NORTH CAROLINA INSTITUTE OF MEDICINE
2003 TASK FORCE REPORT ON NC LATINO HEALTH
2004 UPDATES

GENERAL HEALTH OF LATINOS

1. The NC Department of Health and Human Services (DHHS) and other health, behavioral health, dental, and human services providers should collect health, behavioral health, dental, and social services related data (including, but not limited to, utilization and health outcomes) by race and ethnicity to determine if Latinos are able to access needed health, behavioral health, dental, and social services and whether there are specific health disparities facing the Latino community.

All state DHHS programs have started, or will soon begin, to collect uniform data on race, ethnicity, and language preferences, in accordance with federal Title VI requirements. Data are stored in a centralized Client Name Data Services (CNDS) database and/or with the local agency at application level:

- The Division of Social Services and Division of Medical Assistance are collecting race, ethnicity, and language preferences in Medicaid, NC Health Choice, Temporary Aid to Needy Families (TANF), Child Support, and Employment programs, and will begin collecting the information in the Food Stamp Program beginning October 8th.
- The Division of Public Health already collects information on race and ethnicity for all of its programs, and began to collect information on language preferences in October 2004 for the Health Services Information System (HSIS). Women, Infants, & Children (WIC) and the Purchase of Care programs will begin to collect language in November, 2004. Note: Currently, clients who receive immunizations are captured in the HSIS system, so race, ethnicity, and language are captured. However, the Division is in the process of developing a new immunization data system, the North Carolina Immunization Registry (NCIR), which will be separate from HSIS. The new NCIR will be compliant with race, ethnicity, and language requirements.
- The Division of Vocational Rehabilitation has collected race, ethnicity, and language preferences since June 23, 2004 for all (or most) of the Vocational Rehabilitation programs.
- The Division of Child Development receives applications for childcare subsidies through the Division of Social Services, which captures race, ethnicity and language preferences.
- The Division of Mental Health, Developmental Disabilities and Substance Abuse Services is collecting race, ethnicity, and language data from each Local Management Entity (LME)/area program and from each state institution.

In addition, the State Center for Health Statistics has produced a number of reports that examine the health status of and use of health services by Latinos. Some of these reports focus solely on Latinos and others are more broadly focused on differences in health status among all racial and ethnic groups. The reports are listed below:

Buescher PA. A Review of Available Data on the Health of the Latino Population in North Carolina. North Carolina Medical Journal. May/June 2003, 64(3):97-105. This includes the data on Latino health prepared for the North Carolina Institute of Medicine Latino Health Task Force. Available online at: http://www.ncmedicaljournal.com/may-jun-03/ar050301.pdf

____ Racial and Ethnic Health Disparities in North Carolina. Report Card. 2003. Office of Minority Health and Health Disparities and State Center for Health Statistics. 2003. Available online at: http://www.schs.state.nc.us/SCHS/pdf/FinalReportCard.pdf

Buescher P, Gizlice Z, Jones-Vessey K. Self-Reported versus Published Data on Racial Classification in North Carolina Birth Records. State Center for Health Statistics. SCHS Studies. Feb. 2004. No. 139. Available online at: http://www.schs.state.nc.us/SCHS/pdf/SCHS139.pdf

Morgan AJ, Bibeau D. Folic Acid-Related Dietary Preferences and Health Interests of Latino Women Living in North Carolina. State Center for Health Statistics. SCHS Studies. No. 141. April 2004. Available online at: http://www.schs.state.nc.us/SCHS/pdf/SCHS-141-2.pdf

____ Racial and Ethnic Differences in Health in North Carolina: 2004 Update. State Center for Health Statistics. Special Report. May 2004. Available online at: http://www.schs.state.nc.us/SCHS/pdf/RaceEthnicRpt.pdf

Herrick H, Gizlice Z. Spanish-Speaking Hispanics in North Carolina: Health Status, Access to Health Care and Quality of Life. State Center for Health Statistics. SCHS Studies. No. 143. July 2004. Available online at: http://www.schs.state.nc.us/SCHS/pdf/SCHS143.pdf

Also, see Rec. 13 below.

SYSTEMS OF CARE

2. The NC Primary Health Care Association, in conjunction with the NC Office of Research, Demonstrations and Rural Health Development (NC ORDRHD) and other state agencies, should encourage and assist communities in seeking federal Community and Migrant Health Center (C/MHC) funds to expand the availability of primary care, dental, and behavioral health services. Additionally, the NC General Assembly should appropriate funds to C/MHC to be used as support for federal grants.

The NC Community Health Center Association (previously known as the NC Primary Health Care Association) and the NC Office of Research, Demonstrations and Rural Health Development have worked with local community groups to assist them in

applying for Federally Qualified Health Centers (FQHC) funds and/or FQHC Look-Alike status. Some of these applicants have succeeded in obtaining new federal funds.

- In fiscal year (FY) 2002, North Carolina applicants applied for seven New Access Point grants, of which two were funded ($1,159,358); applied for nine Expanded Medical Capacity Grants, of which five were funded ($3,165,245); and applied for six Service Expansion grants, of which two were funded ($433,333). North Carolina received 2.9% of the available federal funding.
- In FY 2003, North Carolina applied for six New Access Points grants of which four were funded ($2,074,866); three Expanded Medical Capacity grants, of which two were funded ($1,181,919); and six Service Expansion grants of which one was funded ($200,000). North Carolina received 3.3% of available federal funding.
- In FY 2004, to-date, North Carolina applied for three Expanded Medical Capacity grants, of which one was funded ($225,262); and five New Access Points applications of which one was funded ($576,864).

In addition, the NC General Assembly appropriated $5 million in non-recurring funds for community and migrant health centers (FY 2005) and $2 million in non-recurring funds for public health and rural health clinics to expand services available to the uninsured. Although these funds are not exclusively targeted to serve the Latino population, the Latino population will benefit from these grants and new state funding because Latinos are disproportionately more likely to be uninsured.

3. The NC General Assembly should increase funding for the Migrant Fee-for-Service program so that the funds are sufficient to provide health services year-round.

No action. The need to increase funding for the Migrant Fee-For-Service program remains. The appropriations from the NC General Assembly have not changed and the healthcare demands of the migrant farmworker population in North Carolina exceed the budgeted amount. In an effort to avoid closing the program and to maintain health services year-round, the North Carolina Farmworker Health Program restructured it in 2004 to include cost-saving measures, which have targeted the program to certain areas of the state, eliminated emergency room services, and implemented a drug formulary. Although these changes should help to maintain basic services year round, reducing the services and targeting them to certain areas of the state is insufficient in meeting the need, which is statewide. Increased funding will allow the program to offer the previous level of services to the entire migrant farmworker population in North Carolina.

4. The NC General Assembly should appropriate additional funds to the Office of Minority Health and Health Disparities (OMHHD) to expand the capacity of the OMHHD to focus on Latino Health issues. Specifically, the OMHHD should expand its technical assistance; communicate with communities about funding opportunities; provide cultural diversity and interpreter training to local

agencies, non-profits, and community groups; and conduct research into the major health issues facing Latinos.

As part of this effort, the OMHHD Hispanic Health Task Force should be expanded to include a broader collaboration of state agencies and other organizations, including, but not limited to: the Division of Public Health, Division of Mental Health Developmental Disabilities and Substance Abuse Services, Division of Medical Assistance, Division of Social Services, NC Office of Research, Demonstrations and Rural Health Development, Area Health Education Centers, and NC Primary Health Care Association to develop policies and programs to address the healthcare needs of Latinos. This collaboration should help support the development or expansion of local coalitions to address the health needs of Latinos.

If no new state funds are immediately available, the Department of Health and Human Services (DHHS) should explore state, federal, and private grant sources to obtain additional revenues to support the work of the OMHHD.

