are not legal residents of the United States. The final chapter explains that many Latinos feel discriminated against in multiple environments, including health care settings, stores and schools. Many felt discriminated against by police officers, landlords, and employers. It is unclear, however, whether the feeling of discrimination are due to racial judgement, language barriers, misunderstanding, or a combination of these and

other reasons.

Overall, these chapters present six intertwining and overlapping themes from the perspectives of Latino community members and service providers. As a result, readers will gain a richer understanding of the data presented and experiences of this community only after reading all six chapters. This section of the document attempts to present the perspectives and share the voices of Latino community members interviewed.

## THE LATINO COMMUNITY

### Community

Community is a broad term which encompasses, “geographic elements, that is, an aggregate of individuals residing in a particular place...relational elements, that is, the functions of ties among organizations, neighborhoods, families, and friends...and political elements, that is, the coming together of people to set a political dynamic in motion to transform and act on issues they face” (Eng & Parker, 1994). The Latino community in Sanford is defined by geographic boundaries, as well as organizational, historical, political, and cultural ties.

While the word “Latino” is used to describe this community, this does not imply that the population is homogenous. While the majority of Latinos in Sanford are of Mexican descent, there are also groups from South and Central America, Puerto Rico, and Cuba (L. Hurley, personal communication, 1998). This community includes individuals who have lived in Sanford for only a few months up to many years. In addition, because many Latinos moved to Sanford in search of work, the Latino population is disproportionately young and male.

Some defining features of community include participation, leadership, sense of community and the existence of organizational and social networks (Goodman et al, 1998). Interviews, focus groups and observations during the community diagnosis process reflected these elements of community which contribute to its capacity to mobilize, identify and address problems, and affect individual and community level changes (Goodman et al, 1998).

When we asked individuals what organizations or community activities they participate in, the majority reported that they did not participate in any. However, many stated that they went to church regularly. When asked about community participation, Mary Greer of the Hispanic Task Force explained that some Latinos participate in church activities, such as

collecting food for flood victims in Central America in 1998 (personal communication, 1998). Community members had differing opinions when asked about leaders in the community. While many named people such as Lucy Hurley of the Hispanic Task Force, others claimed that they have no leaders. This may be reflective of the dramatic growth and change in the Latino population over the past five years as well as ethnic separation within the Latino community and lack of racial integration between Latinos and non-Latinos in Sanford.

During interviews, some Latino community members expressed tension within the Latino community between individuals of different nationalities. At a community forum, one Latino community member complained that it is difficult to work on problems for the “Latino community” when “we are fighting among each other” (personal communication, 1999). However, many community members expressed the converse, maintaining that there is a strong sense of togetherness, family values, and willingness to help each other out within the Latino community. One community member stated, “I think that among Hispanics, one of the things that keep us [strong]...is the loyalty of the family, the unity of the family, not just the father and mother but the extended family...its like we are a clan and we need to do things for the family, not just for me” (personal communication, 1999). Many community members interviewed expressed similar opinions, although one person feared that Latino community members would lose this strength as they adapted to the individualism of the American lifestyle (personal communication, 1998).

Community members also had differing opinions about racial integration in Sanford. However, the majority of focus groups and interviews reveal that there is little union between Latino and non-Latino community members in Sanford. This could be due to a number of factors including language barriers, cultural differences and discrimination, to be discussed later

in detail. Though community members stated that the town is becoming more “mixed”, there is still a geographic separation between racial groups and many individuals expressed tension between Black, White and Latino groups. One community member stated that, “Many older White community members are frustrated that both Blacks and Hispanics have moved into their communities. The town is becoming more mixed because minorities are moving to various areas of town. It is not as segregated as in the past” (personal communication, 1999). Some Latino community members stated that they do not believe White community members understand them or their culture.

### **Identified Benefits**

During the community diagnosis, we also found that there are informal ties between many service organizations in Sanford, including the Hispanic Task Force, the churches, Haven (domestic violence service agency), Coalition to Improve the Quality of Life and the Department of Social Services. Mary Greer, director of the Hispanic Task Force, reported a desire to collaborate further with other organizations in Sanford (personal communication, 1998). A representative of Haven stated that a strength of Sanford is the good working relationship between social service agencies; they help each other out and are willing to make the extra phone call (T. Moore, personal communication, 1998).

During interviews and focus groups, community members named many benefits of living in Sanford. Community members like Sanford because it is tranquil, is a nice place to raise children, children receive a good education, and there are many jobs. One community member stated, “Me gusta la tranquilidad. Vivía antes en México, la violencia existe allá. No hay cosas que no me gusta” [I like the tranquility. I lived in Mexico before, there is violence there. There



isn't anything that I don't like] (personal communication, 1999). Another stated, "A mi, me gusta que es una ciudad pequena...es muy lenta. Es una ciudad para criar ninos. Es una ciudad pequena pero hay de todo" [For me, I like that it is a small town. It's a town to raise children in. It's a small town but it has everything] (personal communication, 1998).

### **Identified Needs**

Community members also identified some changes that they would like to see in Sanford. Many individuals mentioned the need for recreation and parks for families and children, making comments such as "No hay mucho para divertirse [en Sanford]" [There is not very much to do for fun [in Sanford]] (personal communication, 1998) and that they (Latinos) need a place where they can go with their families (personal communication, 1998). Many also stated that they would like to have a better public transportation system in Sanford and expressed dissatisfaction with existing shopping malls, cinemas and nightlife. One community member stated, "No hay muchos centros recreativos. Guadalajara tiene mucho gente y tiene muchos cines, parques, muchas cosas. Aqui no hay" [There are not many recreation centers. Guadalajara has many people, it has many cinemas, parks, a lot of things. Here, there aren't any of these] (personal communication, 1998). Also, while there is an active adult soccer league for Latino men, there is a lack of extracurricular activities for Latino children. One community member stated that, unfortunately, only a few Latino children participate in the youth soccer league in Sanford but that, "socialization at soccer leagues is a wonderful way to get together, to bring the families out...to meet each other and get a sense of shared culture" (personal communication, 1998).

Latino community members also identified a need for information in Spanish, including information on housing, job opportunities, banking, laws, immigration, getting a driver's license

and setting up utilities when moving. Also, many stated that they did not know where to go or who to call in an emergency. One community member said, “We need to know what to do when we have trouble..we don’t know the life here...Latinos are afraid to ask for help if they don’t have papers” (personal communication, 1998). In addition, some would like to have a radio station or newspaper in Sanford that provides local information in Spanish. One community member stated, “No hay periodicos. Los periodicos que son gratis no sale mucha noticia. Eso es una problems para la comunidad Hispanos. No hay noticias en Espanol” [There aren’t any newspapers. The newspapers that are free don’t have very much news. This is a problem for the Hispanic community. There isn’t any news in Spanish] (personal communication, 1998). Also, the cable provider in Sanford does not have a Spanish television station, forcing many Latinos to buy a satellite dish in order to watch the news and other television programs. A satellite dish, though, does not receive channels with local news.

While the Latino community in Sanford is not homogenous and was not in agreement about issues related to racial and ethnic integration in the community, they seem to share a sense of history, togetherness, and family values. Interviews and focus groups did not reveal high levels of participation or leadership in this community, with the exception of participation in church activities. Latino community members in Sanford discussed many things they liked about living in Sanford including the tranquility, job opportunities and benefits for their children. They also identified some frustrations of living in Sanford; these include: a lack of recreation centers and activities, poor public transportation and a need for more information in Spanish.

## **HEALTH**

Qualitative data gathered from community members and service providers support the secondary data gathered about the health of Latinos. Overall, Latinos are as healthy or healthier than the general U.S. population. Primary data collection allowed us to determine the health conditions and health needs as perceived by Latino community members and service providers. We found that health conditions and needs have less to do with types of illnesses or disease and more to do with costs and coverage of health care, access to services, and the manner in which Latinos are treated.

