

NCLR



LATINO HEALTH, GEORGIA'S FUTURE: **Strategies for Improving** **the Health of Latinos in the State**

The National Council of La Raza (NCLR) – the largest national Hispanic civil rights and advocacy organization in the United States – works to improve opportunities for Hispanic Americans. Through its network of nearly 300 affiliated community-based organizations (CBOs), NCLR reaches millions of Hispanics each year in 41 states, Puerto Rico, and the District of Columbia. To achieve its mission, NCLR conducts applied research, policy analysis, and advocacy, providing a Latino perspective in five key areas – assets/investments, civil rights/immigration, education, employment and economic status, and health. In addition, it provides capacity-building assistance to its Affiliates who work at the state and local level to advance opportunities for individuals and families.

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Latino Health, Georgia's Future: Strategies for Improving the Health of Latinos in the State

Report on the findings of the
National Council of La Raza Institute for Hispanic Health
Georgia Latino/Hispanic Health Agenda and Leadership Project

National Council of La Raza
Washington, DC

www.nclr.org

Georgia

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Georgia



Introduction

Georgia has one of the fastest-growing Latino* populations in the United States. Between 1990 and 2006, the Hispanic population increased more than 300%, with most of the growth occurring between 1995 and 2005.¹ From 2000 to 2002, the Latino population in Georgia grew faster than in any other state, at 17%, with 102 Hispanics moving into Georgia every day.² When the time period is expanded to include 2003, Georgia's Hispanic population growth rises to 33%.³ As of 2004, Georgia had the third-fastest-growing Latino population of any state.⁴ Current U.S. Census Bureau figures show that Hispanics make up 7.1% of Georgia's total population, which translates into 625,028 individuals of Hispanic descent calling the state home.⁵ This growth has resulted in Georgia having the 11th-largest Latino state population in the country with more Latino residents than any other historically "non-Latino" southern state.⁶

The burgeoning growth of the Latino population in Georgia has brought attention to the challenges that this community in the state faces. Compared to other racial/ethnic groups in Georgia, Hispanics experience greater language barriers and are the least likely to have health insurance. Coupled with increasing anti-immigrant sentiment throughout the country, Hispanics face virtually insurmountable challenges in accessing basic health care services.

Project Summary

Recognizing the need to identify the health care concerns and barriers faced by Latinos in Georgia and to develop strategies for improving their overall health status and access to services, the National Council of La Raza (NCLR), with funding from the Healthcare Georgia Foundation, created the Georgia Latino/Hispanic Health Agenda and Leadership Project. The first phase of the project involved a thorough review of the literature on the health status of Hispanics in Georgia and qualitative research with members of the Latino community and health experts in the state. The results are presented in this

* The terms "Latino" and "Hispanic" are used interchangeably by the U.S. Census Bureau and throughout this document to identify persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, and Spanish descent; they may be of any race.

report, with the goal of providing stakeholders in the health care arena with the information they need to better meet the needs of the Hispanic population in Georgia. The second phase is focused on increasing the capacity of and providing support to Hispanic organizations interested in becoming advocates for Latino health.

The first phase of the Georgia Latino/Hispanic Health Agenda and Leadership Project consisted of the following:

- **A planning meeting with health care professionals.** A meeting was held with individuals in Georgia who provide leadership in the area of Latino health. Participants provided input into the structure of the report and shared contacts of those who could offer additional insight.
- **A literature review of previous assessments on Latino health and Latino health statistics.** NCLR staff reviewed existing needs assessments and health reports from Georgia to gain a more complete picture of the status of Latino health in the state.
- **Key informant interviews with health care professionals who serve Latinos.** Based on recommendations from the planning meeting, a total of 11 individuals representing both rural and urban areas throughout the state were interviewed. Each interview lasted 45 minutes.
- **Focus groups with community members.** These discussions were coordinated by four community-based organizations (CBOs) that were selected to partner with NCLR based on community reputation, reach of their organizations in the community, urban/rural locations, prior work in the health care field, and a previous relationship with NCLR. Seven focus groups were conducted with 66 individuals and were held in Atlanta, Athens, Calhoun, Dalton, and Lyons.

Structure of the Report

This report is organized into five sections, beginning with the history of Latino migration to Georgia and a demographic snapshot of Latinos in the state, followed by an overview of the barriers Latinos face in accessing health care. The report then reviews the health status of the state's Hispanic population, offers an account of the key findings, and ends with recommendations to funders, policy-makers, and direct service providers seeking to make an impact on the health of Georgia's Latino community.

Georgia's Latino Population

During the latter half of the 20th century and continuing into the 21st century, the Southeast has been one of the fastest-growing regions in the U.S.⁷ The region has added jobs at rates well in excess of the national average, with job growth in a variety of sectors.⁸ Increased economic opportunities throughout the Southeast have led to significant population growth across all racial and ethnic groups. This population boom is most evident in Georgia.

Georgia's population has nearly tripled from 3.4 million in 1950 to an estimated 8.8 million in 2005.⁹ Between 1990 and 2000 alone, Georgia's population increased by 26.4%.¹⁰ Between 2003 and 2004, it grew 1.8%, making it the fifth fastest-growing state in the nation.¹¹ This growth is a result of migration from other states and countries, coupled with natural increase; the U.S. Census Bureau estimates that less than half of the population growth in Georgia is due to natural increase.¹² While overall population growth in Georgia merits attention, no racial/ethnic group has experienced a rate of growth as significant as Latinos.

Historical Overview of Hispanics in Georgia

Upon the release of data from the 2000 Census indicating significant growth in certain regions of the country and among specific groups, the growth of the Latino population – particularly in areas of the country not traditionally home to Latinos, such as Georgia – came as a surprise to many. However, Hispanics have been settling in Georgia since the mid-20th century. Much like other newcomers to the area, Hispanics settled in Georgia for a variety of economic and political reasons.

The majority of Latino immigrants in the state are of Mexican origin.¹³ However, prior to the migration of Mexicans to the southeastern U.S., a small community of Hispanics had called Georgia home since the 1960s. Most of these first Hispanic newcomers were Cubans.

In 1959, Fidel Castro overthrew the Cuban government and established a communist state, sparking an exodus from the island. Nearly 90% of all Cubans who left the country came to the U.S.¹⁴ Due to the nature of their migration, Cubans received federal aid to help them adjust to their new country.¹⁵ While a

majority eventually settled in Florida and the Northeast, programs were established to help families settle in other areas of the country, such as Atlanta.

In 1964, an estimated 3,000 Spanish-speaking people lived in Georgia; most of them were Cuban refugees.¹⁶ Cuban migration to Georgia continued during the '70s and '80s, and soon Cubans were joined by others from Latin America hoping to take advantage of the opportunities available to them in the capital of the “New South.”¹⁷ While many Cubans permanently settled in Atlanta or surrounding areas, there were some who – after living in the state for many years – relocated to other areas of the country, such as Miami.¹⁸ Currently, an estimated 19,000 Hispanics of Cuban origin live in Georgia.¹⁹

As Cubans prospered in Georgia, two events helped fuel the unprecedented migration of Mexicans and other Latinos to the state: the recession of the late 1980s and the building boom leading up to the 1996 Summer Olympics in Atlanta.²⁰ The timing of these events coincided with a decline in jobs in other parts of the country, while Georgia – specifically Atlanta – was experiencing an economic boom.

During this time, labor shortages and employers’ preference for immigrant workers contributed to the influx of Latino workers to the state.²¹ With work readily available and the state’s industries actively recruiting Latino immigrant workers from other areas of the U.S. and abroad, immigrant men began to settle in Georgia – many accompanied by women and children.²² This influx was further fueled by the increased competitiveness of the labor and housing markets as well as growing anti-immigrant sentiment in traditional immigrant-receiving states such as California.²³ The growth in the economy, low cost of living, and need for bilingual workers led to second- and third-generation Latinos migrating to Georgia in hopes of escaping crime, poverty, and discrimination in other areas of the country.²⁴

Latinos now have their own radio and television stations, neighborhoods, and even their own bus systems, and grocery stores have sections dedicated exclusively to serving their Hispanic consumers. It is clear that Latinos will continue to work and raise their families in Georgia; therefore, the types of social support needed by this growing community must evolve. This will require policy-makers, funders, and social service organizations to learn more about the needs of this community.

Demographic Snapshot of Georgia’s Hispanic Community

Over the last two decades, the Latino community in Georgia has grown faster than in any other state. As noted earlier, the Hispanic community in Georgia grew more than 300% between 1990 and 2006. Table 1 details the growth rate of the Hispanic population in Georgia and for the country as a whole between 1990 and 2000.

The growth of the Latino population in Georgia reflects an increase in migration to the state and in the number of births (natural increase). For example, the number of Hispanic births grew by 643% between 1990 and 2002 to 16,819.²⁵ For the same period, births of non-Hispanic Whites stayed flat at about 68,000, and births of non-Hispanic Blacks grew only 4%, to 42,001.²⁶ In 2003, Hispanic babies accounted for 13.4% of all births in Georgia, compared to 2% in 1990.²⁷ While the fertility rate, or the number of live births among women ages 15 to 44, stayed flat

TABLE 1

Hispanic Population in U.S. and Georgia

	Population (2005)*		Hispanic Percent of Population†	Growth Rate (1990-2000)‡		Median Age (2005)§	
	Total Population	Hispanic		Total Population	Hispanic	Total	Hispanic
United States	288,378,137	41,870,703	14.5%	13.2%	57.9%	36.4 years	27.2 years
Georgia	8,821,142	625,028	7.1%	26.4%	299.6%	34.3 years	26.1 years

* U.S. Census Bureau, *2005 American Community Survey Data Profile Highlights: United States and Georgia*. Washington, DC: 2005.

† U.S. Census Bureau, *2005 American Community Survey Data Profile Highlights: United States and Georgia*. Washington, DC: 2005. Percentages calculated by the National Council of La Raza.

‡ U.S. Census Bureau, *Census 2000*. Washington, DC: 2000. Percentages calculated by the National Council of La Raza.