House Bill 1580, which would have appropriated $250,000 to the OMHHD to support Latino health initiatives, was introduced in the 2004 Session, but not funded. The OMHHD has sought funding from other sources to support the Latino health initiative, some of which have been funded.[1] For example:

- The OMHHD received an AmeriCorps Grant award for $258,956 from the NC Commission on Volunteerism and Community Service, for project period 2004-2005. As a part of that funding, two AmeriCorps volunteers are assigned to work on Hispanic health issues.
- The OMHHD secured funds from the Division of Public Health to support the Interpreter Training Coordinator's salary for one year.
- Recommendations from the Department of Health and Human Services' Public Health Task Force 2004 included $1.2 million to support Title VI compliance. Funds would support the Area Health Education Centers (AHEC) and OMHHD's Interpreter Training and Cultural Competence Initiative.

In addition, the OMHHD has expanded its technical assistance to local agencies and organizations. For example:

- In 2002, the OMHHD reorganized its staff and established the position of Public Health Consultant for Hispanic/Latino Programs and Policies. Through this position and the Interpreters/Cultural Diversity Training Coordinator, the OMHHD is continuously offering technical assistance on cultural diversity, interpreter, and Latino health issues to local health departments, NC DHHS, colleges, for profit and non-profit and private organizations, and community groups in the state and nationally.
- In June 2004, the OMHHD notified community-based organizations and AHEC about grants offered by the US Department of Health and Human Services, Office

of the Secretary, Office of Public Health and Science, and the Office of Minority Health. Grants focused on:

a) Community Programs to Improve Minority Health
b) Bilingual/Bicultural Service Demonstration Grant Program
c) HIV/AIDS

As recommended, the OMHHD Hispanic Task Force (HHTF) was expanded to include a broader group of state agencies and other organizations, including the following organizations within the NC Department of Health and Human Services: Division of Public Health (DPH), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MHDDSAS), Office of Research, Demonstrations and Rural Health Development (ORDRHD), Office of General Counsel, Office of Citizens Services, and Office of Public Affairs. In addition, other organizations outside of the Department are also participating in the HHTF, including: NC Mental Health Association, Turning Point, NC Community Health Center Association, El Centro Hispano, El Centro Latino, Culturas Unidas, NC Justice Center, National Center for Occupational Safety and Health (NCOSH), Tri-County Community Health Center, Wake County Human Services, NC Association of Local Health Directors, NC General Assembly Office of President Pro-Tempore, Wake Technical Community College, UNC Chapel Hill School of Public Health, and others. The HHTF has created several teams that are working on many of the Task Force's recommendations, including:

- Chronic Disease Team. The goal of this team is to prevent and control chronic disease in NC's Latino population by including the Latino population within existing policies and programs at DHHS. Since many chronic diseases are related to obesity, preventing obesity in Latino children and families is a priority, as is reducing the incidence of diabetes among the Latino population. Task Force members have conducted research on the weight status and eating and exercise habits of the Latino populations, using data from the Youth Risk Behavior Surveillance System (YRBS) and the Behavioral Risk Factor Surveillance System (BRFSS). The Chronic Disease Team is in the process of identifying people with cultural expertise in nutrition and obesity in the Latino population as well as resources on nutrition education, food preparation, exercise plans, and family dynamics. Information about chronic disease and diabetes has been published in *La Conexion*, a Latino newspaper, and a presentation on this topic will be aired on *Univision* and *Open Net* in November. The work of the Hispanic Health Task Force Chronic Disease Team is part of a larger DHHS initiative to prevent obesity among Latino, African American, and American Indian children and their families (supported by a $418,832 three-year grant from the Health and Wellness Trust Fund).
- Lay Health Advisors Team. The goal is to develop/adapt a unique Lay Health Advisor Curriculum that can be used for the Hispanic population in any public health field. See Recommendation #32 below for more details.
- Interpreters/Bilingual Providers Team. The goal of this team is to address interpreter and bilingual provider issues within DHHS agencies, programs, and services. See Recommendation #21 below for more details.

- Workers Compensation Injury Team. The goal of this team is to work with the NC Industrial Commission on issues related to Workers Compensation and the Occupational Safety and Health Administration (OSHA), specifically injuries to Latinos on the worksite. This team, under the leadership of the NC Occupational Safety and Health Department (NC OSH) and OMHHD, has formed NC WISH, a statewide coalition that includes members from at least 20 different organizations and agencies (See Recommendation #29 for more details).

The Hispanic Health Task Force is in the process of developing a Fact Sheet on Latino health. The goal is to have a fact sheet on Latino health by December 2004. In addition, the HHTF works closely with the DHHS Title VI Steering Committee (see Recommendations #22, 23).

5. **Latino organizations and leaders, in conjunction with the NC Department of Health and Human Services, the NC Board of Pharmacy, the NC Department of Agriculture, and the NC Medical Society should launch a public education effort using the Latino media to educate Latinos and owners of tiendas about the importance of seeking medical advice from a trained health professional. This media effort should also teach Latinos how to navigate the US health system and about the potential health risks of using self-prescribed medications.**

On October 25, 2004 El Pueblo, the NC Department of Agriculture and the NC Pharmacy Board held a meeting to discuss how to implement this recommendation. They established a new group called Tienda Safety and Health Group. The group is in the initial stages of planning a health campaign to inform the Latino community and tienda owners about the risks of selling prescription drugs, receiving medical advice from non-certified medical providers and selling over-the-counter medication that could be expired.

6. **The NC Division of Public Health should lead the effort to expand the availability and accessibility of culturally appropriate maternity, family planning, and teen pregnancy prevention services to Latinos across the state.**

   These efforts may include, but not be limited to, assisting local health departments in maximizing federal funds to pay for prenatal care, expanding the availability of group prenatal projects, expanding availability of targeted family planning programs offering culturally appropriate services, and targeting some of the available teen pregnancy prevention funds to Latino youth.

   In addition, the NC General Assembly should appropriate additional funds to expanding the availability and accessibility of culturally appropriate maternity, family planning, and teen pregnancy prevention services to Latinos across the state.

The Division of Public Health has taken the lead in making culturally appropriate maternity, family planning and teen pregnancy prevention services more available throughout the state. These initiatives include:

- Providing culturally appropriate women's health services, based upon best practices, through new pilot collaborative projects in local health departments and community health organizations. In these sites, a Latino community-based organization and the local health department partner to provide family planning services. New federal Title X family planning funds support these partnerships.
- A Medicaid family planning waiver to expand Medicaid income eligibility for family planning services to 185% of the federal poverty level was approved on November 5, 2004. This expansion will provide Medicaid funding to cover family planning services to Latinos who would otherwise be eligible for Medicaid (but their income is too high).
- Three new adolescent pregnancy prevention projects focusing on Hispanic teens. A new community and parental-based approach to the prevention of adolescent pregnancy (Plain Talk) should begin next year in collaboration with the Annie E. Casey Foundation and NC Adolescent Pregnancy Prevention Coalition.
- DPH centering (group prenatal clinic services) training for local health departments. Several health departments have found this technique to be a very positive experience for patients and providers. In spite of multiple attempts, additional maternity funds have not been forthcoming.

Several appropriation bills have been introduced in the NC General Assembly to provide additional funds for uncompensated maternity services. However, additional funds have not been appropriated to date, even though this issue has become extremely critical in many counties. The average number of uncompensated maternity clinic visits (non-Medicaid) provided from 1998 through 2000 as compared to 2001 through 2003 has increased by over 50% in 37 health departments and over 100% in seven of these health departments. Statewide, the proportion of Latino births has increased from 2% to 13% since the early 1990s.

7. The NC Department of Health and Human Services should expand its immunization outreach efforts to ensure that Latino children and adults receive appropriate immunizations.