### **Health Conditions**

Based on primary data collection, it was difficult to determine which illnesses or diseases affect or concern Latino community members of Sanford. The purpose of primary data collection was to get an overall understanding of the health of Latinos living in Sanford, not to gather detailed information about the conditions experienced by community members. Secondary data indicated decreases in health status of diseases such as CVD, diabetes, and cancer after Latinos assimilate into the United States culture and adopt many poor health behaviors. This suggests that illnesses and diseases experienced by community members would be similar to those experienced by the general U.S. population. One exception is diabetes. Secondary data show that Latinos in the U.S. have a high incidence of diabetes but Latinos in Sanford did not name it as a major health concern. Some community members also named teenage pregnancy as a health concern, consistent with secondary data, and felt that teen pregnancy becomes a greater problem as young girls become acculturated.

When asked questions about the types of health problems experienced by interviewees, most said they were generally healthy and had not been sick recently. Those whose families had been affected by physical illnesses mentioned the flu, colds, bronchitis, and, in particular, occupational injuries. One gentleman mentioned that he works in construction, 60 to 70 feet above ground, and while he has not fallen he worries about the consequences if he did (personal communication, 1998). Another occupational health concern relates to the chemicals used in tobacco fields and production plants. One woman experienced a painful rash all over her hands and lower arms from chemicals used in a local industrial plant (personal communication, 1998).

Many workers fear that if they become injured they will lose their job because they are unable to work during recovery and that their medical expenses will not be covered by their employer. One person interviewed said that “there is nobody to help with the problem” if a worker becomes injured (personal communication, 1998). One Latino woman mentioned at a community forum that her place of occupation, a motel, did not have any information about what to do if an employee becomes injured on the job. Two health workers attending the forum said that every place of employment is required to post a flyer with occupational injury information and a hot-line number.

While occupational injuries occur in Sanford area construction and production worksites, some employers are taking great steps to prevent injuries. An occupational nurse from Tyson Foods discussed the required comprehensive training program for new employees and continual injury prevention education for employees (personal communication, 1999).

The Sanford Latino community also experiences mental health and social illnesses. Community members most often named drug and alcohol abuse and drunk driving, while service providers provided additional examples of the social and mental health concerns

prevalent in the community. It is possible that community members did not mention mental or social health issues because Latino culture precludes discussion of personal issues with people outside of family and close friends (*confianza*). Many also may have been embarrassed to admit that these types of problems exist within the community.

Service providers discussed several key issues, many of which community members did not mention, including: domestic violence; teen pregnancy; “excessive discipline to children”; and mental health issues related to living in a new county (isolation, depression, anxiety, stress, and feelings of loss of community and culture). Service providers also mentioned drinking and driving as well as substance abuse. Drinking and driving was the health concern most often discussed and may be attributed to the following:

- 1) drinking and driving had traditionally been socially acceptable in many Latino cultures;
- 2) the mental health issues related to living in a new county may lead to excessive alcohol consumption;
- 3) Latinos that drink and drive may be pulled over at a higher rate because they are easier to identify than other people that drink and drive because Latinos more often drive older, out of state cars with expired tags, which give reason for law enforcement to pull them over (service provider, personal communication, 1998).

A counselor at Lee-Harnett Mental Health stated that DWIs (driving while intoxicated) are the number one reason they see Latinos and stated that “it seems to be a disproportionate number of [Latinos] arrested and charged [for DWI]” (service provider, personal communication, 1998).

## **Costs and Coverage of Health Care**

The most significant health concerns addressed by community members are the financial constraints of health services. Many Latinos do not use health services to obtain regular check-ups because they are unable to cover the costs. Community members mentioned three health care providers that offered no or low cost services: Moncure Community Health Center, Lee County Health Department, and Helping Hands clinic. Central Carolina Hospital also has programs to assist patients that cannot pay for their health care (M. Marrero, personal communication, 1998).

When asked if paying for health care is difficult, one man responded “it isn’t if you have money” (personal communication, 1998). For many Latinos who do not have the legal resident status to receive health care coverage, or do not have the income to pay for medical bills, health care is very difficult to obtain. Community members discussed four situations with us in regard to health care coverage; most had no coverage, some were covered under Medicare, some had employer provided coverage, and others had private insurance. Some families face difficult situations because only some family members can obtain health care coverage. One family reported that the father received health care coverage through his employer, their child received Medicare, but the mother was not able to afford private insurance and did not qualify for alternative types of coverage. The mother said that thankfully, “Kids always have something” (personal communication, 1998).

Both service providers and community members told us that the majority of Latinos do not have health coverage. Residency status prevents many Latinos from receiving health care coverage. As stated in the Community Profile section, only 12.2 percent of Lee County Latinos receive Medicaid, but far more meet the economic eligibility requirements. We suspect that this

percentage is low because many Latinos do not have the legal residency required to receive Medicaid.

Latino community members that have legal residence and make an annual income of more than 200 percent of the poverty level do not qualify for Medicaid. These people must purchase their own insurance or use employer offered insurance. Many stated, though, that the high costs of premiums and co-payments prevent them from using these two insurance options.

### **Access to Health Care**

Many community members expressed frustrations with accessing health services. Issues of access included language barriers, limited awareness about health insurance, location of health services, hours of operation, and the need to make appointments. One interviewee said that “la unica problema es la comunicacion” [the only problem is communication] when asked about the problems of obtaining health care (personal communication, 1998). Language affects health care in many ways including when patients fill out paperwork or consent forms, when calling to set up appointments, communicating with health care providers and when discussing payment options.

Many health care providers are trying to hire more Spanish speaking staff and create literature and forms in Spanish. The hospital has translated many of their signs and literature into Spanish and the Lee-Harnett Mental Health Center distributes bilingual information and brochures, and hires interpreters to assist Latino clients. Helping Hands recently acquired a grant to fund a Latino service coordinator to improve the health services provided to Latino clients. Many community members praised the Moncure Community Health Center for having Spanish speaking staff; one woman stated, “vamos a la clinica de Moncure cuando yo o mis

ninos estamos enfermos” [we go to the Moncure clinic when I or my children are sick] (personal communication, 1998). Unfortunately, the increase in Latino clientele has resulted in a decrease in non-Latino clientele at the Moncure Community Health Clinic. Some Moncure residents now refer to the clinic as a “Spanish clinic” (personal communication, 1999).

Obtaining health care is difficult for many families who don’t have a means of transportation. One woman said “no puedo llevar los ninos a las clinicas para tocare las vacinas” [I am not able to take my children to the clinics to get vaccinated] because transportation is not available (personal communication, 1998). Many families do not have a car or have only one car that the husband uses to drive to and from work.

Other access issues dealt with inconvenience of receiving health care. Many felt that the hours of operation at the health clinics were not extensive enough to meet the needs of the community. Others were frustrated with the need to always make appointments, even in situations that the clients felt were urgent.

### **Quality of Care**

Community members had varying opinions about quality of treatment in health care settings. Many made comments such as, “el medico esta bien” [The medical treatment is good] (personal communication, 1998) and “Yo pienso que se trata el gente bien” [I think that they treat people well] when asked how they are treated by health care professionals (personal communication, 1998). One woman said that although she hasn’t had a problem with the medical treatment in Sanford, she is not as happy with the service here as the service she received in California, where she had one doctor for many years (personal communication, 1998).



Some interviewees shared negative experiences with health care providers. One woman experiencing allergy problems saw multiple doctors but was continually misdiagnosed until, finally, her allergies resulted in a serious sinus infection (personal communication, 1998). Also, many claimed that they often wait a long time to see a doctor at clinics. One woman told us that she took her child to the hospital with a very high fever, but had to wait a long time. She felt that her child was not treated right away and she was not treated with respect because she is Hispanic (personal communication, 1998).