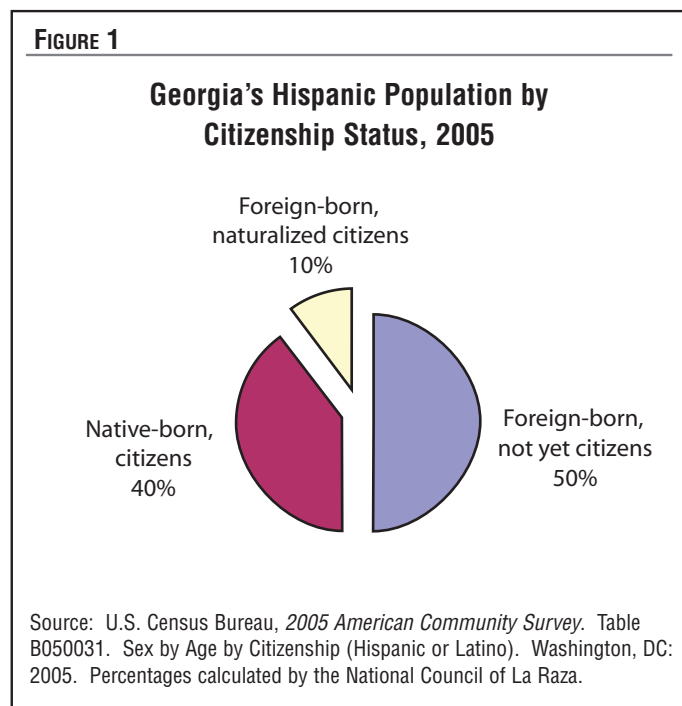
§ U.S. Census Bureau, *2005 American Community Survey*. Table B1002I. Median Age by Sex (Hispanic or Latino). Washington, DC: 2005.

at around 69 per 1,000 from 1990 to 2002 for all Georgians, the fertility rate among Hispanics increased from 86.8 per 1,000 in 1990 to 141.4 per 1,000 in 2002.²⁸

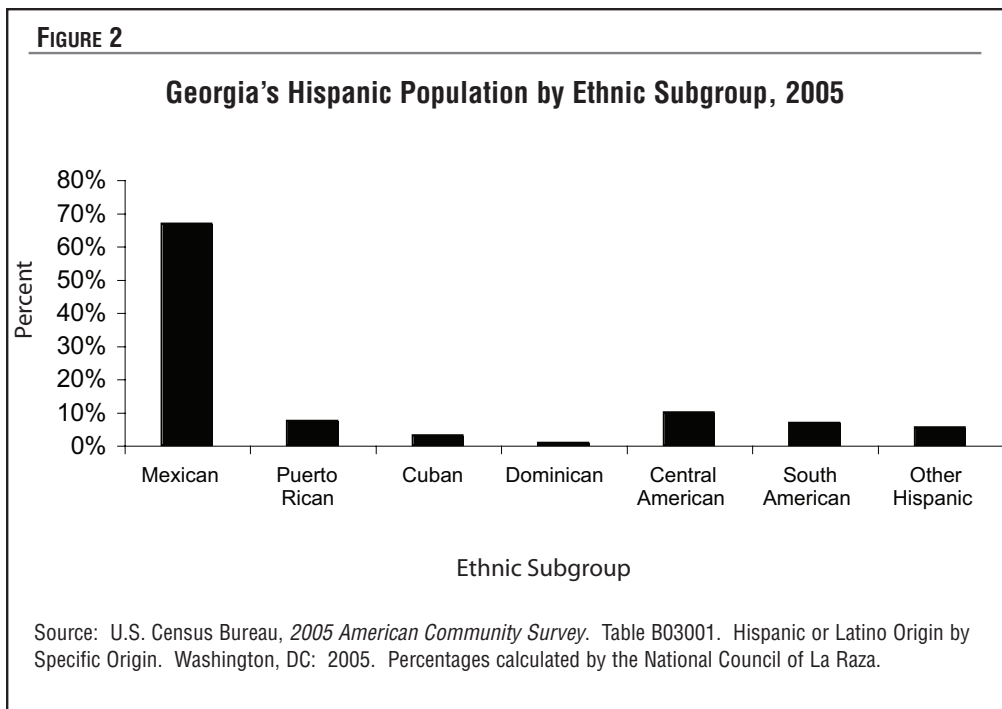
In addition to having a higher fertility rate, on average Hispanic households are larger than other racial/ethnic group households. In 2004, the national average family size was 3.18 persons; however, for Latinos it was 3.8.²⁹ Hispanics in Georgia also have larger families (4.14 persons) than the Georgia average (3.23).³⁰ In fact, Georgia ranks fourth in the country for having the largest Hispanic family size.³¹

Country of Origin

Latinos in Georgia are largely characterized as newly arrived immigrants. However, contrary to popular belief, while nearly 60% of the Georgia Latino population is foreign-born,³² 40% of all Hispanics in Georgia are native-born citizens and 10% are naturalized citizens as shown in Figure 1.³³



Two-thirds (66.8%) of Hispanics in the state are of Mexican origin, followed by 7.4% of Puerto Rican origin, 3% of Cuban origin, and 22.8% of Central, South American, and Dominican origin.³⁴ Although Mexicans/Mexican Americans are the dominant group, the Latino population is heterogeneous. Virtually all 22 Latin American countries are represented in the state, as shown in Figure 2.



Language

The large immigrant population contributes to Hispanics in Georgia facing greater language barriers than Hispanics nationally. Almost 37% of Georgia Latinos over five years of age speak English “less than well” (see Table 2).³⁵

TABLE 2**Hispanic English-Speaking Capacity, 2005**

English-speaking capacity	Latino population five years and older
Speak English only	14%
Speak Spanish	86%
Speak English “very well”	29%
Speak English “well”	20%
Speak English “not well”	22%
Speak English “not at all”	15%
Speak other language	0.4%

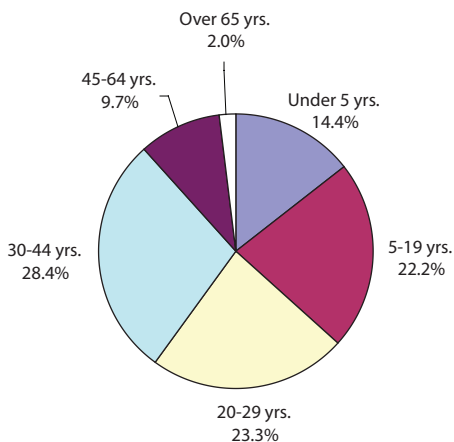
Source: U.S. Census Bureau, *2005 American Community Survey*. Table B16006. Language Spoken at Home by Ability to Speak English for the Population 5+ Years (Hispanic or Latino). Washington, DC: 2005. Percentages calculated by the National Council of La Raza.

Age

The Latino population is, on average, younger than other racial/ethnic groups in the state. Three-fifths (59.8%) of Georgia’s Latinos are 29 years old or younger.³⁶ In 2005, the median age of Latinos in the state was 26.1 years compared to a median age of 34.3 years for all other groups.³⁷ The median age of Hispanic females was 25.2, and for males the median age was 26.6.³⁸ Latinos are in their prime reproductive years, as the low median age suggests, and the community will continue to grow. The U.S. Census Bureau predicts that by the year 2015, the median age of Hispanics in the U.S. will rise by only 1.7 years, while the average for the total population will increase by 4.9 years.³⁹ Further, native-born Latinos tend to be younger than foreign-born Latinos. This reflects the large number of children being born to immigrant parents. For example, in Hall County, Georgia, the median age of native-born Hispanics is five years old.⁴⁰ Figure 3 shows the age breakdown of the Hispanic community.

FIGURE 3

Georgia's Hispanic Population by Age, 2005



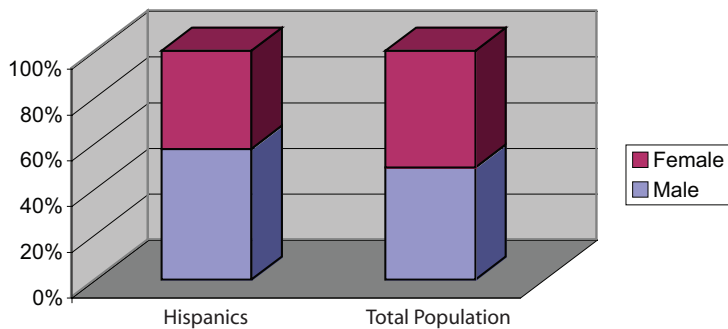
Source: U.S. Census Bureau, *2005 American Community Survey*. Table B010002I. Median Age by Sex (Hispanic or Latino). Washington, DC: 2005. Percentages calculated by the National Council of La Raza.

Gender

The gender breakdown in the state highlights the migration pattern discussed earlier. In the late 1980s and early 1990s, immigrant men traveled to Georgia in search of work. As they became established, they sent for their families and settled down. As such, in 2005 57.2% of the Latino population was male compared to 49% of the total population which was male.⁴¹

FIGURE 4

Georgia's Hispanic Population by Gender, 2005



Source: U.S. Census Bureau, *2005 American Community Survey*. Table B010002I. Median Age by Sex (Hispanic or Latino). Washington, DC: 2005. Percentages calculated by the National Council of La Raza.

Geographic Dispersion of the Community

While Hispanics are generally more likely than non-Hispanics to live in urban settings, they are becoming an integral part of both suburban and rural Georgia. In fact, from 1990 to 2000, Georgia was ranked as the sixth state with the fastest-growing nonmetropolitan Hispanic population, growing from 29,543 Hispanics in rural counties in 1990 to 124,296 in 2000.⁴²

The counties with the highest proportion of Latinos are located in urban areas surrounding Atlanta. One in 13 residents (7.7%) in metropolitan Atlanta is Hispanic.⁴³ Among the nation's 20 most populous metropolitan areas, Atlanta experienced the most rapid Hispanic growth rate.⁴⁴ Of the metropolitan Atlanta counties, Gwinnett County has the largest number of Hispanics with 105,943 people, or 15.3% of the county's population. Cobb County has 64,550 Latinos, followed by DeKalb County with 59,002, Fulton County with 56,968, and Clayton County with 28,500. These five counties alone are home to more than half of the state's Latino population.⁴⁵

However, some of the largest increases in the Latino population are in counties outside of metropolitan Atlanta. Latinos have forged communities in areas that are unaccustomed to large numbers of foreign-born people, breathing new life into rural areas. From 2000 to 2002, Dawson County had the most dramatic percentage increase in Latinos (59%).⁴⁶ Further, Latinos make up more than 15% of the population of Atkinson, and Echols Counties.⁴⁷ In 2000, Latinos made up 19% of the total population in Hall County,⁴⁸ and Northeast Georgia saw a 348% increase in the number of Hispanics residing in the area between 1990 and 2000.⁴⁹ (See Table 3 for Latino population by metropolitan statistical areas.)

TABLE 3

Georgia Metropolitan Statistical Areas by Hispanic Origin, 2003

Statistical Area	Hispanic Population	Percent of Total Population
Gainesville	35,326	22.6
Dalton	25,476	20.0
Atlanta	353,011	7.7
Rome	6,044	6.5
Hinesville-Fort Stewart	4,466	6.4
Athens-Clarke County	9,564	5.6
Columbus	9,018	3.8
Valdosta	3,701	3.0
Warner Robins	3,551	2.9
Brunswick	2,581	2.7

Source: Kochut, Beata D. and Jan Armit, "Still Growing...Growing...Growing," *Georgia Business and Economic Conditions*, Vol. 65, No. 1, 1st Quarter 2005, pp. 1-18.

Labor Force Participation

The growth of the Latino population in Georgia has implications for the composition of the workforce. The Latino workforce includes highly successful entrepreneurs, lawyers, teachers, and other professionals. However, the most recent arrivals are from rural Mexico, and they tend to be employed in the service industry which pays lower wages and is less likely to offer health insurance.⁵⁰

Latinos account for more than 30% of workers in private household services and about 20% of workers in construction; agriculture; forestry and fishing; nondurable manufacturing; and eating, drinking, and lodging services.⁵¹ There is also an informal labor force present in Georgia. Day laborers are common in metropolitan Atlanta. Hispanic women are often employed in the informal

economy primarily doing domestic work,⁵² and agricultural work is a common source of employment in South Georgia.