The Immunization Branch (IB), of the Division of Public Health, has expanded its immunization outreach efforts to ensure that Latino children and adults receive appropriate immunizations. Specifically, in its commitment to federal Limited English Proficiency (LEP)/Title VI requirements, IB has:

- Developed general immunization information brochures in both English and Spanish for distribution to the general population to increase access to information about health services and immunizations.
- Produced and circulated general and varicella-specific flyers, which target pockets of foreign-born populations who may be predisposed to certain vaccine-preventable diseases.

- Publicized the risk and severity of vaccine-preventable diseases and the importance of early and complete immunizations through advertisements in public venues, such as television, newspapers, journals, and other publications.
- Wrote an article in the NC Pediatric Society Newsletter to remind healthcare providers about the importance of recommending and administering vaccines for preventable diseases to all patients and expectant mothers including, but not limited to, Latinos. This article hoped to address concerns about data from the Office of Minority Health that identified health provider/staff attitudes that discourage Medicaid recipients from seeking or obtaining medical care as a key socio-cultural barrier to healthcare for minority patients.
- Distributed 500 Spanish language "Germ Patrol" books and *Vacunas Para Todos* videos.
- Educated the Latino population about the rubella vaccination including an exhibit at the annual "Fiesta de Pueblo."
- The IB has continued to make progress toward a statewide immunization registry. A short-term contract with a vendor who will enhance the Wisconsin Immunization Registry was completed. Staff conducted numerous "registry readiness" presentations for local health departments (LHDs) and private immunization providers across the state. When the North Carolina Immunization Registry (NCIR) is implemented in the majority of the state's immunization provider offices, the IB intends to monitor more regularly the age-appropriate immunization coverage rates by race and ethnicity. A Request for Proposals (RFP) to solicit a long-term contract to complete the development of the functional version of the registry was completed.
- The IB has hired and promoted multi-cultural, multi-ethnic, multi-racial staff.
- The IB has hired a Community Development Specialist to lead the IB's efforts in eliminating health disparities in immunization. This person is also collaborating with agency counterparts to look at the possibility of targeted areas of focus in which to try demonstration projects or other focused initiatives.
- The IB's Community Development Specialist has met with the Network of Immigrant Advocates to discuss the changing landscape of service delivery in limited English proficiency (LEP) environments, and have participated in activities to identify solutions to LEP challenges.
- IB staff have attended training and orientation sessions hosted by Latino-serving organizations to gain additional knowledge and skills to enhance the IB's capability to respond to the needs of the Latino community.

8. The NC General Assembly should appropriate additional funds to increase access to culturally and linguistically accessible dental services for Latinos.

These efforts should include, but not be limited to, additional funds to recruit bilingual dental professionals, increasing Medicaid reimbursement rates, and funding dental care coordinators.

In addition, the NC Department of Health and Human Services should continue and expand existing programs that provide dental services to Latinos by

providing technical assistance to local organizations to help establish dental safety net programs, expanding the provision of preventive school-based services, and continue funding for the Into-the-Mouths of Babes program.

No new funds were appropriated. However, the Office of Research, Demonstrations and Rural Health Development has worked with the Oral Health Section of the Division of Public Health and the NC Community Health Center Association to help expand the availability of public health and non-profit dental safety net clinics. Between July 1, 2003 and September 1, 2004, four new dental safety net clinics were established with the purpose of serving Medicaid patients and people without insurance coverage. ORDRHD has also been successful in recruiting eight bilingual dental providers. Most public health departments and/or community health centers also have bilingual staff or other staff interpreters to help make services linguistically accessible.

The DHHS Division of Public Health's Oral Health Section (OHS) has a number of initiatives aimed at improving dental health among Latinos:

- OHS conducted a statewide dental survey of schoolchildren in 2003-2004 to evaluate the effectiveness of the state's prevention programs, and to gather information on knowledge, opinions, and quality of life issues related to dental health. Latinos were oversampled to assure an adequate sample size to provide valid information on Latinos. Data analysis will follow.
- OHS provides preventive dental sealant projects that target migrant children.
- OHS staff and local health department staff help screen schoolchildren to identify those in need of dental care and assist Latino families in attaining dental care.
- OHS has translated dental educational materials into Spanish and posted them on their website to facilitate access.
- OHS provides technical assistance to the Into the Mouths of Babes (IMB) program. The IMB program is a Medicaid-funded initiative that pays physician practices to provide preventive dental procedures for infants and toddlers. The Division of Medical Assistance has provided these services to more than 100,000 high-risk children (with more than 50,000 having more than one visit). Many of the children served are Latino. Since the inception of this program there has been an eight-fold increase in the number of infants and toddlers receiving preventive dental visits (with about 60,000 visits in 2003). Further, an IMB staff member served on the East Coast Migrant Head Start Grantee Health Services Advisory Committee. IMB is working in partnership with NC Early Health Start Centers to provide oral health materials based on feedback from staff and parents (including a Latino focus group).
- OHS assisted with the development of four community public dental clinics and provided technical assistance to 23 local health department dental clinics. Many of the patients served in these clinics are Latinos.
- OHS provides training in public health to allow locally employed dental hygienists to work "under direction" in order to increase the number of preventive dental services available to at-risk populations.

9. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SA) and Local Management Entities (LME) should take aggressive steps to recruit and train sufficient providers who can provide linguistically and culturally appropriate services. In addition, the Division and LMEs should collect outcome data, by race and ethnicity, to identify possible disparities in access to MH/DD/SA services and consumer outcomes. If disparities are found in access or outcomes, the state should take specific steps to address these disparities.

On March 31, 2004, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, with the assistance of the Office of Minority Health and Health Disparities, sponsored a one-day cultural competency workshop. Secretary Carmen Hooker Odom invited a professional and ethnic cross-section of 100 citizen experts from across the state to participate in this effort. The objective of the workshop was to develop practical guidance for the Division, the Local Management Entities, and their contract providers to identify and establish implementation strategies and competencies for cultural proficiency in the delivery of services and supports to North Carolina citizens who will utilize the Division and LME services. Over 70 citizen experts representing four racial/ethnic groups (African- American, American Indian, Hispanic/Latino, and Asian Pacific Islander) led by moderators joined workgroups (in individual breakout sessions by racial/ethnic group) to identify stigmas to accessing and utilizing services, as well as the cultural, language, and systemic barriers that prevent citizens from seeking services from the public mental health, developmental disabilities, and substance abuse service system. After the initial brainstorming questions were addressed, each workgroup identified strategies to increase the awareness of consumers' cultural and linguistic needs for service entities or providers (including the State MH/DD/SA agency, the Local Management Entities, providers, and partners-advocacy groups, community and faith-based organizations).

The Division has initiated a planning process to develop a comprehensive cultural competency and Awareness Plan for the Division, Local Management Entities (LMEs) and service providers. The Division will appoint a Cultural Competency Awareness Team led by Steven Hairston, Planning Team leader in the Administrative Support section of the Division, and composed of 14 citizen experts representing African Americans, American Indians, Hispanic/Latinos and Asian Pacific Islanders, the local management entities, providers, the state operated facilities and the Office of Minority Health and Health Disparities. The Awareness Team will begin their work in the early fall, meeting monthly, with a goal of completing the final report in April 2005.

In addition, the NC AHEC obtained funding through a mental health training grant to the Southern Regional AHEC to sustain the training of mental health professionals in Spanish language and Latino cultural issues. This was previously funded by The Duke Endowment grant for Spanish language and cultural training initiatives. This new grant will support part of the salary of the lead trainer at Duke, Ms. Alicia Gonzales, allowing her to continue offering training sessions via the AHECs around the state.

One outstanding area of concern is that there has been no statewide effort to recruit bilingual mental health or substance abuse professionals who can provide linguistically and culturally appropriate behavioral health services.