This sentiment was also expressed by other interviewees. One man said that “Cuando hay un gringo” [When you’re a White person] you are treated well, but Latinos are not always treated the same as White people (personal communication, 1998). Latinos sometimes feel ignored or mistreated because of language barriers and inability to communicate in English. One family expressed frustration when they took their son in for an emergency. They were given forms from the hospital and unknowingly signed a form agreeing to pay for all medical expenses out of pocket, even though they had Medicare. When they got the bill, they were confused and frustrated, but called Social Services, who was able to resolve the situation (personal communication, 1998).

Primary data collected from community members and service providers suggest that the primary health needs of the Latino community are associated with barriers in receiving health care. Costs of health care, access to health facilities or information, and frustrations when dealing with health care providers prevent many Latino community members from receiving proper health care.

## **LANGUAGE AND CULTURAL ISSUES**

Almost every community member and service provider interviewed mentioned language as a barrier for Latino community members in accessing various services and programs, from health care to housing, employment to social services.

One woman, who had recently moved to Sanford from Washington, D.C., said the only thing she dislikes about Sanford is the lack of Spanish-speaking people (personal communication, 1998). In response to the question "If you could change one thing in Sanford, what it would be?", two community members replied, "have more people that speak Spanish, for example in the hospital, in offices" and at the Department of Motor Vehicles (personal communication, 1998) and "offer services in Spanish to help Hispanic workers (personal communication, 1998).

When asked about the major health problems among Latinos living in Sanford, one community member stated, "El unico problema es la comunicacion" [The only problem is communication] and felt that Latinos have the same health problems as everyone else, except for communication (personal communication, 1998). In fact, a few community members stated that language barriers have negatively affected their health (personal communication, 1998; 1999).

Many service providers, including a police officer, health department workers, and a city planner, validated the negative impact of language and cultural barriers on limited English proficient Latinos. An employee at Brick Capital Community Development Corporation, for example, stated that "the biggest barrier to home ownership is language" (N. Rivera, personal communication, 1999). Based on service provider interviews, language is a major barrier to providing adequate services to Sanford's growing Latino population.

Most service providers are making efforts to increase their bilingual information and

services, and many are trying to hire Spanish-speaking staff. However, progress is slow and, in the meantime, pressure is put on the few available bilingual staff members to meet the increasing needs of the non-English speaking population. For example, Maria Marrero is the only bilingual hospital staff member and all hospital forms are available only in English. Because she speaks both Spanish and English, she is often pulled away from her job to interpret for patients. In addition, she recently translated all hospital signs into Spanish to meet new Federal guidelines (K. Taylor, personal communication, 1998). However, while many service providers and organizations are working to reduce language barriers' negative impact on the Latino community, there are "some private physicians have refused treatment" because the patient doesn't speak English (personal communication, 1998).

During interviews and focus groups, several community members requested that additional interpreters be hired. While this suggests an important short-term goal for service providers in Sanford, many identified limitations of communicating through interpreters, particularly with sensitive issues like domestic violence and mental health. A representative of the Coalition for Family Peace in Siler City stated that "Interpreters can only be a stop-gap measure. They really have to hire bilingual staff but to do that, language needs to be the priority because you can almost always find a more qualified non-bilingual candidate" (personal communication, 11/6/98). An employee of the domestic violence shelter in Sanford explained that "it is hard doing a crisis intervention because we must work through interpreters...there is a lack of trust" (T. Moore, personal communication, 1998). In addition, a mental health service provider stated, "It is impossible to try to do individual therapy with someone through an interpreter. You miss a lot with the interpretation. The language barrier is a major problem. Even with an interpreter, it is very hard to translate specific meaning, like spirituality, hearing voices.

It may be normal to hear voices in some cultures or may be understood as just hearing normally. You miss a lot with interpreters" (S. Kagle, personal communication, 1998). When trained interpreters are not available, providers are forced to use alternatives such as children, spouses or friends. A Haven representative stated that counseling staff are sometimes forced to use a child as an interpreter, which is very problematic because discussions usually involve personal and serious issues (T. Moore, personal communication, 1998).

Language barriers also affect the employment and promotion opportunities for Latinos in Sanford. Two focus group participants explained that language is often a barrier to finding a job, stating, "Somos limitados por el idioma. Si habla solamente espanol, no hay muchas oportunidades" [We are limited by language. If you speak only Spanish, there are not many opportunities] and "Es un poco dificil encontrar un buen trabajo por el idioma" [It's a little difficult to find a good job because of the language] (personal communication, 1999). Another community member explained, "In most factories, there are no Spanish speaking managers. Some companies are afraid to hire Latinos because of the language barrier, but they would work...if you show them what to do (personal communication, 1999). One community member who now works in a manufacturing plant stated, "Many [immigrants] start out working in the poultry plant where it doesn't require hardly any English. Eventually, many move to companies that offer better working conditions and benefits" (personal communication, 1998).

Focus group participants also discussed how lack of English fluency can affect promotion opportunities, making comments such as, "Hay bastante trabajo, pero no se gana bien" [There's enough work, but you can't really move up] (personal communication, 1998) and "There are a lot of jobs. There are more opportunities if you speak English, are more educated. It's difficult to move up if you don't speak English. If you don't speak English fluently, you won't get an upper

level job" (personal communication, 1998).

Additional barriers to successful employment are related to both culture and language. The high turnover rate at Tyson Foods, illustrates the impact of these barriers. The personnel director at Tyson Foods was asked to investigate reasons for this high turnover rate. After speaking with Latino employees, he discovered that many wanted to take a leave of absence around Christmas time to return to their home countries and visit family members. However, most were unable to communicate this to their English speaking supervisors. Once management understood this need, they decided to stagger two week vacations throughout the holidays to better accommodate Latino workers, resulting in a sharp decrease of the turn-over rate. In order to further improve communication, the personnel director also mediated problems between Spanish and English speaking employees and hired as many bilingual workers as possible. In September 1998, Tyson Foods had six trainers who spoke both Spanish and English (J.Garcia, personal communication, 1998).

Language barriers can also impact work-site safety. One community member felt that providing interpreters and work-site safety information would be helpful because "Sometimes Latinos are not given opportunities to try new things at work because the bosses are afraid to give directions to a Spanish speaker for fear that the directions will not be understood and that an injury could occur" (personal communication, 1998).

Community members named varied solutions to these language barriers. Some believed that it is the service provider's responsibility to arrange interpretation and hire Spanish-speaking staff members, while others emphasized the importance of Latino community members learning English. One community member stated, "Pero necesitamos aprender ingles. No podemos esperar para ellos a cambiar" [But we need to learn English. We cannot wait for them to change]

(personal communication, 1998).

Clearly, there are many benefits to Latino community members who improve their English fluency. Several Sanford organizations offer English as a Second Language (ESL) classes. Central Carolina Community College offers night classes Monday through Friday and currently enrolls approximately 150 Latinos. Additionally, St. Stephen's Catholic Church offers free biweekly ESL classes. Martha Bronson, a church staff member, reported that attendance was high when the classes started but dwindled to only a few regular participants over time (personal communication, 1998). At least one workplace, Tyson Foods, has offered ESL classes on-site and free of charge. Juan Garcia, the former personnel director at the plant, explained that about thirty-five people attended the first class, but only five or six attended later classes (personal communication, 1998). He attributed low attendance to reluctance to give up work-time and money. Tyson now offers monetary bonuses to employees who receive an ESL certificate and provides 65 percent tuition reimbursement for college (personal communication, 1998).

Both language and cultural barriers are significant in the lives of many Latinos in Sanford. These barriers are present in the workplace, health care organizations, and other service agencies. Some community members suggested that all establishments should have bilingual staff or interpreters on site, while others argued that Latinos should be responsible for learning English. Latino community members named many obstacles to regular attendance at ESL classes but expressed a strong interest in improving their English skills. It can be a challenge to attend English classes while working full-time and taking care of a family. One community member suggested that service agencies, such as the Lee County Health Department, offer ESL classes on-site. Because many already visit the health department for other services, it

would be easier for them to attend classes there (personal communication, 1998).

## TRANSPORTATION

Transportation is a major problem for Latinos as well as other residents of Sanford. During interviews, community members frequently verbalized frustrations about transportation, which affects home and work location, community participation, utilization of healthcare services, attendance at church and participation in other activities.