Almost four in five Latinos (78.1%) in Georgia are working or looking for work, compared to 67.3% of the total population, as shown in Table 4.⁵³ It is expected that the total number of Latinos working or looking for work will continue to increase as more Hispanic women enter the workforce.

TABLE 4

Employment Status of Latinos in Georgia, 2004

	Total Population	Hispanic
In labor force	4,399,000	299,000
Participation rate	67.3%	78.1%
Unemployed	20,500	14,000
Unemployment rate	4.7%	4.6%

Source: Bureau of Labor Statistics, *Employment Status of the Civilian Noninstitutional Population by Sex, Race, Hispanic or Latino Ethnicity, Marital Status, and Detailed Age, 2004 Annual Averages, Georgia*, Washington, DC: U.S. Department of Labor, 2004.

Despite a high labor-force participation rate, Hispanics' income level is lower than the average income level for all Georgians. The median household income in 2005 for the total population was \$45,604, while for Hispanics it was \$36,883.⁵⁴ This represents a decrease from 2004 when the Latino median household income was \$38,523 and an increase for the total population whose median income was \$43,037.⁵⁵ When Hispanic median income is compared to non-Latino Whites, the difference is even more staggering (\$36,883 and \$51,990, respectively).⁵⁶

Further, Hispanics are more likely than the general population to be poor (19.8% and 14.4%, respectively).⁵⁷ Approximately 23.6% of Latino children in Georgia live below the poverty line compared to 19.9% of all other children (see Table 5).⁵⁸

TABLE 5

Poverty Among Latinos in Georgia, 2005

	Total Population	Hispanic
Population below poverty level	1,266,205	123,684
Percent of population below poverty level	14.4%	19.8%
Population under 18 (children)	2,352,675	212,646
Children below poverty level	469,302	50,260
Percent of children below poverty level	19.9%	23.6%

Source: U.S. Census Bureau, *2005 American Community Survey*. Table C17001. Poverty Status in the Past 12 Months by Sex by Age. Washington, DC: 2005. Percentages calculated by the National Council of La Raza.

Educational Attainment

As Hispanic immigrants settle in Georgia to work and raise their families, their enrollment in the school system increases as well. During the 1997-1998 school year, Hispanics accounted for 2.9% of students in the public school system.⁵⁹ In the 2003-2004 school year, Hispanic students accounted for 7% of the total enrollment in grades Pre-K-12,⁶⁰ and in the 2005-2006 school year their share of total enrollment rose to 7.8% (see Table 6).⁶¹ Increasing Hispanic representation in the school system results in a multitude of challenges for these students.

TABLE 6

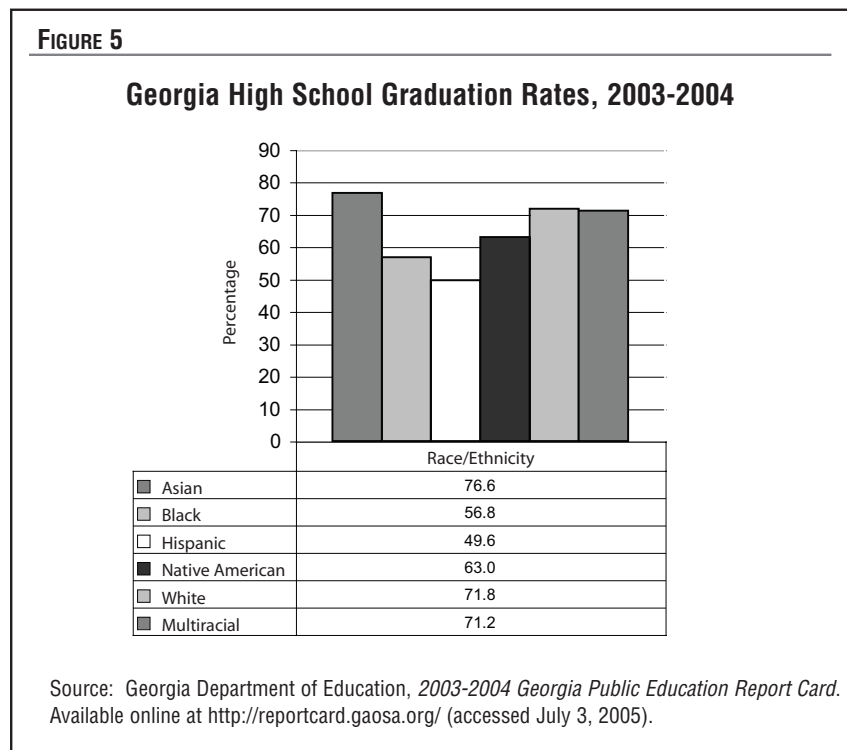
Hispanic Student Enrollment in Georgia Public Schools (Pre-K-12), 2005-2006

	Total Children Enrolled	Hispanic Children Enrolled	Hispanic Proportion of Enrolled Children
Enrollment, Grades Pre-K-12	1,544,044	120,505	7.8%

Source: Georgia Department of Education, *2005 Enrollment by Gender, Race/Ethnicity, and Grade (PK-12)*. Atlanta, GA: October 3, 2006.

In the 2003-2004 school year, Hispanic children were overrepresented among retained students.⁶² That year, 8.1% of Georgia public school students retained were Hispanic despite their accounting for only 7% of enrollment.⁶³ In addition, less than half of Latino seniors graduate from high school as shown in Figure 5. Hall County had the largest share (82%) of foreign-born Latino adults without a high school diploma.⁶⁴ Hispanic students in grades 9-12 also had the highest dropout rates⁶⁵ (see Figure 6). More than 51% of all Hispanic students do not graduate from high school; this is the highest rate among all racial/ethnic groups in the state.⁶⁶

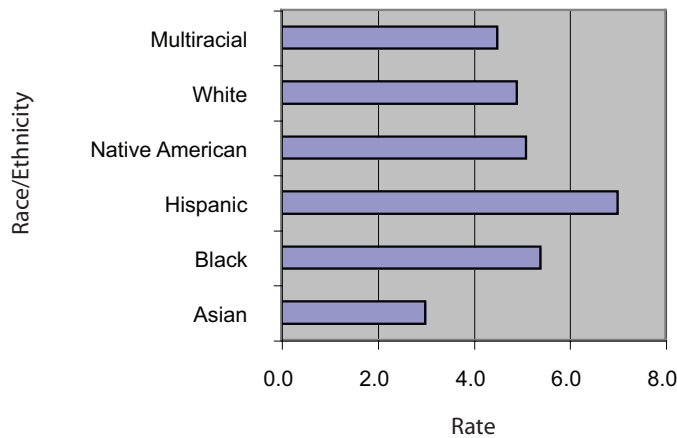
The low high school graduation rate among Hispanics has led to low levels of enrollment in the state's public higher education system. Hispanic students in Georgia accounted for 2.8% of the 253,552 first-time, recent high school graduates enrolled in the university system in the fall 2005 semester.⁶⁷ Out of all public colleges or universities in the state, Dalton State College had the largest



percentage of Latino students, at 8.7% or 372 students. That same year, Latinos accounted for 4.8% (289) of the student population at Gainesville College, 4.6% (933) at Georgia Perimeter College, and 4.2% (712) at Georgia Institute for Technology.⁶⁸ Only 28% of Georgia’s Hispanic population holds a bachelor’s degree or higher.⁶⁹

FIGURE 6

Georgia Dropout Rates, Grades 9-12, 2003-2004



Source: Georgia Department of Education, *2003-2004 Georgia Public Education Report Card*. Atlanta, GA: 2005.



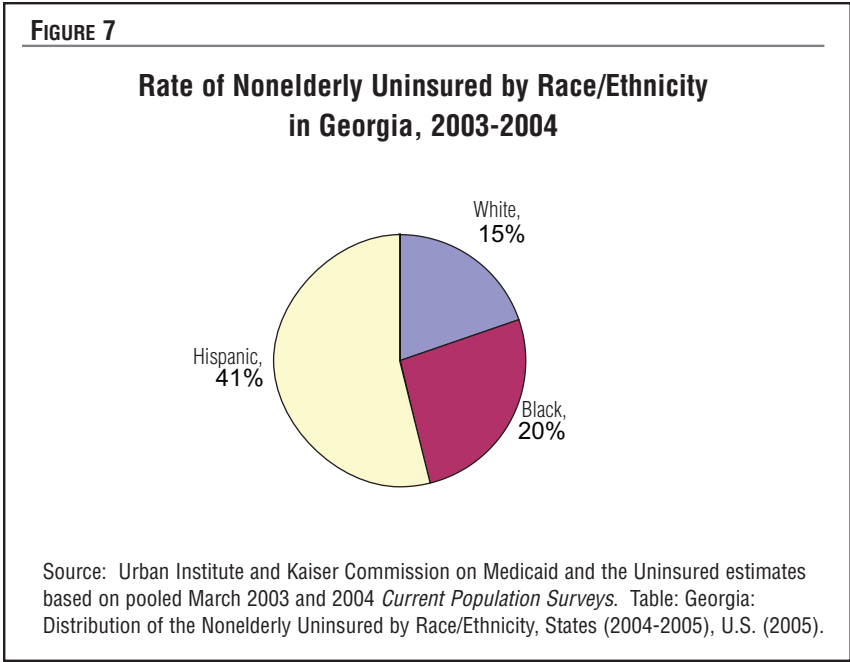
Access to Health Care

The growing Latino population has become a critical component of Georgia's society and economy. Their labor has helped sustain Atlanta's incredible growth and kept the carpet mills in Dalton running and the poultry plants in Gainesville thriving. Despite their importance to the state's economy, they face numerous barriers to full societal integration, including those that impede access to the health care system.

Numerous studies have documented the barriers that Hispanics face when attempting to access the health care system, including structural, institutional, and cultural barriers. Structural barriers include the following: 1) policies that restrict many legal immigrants' (those who entered the country after the passage of welfare reform in 1996) access to government-sponsored programs such as Medicaid and the State Children's Health Insurance Program (SCHIP); 2) fear of being considered a public charge if government services are used; and 3) anti-immigrant legislation that seeks to prohibit undocumented immigrants' access to critical public health services. Institutional barriers include hours of operation that are not compatible with clients' work schedules and lack of Spanish-speaking staff or interpreters. Finally, cultural barriers include limited English proficiency, lack of knowledge of the U.S. health care system, and differing health beliefs. These barriers are not unique to Hispanics; however, given the large number of Hispanic immigrants in the state, this group is more likely than other racial and ethnic groups to face these and other challenges.

Insurance Coverage

Latinos have the highest uninsurance rates in the state. As shown in Figure 7, 41% of nonelderly Latinos do not have health insurance compared to only 15% of Whites and 20% of Blacks.