10. The Secretary of Crime Control and Public Safety should work with state and local agencies and emergency officials to incorporate rapid, linguistically and culturally appropriate outreach to the Latino community into their overall emergency response plans.

The Governor's Office has created an Emergency Hotline, staffed by bilingual volunteers, to answer questions during emergencies. The Hotline was activated during the 2003 hurricane season. The hotline provides updated weather information, highway closings, shelter information, feeding sites, and will also serve as a referral line for people in need of help following the event. English and Spanish speaking people should call toll-free 1-888-835-9966; deaf and hard of hearing people may call 1-877-877-1765.

The Governor's Hispanic/Latino Affairs Office also coordinates with other state agencies to create Spanish translations of all the Governor's emergency-related press releases and distributes it to the Spanish language media and the Latino community through a comprehensive e-mail listing. The Hispanic/Latino Affairs Office also sends additional Spanish-language emergency preparedness information and provide online links to agency websites with Spanish-language emergency information such as FEMA, Department of Health and Human Services and www.ayudate.org.

The Department of Crime Control and Public Safety was one of the sponsors of the annual Latino issues forum, "2004 El Foro Latino," attended by 650 leaders across the state. Information about how to disseminate information to the Latino population during emergencies was highlighted at El Foro. The Spanish language media, including radio and television, have also been cooperating with officials to get information to the Latino community.

ACCESS TO CARE

11. The NC Department of Health and Human Services should analyze existing data to identify the potential number of individuals with limited English proficiency. These data should be shared with local agencies and healthcare organizations. Local agencies and other federal fund recipients should use this information, along with their own client data, in their assessments to determine the language needs and cultural background of their client population. In addition, federal fund recipients should ask their clients (or program applicants) of their language needs. If an individual self identifies as having Limited English proficiency, this information must be recorded in the client's file so that interpreters and/or written translated materials can be provided.

The State Center for Health Statistics analyzed the Census data and prepared information on the numbers of people who speak a language other than English in the home; and the

languages spoken. The data are provided for children and adults separately by counties and have been provided to the county agencies to use for planning purposes.

In addition, NC DHHS has begun to collect data on language preferences for clients in all of its programs. The language preference data will be collected locally, but then maintained in the state data system. Collection of language preference data will be phased in throughout the NC DHHS system in the fall of 2004.

12. The NC General Assembly should appropriate funds to AHEC and the NC Department of Public Instruction to develop specific career development strategies targeted to middle and high school LEP and Latino students to promote educational success and to foster interest in higher education (including associate, college, and post-graduate education) to enter health and human services professions. Community Colleges and Universities should help facilitate the entry of Latinos and other bilingual individuals into human services professions.

The NC AHEC Program continues to provide health careers awareness and exposure programs with activities to underrepresented youth, including Latinos. The 2005-2007 AHEC budget request to the NC General Assembly, asked for specific funding to provide a Latino Health Careers and Awareness Program in each of the nine AHECs and at the AHEC Office at Duke University.

The NC Community College system has recently changed its statewide policy regarding the admission of undocumented immigrant students. Under the old policy, the NCCCS had instructed all local community colleges not to admit any undocumented students to certificate or curriculum degree (college credit) courses. Under the new policy, each local community college has the discretion (but is not required) to enroll eligible undocumented students into any college credit courses, but the student must pay tuition at the out-of-state rate. While not optimal, this policy change may provide a vehicle for Latino youth to attend some community colleges to be trained in the health professions/occupations. In addition, the NC Community College System hired a Director of Hispanic/Latino Affairs, with a grant from the Z. Smith Reynolds Foundation, and established a Hispanic/Latino Advisory Board. The Advisory Board, which began its work in the Spring of 2004, is comprised of representatives from local community colleges (Sampson, Randolph, Pitt, Durham), the business and industry community, Spanish language media, community- and faith-based organizations (El Pueblo, the Catholic Church and the NC Community Development Corporation), the Governor's Office, and the NC Department of Public Instruction.

13. The Department of Health and Human Services should help local communities in their efforts to recruit and retain bilingual and bicultural providers and to hire and train interpreters. The Department will take responsibility for identifying possible grant sources for these efforts, and will assist local communities in seeking these funds. In addition, the Department should develop systems to maximize federal funds to reimburse providers and agencies for

interpreter services. The NC General Assembly should appropriate funding to the Department of Health and Human Services to assist in recruiting bilingual and, if available, bicultural health professionals and pay for interpreter services.

NC DHHS has several initiatives intended to increase the number of bilingual health, mental health, and social services professionals practicing in North Carolina. The Office of Research, Demonstrations and Rural Health Development (ORDRHD) has provided an additional $10,000 incentive for loan repayment programs for bilingual providers willing to practice in medically underserved areas or with medically underserved communities. Between July 1, 2003 and September 1, 2004**,** eight new health professionals have been recruited (four family physicians, one internal medicine physician, and three pediatricians).

No funds were appropriated specifically for interpreter training. However, the Division of Medical Assistance is in the process of developing a system to pay for interpreter services necessary to help public and private health professionals provide Medicaid services to eligible individuals. The Division of Medical Assistance will create standards to ensure that individuals meet basic interpreter competencies (perhaps by successfully completing approved courses). Once these standards have been developed; individuals who meet these standards can enroll as Medicaid providers and bill the Division directly for their services. Funding would be available to help pay for interpreter services for providers who are not already reimbursed for these costs. DSS and local health agencies can already obtain funds for interpretation services, and DMA will work out a similar arrangement with the MH/DD/SAS programs. The goal is to have this reimbursement mechanism available sometime in the fall/winter of 2004.

In addition, Wake County public and non-profit agencies have created an interagency collaboration to address Latino workforce issues. The group has been meeting for two years and is being chaired by Wake County Human Services, NC State Cooperative Extension, and SafeChild. It also did a survey of Wake County agencies to determine the need for health and human services bilingual providers. The Hispanic Equity Advisory Team (HEAT) is seeking funds to establish a Latino workforce center to recruit bilingual health and human services providers. The workforce center would be housed at El Pueblo. Collaborating organizations include: Wake County Human Services, WakeMed, Rex Hospital, Planned Parenthood, SafeChild, and other groups.

Also, see Rec. # 21 below.

14. The Governor's Office and NC Department of Health and Human Services should explore the issues around certification, credentialing, and licensing of foreign graduates and research what other states are doing to develop systems to enhance recruitment of bilingual and bicultural health, behavioral health, dental, and human services providers.

Because of the immediate need for bilingual and bicultural mental health and substance abuse counselors, the NC Department of Health and Human Services

should work with the NC Social Work licensure board and the NC Certification Board for Substance Abuse Counselors and Office of State Personnel to facilitate the certification, credentialing, licensure, and employment of bilingual, bicultural social workers and substance abuse counselors.

The NC General Assembly should appropriate funds to the University and Community College system to provide course work tailored to foreign graduates to assist them in preparing for certification, credentialing, and licensure in social work, substance abuse, nursing, and other allied health and human services professionals to increase the recruitment of bilingual, bicultural providers.

Issues related to licensure of foreign-trained nurses are being explored by a work group, including representatives of the NC Board of Nursing, Center for International Understanding, AHEC, Center for Nursing, Duke University Medical Center, University of North Carolina at Chapel Hill, and El Pueblo. The group is working on developing strategies to: 1) recruit more Latinos into the nursing profession; 2) identify ways to work with nurses trained in Spanish-speaking countries to help them obtain their nursing license in North Carolina (when appropriate); and 3) provide support to Latino nurses currently practicing in North Carolina.