Some people interviewed said that they had previously lived in other states with extensive bus or subway systems and therefore did not have to purchase a car. In Sanford, however, “transportacion es una problema para gente llegando” [transportation is a problem for people arriving] (personal communication, 1999). Some stated that buying a car is their first priority after moving to Sanford and many have to rely on family, friends and other workers for rides.

Before accepting a job, Latinos must figure out who they can rely on to give them rides to and from work. Many times this transportation issue means that they might be forced to turn down an appealing job because they cannot find someone working at the same place to carpool with. As one woman interviewed said, “Siempre Ud. tiene que trabajar cerca de una persona que maneja y puede llevarle,” [You always must work with a person who drives and therefore, can take you] (personal communication, 1998). When Latinos find rides with friends or co-workers, they usually pay between \$20- \$25 per week. Sometimes, Latinos working on construction crews will be fortunate enough to have a contractor who will pick them up on the way to a work site.

Some community members interviewed said that even if a family has a car, transportation can still be an issue. One man interviewed explained this by saying, “Las mujeres no pueden llevar los niños a las clínicas para recibir las vacunas y los esposos no pueden faltar el trabajo, y



tambien muchas mujeres no saben manejar,” [Women cannot bring their children to be vaccinated at the clinic and the husbands cannot miss work to bring them. Also, many women do not know how to drive] (personal communication, 1998).

Some frequently-used healthcare providers are not located in Sanford and are far enough away from Sanford to make transportation cost an issue. Cost estimates range up to \$30 and, as a result, many opt to see local providers who might not be as familiar with Latino patients.

Even if a Latino has saved enough money to purchase a car, many do not possess a driver’s license and obtaining one can be quite a challenge. Although the DMV offers the written test in Spanish to anyone who asks, some community members interviewed believed that the written test was only offered in English. This rumor continually resurfaced throughout the interviewing process. In addition, to get a license from the DMV in NC, a person must produce two different valid forms of identification. Some Latinos interviewed said this requirement can be difficult as many do not have the necessary identification. As one man stated, “ Para sacar la licencia necesita 2 o 3 identificaciones. La mayoria de la raza no tiene papeles, no tiene nada” [To get a license, one needs 2 or 3 identifications. The majority of the Latinos do not have papers, they do not have anything] (personal communication, 1998).

There are two current transportation options available to Latinos without cars: taxis and COLTS. Taxi rides can be costly and unreliable. Some Latinos interviewed complained that there is a long wait after the initial call to the company. This wait can be problematic especially if trying to get to an appointment on time. Because of these issues, taxi service is not helpful to those who are not able to plan ahead.

COLTS is the other transportation option for some. It is a local van transport system set up by certain service agencies to take clients to medical appointments, but cannot be used by just

anyone in the community. To use this service, a person must know if she or he is eligible and appointments need to be made at least one day in advance. Most Medicaid or Medicare recipients are eligible. During interviews, community members did not mention COLTS often, suggesting that they are not aware of this service. Currently, COLTS is attempting to publicize itself in the Latino community so more eligible Latinos will use it to get to their appointments. Recently, COLTS translated a brochure explaining the details of the transport service, in an effort to break down language barriers. However, if a Spanish-speaker calls, there is currently no interpreter on hand to translate. As a result, Spanish-speakers will often call the Hispanic Task Force who will then call COLTS for them.

It is unlikely that the transportation problem will be resolved in the immediate future because there are no current plans to create a public bus system. Transportation will continue to be a problem for Latinos as well as non-Latinos in Sanford, affecting employment, health, and daily activities. However, we found in our interviews that this problem may strengthen ties within the Latino community because they are forced to rely on each other to get to work or to attend community activities.

## LEGAL STATUS

The legal status of Latinos in Sanford affects finding a place to live, a job, purchasing a car, seeking medical attention, and accessing other services. In many ways, for an illegal Latino in Sanford, it is an issue that permeates all aspects of their life. When asked what they would change about Sanford if possible, one person responded, “the immigration laws” (personal communication, 1998).

Illegal Latinos in this country live in fear of being discovered by the Immigration and Naturalization Service (INS). The undocumented Latinos living in Sanford have even more reason to be concerned due to a 1991, INS raid a trailer park in Sanford, during which many illegal Latinos were deported. During this raid, people were taken from their homes and were not allowed to take their belongings with them. The memory of this event is still clear in the minds of some Latino community members.

Although we asked no questions about legal status during interviews, community members raised specific concerns about legal status as it relates to police, housing, employment, healthcare access and other services. Some interviewees believed these concerns related to lack of knowledge of immigration laws on the part of both the service providers and the illegal Latinos. For example, many Latinos do not realize they do not need a social security number to use most services. Also, service providers may not be aware that it is not their responsibility to report clients who they believe are illegal to the INS.

One of the repeated themes from both Latinos and service providers was a sense of Latino mistrust or fear of authorities. Some providers felt police corruption in the different Latin American countries might cause this mistrust, since Latinos are not used to trusting an officer in uniform. However, the Latinos interviewed felt that this mistrust was caused by police

discrimination. Many Latinos interviewed said that their community is singled out and police stop Latino drivers more often, assuming that the Latino is illegal and does not have a valid driver's license. As one man stated, "La mayoria de la policia sabe que la raza no tiene papeles" [The majority of the police know that the Latinos do not have the proper documents] (personal communication, 1999). He said they get pulled over even if they do not commit a traffic violation and added that to avoid being stopped by police, he personally does not drive through certain areas of town where he believes more police might be.

In order to rent a place to live, a person usually must provide references and other documents. This process can be problematic for Latinos, especially illegal ones, because they must find legal Latinos who will rent the place for them. They are blind to the actual transaction and must go on faith that this person will be fair and complete all transactions necessary. Unfortunately, when some get taken advantage of, they feel that they can do nothing about it. They think that if they go to the police with their problem, they might be deported. As one man described, "Si uno no tiene papeles, consiga unos amigos con papeles para ayudarle y se renta. Solamente a veces una persona deja el deposito a la persona y se lleva el dinero y se pierda. Esta pasa mucho para gente que no tiene papeles." [If one doesn't have papers, he finds friends with papers to help him rent. However, at times when the person gives the other the deposit, he takes the money and spends it. This happens often to people who do not have papers] (personal communication, 1998).

Some Latinos acknowledged that they need a social security number for many good jobs. For example, at Tyson Foods, to prevent hiring anyone illegal, an Electronic Verification Program is used to confirm social security numbers for every applicant. If a Latino is illegal, he usually must take a job that pays less since his employer is not asking for his documents.

Sometimes on these jobs, these illegal Latinos are taken advantage of by employers who know they are hiring illegal Latinos. We were told stories of Latinos being paid less than what they were told they would make or not being paid at all. In this circumstance, the Latinos do not feel that they can involve the police and must take whatever the employer gives them.

In addition, legal status may directly affect whether a Latino decides to seek out the services of a health care provider. If Latinos think that they must give a social security number or a form of valid identification in order to use a service, many will decide not to access that service. For example, some interviewed said that it was hard to get medical help if a Latino did not have documentation. One person said that many are afraid since they are illegal, so they do not seek medical help. Even some service providers recognized this problem, saying that they realize the “Latinos are afraid to ask for help if they don’t have papers” (personal communication, 1998).

This perception of the importance of presenting legal documentation can be a major obstacle for an agency trying to serve the Latino community. For example, even if an agency has adequate interpreters to help reduce the language barrier, some Latinos would still not seek help from this agency unless they knew for sure that their legal status would not be an issue. For service providers to reach these populations, they need to understand more of the issues surrounding legal status and immigration. Service providers from Haven, a domestic violence shelter in Sanford, attended a seminar in Raleigh offered by Project Esperanza that explained how legal status and domestic violence issues affect utilization of their services. More service providers need to be aware of how this issue might affect the utilization of their particular services and incorporate more information into their outreach programs explaining that their service does not require valid documentation.