The principal reason that so many Hispanics lack health insurance is that employers often do not offer it as a benefit. Latinos are principally concentrated in the service industry, which is less likely to provide health insurance as a benefit.⁷⁰ Additionally, Hispanics also tend to be employed in small firms, which are less likely than larger firms to provide health insurance to their employees.⁷¹ In fact, only 4% of Hispanics in Georgia have employer-sponsored health insurance compared to 10% of Hispanics nationally (see Table 7.) It also appears that citizenship status plays a role in access to health insurance. Research indicates that most foreign-born workers who do not have insurance have been living in the U.S. for less than 15 years.⁷²

TABLE 7

**Rate of Nonelderly with Employer Coverage by Race/Ethnicity,
State Data 2003-2004, U.S. Data 2004**

	GA #	GA %	U.S. #	U.S. %
White	3,127,360	65	114,387,460	73
Black	1,274,760	27	15,492,780	10
Hispanic	178,560	4	15,746,110	10
Other	198,910	4	10,087,370	6
Total	4,779,590	100	155,713,720	100

Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2003 and 2004 *Current Population Surveys*. Table: Georgia: Distribution of the Nonelderly Uninsured by Race/Ethnicity, States (2003-2004), U.S. (2004).

Furthermore, when employers do offer insurance, Latinos often do not understand the policies or believe that the premiums are too high and choose not to participate. According to one study, several respondents stated that they could not afford the weekly or monthly premiums and thus chose not to participate in their employer's health insurance.⁷³ For example, Tyson Foods, whose workforce is 60% Hispanic, offers employer-based insurance, but many of its Hispanic employees are not enrolled because they do not have a clear understanding of the policy.⁷⁴ A key informant from another study reported difficulty in understanding how insurance programs work.⁷⁵

Research clearly shows a relationship between health insurance and health outcomes. According to a report released by the U.S. Census Bureau, people with excellent health had the highest rate of private insurance and the lowest rate of government-provided health insurance.⁷⁶

Bilingual/Bicultural Health Care Providers

The lack of bilingual and bicultural providers is an acute challenge that many states face, particularly nontraditional Hispanic-receiving states such as Georgia. A 2002 report predicted that the Latino pediatrician-to-child ratio is expected to fall from 17 Latino pediatricians per 100,000 children in 1996 to nine per 100,000 by 2025.⁷⁷ As Table 8 shows, only 2.3% of nonfederal physicians are Latino, and between 2003 and 2004 only eight Hispanics graduated from Georgia’s medical schools (see Table 9).

The importance of racial and ethnic diversity among physicians cannot be overstated. Research shows that increasing the diversity of health care providers can improve patient access and satisfaction as well as quality of care for all patients. Spanish-speaking patients report being more satisfied when their provider speaks Spanish.⁷⁸ However, a limited supply of bilingual and bicultural

TABLE 8

Distribution of Nonfederal Physicians by Race/Ethnicity in Georgia, 2002

	GA #	GA %	U.S. #	U.S. %
White	9,531	51.8	387,571	49.4
Black	1,327	7.2	20,471	2.6
Hispanic	428	2.3	21,918	2.8
Asian/Pacific Islander	1,248	6.8	72,975	9.3
American Indian/ Alaskan Native	5	0	505	0.1
Other	389	2.1	19,374	2.5
Unknown	5,457	29.8	262,064	33.4
Total	18,403	100.0	784,878	100.0

Source: American Medical Association, Physicians Professional Data, data as of 2002, copyright 2003. Table: Distribution of Nonfederal Physicians by Race, 2002.

health care professionals widens the linguistic and cultural gap, which contributes to a system in which Latinos and the health care professionals who treat them are unable to communicate effectively.⁷⁹

TABLE 9

Distribution of Medical School Graduates by Race/Ethnicity in Georgia, July 1, 2003 - June 30, 2004

	#
White	244
Black	48
Hispanic	8
Asian	53
Native American	1
Unknown	3
Foreign	4
Total	361

Source: Association of American Medical Colleges, Applicant-Matriculant File, 2004. Table: Distribution of Medical School Graduates by Race/Ethnicity in Georgia, July 1, 2003 - June 30, 2004.

The importance of diversity extends beyond physicians. It is just as important to have support staff and other health professionals who can provide services in the language of the client. A key informant in one study mentioned that some clinics in Georgia refuse to serve non-English-speaking Hispanics unless there is an interpreter. In the same study it was mentioned that hospitals in one county support the idea of providing interpreters, but few are available.⁸⁰ A study conducted in North Carolina – a state with a population similar to Georgia’s – indicated that language is the primary barrier to receiving quality health care.⁸¹

Transportation

An additional barrier to accessing care is lack of transportation. Georgia's public transportation infrastructure is limited. The city of Atlanta, including Fulton and DeKalb Counties, has dependable light rail and bus service; however, the majority of Hispanics in the state live in areas where public transportation is a patchwork of county-run bus lines. These bus lines often offer limited service at inconvenient hours, which is a significant barrier to health care access for poor Latinos in rural areas and is also a concern among migrant workers.⁸² Yet, the problem is not limited to rural areas. In a needs assessment conducted by Children's Healthcare of Atlanta, most parents interviewed reported driving their own car or taking a taxicab when their children need to see a physician.⁸³ Although many mentioned the expense of taxis, it was not clear whether this kept Hispanic parents from seeking health care. Having services located in close proximity to a public transportation system is a critical component of extending services to the Latino community.

Lack of Knowledge of the U.S. Health Care System

Many Hispanics lack knowledge of how the U.S. health care system functions. Often, Latino immigrants do not understand the concept of insurance since, in many Latin American countries, health care is fully subsidized by the government. Additionally, mixed messages about services for the undocumented may contribute to immigrants' reluctance to apply for or use services, even though they or their children may be eligible.⁸⁴ Other studies report that Latinos are confused about how to access care and do not know where to go to receive services.⁸⁵

Latinos also lack access to basic health information. In a needs assessment conducted by Children's Healthcare of Atlanta, more than eight out of ten Latino parents said they didn't know where to find health education materials in Spanish.⁸⁶ Although health fairs are often used to disseminate health information to Hispanics, eight out of every ten Latino parents had never been to a health fair.⁸⁷ Despite not having access to health information in Spanish, Hispanics have

a desire to learn. A town hall meeting coordinated by the Atlanta Regional Health Forum revealed that Latinos want to know more and feel that being informed on health issues is something they can do to improve their health and the health of their families.⁸⁸

Immigrant Eligibility Restrictions

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 restricts many legally present immigrants from accessing government-funded programs. Medicaid and SCHIP are two of the many targeted programs which instituted a five-year bar to services for immigrants who entered the country after the passage of PRWORA. Even though immigrants pay taxes to support the system, they are denied access during a period in which they are most vulnerable and working to establish themselves in their new country. In addition, the passage of PRWORA created confusion among legal immigrants over eligibility rules and unease regarding being labeled as a public charge.⁸⁹ Thus, even eligible legal immigrants do not access services for fear of not being able to normalize their status later on.

Latino Health Status

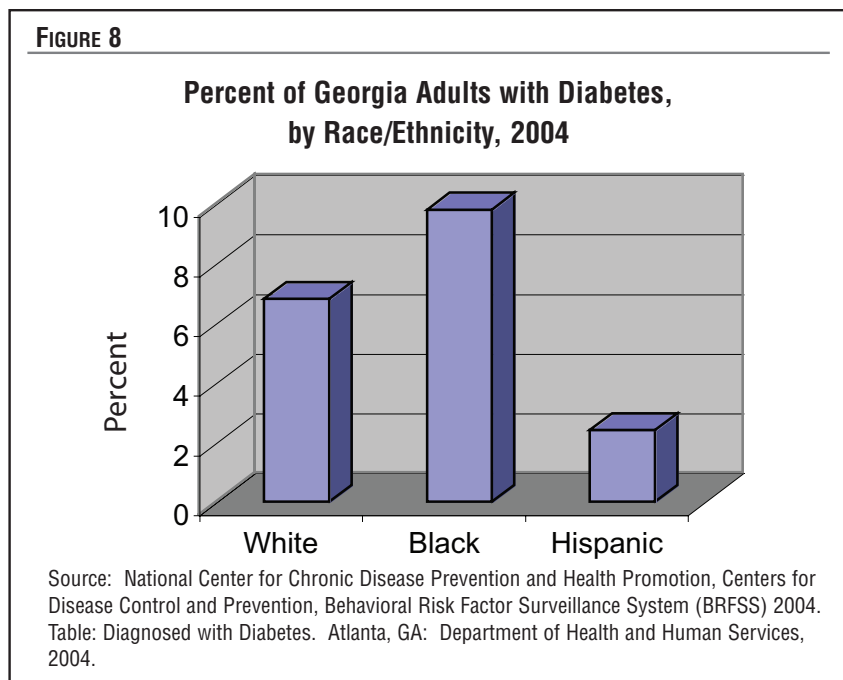
Given the multitude of barriers that Hispanics face, it comes as no surprise that they suffer disproportionately from a number of serious health conditions. NCLR interviewed 11 health experts throughout the state and conducted additional research to determine which health conditions have the greatest impact on Latinos in Georgia. The following were selected for closer examination: diabetes, sexually transmitted infections, alcohol/drug/tobacco use, cancer, obesity/overweight, unintentional injuries, and mental health.

Diabetes

Diabetes continues to be one of the most prevalent diseases in the U.S., and the number of people diagnosed with diabetes is expected to rise. There are 20.8 million people with diabetes in the U.S., which translates into 7% of the U.S. population.⁹⁰ Only about 70% of the individuals with diabetes are aware they have it. Latinos are particularly hard hit by the disease. While limited subgroup data exist, residents of Puerto Rico are 1.8 times more likely and Mexican Americans are 1.7 times more likely than non-Hispanic Whites to be diagnosed. If the prevalence of diabetes among Mexican Americans were applied to the total U.S. Hispanic population, about 2.5 million (9.5%) Latinos age 20 years and older would have diabetes.⁹¹

Diabetes also affects many Georgians. In 2003, diabetes was the sixth-leading cause of death, killing 1,720 Georgians – the equivalent of nearly five deaths per day.⁹² Among Latinos age 45 and older, diabetes was the seventh-leading cause of death.⁹³ In 2004, 2.4% of Hispanic adults in Georgia had diabetes⁹⁴ (see Figure 8).

However, the true prevalence of diabetes is likely underestimated since the Behavioral Risk Factor Surveillance System (BRFSS) relies on self-report data and is conducted by telephone, thus limiting the sample to individuals who own a phone. Hispanics may be at further risk of underrepresentation in the number of cases in the state because of lack of access to care.⁹⁵ Finally, it is important to look at age-adjusted diabetes data since the prevalence of diabetes is much higher for adults over age 65.⁹⁶ Georgia's Hispanic population is young compared to other racial/ethnic groups. Thus, diabetes is an epidemic waiting to explode as the population ages; two-thirds of diabetes mortality is among adults over age 65.



Because the majority of Georgia’s Latino population is young compared to other racial/ethnic groups, data might be misleading when comparing diabetes prevalence to other groups with larger over-65 populations.