In conjunction with this initiative, Duke University Medical Center has started an initiative aimed at assisting nurses trained in Spanish-speaking countries, who are lawful permanent residents, to become licensed in the United States. Depending on the nurse, it may require ESL courses or nursing refresher courses. The initiative at Duke is a collaboration with Duke Hospital (Latino Health Project) and the Duke School of Nursing. The initiative is working with the Duke University Office of Foundation Relations to identify funds to underwrite the pilot project. As of September 2004, at least 24 lawful permanent resident nurses have indicated an interest in this initiative. Nurses have responded from different counties in North Carolina, as well as from Florida, Alabama, and Virginia.

Since the 2003 publication of the NC Latino Health Task Force Task Force report, Eva Gomez at Wake Forest University Baptist Medical Center in Winston-Salem has helped organize a statewide Latino nurses association. They held their first meeting in early 2004.

There have not been any other statewide initiatives to try to credential or license foreign-trained health professionals of which we are aware.

15. Staff at health, behavioral health and social services organizations, including the leadership and governing boards should be diverse and representative of the communities they serve.

The Governor's Office of Hispanic/Latino Affairs, in collaboration with El Pueblo, has establish a project to increase Latino representation on Boards and Commissions.

Initially, the goal was to focus on state and local appointed positions, but now it has been included to expand Latino presence on other non-profit boards and commissions.

16. The NC Department of Health and Human Services should take the lead in translating vital documents into languages needed by groups of individuals with limited English proficiency. Local agencies have an independent responsibility to translate written materials (such as notices, applications, outreach materials) if the forms or services are unique to the local communities and the LEP populations meet the OCR prevalence thresholds.

The NC Department of Health and Human Services (DHHS) has made great progress in this area. The Divisions of Social Services, Medical Assistance, Public Health, Vocational Rehabilitation Services, Child Development, and the Office of Research, Demonstrations and Rural Health Development (ORDRHD) have identified their vital documents and are having them translated into Spanish. All of the DSS and DMA vital documents have been translated into Spanish, as well as many of the other documents that are not considered "vital." Most of the DMA/DSS Spanish forms are also available on the web. Vocational Rehabilitation Services has translated all the vital and non-vital documents, and is in the process of posting them on the web. Most of Public Health's vital documents have also been translated, but are not currently available on-line. ORDRHD migrant fee-for-service vital forms have also been translated into Spanish. The Division of Child Development translated many of its documents in 2002, but these are now out-of-date and need to be updated. The application for childcare subsidies, however, has been translated and is currently in use.

NC DHHS has also developed a list of pre-approved contractors who can translate documents into Spanish, and is in the process of identifying contractors who can translate documents into other languages (i.e., Hmong). The Division of Mental Health, Developmental Disabilities and Substance Abuse Services does not have any state-level standardized forms, so the responsibility to translate documents is up to each Local Management Entity.

17. The NC Hospital Association, NC Medical Society, Administrative Office of the Courts, and Health Lawyers Section of the NC Bar Association should work collaboratively to identify standardized legal forms that affect healthcare (such as healthcare power of attorney, guardianship forms, living wills, etc.). These forms should be translated into Spanish and other needed languages and made available to Latino organizations, individuals in need of the forms, and through the Internet.

The NC Hospital Association has translated several vital forms into Spanish, including:

- Healthcare power of attorney: http://www.ncha.org/public/sp_hcpoa.pdf and http://www.ncha.org/public/sp_hcpoa.doc
- Patient bill of rights: http://www.ncha.org/public/bor_s.html

- Advanced Instruction for Mental Health Treatment: http://www.ncha.org/public/sp_aimht.doc

The Hospital Association has also translated other forms that are more specific to the needs of hospitals.[2]

In addition, the Administrative Office of the Courts has translated some domestic violence forms into Spanish (available on the AOC website at: http://www.nccourts.org/Forms/FormSearch.asp?Language=2).[3]

The NC Bar Association has also produced relevant information in Spanish, including:

- Workers' Compensation: What to do in the Case of an On-the-Job Injury: Seguro contra accidentes de trabajo: Lo que debe hacer si se lesiona en el trabajo http://workerscomp.ncbar.org/Legal+Resources/Publications/Downloads_GetFile.aspx?id=3576
- Domestic Violence and the Law: Violencia Domestica y La Lay http://www.ncbar.org/public/publications/pamphlets/spanish/fmvsp00.pdf
- Family Violence: Violencia Doméstica http://www.ncbar.org/public/publications/pamphlets/spanish/fmvsp00.pdf
- Living wills and healthcare powers of attorney: Testamento Y Poder de Abogado Acerca Los Cuidados de Salud http://www.ncbar.org/public/publications/pamphlets/spanish/livwsp00.pdf

While these forms are currently available on the Internet, many Latino groups across the state do not know about their availability.

18. The NC Department of Health and Human Services should develop a model training curriculum that can be shared with local agencies, and if appropriate, private providers, to inform staff about Title VI policies and how to make services more accessible.

The NC Department of Health and Human Services and the NC Institute of Medicine have developed Title VI training materials to be used with local agencies; and have presented this at statewide meetings of Department of Social Services and Public Health Directors. In addition, the NC Justice Center has developed a set of materials more appropriate for community groups; and El Pueblo has developed a Title VI educational pamphlet to distribute to the public.

19. The OMHHD should expand the availability of cultural diversity training to staff at local health departments, DSS, mental health and other health, dental, behavioral health, and human services agencies.

In 1995, OMHHD began to offer Cultural Diversity Training Programs, which were targeted to local health departments. For the past four years, Cultural Diversity Training sessions have also been offered to NC DHHS agencies, hospitals, colleges/universities, not-for-profit and for-profit organizations, and community groups.

The AHECs provide ongoing cultural diversity trainings for staff and healthcare professionals in a variety of formats and settings, some focused on Latino issues. In addition, El Pueblo offers approximately seven free training sessions per month across the state on cultural diversity and Latino issues.

20. The NC General Assembly should appropriate funding to maintain and expand the AHEC Spanish Language and Cultural Training Initiative and the Office of Minority Health and Health Disparities interpreter training and cultural diversity training courses.

Interpreter Training: Two bills were introduced in the 2003-04 Session to fund this initiative, but it was not funded. However, AHEC has continued to work closely with staff in the Office of Minority Health and Health Disparities (OMHHD) to offer interpreter training sessions. These training sessions are funded through registration fees and support from the NC AHEC Program Office. AHEC and the OMHHD provided over 30 interpreter trainings in 2004 and have scheduled 23 interpreter trainings through AHEC. They currently offer three levels of training:

- Level 1—basics of interpreter training (2-day training).
- Level 2—advanced interpreter training, which has more information on confidentiality and ethical issues (1-day training).
- Level 3— medical terminology training (2-day training).

AHEC and OMHHD also offer provider training in the use of interpreters.

Most of the regional AHECs offer some interpreter training programs; although they do not all offer the three levels. The AHECs in Charlotte, Winston-Salem, Asheville, and Raleigh have offered all three levels of training; the eastern AHECs (Area L and Eastern) do not currently have interpreter training sessions scheduled (although some may be scheduled in the future). Part of the problem is that there are not always enough enrollees to support the cost of these training sessions—typically between 10-30 participants enroll in these programs (AHECs lose money if only 10 people enroll). Information about the scheduled AHEC training sessions is available on the AHEC website: http://www.hhcc.arealahec.dst.nc.us/ and more specifically: http://www.hhcc.arealahec.dst.nc.us/ahecspanishintertr.html or on the Carolina Association of Translators and Interpreters website: www.catiweb.org.

Aside from lack of funding, one of the other major challenges the state faces in expanding the availability of interpreter training is a lack of qualified trainers. Currently, OMHHD contracts with a cross-cultural training coordinator and a person from Texasto to conduct the training sessions. The state needs to develop additional training resources.