Throughout the interview process, it was evident that most Latinos get information from other Latinos. This does not necessarily mean that correct information is exchanged. We heard many rumors that people take for truth and base decisions on without verifying for themselves. It is up to the providers to dispel these rumors.

Overall, interviews and focus groups showed that life is more difficult for someone who lives in the U.S. illegally. As one man simply stated during an interview, “sin papeles, no hay oportunidades” [Without proper documentation, there are no opportunities] (personal communication, 1998).

## **DISCRIMINATION**

Racial tension can originate from miscommunication, fear, or lack of understanding about a racial or ethnic group. Resultant negative outcomes include discrimination, prejudice and stereotypes of particular groups. A police department representative stated that racial tensions exist between Black, Hispanic and White residents of Sanford. Some African-American residents are resentful of Latinos for taking jobs that were traditionally held by Blacks and many older White residents are frustrated that both Blacks and Latinos have moved into their neighborhoods (service provider, personal communication, 1998). The struggle of residents to adjust to rapid growth and change contributes to some of this racial tension. However, it is dually important to note that both community organizations and community members are adjusting and are attempting to improve communication and understanding.

Although interviewers did not ask specific questions concerning discrimination, the vast majority of Latino community members and service providers spoke on the topic. One service provider who works closely with Latino communities said, “For the most part, Latinos are not welcomed or liked. They are judged and stereotyped” (service provider, personal communication, 1998). Another service provider expressed a similar sentiment, stating that Sanford is undergoing “growing pains” and that Latino residents are a continual reminder (service provider, personal communication, 1998). As many newcomers move to Sanford, changing the environment, contributing to growth, and reestablishing needs, long-time residents of Sanford become fearful of how this will affect their lives. Many may also become resentful towards the catalysts of change.

Interviewees shared experiences of discrimination at work, school, the Division of Motor Vehicles, stores, hospitals, with police and with landlords. The following scenario presents an

example of racial tension in Sanford: Recently, the Sanford Herald printed a Spanish language public service announcement in an attempt to protect non-English speakers from a Rubella outbreak. This article was printed in Spanish, because previous news stories on the topic were presented in English only. As a result of this public health effort, many non-Latinos made threatening phone calls to the newspaper and some cancelled their subscriptions because the article was printed in Spanish (personal communication, 1999). In this case, language differences compounded racial tensions between Latino and non-Latino Sanford residents.

A number of community members felt that they had been discriminated against at work, in part because of language differences. Many Latinos felt that treatment by their employers and job advancement were impacted greatly by English skills, however, others believe that discrimination and prejudice were responsible. For example, some Latinos felt that their employers discriminated against them with regard to workmen's compensation. Several people stated that both White and African-American employees received better treatment on the job and were ensured compensation, while Latinos did not. One person explained that it is common for Latinos to be overlooked or ignored if they get hurt on the job, especially if they don't speak English fluently. One person explained, "No le da compensacion. Tal vez para los Hispanos que hablan bien Ingles es mejor pero para nosotros no" [They don't give compensation to us. Maybe to Hispanics that speak English well enough, but for us, no] (personal communication, 1998). Another person spoke of his experiences working in tobacco fields. When asked if employers pay for compensation, responded:

Sometimes no, especially if they are dark skinned, or do not have documentation. At work for example, in the tobacco fields, there are a lot of dangerous chemicals. They can make you sick...if someone got sick, was vomiting, couldn't work, the ranchers would kick him out, fire him. It is dangerous. There are accidents, people fall... Many people are afraid...There are many problems with the rancheros. They can fire you at any time. Kick your family out for not working one day. There is no medical service, no insurance



when you work there (personal communication, 1998).

Many also felt that police discriminated against Latinos in Sanford. Some interviewees stated that they do not trust the police and believe that police only cause problems for Latinos. One community member believes that police pull over more Latinos because they assume they are illegal and don't have papers (personal communication, 1998). As mentioned previously, a disproportionate number of Latinos are charged with DWI's (Driving While Intoxicated). However, it is unknown whether this is due to police officers discriminating against Latinos, pulling over cars because of poor physical condition or expired tags, or because more Latinos drink and drive. Darla Cole, of the Sanford police department, is attempting to relieve tensions and increase trust by speaking to Latinos as often as possible at schools, in neighborhoods, and at various community events. She hopes to make herself known to Latinos and to reinforce the message that police are there to help and protect all Sanford residents. She has conducted presentations at St. Stephens Church, where a large number of Latinos worship, and in Sanford schools, to teach children about community policing (personal communication, 1998).

During interview and focus groups, people also discussed incidents of discrimination at department stores, with landlords, at the Department of Motor Vehicles, and with other organizations. A few people mentioned incidents of department store employees and guards following Latinos for no apparent reason (personal communication, 1998). Also, certain pizza restaurants do not deliver to some Latino neighborhoods for unspecified reasons (personal communication, 1998). Some community members also felt discriminated against when renting a home or asking landlords to make needed repairs. One person stated, "Es una gran problema con discriminacion para rentar una casa y para arreglarla" [It's a really big problem with discrimination when renting a house or when needing repairs] (personal communication, 1999).

Because of this sense of discrimination, many Latinos are afraid to report housing violations against landlords because they fear that landlords will raise the rent or, if Latinos are not legal residents, that they will be deported. Many were also reluctant to report violations because of language barriers and feelings of powerlessness to change the situation. A few Latinos also stated that they were discriminated against at the DMV, and felt that DMV employees did not want Latinos to obtain driver's licenses. Illustrating the relationship between language barriers and discrimination, a couple community members reported that some Latinos over-pay notaries, thinking that they are lawyers, because "notary" in Spanish means lawyer.

After hearing the stories and experiences of Latino community members, it was sometimes hard for us to distinguish between racially motivated discriminatory acts and acts that occurred due to language barriers, lack of knowledge of laws, or cultural differences. It is possible that, in some instances, language barriers were largely responsible for perceived discrimination. As an example, one Latino community member reported that a mechanic charged him more than the normal fee for an inspection. It is difficult to discern whether this incident was racially motivated, if the mechanic assumed he could charge more because the customer did not speak English, or if the mechanic was not able to communicate the "normal fee" to the customer.

Latino community members and service providers suggested different approaches to improving discriminatory conditions in Sanford. Some service providers stated that Latinos need to learn the laws of the U.S. and to educate themselves on how to combat discrimination. However, others felt that it was useless to learn your rights when you are afraid of losing your job and being deported because of discrimination or racism. Many Latino community members would like to have a central organization that provides assistance, resources and information.

Discrimination can stem from multiple sources including, language barriers, lack of knowledge of laws and civil rights, cultural misunderstanding and fear of change on the part of all Sanford community members. Some service providers and Latino community leaders are currently trying to bridge relationships between cultures, but many Latino community members still feel that there is room for improvement.

## **CONCLUSION AND RECOMMENDATIONS**

This document presents data on demographics, the physical and social environment in Sanford, the health of Latino community members, community resources and assets, as well as the views of many community members and service provider on six major issues: community, health, transportation, language and culture, legal status, and discrimination.

The Latino population in Sanford has grown to approximately 10,000, a tremendous increase since the 1990 U.S. census estimate of 900. Interviews suggest that many Sanford organizations are not prepared to effectively serve this population, though many are attempting to accommodate the rapidly growing Latino population. However, this process also revealed that many organizations and individuals are resistant to change. Some expect Latinos to quickly learn English and assimilate to U.S. culture. While many Sanford Latinos are acculturating and learning to speak English, this will take time and it is likely that non-English speaking Latinos will continue to move to Sanford. For service organizations to effectively serve this population, they will need to offer culturally sensitive and appropriate services. Services should also provide Spanish brochures and information, including low-literacy appropriate materials.