While Hispanics have diabetes rates higher than the general population, they also suffer from more serious complications resulting from the disease. For example, compared to the general population, Mexican Americans are 4.5 to 6.6 times more likely to suffer from kidney disease and 1.8 times more likely to suffer from lower-limb amputations.⁹⁷

Sexually Transmitted Infections (STIs)

Sexually transmitted infections (STIs) are often referred to as a hidden epidemic – women and men of reproductive age may be unaware of how common STIs are and often underestimate their risk for infection, despite STIs being among the most common diseases. Because the majority of Latinos in Georgia are in their prime reproductive years, and because Georgia has some of the highest rates of

STIs in the nation, it is critical to understand the epidemic and identify strategies to prevent STIs from spreading.

According to the Centers for Disease Control and Prevention (CDC) 2004 surveillance data, Georgia ranks eighth in the nation for cases of chlamydia, fifth for gonorrhea, and third for primary and secondary syphilis infections,⁹⁸ which are also the most common STIs affecting Latinos. High rates of STIs increase the likelihood of exposure to infection.

Chlamydia

Chlamydia is the most commonly reported infectious disease in the U.S. In 2004 there were 929,462 chlamydia diagnoses, up from 877,478 in 2003.⁹⁹ The rate of chlamydia among Latinos (157.8 cases per 100,000) in Georgia is almost four times as high as that of non-Hispanic Whites (40 per 100,000).¹⁰⁰ Hispanic women in Georgia are particularly hard hit by this disease. In 2004, the chlamydia rate for Latinas in Georgia over 20 years of age (323.4 per 100,000) was more than six times as high as that for Latinos (51.7 per 100,000).¹⁰¹ This is consistent with major studies which have found that chlamydia is more common among young women than young men, and the long-term consequences of the untreated disease for women are much more severe than for men. However, the high rate among women may be attributed to a greater likelihood, in general, of their being screened, compared to men.

Gonorrhea

Gonorrhea is the second most commonly reported infection in the U.S. In 2004, the rate of gonorrhea among Hispanics was 71.3 cases per 100,000, more than two times as high as the rate for non-Hispanic Whites (33.3 per 100,000).¹⁰² Further, from 2000 through 2004, gonorrhea rates decreased for African Americans (778 per 100,000 to 629 per 100,000) but increased among Latinos (71 per 100,000 to 78 per 100,000).¹⁰³

In Georgia, the rate of gonorrhea for Hispanics (27 per 100,000) is two times as high as the rate for non-Hispanic Whites (13.7). However, this represents a

significant decrease from 2000 when the rate for Hispanics was 46.4 per 100,000.¹⁰⁴ The presence of gonorrhea can increase the chances of contracting HIV, so screening and treatment are critical.¹⁰⁵

Syphilis

In 2004, 16% of primary and secondary (P&S) syphilis reported to the CDC occurred among Hispanics.¹⁰⁶ Between 2003 and 2004 the rate of P&S syphilis for Hispanic men increased 12% while the rate for Hispanic women did not change.¹⁰⁷ In 2004 the rate for Latinos was two times greater than the rate for non-Hispanic Whites. That same year, the incidence of P&S syphilis for Latinos was highest among women 20-24 years old (1.9 per 100,000) and among men 35-39 years old (14 cases per 100,000).¹⁰⁸

In Georgia, rates of P&S syphilis for Latinos (2.4 per 100,000) are lower than for non-Hispanic Blacks (15.7) and Whites (3.7), but as the disease progresses the rates among Georgia's Hispanics also increase, particularly in the latency period as shown in Table 10.¹⁰⁹

TABLE 10

**Georgia Rate of Sexually Transmitted Infections (STIs)
by Ethnicity, 2004, Ages 20+***

	Chlamydia	Gonorrhea	Secondary Syphilis	Early Latent Syphilis	Late Latency Syphilis
Hispanic	157.8	27.0	2.4	2.1	16.2
White	40.0	13.7	3.7	2.0	2.7
Black	466.6	327.8	15.7	15.3	19.8

Source: Georgia Department of Human Resources, *Online Analytical Statistical Information System (OASIS)*. Web Query – Mortality and Morbidity Statistics (2004), Table: Sexually Transmitted Diseases (STD) and Rate, Hispanic Origin. Atlanta, Georgia: 2005.

* Rate is per 100,000

HIV/AIDS

HIV/AIDS poses a serious threat to the Hispanic community. Although Latinos make up approximately 14.5% of the U.S. population, they account for 19% of the estimated 944,306 HIV/AIDS cases diagnosed since the beginning of the epidemic.¹¹⁰ In 2004 alone, Latinos accounted for 20% of the new diagnoses in the U.S.¹¹¹

In Georgia, between 1985 and 2001, the cumulative number of AIDS cases was 24,406.¹¹² While Hispanics do not represent a large percentage of persons with AIDS in Georgia, they have experienced the largest increase in AIDS cases, which is further exacerbated by their limited access to the health care system.¹¹³ In 2000 the rate of newly reported AIDS cases for Hispanics in Georgia was eight per 100,000.¹¹⁴ In 2002, HIV/AIDS was the third-leading cause of death among Hispanic men ages 35 to 44 and the fourth-leading cause of death for Hispanic women in the same age group.¹¹⁵ In 2003, the ninth-leading cause of death for Hispanic men and women in Georgia was HIV/AIDS.¹¹⁶ More alarming still is that among Latino men ages 25-34 and 35-44, HIV/AIDS was the third- and fourth-leading cause of death, respectively, mirroring national statistics.¹¹⁷ Table 11 shows the number of cases broken down by racial/ethnic groups and gender.

TABLE 11

Minority AIDS Cases in Georgia, 1981-2001 by Race/Ethnicity and Gender

Race/Ethnicity	Males	Females	Total
African American	11,831	3,544	15,375 (97%)
Hispanic	428 (87%)	66 (13%)	494 (3%)
Asian/Pacific Islander	36	10	46 (<1%)
American Indian/Alaskan Native	13	2	15 (<1%)
Total	12,308 (77%)	3,622 (23%)	15,930 (100%)

Source: Georgia Department of Community Health, *HIV/AIDS Among Minorities in Georgia 2003*. Atlanta, GA: 2003. Percentages calculated by the National Council of La Raza.

Among Hispanics, the majority of AIDS cases were reported as being acquired through men having sex with men, followed by intravenous drug use. Table 12 illustrates the mode of HIV transmission by racial/ethnic groups.

TABLE 12

Minority AIDS Cases in Georgia, 1981-2001 by Mode of HIV Transmission

Mode	African American	Hispanic	Asian/PI	American Indian/AN	Total
MSM (Men Having Sex with Men)	5,217	199	16	3	5,435 (34%)
IDU (Intravenous Drug Use)	3,702	87	3	5	3,797 (24%)
MSM and IDU	745	27	2	1	775 (5%)
Heterosexual	2,701	79	5	1	2,786 (18%)
NIR (No Identified Risk)	2,619	91	19	4	2,733 (17%)
Transfusion/Hemophilia	229	7	0	1	237 (1%)
Pediatrics	162	4	1	0	167 (1%)
Total	15,375 (97%)	494 (3%)	46 (<1%)	15 (<1%)	15,930(100%)

Source: Georgia Department of Community Health, *HIV/AIDS Among Minorities in Georgia 2003*. Atlanta, GA: 2003. Percentages calculated by the National Council of La Raza.

HIV Testing Among Georgia Latinos

Research on HIV and HIV testing practices has revealed that Latinos are less likely than African Americans to get tested, are less knowledgeable than Whites about the availability of antiretroviral treatment, and are more likely than other racial/ethnic groups to delay seeking HIV testing and care.¹¹⁸ A study using data from the National Health Interview Survey found that two-thirds of all respondents have never been tested for HIV. The most commonly cited reason for

not having undergone an HIV test was considering oneself not to be at risk (75%).¹¹⁹ Of the 82,031 tests administered in 2001 throughout Georgia, 2.4% were positive for HIV, and Latinos accounted for 4% of the positive tests. The positivity rate for Latinos was 1.5%, and the top five districts for Latino HIV positivity rates were DeKalb (8.6%), Valdosta (4.1%), Clayton (3.8%), Albany (3.2%), and Rome (2.8%).¹²⁰ Three of these five districts are considered rural. While HIV positivity rates among Hispanics remain low, the true rate remains unknown as many Hispanics in Georgia have not been tested for HIV. For instance, in 2004, only 52.7% of Latino adults ages 18-64 reported being tested for HIV.¹²¹

The Role of Commercial Sex Workers in STI Transmission

The use of commercial sex workers has been documented as a contributing factor to STI prevalence among Latinos, particularly in the southeastern U.S. A study of Latino migrants in Durham, North Carolina found that 28% had used a commercial sex worker in the last year. The study also found that among single Latino men, 46% had used a commercial sex worker in the last year. Among married men living apart from their wives, 40% had used a commercial sex worker, and among married men with their partners present, 5.1% had done so.¹²² Factors associated with more frequent commercial sex worker use were higher hourly wages, lower educational levels, and low perceived risk of HIV/AIDS. Longer length of time living in North Carolina was also associated with both the likelihood and the frequency of commercial sex worker use. Condom use was reported by 91% of the Latino men but dropped to 64% if the commercial sex worker was well known to the man.¹²³

Another study that looked at a syphilis outbreak among Hispanic immigrants in Alabama found that 93% of the cases were linked to commercial sex workers. The study also found that the main contributing factors to the outbreak were crack cocaine use and an increase in prostitution near the Hispanic community.¹²⁴ Further, focus groups in South Georgia revealed a high incidence of prostitution among migrant farmworkers.¹²⁵

Although there is some information available on Latinos and STIs in Georgia, data are limited and we still don't have a full picture of the burden and prevalence.

While the total number of STI cases among Latinos in Georgia may seem small, the increase in reported cases deserves attention. Cultural attitudes and beliefs concerning sex, the lack of bilingual health care personnel, and fear of disease status being reported to the government hinder effective implementation of intervention strategies.