In addition to the training programs offered through regional AHECs, some of the larger hospitals have been working to develop in-house training programs for the hospital interpreters. UNC Hospitals in Chapel Hill have already hosted some in-house training

programs (through AHEC); and the OMHHD is in discussions with UNC Hospitals, University Health Systems of Eastern Carolina, and WakeMed in Raleigh to hold additional in-house training programs. Duke University Medical Center has developed its own in-house training curriculum for interpreters.

Finally, the OMHHD developed a document, *Interpreters in Health and Human Services: Assessment of Current Training/Educational Mechanisms in North Carolina, and Discussion of Key Factors in Reconsidering State Certification.* The document serves as a means of providing the general public, interpreters, and local health and human services agencies with resources for interpreter study. Interpreters can use the document as a resource guide to further expand their interpreting skills. It will also serve as a basis for analyzing the feasibility of North Carolina taking steps toward state certification of health and human services interpreters. The document is currently under review by DHHS Office of Public Affairs.

Spanish language training for health professionals: AHEC has also continued to offer some Spanish education trainings, which are supported by registration fees.

In addition, the University of North Carolina at Chapel Hill developed a Spanish language education DVD, ¡*A su salud*! for intermediate-level Spanish-speaking health professionals. The statewide launch of the ¡*A su salud*! was October 6, 2004. This intermediate course presents a health drama in eight segments on DVD; there is also a traditional workbook and set of accompanying web exercises. The course has been designed for distance learning students, but can also be adapted for use in a traditional classroom format.

21. The University of North Carolina and Community College Systems should review all program offerings and should offer language/cultural competency courses for health professional students and place a priority on offering such courses. In addition, the Community College System should expand the availability of interpreter training courses offered throughout the system.

No updates at this time.

22. The NC DHHS should establish a standardized Office of Civil Rights compliance reporting system for use by state and local programs and agencies; and ensure that local agencies coordinate their Title VI compliance activities with that of the Department. The local monitoring will include a standardized consumer/client assessment instrument to assess the extent to which the programs and services are linguistically accessible. In addition, NC DHHS should conduct periodic site visits to determine the extent of Title VI compliance by local agencies.

To help implement the provisions of the Voluntary Compliance Agreement that NC DHHS entered into with the federal Office of Civil Rights, NC DHHS created a Title VI workgroup. The workgroup includes representatives of the different Divisions (Social Services; Medical Assistance; Mental Health, Developmental Disabilities and Substance

Abuse Services; Public Health, Information Resource Management; Child Development; Office of Research, Demonstrations and Rural Health; and Office of Public Affairs), as well as a representative of the NC Institute of Medicine, El Pueblo, Latino Community Development Corporation, and the NC Justice Center. Local Divisions of Social Services, health departments and mental health (LME) agencies must develop their own Title VI linguistic accessibility plan (using a state-developed template); all of these plans were required to be submitted to the NC DHHS no later than October 31st, 2004. NC DHHS will review these plans and then send them to the Office of Civil Rights by the end of November. Other local agencies will be required to submit Title VI compliance plans thereafter. In addition, the workgroup is in the process of developing a standardized complaint form and procedure if individuals want to lodge a complaint about linguistic accessibility of services.

The workgroup has not yet developed a standardized consumer/client assessment tool to assess the extent to which programs and services are linguistically accessible.

23. The NC DHHS should require each state or local agency or Division within NC DHHS to notify the NC DHHS Office of General Counsel every time a complaint is filed, so that the Department can maintain a database of complaints to discern if there is a pattern to the types of complaints raised, and if any additional action is needed at the state level to address these issues. Language accessibility issues raised with the Office of Citizen Affairs should also be reported to the NC DHHS Office of General Counsel.

See Recommendation 22 above. The DHHS Title VI workgroup is in the process of finalizing a Title VI complaint form and procedures. Any complaint filed at a local agency will be forwarded to the NC DHHS Office of General Counsel so that the Department can maintain a database of complaints. However, local agencies will have the responsibility of reviewing the complaint first if it is initially filed locally. If the person is dissatisfied they can request a review by the NC DHHS Office of General Counsel. In addition, any complaints filed directly with OCR are also sent to the NC DHHS Office of General Counsel to try to resolve before the federal agency gets involved.

24. El Pueblo, in collaboration with AHEC and other organizations, should create a Latino Health Institute dedicated to improving the health of North Carolina Latinos.

El Pueblo obtained funding from the Rex Endowment to create a promotores program for Latino families and children in Wake County (See Rec. #31 below). The promotores training will include a leadership component along with health education, so that the community leaders can become advocates on behalf of the Latino population in Wake County. While this initiative is limited to Wake County, if successful, El Pueblo will try to duplicate it in other areas of the state.

Another related activity is the creation of a new non-profit, the Priority Populations Health Institute (PPHI).[4] As part of its mission, it intends to work to reduce health disparities among priority populations, including African Americans, American Indians, Latinos, people with disabilities, low-income individuals, and rural residents. As part of its mission, PPHI hopes to: 1) link health professionals from priority populations into policy making boards and committees, 2) work with priority population community groups to help develop leadership, advocacy, and policy making skills, and 3) create a resource bank and provide technical assistance to community groups, researchers, and health professionals. The Institute just obtained a small grant as start-up funding, and is in the process of developing a board.

HEALTH INSURANCE AND WORKERS COMPENSATION

25. The NC Division of Medical Assistance and Division of Social Services should re-examine the Medicaid, NC Health Choice, and other Division of Social Services applications, notices, and policies to make services more accessible to the Latino population.

As part of these efforts, the NC Department of Health and Human Services should help train Latino service organizations and other organizations to assist applicants in filling out Medicaid, NC Health Choice, and other public assistance applications. Funding from private foundations would assist in supporting this work.

The NC Division of Medical Assistance changed their policy manual to clarify that non-applicants do not need to provide their Social Security numbers and that local agencies are not required to report the immigration status of applicants to the Immigration and Naturalization Service. Further, forms were modified to clarify that filing a Medicaid application will not affect their ability to obtain lawful permanent resident status.

Staff with the Division of Medical Assistance contacted the Governor's Office after the end of the NC Institute of Medicine Task Force to coordinate training programs for the community service organizations on the completion of the Medicaid/NC Health Choice applications. These organizations could then assist their families in completing Medicaid applications. Unfortunately, there has been staff turnover in the Governor's Office and at the Division of Medical Assistance, and the training has not taken place. Staff within the Division will contact the Governor's Office again to offer to provide this training.

26. The NC Division of Medical Assistance should explore methods to improve migrant families' access to Medicaid and NC Health Choice. For example, the Division should explore the possibility of entering into an interstate compact to recognize the Medicaid eligibility of migrants who have been determined eligible in their home state, when working in the North Carolina migrant stream; develop alternative methods of counting farmwork income to more closely reflect the farmworkers' annual income; and explore the possibility of obtaining

a waiver to implement presumptive Medicaid and NC Health Choice eligibility for migrant children.

In 2003, the NC Division of Medical Assistance began working with the NC Justice and Community Development Center and the NC Community Health Center Association to examine barriers that migrant families have accessing Medicaid and NC Health Choice. The Division of Medical Assistance reviewed three options: (1) reciprocity and/or portability, (2) alternative methods of counting income, or (3) presumptive eligibility. After exploring these different options and obtaining information from the Centers for Medicare and Medicaid Services, Medicaid determined that it was not feasible to implement these options (see Appendix A).

27. The NC General Assembly should establish a healthcare program that would address the healthcare needs of uninsured low-income Latinos who would otherwise qualify for public insurance, but who cannot because of federal immigration restrictions. Priority should be given to: coverage of children; prenatal care; and health conditions or diseases that are significant problems for Latino populations, as determined by the State Public Health Director.