Many ideas and themes were restated throughout the community diagnosis process. Language differences, isolation, lack of sense of power or control, miscommunication, and cultural differences are common barriers faced by many Latinos in Sanford. Racial and ethnic tension, both within the Latino population and between Blacks, Whites, and Latinos, is a problem intertwined with many of these barriers and impacting all areas of life. During interviews, many community members cited the existence of racial tension or discrimination in relation to such issues as transportation, language, and health services, even though we did not ask a specific question about discrimination in interviews. This implies that racism is an

important concern for many Latino community members.

Strengths of Latino community members allow many to overcome some of these barriers. Continual support and help from other Latinos or Spanish speakers, participation in church and church activities, and learning English are a few examples of these strengths. A strong sense of shared family and cultural values and willingness to help other Latinos were expressed repeatedly throughout the interview process. This particular strength helps many Latinos adjust to life in Sanford and gain a sense of shared community, despite racial or ethnic tensions.

One way to foster some of the strengths of this community is through their participation and leadership in community activities and organizations. It is important that community members be made aware of existing opportunities and that organizations make new opportunities available for Latinos. Interviews suggest that very few Latinos participate in community activities or organizations, with the exception of church. Churches can play an integral role in increasing awareness of such opportunities and encouraging community involvement.

Newspapers, television, and radio are major resources for information and news for all community members. However, many Latino community members expressed frustration with the lack of local Spanish language news and information in newspapers, on television, and on radio stations and made several suggestions for improvement, including: a Spanish language newspaper article (or articles) in the Sanford Herald on Wednesdays, when the paper is free; inclusion of a Spanish language television channel by the local cable provider; and the creation of a central location or kiosk with information on employment opportunities, job safety, explanation of U.S. laws, real estate and rental opportunities, local events, and other general information. At this time, many Latinos feel that they have no means of obtaining important local information.

It is important to realize that primary data presented in this document provides only the perspectives of interviewees. We interviewed a wide range of Latino community members, including short term and long term, legal and illegal, low-income and middle-income, young and old, and male and female residents. In addition, we also obtained the perspectives of various Latino and non-Latino service providers. Because of the number and range interviewed, we feel that this information applies to many Sanford Latinos. It is our hope that this document will provide a better understanding of the strengths as well as the needs of Sanford Latinos. Finally, we hope that this document will encourage continued community building and will serve as a guide and resource to both community members and service providers in Sanford.

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## **APPENDIX A: Cultural Values**

### **Familismo:**

The well being of the family comes before the well being of the individual. Important decisions are made by the family, not by the individual.

### **Simpatia:**

A pattern of social interaction where affiliative and affectionate social behaviors are expected in verbal communication.

### **Personalismo:**

Preference for personal contact and individualized attention in social interactions and in relationships.

### **Respeto:**

Appropriate deferential behaviors toward others are based on age, sex, social position, economic status and position of authority. Elders expect respect from younger individuals, adults from children, men from women, teachers from students and employers from employees.

### **Confianza:**

Trust is based on relationships and requires a long time to develop among Latinos.

### **Machismo:**

Characteristics and behaviors that are attributed to males including willfulness, dominance over wife and family, being authoritarian, not visibly affected by emotions and not expected to assume household chores and child rearing. Males are family providers, responsible for the welfare, protection, honor and dignity of the family.

### **Marianismo:**

A concept taken from the “Virgin Mary” as the image of the “ideal” woman. It includes moral integrity, spiritual strength, great capacity for humility and sacrifice on behalf of the family.

### **Espiritismo:**

The belief that the soul, or the spirit, never dies and intervenes to help the living with emotional and interpersonal problems.

### **Curanderismo:**

Predominately a Mexican belief that illness and bad luck are brought about by the weakening of ties with the Catholic church, family, and culture. The theme of Christ’s suffering permeates the understanding of illness and misfortune. Supernatural qualities are ascribed to herbs, teas, foods, etc.

### **Santeria:**

Predominately a Cuban and Caribbean belief (a mixture of African and Catholic beliefs) which dates back to the practice of slavery. God tests the African people by inflicting upon them great adversity through slavery and oppression. Santeria alleviates emotional and interpersonal problems.

**Non-Verbal Expressions:**

Latinos tend to be highly attuned to other persons' nonverbal messages and communicate with high emotion. Physical touch is frequently used to communicate and Latinos prefer being spatially close to others to communicate.

**Time Concept/Elastic:**

Latinos are generally more concerned with the present than the future. Elasticity implies that future oriented activities can be recovered but present oriented activities cannot. Priority may be given to current activities than to planning ahead.

Source: Project Esperanza definitions, 1995.



## **APPENDIX B: Definition of Terms**

- Ethnicity:** cultural identity based on racial, linguistic, or cultural ties
- Hispanic:** 1) a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race  
2) people who are living in or emigrating from Spain or Portugal and who are mostly of White European ancestry (Aguirre-Molina and Molina, 1994)
- Immigration:** the act of entering a country of which one is not a native, in order to live in it permanently (New Lexicon Webster's Encyclopedic Dictionary, 1990)
- Latino:** a person of Caribbean or Latin American origin living in the United States (Aguirre-Molina and Molina, 1994)
- Migration:** the act or process of leaving a country or region to settle or work for a period in another (New Lexicon Webster's Encyclopedic Dictionary, 1990)
- Race:** a distinct group of people, the members of which share certain inherited physical characteristics (skin color, etc.); a large body of research has demonstrated that the biological concept of race, the "assumption that there are important and consistent discrete genetic differences between groups of people," is not correct (Lock, 1993).

## **APPENDIX C: Service Provider List**

### **AHEC-North Carolina Area Health Education Centers Program**

Contacts: Chris Harlan 919-966-0877 ([Chris\\_harlan@unc.edu](mailto:Chris_harlan@unc.edu))

Deborah Bender 919-966-7383 ([Deborah\\_bender@unc.edu](mailto:Deborah_bender@unc.edu))

Provides Spanish language and cultural training for health practitioners and students at four levels of language training.

### **Brick Capital Community Development Corporation**

919-775-2300

106 Charlotte Ave

Sanford, NC 27330

Contact: Nilda Rivera

Provides homes for low-income families who qualify based on financial need. Homebuyer education classes and post homeownership counseling offered. Has Spanish-speaking staff on-site.

### **Central Carolina Community College-ESL Courses**

1-800-682-8353

105 Kelly Dr.

Sanford, NC 27330

Contact: Beverly Owens

Provides ESL classes for adults, ranging from beginning to advanced

### **Central Carolina Hospital**

919-774-744-2129

1135 Carthage St.

Sanford, NC 27330

Contact: Maria Marrero (Patient Financial Counselor)

Hospital services include emergency care, primary care and specialty clinics. Provides some assistance to Spanish speakers.

### **Coalition to Improve the Quality of Life in Lee County**

919-774-8144

P.O. Box 3873

503 Carthage Street

Sanford, NC, 27331

[c3365@alltel.net](mailto:c3365@alltel.net)

Provides prevention based health education for Lee County. Collaborates with various agencies on programs such as Healthy Babies Council, Teen Pregnancy Prevention, Parent Support Council. Supports and conducts: Straight Talk, Educational Materials, Sister Love, Caring Program for Children, Babies and Business, Single Parent Support Group, Other Single Parent Activities, and Family Service Directory.

**COLTS (County of Lee Transit System)**

919-776-7201

1615 S. Third Street

Sanford, NC 27330

Provides transportation for a fee with 12:00 hour notice within city limits and 24 hour notice for outside of Sanford. Offers Spanish language written materials. Rides cost \$1.50 for one way trip in town and \$3.00 for one way in outlying areas.

**First Baptist Church**

919-776-9020

202 Summit Dr.

Sanford, NC 27330

Has a Hispanic Ministry.

**Habitat for Humanity**

919-774-7779

PO Box 3821

Sanford, NC 27330

Provides services in building houses for families in need, based on three criteria: stable source of income, inadequate or substandard housing, willingness to work 400 hours to help build the house. Offers brochures and informational sheets in Spanish and has access to Spanish-speaking interpreters.