Alcohol, Drug, and Tobacco Use

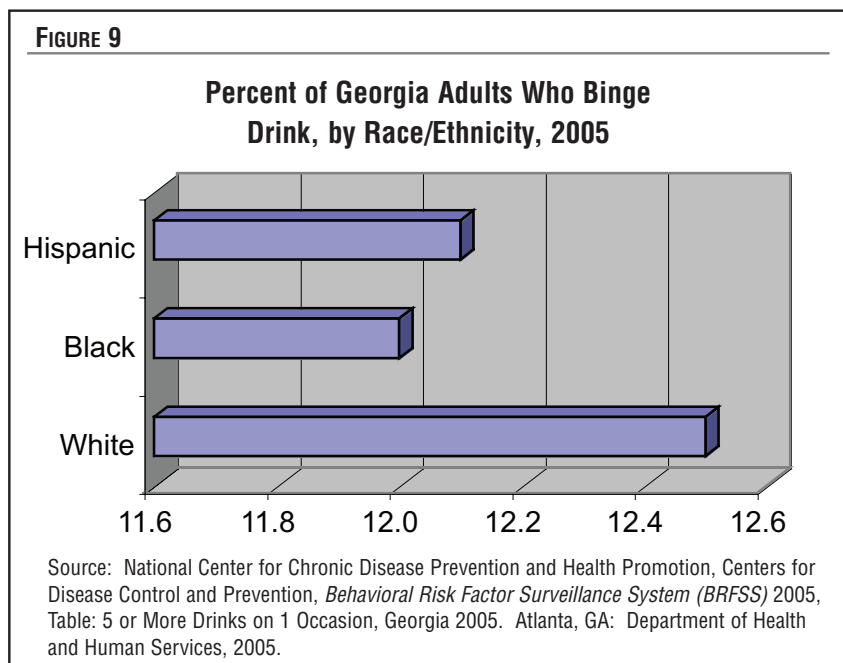
Alcohol Use

Alcohol use is a serious problem for many Latinos in the U.S. Death rates associated with conditions related to alcohol use such as cirrhosis and other liver diseases are high among Hispanics. Alcohol abuse is more prevalent among Latino males than females and among U.S.-born, highly acculturated Latinos than recent migrants. Further more, Latino subgroups vary dramatically in alcohol use patterns. The Hispanic Health and Nutrition Survey reported that prevalence of past heavy drinking among Mexican American and Puerto Rican males is three times higher than past heavy drinking among non-Hispanic males.¹²⁶ Heavy drinking rates among Hispanic women are much lower than those of Hispanic men.

Latinos in Georgia are not immune to the lure of alcohol. While the percent of Hispanic adults who binge drink – defined as having five or more drinks on one occasion – is virtually identical to other racial/ethnic groups (see Figure 9), these statistics do not fully detail what is going on in Georgia’s Latino communities.¹²⁷ Focus groups in South Georgia identified severity and frequency of intoxication as a problem. Hispanic women migrant farmworkers also stated that this is a growing problem for younger generations and is a cause of stress due to the lack of substance abuse services available to them.¹²⁸ The problem is more acute for men. The majority of admissions to the Clinic for Education, Treatment and Prevention of Addiction (CETPA) in Georgia are male; they are 2.5 times more likely than females to drink.¹²⁹

Migrant workers are also more likely to drink due to many stresses they face in their daily lives. Adjusting to a new culture, dealing with social isolation, and

other factors play into the high rates of binge drinking among this population. Binge drinking was reported by 25% of migrant farmworkers in a 1992 New York State study. Those less likely to binge drink were those who had a spouse and other family members at the work camp with them. Among Latina women, low self-esteem, high stress, and weak social support were associated with alcohol use.¹³⁰



Drug Use

Drug abuse is a major public health problem that reduces the productivity and quality of life for individuals and their families. Drug users are more likely to have problems completing their education and obtaining employment, have an unstable family life, and have a higher probability of contact with the criminal justice system.¹³¹ Latinos are particularly vulnerable to drug use and addiction because of poverty, social status, and living in areas where drug use is endemic. Factors that contribute to drug use by Hispanics are immigration status, language barriers, inability to find work, social isolation, discrimination, employer exploitation, poverty, and issues related to acculturation.¹³²

Unfortunately, there is a lack of data on the prevalence of illicit drug use among Georgia’s Latinos, making it virtually impossible to paint an accurate picture of the problem for the community as a whole. We do know that drug use typically begins between the ages of 15 and 29, which puts Hispanics in Georgia at particular risk given their youthfulness.¹³³ Furthermore, CETPA admission data demonstrate an increase of polysubstance abusers from 2001 to 2003, providing further evidence of a larger yet not addressed problem. Additionally, one study found that three percent of Hispanic farmworkers reported recreational drug use.¹³⁴

Tobacco Use

Tobacco is the leading cause of death, killing more Americans each year than alcohol, cocaine, crack, heroin, homicide, suicide, car accidents, fires, and AIDS combined.¹³⁵ Nearly 11,000 Georgians die each year from tobacco-related illnesses.¹³⁶ Tobacco use accounts for 40% of all cancer deaths and 82% of all lung cancer in Georgia.¹³⁷ The percentage of Hispanic adults who self-report smoking cigarettes is lower (10.2%) than the percentage of non-Hispanic Whites (20.3%) and non-Hispanic Blacks (19.4%).¹³⁸ However, the percentage of Hispanic youth who have used tobacco demonstrates that this trend will change. As noted in Table 13, 8% of Latino middle school students report smoking cigarettes.

TABLE 13

Middle School Smoking Rates in Georgia, 2005

	White	Black	Hispanic
Smoke Cigarettes	11%	5%	8%
Smoke Cigarettes on School Property	3%	2%	3%
Use Smokeless Tobacco	7%	2%	4%
Use Smokeless Tobacco on School Property	4%	2%	3%

Source: Georgia Department of Human Resources, *2005 Georgia Youth Tobacco Survey*. Middle School Smoking Rates by Ethnicity. Atlanta, GA: Tobacco Use Prevention Section, Division of Public Health, 2005.



Among Hispanic high school students, 19% report cigarette use, as shown in Table 14.

TABLE 14

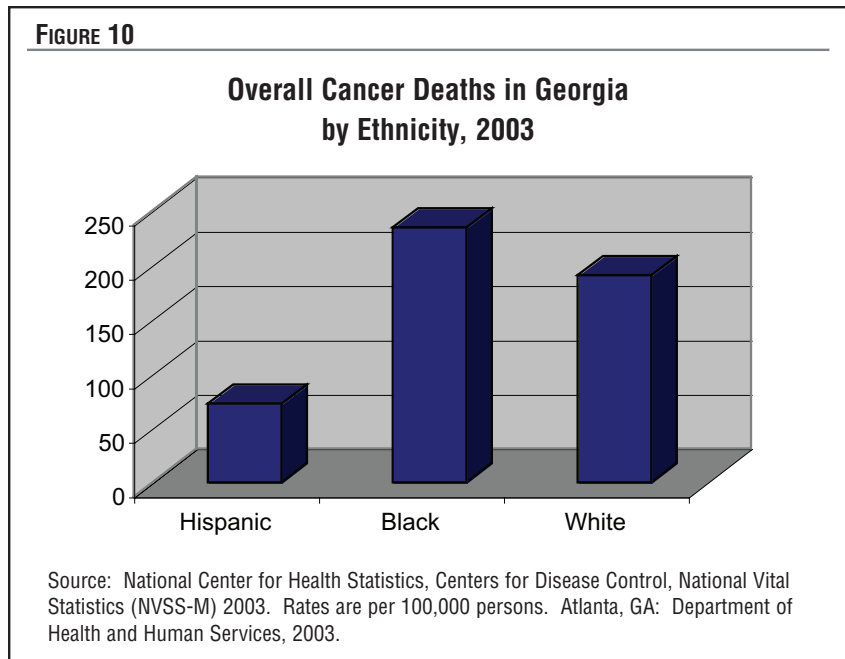
High School Smoking Rates in Georgia, 2005

	White	Black	Hispanic
Smoke Cigarettes	27%	9%	19%
Smoke Cigarettes on School Property	10%	6%	6%
Use Smokeless Tobacco	10%	3%	2%
Use Smokeless Tobacco on School Property	7%	4%	1%

Source: Georgia Department of Human Resources, *2005 Georgia Youth Tobacco Survey*. High School Smoking Rates by Ethnicity. Atlanta, GA: Tobacco Use Prevention Section, Division of Public Health, 2005.

Cancer

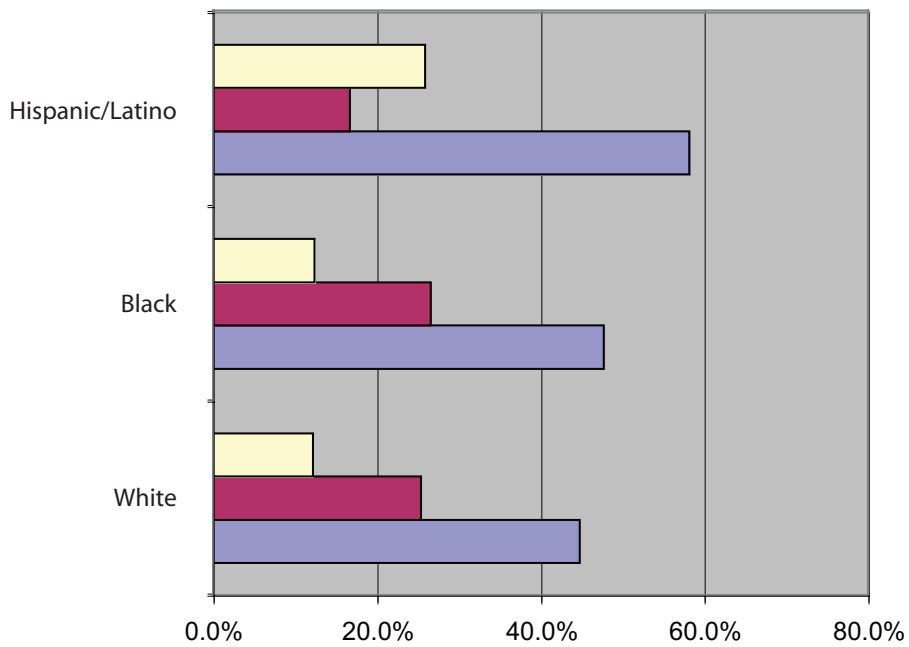
Cancer accounts for 20% of all deaths of Hispanics in the U.S.¹³⁹ Unfortunately, the cancer data for Georgia’s Hispanic community are limited. We do know that cancer is the leading cause of death for Latinos ages 55-64.¹⁴⁰ In addition, consistent with national data, the leading cancer sites for Hispanic women and men of Georgia are prostate, breast, lung, lymphatic system, colon, and rectum. For all cancers combined and for the most common cancers (prostate, female breast, colon and rectum, and lung), incidence and death rates among Latinos are lower than among non-Hispanic Whites as shown in Figure 10.¹⁴¹ Low incidence and mortality rates among Hispanics may be attributable to the population being very young or to Latinos possibly returning to their home country to seek lower-cost treatment.¹⁴²



Latinos also tend to use preventive screening at lower rates than other racial/ethnic groups. As shown in Figure 11, in 2004 Hispanic women were less likely than other groups to have had a Pap smear, yet obtained mammograms at higher percentages than other groups. However, the percentage of Hispanic women in Georgia who obtained a Pap smear in 2004 (74%) decreased from 2002 (95%).¹⁴³ It is unclear whether or not this decrease is due to fewer numbers of Latinas receiving Pap smears or to sample size and methodology limitations of BRFSS data in Georgia. In addition, Latinos are the least likely of all groups to have had a colonoscopy.

FIGURE 11

**Georgia Preventive Screening Trends
by Race/Ethnicity, 2004**



	White	Black	Hispanic/Latino
Did not have a Pap smear	12.2%	12.4%	25.9%
Did not have a mammogram	25.4%	26.6%	16.7%
Did not have a sigmoidoscopy/colonoscopy	44.8%	47.7%	58.2%

Source: National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System (BRFSS) 2004*, Table: Mammogram within Past Two Years; Table: Pap Smear within Three Years; Table: Colorectal Cancer Screening. Atlanta, GA: Department of Health and Human Services, 2004.