The NC General Assembly did not specifically establish a state health replacement program. However, the NC General Assembly did appropriate $5 million in non-recurring funds for Community Health Centers and $2 million in non-recurring funds for public health and rural health clinics to expand preventive and primary care services available to the uninsured. These funds are likely to help some Latinos, as they are disproportionately likely to be uninsured.

28. The NC General Assembly should extend workers' compensation to agricultural workers if they work for an employer who employs three or more full-time workers working 30 or more hours/week at least 13 weeks in a year. The NC General Assembly should also change existing workers' compensation laws to give the Industrial Commission the right to impose monetary or other sanctions on workers' compensation carriers for a pattern or practice of bad faith denials.

The Industrial Commission should be directed to conduct an educational campaign, through the Latino media, partnering organizations, and existing outreach sources and programs, to explain how the workers' compensation system works, who is covered, how they can apply for benefits, and where they can go to seek assistance. The Commission should partner with Latino agencies, migrant/community health centers, farmworker health outreach programs, North Carolina Growers Association, NC Legal Services, and other agencies to disseminate information about workers' compensation to the Latino community.

There have been several initiatives to address workplace safety issues—some aimed at extending workers compensation to farmworkers, and others to address workplace safety issues for Latinos—particularly as it relates to the construction industry. SB 632 and HB

922 were introduced into the 2003 Session of the NC General Assembly. The bills would have extended workers compensation benefits to farmers with fewer than 10 full-time year round workers, but it was not enacted during the 2003-04 session. While these bills did not pass, there has been some positive activity in this area. In the fall 2004, Mt. Olive Pickle Company, Inc., the NC Growers' Association, and the Farm Labor Organizing Committee (FLOC) signed a historic agreement to end the long-standing boycott against the Mt. Olive Pickle Company. Part of the agreement includes worker's compensation for farmworkers, including those who come from small farms. The Mt. Olive Pickle Company agreed to work with Latino leaders as an industry leader to help advocate for appropriate workers compensation coverage for farmworkers.

In the Spring and Summer of 2004, construction accidents and deaths among Latino workers gained significant media attention and exposure. El Pueblo made this one of its main issues during the legislative session. Several bills were introduced to address this problem, including one to provide funding for safety training in construction sites across North Carolina (HB 1627) and bills to provide workplace safety training grants to employers (HB 919, SB 680). While the NC General Assembly did not pass the Workplace Safety Grants and Training Courses (HB 919) bill in full, they did appropriate $93,251 to establish two consultative services positions focused on improving assistance to Hispanic employers and workers for FY 2004-05.

A more broad based Coalition has been formed to advocate for greater accountability by the NC Department of Labor and the NC General Assembly on issues related to workers compensation, safety and health at the work place for Spanish-speaking workers: The NC Workers Immigrant Safety Health (NC WISH). This coalition, led by NC Occupational Safety and Health (NC OSH), has more than 25 participating agencies. The chair of this coalition is Marlene Valeiko from NC OSH.

The NC Department of Labor has also taken some initial steps to address workplace safety issues for Latino workers. The NC Department of Labor has developed a training program scheduled for November 5, 2004, for construction workers and managers. The training program will focus on construction worker safety. It is the first training program of its kind, and is being co-sponsored by El Pueblo, the NC Hispanic Chamber of Commerce, *La Conexion*, *Que Pasa*, and *Univision* (Spanish-language media).

In addition, the Industrial Commission hired Margarita Bentley, a worker's compensation specialist, to assist the Latino community in February 2004. This is the first such position for the Commission. The office currently handles 120 calls a month from Spanish speakers. To be able to provide information to the Latino community, the Industrial Commission has developed a Spanish version of their main website. The Spanish website has a bulletin that provides the Latino community with general information on how and where a person can receive labor compensation from the state of North Carolina. The Spanish website also has translated documents, a question and answer page, a toll-free number were Spanish speakers can receive personal assistance and an e-mail address (ombudsmen@ind.commerce.state.nc.us).

The Industrial Commission has developed community outreach workshops for the Latino community, which promote workplace safety and provide assistance and services related to workers' compensation and benefits to Spanish speakers. The Industrial Commission also distributes documentation in Spanish that explains workers' compensation and benefits and has developed a pilot program with the Latin American Coalition in the Charlotte area. The pilot program is designed to help Spanish speakers who can not read or complete the paperwork necessary to process their claims.

THE CHALLENGE OF HEALTH PROPORTION AND HEALTH LITERACY

29. The NC Community College System (Adult Literacy) should take positive steps to address the problem of low literacy, including health literacy, among its Latino population. There is a need for a statewide initiative to address this problem across all population groups (not limited to Latinos). This initiative should include the participation of all human services sectors (health, behavioral health, dental, and social services), law enforcement, public utilities, education community as well as non-profits, philanthropies, faith-based organizations, private business, and industry.

No updates at this time.

30. A statewide campaign should be mounted, under the leadership of the North Carolina Area Health Education Centers, involving all types of healthcare professional membership organizations and health-related trade associations to elevate a concern for health literacy among those professions serving the needs of NC's population. This should include skill training for health professionals in methods of measuring and identifying low-literacy problems in patients, effective communication alternatives to help patients understand treatment protocols (for example, through use of symbols), as well as interventional skills for overcoming the negative effects of low literacy in encounters with health and medical care providers.

The North Carolina Institute of Medicine is currently exploring the feasibility of creating a Task Force to examine health literacy issues in North Carolina. This Task Force, if created, would examine health literacy issues for all North Carolinians, including Latinos and other immigrant populations.

31. The NC Department of Health and Human Services should take the lead in convening a group of organizations who have developed and implemented lay health advisor programs, including but not limited to the NC Primary Health Care Association, NC Cooperative Extension Services, and the Department of Health Behavior and Health Education within the University of North Carolina at Chapel Hill School of Public Health. This group will help coordinate and strengthen lay health advisor programs, including developing training for lay health advisors and providing technical assistance to other organizations seeking to implement similar programs. The group should help identify possible funding

sources from North Carolina and national philanthropies, with a priority given to communities and counties with large concentrations of Latino residents.

The Office of Minority Health and Health Disparities established a Lay Health Advisors Committee as part of their Hispanic Health Task Force (HHTF). The charge of this committee is to develop an action plan regarding the development of a Lay Health Advisor (LHA) Train-the-Trainer curriculum. The chair of Lay Health Advisor Committee is Fiorella Horna-Guerra with the North Carolina Farmworker Health Program at the Office of Research, Demonstrations, and Rural Health Development.

The Committee has begun several efforts to accomplish this goal, including:

- Developed and presented an action plan on March 2003 to the Secretary of DHHS, Assistant Secretary for Health, State Health Director, Chief of Chronic Disease and Injury Section, section heads of other Divisions, and the Hispanic Health Task Force.
- Identified programs within NC DHHS that use Lay Health Advisor models. These programs will be organized in a database by the AmeriCorp volunteer assigned to HHTF.
- Identified LHA programs that are being used by other local agencies across the state with contact information and program focus. Programs have been identified and are being compiled by Ann Krier, MPH Candidate, with supervision from LHA team members, Dr. Guadalupe X. Ayala and Dr. Andrea Cherrington from the University of North Carolina at Chapel Hill School of Public Health. These data will be fed into the database being established by the AmeriCorp volunteer.
- The LHA Committee has created a scouting team to help recruit individuals to assist in the design of a North Carolina LHA curriculum. Members of the scouting team have reviewed LHA training materials and curricula that have been used in the state. The group found that some of the training programs had more of a national focus and were not relevant to North Carolina's experience. Other curricula were not geared toward Latinos.
- Individuals have been identified by the "scouting team" and are in the process of being recruited to serve on a Lay Health Advisors Curriculum Development Team. Individuals being recruited have expertise in curriculum development, health promotion, health education, lay health advisors, evaluation, and research.
- Key components on how to use lay health advisors as a culturally appropriate strategy to promote healthful living among Latinos in North Carolina have been identified and will inform the development of the curriculum. The curriculum will include basic training on the development, implementation, and evaluation of LHA programs, including tracks representing major health issues affecting the Latino population in NC.
- A budget was prepared to reflect costs over the life of the project.