**Haven**

919-774-8923 (24 hour crisis line)

223 Carthage Street

Sanford, NC 27330

Contact: Mabel Payares-Community Bilingual Coordinator

Provides support to abused and battered women. Offers the following services: 24 hour crisis intervention, referrals, support during hospital and criminal justice procedures, emergency shelter and transportation, and court advocacy and treatment for batterers. Offers informational materials in Spanish and employs one bilingual staff member, who coordinates outreach work to Latino communities.

**Helping Hands**

919-742-6100/6105

107 East Second Street

Siler City, NC 27344

Contact: Rosa Sutton

Provides education, advocacy, health, and legal services to poultry processing workers in Chatham and Lee Counties. Has Spanish-speaking staff and offers Spanish language written materials.

**Helping Hands Clinic**

919-775-4276

103 S. Vance Street  
Sanford, NC 27330

Provides medical, dental and limited pharmaceutical services to individuals with no insurance or Medicaid. Has Spanish-speaking interpreters on-site and offers Spanish language written materials.

**Hispanic Task Force**

919-775-5447  
223 Carthage Street  
PO Box 123  
Sanford, NC 27330

Contact: Lucy Hurley

Provides information and referral, bilingual counseling, assists with immigration, social security and driver's license, translation services and emotional support for victims and survivors of crime. Has Spanish-speaking staff on-site and Spanish language brochures.

**Lee County Department of Social Services**

919-774-4955  
530 Carthage St.  
Sanford, NC 27330

Provides numerous services for families in need. Offers the following programs: AID to Families with Dependent Children, WorkFirst Program, Medical Assistance, Food Stamps, Crisis Intervention, Low Income Energy Assistance, Older Adult Services, Child Services, and Aid to the Blind. Provides some Spanish language brochures.

**Lee County Health Department**

919-718-4640  
106 Hillcrest Drive  
Sanford, NC 27330

Offers services in immunizations, maternal health, pregnancy, dental health, WIC (Women, Infant and Children) Program, women's preventative health, breast and cervical cancer program, child health clinic, adult health clinic, and more. Has Spanish-speaking staff on-site and Spanish language brochures.

**Lee-Harnett Area Mental Health, Developmental Disabilities, and Substance Abuse Authority**

919-774-6521  
130 Carbonton Road  
Sanford, NC 27330

Provides mental health services, disabilities services, and substance abuse services for adults and children. Has interpreters available as needed and Spanish language brochures.

**Moncure Community Health Center**

919-542-4991  
P.O. Box 392  
7228 Pittsboro Moncure Road

Moncure, NC 27559

**Office of Minority Health**

Interpreter Training Coordinator

919-715-0992

Provides technical assistance, consultation and information materials on interpreting issues.

**Sanford Herald**

919-708-9000

P.O. Box 100

208 St. Claire Court

Sanford, NC 27331-0100

Contact: Diane Mercado

Diane Mercado represented the Sanford Herald at the community forum held on February 18, 1999. She volunteered to be the Sanford Herald contact person for the Latino community in Sanford.

**Sanford Housing Authority**

919-776-7655

504 N. 1<sup>st</sup> Street

Sanford, NC 27330

Provides public housing for low income families. Rent is based on 30 percent of family's gross income. Each family member is required to have a birth certificate and social security number. Has Spanish speaking staff and Spanish language brochures.

**Section 8 Housing**

919-774-6212

338 Temple Ave.

Sanford, NC 27330

Provides rental assistance at 30 percent of family's gross income through private landlords for low income families, handicapped or elderly persons. Has one Spanish speaking staff member.

**St. Stephens Church**

Hispanic Ministry

919-776-1532

PO Box 4659

2402 Wicker St.

Sanford, NC 27330

Contact: Martha Bronson

Provides ESL classes, citizenship classes, information and referral on affordable housing, some translation, rental, utility, medical, food and clothing assistance and family counseling. Has Spanish-speaking staff members.

**Trinity Methodist Church (La Trinidad)**

Hispanic Ministry

919-776-4446

535 Bragg St.  
Sanford, NC 27330

Offers programs and services to Latinos including: translations, referrals, shelter for homeless.

**United Way of Lee County**

919-776-5823

507 South Steele St.

Sanford, NC. 27330

Collaborates with and supports various agencies in Sanford including the Hispanic Task Force.

## **APPENDIX D: Interview Guides**

### **COMMUNITY INTERVIEW GUIDE**

#### **Community Assessment**

- Why did you move to Sanford?
- What are some things you like about Sanford?
- What are some things you don't like about Sanford?
- What is your impression about safety in Sanford as a Latino?

#### **Community Activities**

- What organizations do you participate in?
- How did you find out about them?
- What prevents you from attending other organizations?
- What other organizations or activities would like to see in your community?
- Do you attend church? What church do you attend?

#### **Community Resources**

- If you need help for any reason, who/where do you turn to ?
- Who do you consider leaders in the Sanford Latino Community?
- What services do you use?
- In what ways are they good?
- In what ways are they bad?
- How did you find out about them?
- What other services do you know about?
- What prevents you from using services?
- What other services would you like to see in your community?

#### **Employment/Economics**

- What do you think about the job opportunities in Sanford?
- Where do most Latinos work?
- Do you see or hear about many job-related injuries?
- Is language an issue at work? (in getting a job?, directions at work?)

#### **Housing**

- When someone moves to Sanford, how do they find a place to live?
- Are you happy about where you live now? Why?
- Is your home rented, owned, an apartment, a house, a mobile trailer?
- Is language an issue in finding a place to live? (communicating with your landlord?)

#### **Transportation**

- Is transportation an issue for Latinos here?
- How do most Latinos get to work?
- Do you have a car?

### **Physical health**

- What are the main problems among Latinos in Sanford?
- What do you think about the health care you or your family have received?
- Does language affect the care you have received?
- Do you have health insurance?

### **Language and Education**

- Do you speak English?
- How did you learn English?
- What language do you speak at work ?
- How well do you read and write Spanish?
- How well do you read and write English?
- What language do your children speak (at home, at school)?
- What do you think about the education that your children are receiving?
- Is language a problem for your children at school?
- What hopes do you have for your children's future?

### **Self and family demographics**

- Tell me about your family here in sanford (who do you live with? Relatives in Sanford?)
- Where does the rest of your family live?
- Do any other family members rely on you for financial support?
- How long have you lived in Sanford? North Carolina? The USA?
- Where are you from?
- Have you ever voted in the US?
- How do you stay informed about news?
- How do you find out about events?
- What are your hopes for the next five years?

### **Geography of Community**

- How many Latinos do you think live in Sanford?
- Where do most Latinos live in Sanford?

### **Closing**

- Is there anything else I have not asked that you feel is important for me to know about Sanford?

Can you of other community members in Sanford that we should speak with?



## **SERVICE PROVIDER INTERVIEW GUIDE**

### **Overview**

- Could you please provide me with an overview of the services your agency offers?
- What is your role in providing these services?
- Describe your experience working with Latinos.

### **Services**

- What services does your agency provide for the Latino residents of Sanford?
- What specific subgroups of the Latino population (men, women, older, younger, etc.) tend to be the most in need of your services?
- How many Latinos does this agency serve? How has that changed over time (during the last few months, year, etc.)?
- What specific subgroups of the Latino population tend to be the most difficult for your agency to reach? Why?
- How has your agency responded to the growing Latino population?
- What are some of your agency's specific goals or plans to serve Latinos?
- Do you feel able to provide Latinos who seek your assistance with adequate information and help? (Probe: what has helped or hindered you?)
- What other agencies provide services to the Latino residents of Sanford?

### **Community**

- What would you say are the strengths of Sanford?
- What are the strengths of the Latino community in Sanford?
- What would you say are the greatest needs of the Latino community in Sanford?
- What are the main health problems faced by Latinos?
- How do these needs and health problems differ from other populations?
- What kinds of projects have been attempted with collaboration between the Latino community and other residents of Sanford within the last 5 years? How successful were they? Why?
- Who would you say are the key community leaders in Sanford?
- Who would you say are the key political leaders for the Latinos community of Sanford?
- If you were going to try to do some type of community health programs in Sanford for the Latino population, who from this community would you try to involve to ensure the program's success?