While Latinas may have higher rates of mammogram screenings, one study found that uninsured Latinas with breast cancer are 2.3 times more likely to be diagnosed at a later stage and have larger or increased incidence of metastatic tumors than non-Latina White women.¹⁴⁴

Culture, socioeconomic status, and access to care are important predictors of cancer outcomes. Women with fewer resources are less likely to access screenings and are more likely to be diagnosed at a later stage. One's cultural beliefs also play a role in determining one's behaviors regarding perceived cancer risk and obtaining screenings. For instance, one study found that low-income Latina immigrants displayed significantly less knowledge regarding cervical cancer and were less likely to receive a Pap smear than low-income non-Latina women.¹⁴⁵ Another study found that misconceptions about how one develops cervical cancer, such as having intercourse when experiencing menstruation, prevent Latina immigrants from understanding the necessity of Pap smears. Moreover, Latina immigrants believe that the behaviors increase risk because they are unwise, not because of the transmission of an infectious agent.¹⁴⁶

Obesity/Overweight

Since the 1980s, the U.S. population has become more overweight and obese. In 2005, 24% of Americans reported that they were obese and 36.1% reported that they were overweight.¹⁴⁷ Among communities of color, the prevalence of obesity is higher in certain ethnic groups, including African Americans, Hispanics, and Native Americans.¹⁴⁸ Nationally, Mexican Americans are more likely than non-Hispanic Whites to be overweight or obese and to have diabetes. Twenty-four percent of Hispanics in the U.S. are obese compared to 20% of non-Hispanic Whites.¹⁴⁹ Data for Hispanics in Georgia mirror the national data.

According to the 2002 Georgia BRFSS, nearly seven in ten (69%) Latinos reported that they were at risk for health problems related to being overweight, compared to 55% of Whites.¹⁵⁰ Twenty-four percent of Latinos in Georgia self-report that they are obese.¹⁵¹ In 2001, almost 40% of Latinos in Georgia self-reported that they were overweight.¹⁵² These high rates among Latinos are alarming because they signal increased risks for chronic conditions such as diabetes, hypertension, stroke, heart disease, and certain cancers.

According to the National Health and Nutrition Examination Survey (NHANES) III, persons whose primary language is Spanish have the highest prevalence of physical inactivity (38% of men and 58% of women).¹⁵³ This is troubling as being physically active is an important factor in reducing one's risk for a multitude of health conditions. Studies show that those who are more physically active reduce their risk of heart disease, colon and breast cancer, diabetes, and depression. Low levels of physical activity, high fat intake, and obesity are all associated with the onset of diabetes and cardiovascular disease.¹⁵⁴ Despite the health benefits of exercise, many Americans, particularly Latinos, do not achieve the target of 30 minutes or more a day of moderate to vigorous activity. The American Heart Association reports that among Latino adults, 48.9% of men and 57.4% of women lead sedentary lifestyles.¹⁵⁵

In Georgia, only 25% of Hispanics engage in regular physical activity five days a week, while only 16% engage in vigorous activity.¹⁵⁶ In 2002, more than 40% of Latinos in Georgia reported having no leisure time physical activity.¹⁵⁷ According to many nationwide studies, physical inactivity is more prevalent among Mexican American women than among Mexican American men. The NHANES III data indicate that Mexican American women had the highest rate of absence of leisure time physical activity compared to that of Whites and African Americans (43.5%, 20.5%, and 39.7%, respectively).¹⁵⁸

A key barrier to increasing Hispanics' physical activity is a lack of recreation centers, community centers, and parks in Latino neighborhoods. Individuals who perceive their neighborhood to be unsafe are less likely to be physically active compared to those who perceive their neighborhood as safe.¹⁵⁹ In addition, social support is linked to a number of health-related behaviors. In one study, social support was found to be the strongest predictor of physical activity.¹⁶⁰ Those who had low levels of social support were twice as likely to be physically inactive when compared to those with high levels of social support. Social support is important for both the initiation of and increase in physical activity for women of color.¹⁶¹ Many of Georgia's Latinos lack social support networks due to the immigration experience and the need to work long hours to provide for their families.

Unintentional Injuries

Unintentional injuries are the fourth-leading cause of death for Georgians of all ages, regardless of gender, race, or economic status. However, for Hispanics, unintentional injuries are the leading cause of death; approximately 170 Latinos died in 2003 from unintentional injuries.¹⁶²

Motor vehicle traffic-related injuries are the leading cause of injury death in Georgia, accounting for 39.4% of all unintentional injury deaths (see Figure 12 for a full list of deaths by type of injury). However, motor vehicle crashes accounted for almost 60% of all unintentional injury deaths among Latinos. Sixty-six percent of these deaths occurred among individuals who were between the ages of 15 and 34, and 47% of those who died were male.¹⁶³ Recently DeKalb County, home to almost 60,000 Hispanics, released a report which indicated that the leading cause of death among Latino males from 1998 to 2002 was unintentional injuries mirroring the statewide Latino data. Motor vehicle injuries accounted for 59% of all premature deaths, and among Hispanic women the second-leading cause of premature death was motor vehicle crashes.¹⁶⁴

There are many reasons for the high number of deaths attributed to motor vehicles. Recently, a study showed that Hispanics have lower safety belt use rates than non-Hispanic Whites.¹⁶⁵ Additionally, safety belts for children and adults are not used as frequently when compared to non-Hispanic Whites, and more than half of Latino children in the U.S. under five years of age are not secured into child safety seats.¹⁶⁶ Overall, about two-thirds of Hispanics who were fatally injured were not wearing a seatbelt.¹⁶⁷

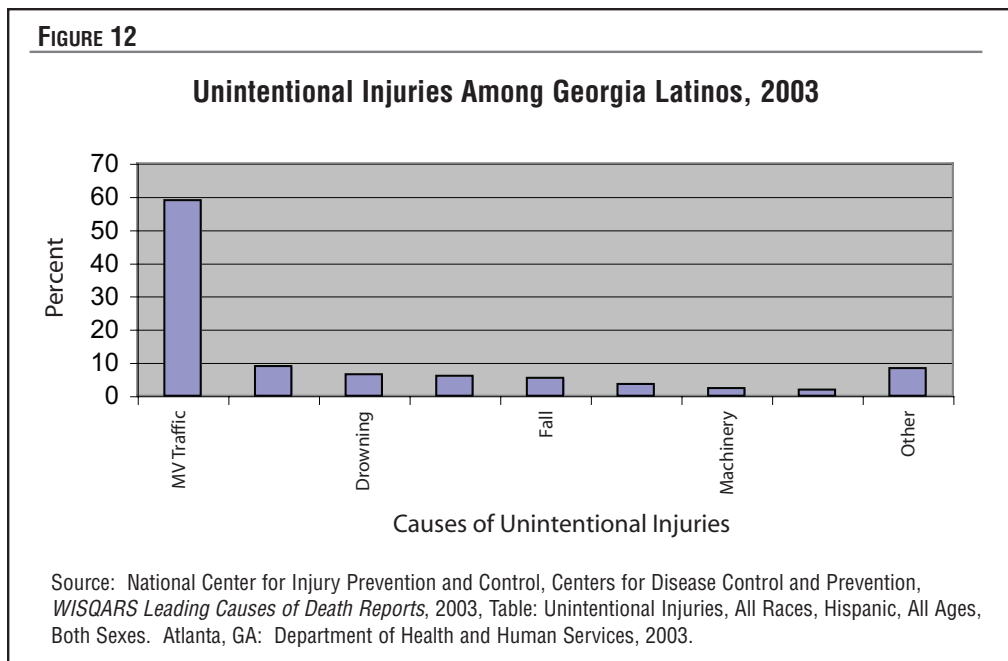
A study of Latinos in North Carolina found that alcohol use and low seatbelt use were contributing factors to higher death rates among Latinos in motor vehicle crashes.¹⁶⁸ Data suggest that Latinos are not receiving messages about the importance of seatbelt use. One study of Hispanic migrant farmworkers in California reported seatbelt use of only 37%.¹⁶⁹ Another study found that Latino drivers were at least 15% less likely than non-Latino drivers to wear a seatbelt.¹⁷⁰ Previous studies suggest that cultural beliefs such as *fatalismo** may contribute to

* *Fatalismo* is the belief that events are predetermined and human beings can do nothing to change them.

decreased use of seatbelts.¹⁷¹ Another study looked at motor vehicle fatality exposure rates and found that although Hispanic and Black teenagers travel fewer vehicle miles than White teenagers, they are nearly twice as likely to die in a motor vehicle crash.¹⁷²

In addition to a lack of information about the importance of using seatbelts, a study completed by the National Highway Traffic Safety Administration found that Latino drivers who died in motor vehicle accidents were less likely than other racial or ethnic groups to have valid driver's licenses.¹⁷³ Valid licenses include learner's permits and temporary licenses. A study of migrant workers found that 15% of all households depend on unlicensed drivers for transportation, because they are the only drivers in the home.¹⁷⁴ Providing access to driver's licenses to all residents of a state can help ensure that all drivers are aware of public safety laws which may prevent unnecessary motor vehicle deaths.

Furthermore, Hispanics experience more work-related fatalities because they are employed in the most dangerous sectors of the economy: agriculture and



construction. Most occupational injuries occur within the construction industry. The majority of nonfatal injuries among Latino workers are caused by “contact with objects or equipment.”¹⁷⁵ According to the Bureau of Labor Statistics, in 2002, 15% of workers who died from workplace injuries were identified as Latino. Reports have found that foreign-born Hispanics, particularly Mexicans, are 80% more likely than native-born individuals to die from workplace injuries.¹⁷⁶ While only 16 of the 197 fatal occupational injuries that occurred in Georgia in 2002 were Hispanic, workplace-related fatalities are thought to be highly underreported as employees may not report injuries for fear of losing their jobs. In 2003, six out of 18 Latino workers died in construction accidents. All of these fatalities were among employees of nonunion companies.