### **General**

- Is there anything else that you can tell me about the Latino community of Sanford?
- Is there anything you can tell me about the relationship between Latinos and other residents of Sanford?
- Can you talk a little about the development and growth of the Latino community and its impact of Sanford within the past 5 years? What have been the main areas of concern for Sanford in regards to this growth?
- Is there anything else that we should know about Sanford?

### **Documents**

- Does your agency have any documents that we can either have copies of, or look at, that would help us to have a better understanding of Sanford, the Latino community, or your agency's involvement?

**Referrals**

- Who else would you recommend that we talk to about the needs and strengths of the Latino community of Sanford? Would you be willing for us to mention your name when we contact them?

## **APPENDIX E: Personal Communication**

- Anonymous, Central Carolina Community College, 10/23/98
- Anonymous, North Carolina Center for Health Statistics, 10/20/98
- Anonymous, Lee County Mental Health, 11/3/98
- Anonymous, St. Steven's Church, 10/10/98
- Anonymous, Tyson Food, 2/15/99
- Bronson, M., St. St. Steven's Church, 9/24/98
- Cole, D., Sanford Police Department, 1/22/99
- Eng, E., University of North Carolina School of Public Health, 11/23/98
- Garcia, J., Tyson Food, 2/15/99
- Greer, M., Hispanic Task Force, 11/17/98
- Higgins, L., Chamber of Commerce, 10/28/98
- Hurley, L., Hispanic Task Force, 9/11/98
- Kegle, S., Lee County Mental Health, 12/9/98
- Koch, C., Coalition for Family Peace, 11/16/98
- Madera, M. and Soto, M., Lee County Health Department, 10/09/98
- Marrero, M., Central Carolina Hospital, 12/2/98
- Moore, T., Haven, 10/30/98
- Morgan, G., Lee County Health Department, 11/05/98
- O'Connor, T., North Carolina Occupational Safety and Health, 11/24/98
- Patterson, P., Lee County Schools, 12/19/98
- Rivera, N., Brick Capitol, 1/25/99
- Ruffner, R., County of Lee Transport System, 11/06/98

- Salem, E., Long Range Planning Office, 9/11/98
- Seibel, M., Durham Affordable Housing Coalition, 10/30/98
- Snow, J., Remax Realtors, 11/12/98
- Taylor, K., Central Carolina Hospital, 11/11/98
- Terry, K., Department of Health and Human Services, 11/17/98
- Warren, R., Environmental health, Lee County Health Department, 11/04/98

## **APPENDIX F: Community Forum and Materials**

### **FORUM REPORT**

The Latino community forum was held in the cafeteria of Lee County Senior High School in Sanford on Thursday, February 18<sup>th</sup>, 1999. Our objectives were to present highlights of the information we had gathered, to offer an opportunity for community members and service providers to discuss issues related to the Latino community in Sanford, and to provide information about existing services in Sanford.

A planning committee of community members, service providers, and team members was formed to plan and coordinate the forum. Forum Planning Committee members included: Gwen Morgan and Janice Ruffini from the Lee County Health Department, Mary Greer from the Hispanic Task Force, Maria Marrero who works at Central Carolina Hospital, Beverly Owens who directs the ESL program at the community college, and all student team members. Planning committee members helped coordinate the logistics of the forum, offered advice about content and presentation of information, and were instrumental in recruitment of forum participants. Committee members also posted fliers at many Sanford locations, mailed invitations and fliers to service providers and interviewees, and made follow-up calls regarding invitations. A short article appeared in The Sanford Herald, inviting community members to attend the forum.

Seventy-five community members and service providers attended the forum. Participants included a County Commissioner, the director of COLTS (County of Lee Transit System), a reporter from The Sanford Herald, an adult Bible study leader from St. Stephen's Catholic church, ESL teachers and students from the community college, and many other community and provider representatives. The forum began at 5:00 PM with refreshments and an information

fair, where local service providers offered Spanish and English information about their programs. Bilingual posters highlighting our findings were also prominently displayed.

Lucy Hurley, a Latino community leader with The Hispanic Task Force, welcomed everyone and introduced the presenters. From 5:45-7:15 PM, we presented findings on seven themes: growth, community, language and culture, transportation, health, legal status, and discrimination. A local professional interpreter and translator, Nilda Rivera, interpreted the presentation into Spanish.

After presenting our findings, we asked participants to split into groups of eight to ten people, with each group containing both service providers and community members. Each table was given a solution-oriented scenario about one of the seven presented themes. For example, a group addressing Latino health issues discussed a scenario about a friend who hurt his back at work, and where he could go for medical treatment if he does not have insurance. After the small group discussions, several participants shared their discussions with the larger group. We then opened it up for questions and information sharing.

Community members brought up several interesting issues during this time. One area of discussion centered on Sanford's newspaper, The Sanford Herald. A reporter from The Sanford Herald encouraged community members to contact her with any stories and emphasized that anonymity would be maintained. She asserted that the newspaper can and should be a medium to share experiences with discrimination at work or within the community. One Latino community member noted that the newspaper is free on Wednesdays and suggested that this is a good day for the newspaper and service providers to offer information directed toward the Spanish-speaking community. A front-page article in The Sanford Herald highlighted the forum and Sanford's Latino community on the following Saturday.

Other service providers were able to connect with the Latino community as well. Ron Rufner, the director of COLTS (County of Lee Transit System), spoke with many community members during the forum to assess how to better serve the Latino community in Sanford. From these conversations, he decided to post Spanish language information about COLTS at local grocery stores and markets frequented by Latino community members. He also provided Spanish language brochures to attending community members. Community police officer, Darla Cole, used the event as an opportunity to communicate with Latino community members and to reinforce that Sanford police are a resource for them. After the forum, one community member volunteered to help Darla with Latino community outreach. It is our hope that dialogue between service providers and community members will continue long after our group ceases working in Sanford.

## **FORUM SCENARIOS**

### **Health Theme:**

Yesterday a friend hurt his back at work and today it hurts even more. He doesn't have health insurance and isn't sure where to go for medical treatment for his back, or how he'll pay for it.

1. What should your friend do?
2. How can he pay for the medical treatment?
3. Where should he go to seek treatment?

### **Community Theme:**

1. You just moved to Sanford from California. You moved to Sanford because you heard there were a lot of jobs here but you do not know anyone in town. You speak only a little bit of English. You arrive on the bus with no job, nowhere to live, no car, and \$500. What will you do? What do you wish you could do?

Name at least four resources.

2. You have found a place to live and a job. How do you set up a bank account? What are the good things and bad things about opening a bank account?

### **Language and Culture Theme:**

1. You are having problems with your apartment. The heat isn't working and there is a leak in the ceiling. You don't speak English and your landlord doesn't speak Spanish. What should you do? List at least four resources. What community resources do you wish Sanford had to help you?

2. Your apartment is on fire. What should you do?

### **Discrimination Theme:**

1. You work in a local Sanford factory. Your immediate supervisor is unfair to many non-English speaking Latinos. He does not report any work-related accidents that happen to Latinos. What would you do to try to solve this dilemma?

2. Thinking about making lasting changes for your community, how would you try to resolve this problem for long-term change? What additional resources would you need to solve this problem?

### **Transportation Theme:**

A friend asks you for advice. He is married and his child needs to be taken to the clinic to be vaccinated. The scheduled vaccination times are during his shift at work.

1. How can he and his wife get their child to the clinic?
2. What are some different options?



**Legal Issues Theme:**

You do not speak English and would like to purchase a car from a salesman who does not speak Spanish. You ask a bilingual neighbor to help you and trust him with \$1,000 to buy the car. The next day he denies having received the money.

1. What resources do you have?
2. What can you do?
3. How are your options different if you are not a legal resident?