Reasons for the high number of workplace fatalities are varied. However, many can be attributed to language barriers and lack of information on workplace safety. In fact, the Occupational Safety and Health Administration (OSHA) reports that 25% of the Hispanic work-related fatal injuries it investigated were linked to language and cultural barriers.¹⁷⁷ Yet, Hispanics want more information on workplace safety. Hispanic migrant workers in Appling County, Georgia ranked workplace safety in the top ten of subjects they were interested in learning more about.¹⁷⁸

Mental Health

Mental health is an area that is largely overlooked in the overall health context. Numerous barriers exist for all individuals seeking mental health services in their communities, particularly immigrants. Hispanics are no exception. The health care system is not prepared to support the influx of mental health cases for the growing Latino population in both rural and urban areas. According to one study in North Carolina, Latinos face increasing mental health problems and illnesses while experiencing acculturation. Socioeconomic stressors such as poverty and discrimination may also be contributing factors to the increase of mental illnesses and disorders.¹⁷⁹

However, recent immigrants are not the only ones who face increasing mental health problems. In fact, acculturated Latinos have the highest incidence of

mental health disorders and are also the least likely to seek treatment due to many factors, including sensitivity to stigma associated with mental illnesses in both U.S. and Latino culture. With 21.9% of Hispanics living in poverty and 32.7% being uninsured, adequate treatment and services are especially needed for the most underserved and at-risk pockets of the Latino community.¹⁸⁰

In Georgia, mental health problems are becoming an increasing concern. According to the 2001 BRFSS, 44% of Latinos in Georgia reported poor mental health in the past month. The national average for Latinos in the same year was 32%.¹⁸¹ Similar results were noted in a survey of the Northeast Georgia Medical Center in which 40% of Hispanic respondents reported never feeling calm or peaceful.¹⁸² These statistics are disturbing in light of Georgia BRFSS 2004 data, which revealed that 2.8% of adult Latinos had thoughts of suicide in the last year and Latina girls consider and attempt suicide at higher rates than other groups.¹⁸³ As Hispanics in Georgia become more acculturated, these rates may increase.¹⁸⁴

While research shows that Hispanics born outside of the U.S. have lower rates of major depression than their U.S.-born ethnic counterparts, there are other factors that must be considered when reading the data.¹⁸⁵ Foreign-born Hispanics may be less likely to access treatment because of language, economic, and cultural barriers. Misconceptions about the government create fear in immigrant communities and keep them from accessing appropriate services. There are some Hispanics who do not wish to report mental illness because they fear it may affect their ability to change immigration status. In fact, for some Latinos the fear of discrimination and distrust has merit, as a diagnosis of a mental disorder may disqualify an individual from qualifying for permanent resident status.¹⁸⁶

Hispanic cultural beliefs can sometimes be another barrier to seeking mental health services, including diagnosis and treatment. The concept of speaking to a stranger about personal problems is difficult for anyone. In Latino communities, airing one's "dirty laundry" is a violation of cultural norms. More often than not, depression and other mental illnesses are not viewed as a clinical problem in some Latin American cultures. Some tend to ignore the problem completely or until it becomes a serious threat to their physical health and well-being. Spiritual and cultural beliefs about mental health play a role in deterring patients from

acknowledging a problem and taking the steps to seek professional help. Many Latinos overlook the signs of illness and believe the problem is attributable to a life situation.¹⁸⁷

The stress of the immigrant experience cannot be understated. Immigrating to a foreign country has been found to add social stress and pressure on a Latino family. One study found that immigrants suffer from tension, anxieties, and depression due to the vastly different lifestyle they lead in their new homeland.¹⁸⁸ The shift from the country of origin to the U.S. brings a host of economic, social, and cultural factors that inhibit Latino health. An ethnographic study conducted by Emory University found that one of the most common chronically experienced symptoms among Mexican migrant workers in Atlanta is “sadness.”¹⁸⁹

Limited access to certain public health care services poses a burden for Hispanics, and access is even more limited when it pertains to mental health services. A factor limiting access is the dearth of Latino professionals in the mental health care arena. According to a survey from the Center for Mental Health Services, there are 29 Latino mental health professionals for every 100,000 Latinos in the U.S. population. For Whites, the rate is 173 White providers per 100,000.¹⁹⁰

As the Hispanic population in Georgia continues to grow, so does the need for proper mental health services. The current mental health system does not adequately support the realities of newly emerging Latino populations in both rural and urban areas and faces special challenges in serving the Latino community. Language and cultural barriers are real issues that prohibit those living with mental illnesses from receiving the best care possible, and rising costs, limited access to facilities, and poor geographic distribution of services further limit the system from adequately meeting the needs of Latinos in Georgia. Coupled with the influx of Latino immigrants and the cultural and linguistic complexities within this group, the effects of poor mental health are easily understood.¹⁹¹

Key Findings

The research conducted by the report's authors yielded numerous findings. Among the most salient are:

Hispanics are a critical component of Georgia's future growth and development.

The Latino population continues to grow and establish roots in the state. The youthfulness of the population and its high rate of labor force participation are key to the continued economic prosperity of the state. As native Georgians leave rural areas, Hispanics are helping to revitalize rural towns and add to the growth of the state's urban areas. The ability to provide resources for this community becomes critical as it continues to grow and provides labor for industries important to the state's economy.

Language is the primary barrier that Hispanics face when accessing health care.

Information gathered through the literature search, key informant interviews, and focus groups all point to language as the primary barrier to Latinos accessing care, not surprising given the large share of the state's Latino community that is foreign-born. Lack of interpreters and Spanish-language materials prohibit Hispanics from fully engaging in the health care system and, in some instances, language barriers result in Hispanics becoming injured, such as in the case of workplace injuries. Other barriers include lack of insurance coverage (including ineligibility for Medicaid and SCHIP), limited understanding of the health care system, and transportation issues, among others.

Using a combination of Spanish-language media and lay health educators is the best strategy to disseminate information to the Latino community.

Given the large numbers of Hispanics in Georgia who do not speak English well, the use of Spanish-language media is vital to providing much-needed information to the community. Key informants and focus group participants reported acquiring information through the media, particularly radio. Radio was viewed as a vital communication strategy because of the community's range of educational

levels and radio's ability to reach individuals at their workplaces. Another important strategy mentioned was the use of lay health educators (*promotores de salud*) who can provide culturally competent, linguistically appropriate information and referrals to community members.

There is a lack of health data on Latinos.

Hispanics now make up more than 7% of Georgia's population, yet the existing data on their health status are extremely limited and appear to be compromised by underreporting due to the high numbers of Hispanics who do not have access to the health care system. With the exception of unintentional injuries, which most often result in a visit to the hospital and therefore are reported, most of the state's Hispanics face severe access barriers and do not regularly see a doctor. Among the focus group participants, approximately 50% stated that they do not receive an annual physical, and most had not seen a doctor in at least three years. Additionally, there is a lack of subgroup data which makes it difficult to identify which segments of the Latino community are in need of specific interventions.

Recommendations

Based on the findings of the Georgia Latino/Hispanic Health Agenda and Leadership Project, NCLR makes the following recommendations:

Government Agencies

State health agencies should fund a comprehensive study of Latino health in Georgia.

As the Hispanic population continues to grow, it is important to have reliable data on their health status. Current data are compromised by the fact that Latinos lack access to a regular source of care. Funding a statewide Hispanic health study will provide policy-makers, practitioners, and the community with information required to identify and implement appropriate policy and program interventions. To supplement statistical survey data, the study should include case studies and qualitative research using community-based organizations as key partners from the outset of the process.

Federal and state public health agencies should monitor and enforce compliance with Executive Order 13166 and Title VI of the Civil Rights Act of 1964 more closely.

Language was the most often cited barrier to accessing health care, with lack of interpreters being a recurring theme throughout the research. By monitoring compliance more closely, recipients of federal funds will be held accountable for taking reasonable steps to provide appropriate language services as required by the Executive Order and civil rights laws, thus helping to remove the primary barrier that Hispanics face.

Government and health care institutions should work with local nonprofits to expand the number of Hispanics in the health care career pipeline.

The need for bilingual and bicultural health care professionals in Georgia is acute. Research shows that physicians from minority backgrounds are more likely to serve in areas that are medically underserved and that have high concentrations of minority populations; greater numbers of minority physicians also tend to be

associated with higher patient satisfaction. Standards issued by the Office of Minority Health of the U.S. Department of Health and Human Services, and others, document that the absence of effective communication increases the likelihood of misdiagnosis and inhibits patient adherence to treatment regimes. Thus, the dearth of Latino providers in Georgia puts Hispanics at risk by further limiting their access to quality health care.

In the short term, health care providers can take a number of steps to increase their cultural competence, including increasing the bilingual/bicultural capacity of their existing staff, intensifying recruitment efforts of bilingual/bicultural staff, and establishing partnerships with community organizations to facilitate improved Hispanic outreach. Over the longer term, partnerships with local nonprofits that serve the Hispanic population, government agencies, and health care institutions can channel resources into workforce development efforts to train more Latino and other bilingual/bicultural providers, including school-based programs to expose Latino students to health care professions, creating a pipeline for providing care to the state's burgeoning Hispanic community.

Nonprofit Institutions

Foundations and others should provide funding for innovative research and prevention projects targeting the Latino community.

There is a critical need for innovative research as well as strategies for providing information and services. The desire and need for linguistically and culturally appropriate basic health information was expressed by focus group participants and key informants. Foundations should partner with community-based organizations to develop and fund strategies to identify promising practices that are already in use both elsewhere and within the state and take them to a statewide level. Possible areas for funding include HIV/AIDS and STIs, mental health, obesity prevention, and health advocacy efforts.

Nonprofits and other interested organizations should develop and fund a *promotores de salud* training institute.

Promotores de salud are key components of the public health system in numerous states; for example, California and Texas have recognized the need for direct and sustained outreach to the Hispanic community. *Promotores de salud* are the first point of contact for many recently arrived immigrants. They provide information on health resources and lead health education sessions, all designed to increase the access of community members to accurate in-language resources located in their community. Georgia could benefit from having a core group of these individuals in communities helping to expand the knowledge of available resources in the Hispanic community.

Policy-makers

Policy-makers should work to eliminate political barriers to health care services.

The current political climate has encouraged the scapegoating of immigrants throughout the country, and Georgia has not been immune. Recent federal and state laws and policies have led to widespread fear in Latino communities, creating additional barriers which discourage them from seeking services. Some fear legal consequences including deportation; others, including legal immigrants, fear being labeled a public charge, which they believe could prevent their eventual adjustment to citizenship. Additionally, the restrictions placed on legal immigrants' access to Medicaid and SCHIP further exacerbate the access barrier. The removal of political barriers to access is vitally important since all individuals need access to the public health system in the event of an emergency or epidemic, to ensure the safety of all of Georgia's residents.

Latino Community

Latino nonprofits should engage more directly in advocacy efforts related to health.

There is a need for a consistent Latino perspective on health policy debates at the federal and state levels. Georgia's Latino nonprofits can play a key role in these debates by providing information to state and federal legislators on the impact of proposed policies on their clients. While promising examples of Latino nonprofits playing this role exist, the need for a more sustained and proactive health advocacy effort is necessary.

Latino nonprofits should expand the dissemination of their research findings.

In researching the literature, NCLR uncovered several health reports produced by Latino nonprofits which provided keen insight into the barriers faced by Latinos. However, most of these reports had not been widely disseminated. Expanding dissemination of these and similar reports to a wider audience would provide policy-makers, service providers, and government agencies important information they could not have access to otherwise on Georgia's Hispanic community, leading to the development of culturally and linguistically appropriate programs for the Latino community.

The Hispanic community in Georgia has become a critical component of the fabric of the state. From the fields of South Georgia to the hotels and restaurants of Atlanta, Latinos have come to the state to build their version of the American Dream. Ensuring their full integration into mainstream society is essential to the future prosperity of the state and region. NCLR believes that these recommendations are just the beginning of ensuring that Hispanics lead healthy lives and, therefore, maximize their contributions to Georgia society.

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Atlanta

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Augusta

Chattahoochee River

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Columbus

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