In addition, the NC Community Health Center Association (NCCHCA) has also taken a lead in efforts to promote lay health advisor programs, particularly in programs serving migrants. In 2004, NCCHCA began designing a curriculum intended for agencies interested in developing a lay health promotion program or strengthening an existing

program. Lay health promotion programs across the state will also be highlighted. Participants will also have an opportunity to receive technical assistance from Migrant Health Promotion and other experts. The two-day training is expected to take place in early December, and will be limited to 30-35 people. Migrant and Community Health Centers will be given priority for the training, as these training programs are being held in collaboration with Migrant Health Promotion, a national organization that provides technical assistance, training, and capacity building to Migrant/Community Health Centers to develop lay health promotion programs. The exact training dates and location are to be determined. In 2005, NCCHCA plans to offer additional trainings open to other groups as well as a regional training program involving the states of NC, SC, VA, WVA, KY, MD, DE, and TN.[5]

El Centro Hispano began working with Promotores de Salud (or Lay Health Educators) (LHE) in 2001 with support of the Federal Office of Minority Health, which gave the organization a three-year Bilingual Bicultural Demonstration Project Award. Since that time, Project Latino Informado Futuro Eficaz (LIFE), the health promotion and education program of El Centro Hispano has developed and implemented their own LHE model, which is a two-day, 14-hour training session for men, women, and youth on prevention and education in the area of HIV/STDs. El Centro Hispano has also provided reproductive health training to two additional women health promoters (promotoras de salud) through its leadership development programs.

In addition to these initiatives, there are several local promotores programs in operation that focus on the Latino population. The following are some (but not an exhaustive list) of existing promotore programs: Tri-County Community Health Center operates a successful program—*Salud para Todos*—that focuses on addressing the mental health and substance abuse needs of their patient population (both Latinos and African-Americans). Chatham County Hospital helps support the *Immigrant Health Initiative*, a promotores program that focuses on maternal and child health (and includes a doula program). El Pueblo recently obtained funding from the Rex Endowment to create a promotores program for Latino families and children in Wake County. This initiative will focus on five areas: immunizations, dental care, asthma, diabetes, and obesity. In addition, El Centro Hispano in Durham has funding from the Kellogg Foundation to support a promotores program.

32. The University of North Carolina System should coordinate efforts to establish a Minority Health Research and Policy Center dedicated to advancing new and innovative public policy solutions toward more equitable and available healthcare. The center should seek to collaborate with such organizations as the Inter-University Program for Latino Research (IUPLR) and the UNC-Chapel Hill Program on Ethnicity, Culture, and Health Outcomes (ECHO).

No action taken.

33. El Pueblo, the NC Institute of Medicine, and the NC DHHS should create a healthcare consumer guide for Latinos modeled after "NC Programs Serving

Young Children and Their Families" published in Spanish and in English for the benefit of Latino families and individuals, as well as health and social services organizations serving the Latino community in the state.

No action taken.

OTHER INITIATIVES RELATED TO TASK FORCE RECOMMENDATIONS

1. Health Professional Trip to Mexico

The NC Center for International Understanding sponsored a trip to Mexico for health professionals in the fall of 2003. Thirty-seven health professionals, hospital administrators, public health and mental health professionals, and state policy leaders from across the state participated. The trip included heath leaders from Buncombe, Durham, Guilford, Mecklenburg, Pitt, and Wake Counties, as well as others from around the state. The group spent a week in Mexico (mostly in rural Mexico) to gain a better understanding of the Mexican healthcare system, as well as heath and cultural beliefs. The group met with health professionals, hospital administrators, lay health professionals (e.g., herbalists), and many other community leaders. The goal was to gain a better understanding of how to work with the growing Mexican and Latino immigrants in the state. Each local team has developed a work plan about how to improve healthcare provided to Latinos in their community. Because of the success of this trip, another trip has been scheduled for the fall of 2005.

2. Continuing Education for Health Professionals about Herbal Medicine and Cultural Understanding of Health

Members of the Charlotte team who attended the fall 2003 trip to Mexico and the Charlotte AHEC are working to create a special continuing education program on Latino health issues and herbal medicines, to be offered in their region. If it goes well, it will be used as a model in the other AHECs.

In addition, Wake Forest University School of Medicine developed, with grant funds, an on-line education series of herbal and alternative medicine. Several of the modules contain information on herbal medicine used by immigrant groups from Mexico and other Latin American countries.

The NC AHEC Program in collaboration with El Pueblo sponsored the North Carolina Latino Health Symposium Focus on Ethics, Education, and Access-to-Care on September 30 and October 1, 2004. This symposium brought together expert speakers and representatives from key programs and initiatives across the state to address key issues of ethics, education and access-to-care for Latinos.

3. Vocational Rehabilitation and Independent Living Services for Latino Clients

Efforts are underway within the NC Division of Vocational Rehabilitation to see that vocational rehabilitation and independent living services are provided to Latino clients. Increased outreach to the community, as well as service provider training will be continued methods of ensuring the delivery of these services.

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[1] OMHHD also sought funding from other sources that have not been funded. These include:

- The OMHHD applied for a grant from the Golden Leaf Foundation to continue the work of the Interpreters Training and to support the coordinator's salary and operational expenses. The grant was not funded.
- The OMHHD submitted a request to the Division of Medical Assistance for Medicaid reimbursement for interpreter training. The request was denied by the Center for Medicare and Medicaid Services**.**

[2] The hospital-specific forms include: terms and conditions of admission, treatment and payment (including consent to treatment, release of information, assignment of benefits, notice of patient rights, dispute resolution, consent to photograph, and physicians as independent contractors), notice of privacy practices, newborn family medical history, authorization of transfer of a minor for adoption, healthcare power of attorney, declaration of desire for a natural death, advance instruction for mental health treatment, and authorization to consent to healthcare for a minor. However, most of these forms were developed as part of a hospital legal manual, and are not currently available to the public.

[3] The Administrative Office of the Courts domestic violence forms include:

- Complaint & Motion for Domestic Violence Protective Order/Denuncia Y Petición De Una Orden De Protección Por Violencia Intrafamiliar (AOC-CV-303)
- Instructions For Domestic Violence Forms/Indiccaciones Para Llenar Los Formularios Sobre Violencia (AOC-CV-303I)
- Ex Parte Domestic Violence Protective Order and Notice to Parties/Orden De Protección Ex Parte Por Violencia Intrafamiliar Y Aviso A Las Partes (AOC-CV-304)
- Notice of Hearing on Domestic Violence Protective Order/Aviso De Audencia Sobre Una Orden De Protección Por Violencia Intrafamiliar (AOC-CV-305)
- Domestic Violence Protective Order and Notice to Parties [ ] Consent Order/Aviso De Audienca Sobre Una Orden De Protección Por Violencia Intrafamiliar Y Aviso A Las Partes [ ] Orden De Consentimiento (AOC-CV-306)
- Identifying Information about Defendant Domestic Violence Action/Infomación Que Identifique A El/La Demandado/A En Una Demanda Judicial Por Violencia (AOC-CV-312)
- Civil Summons Domestic Violence/Orden De Comparecencia de lo Civil (AOC-CV-317)
- Application and Order to Appoint Guardian Ad Litem in Action for Domestic Violence Protective Order/Solicitud Y Orden Para Nombrar Un Defensor Ad Litem En La Acción Judicial Que Solicita Una Orden De Protección Por Violencia Intrafamiliar (AOC-CV-318)
- Affidavit as to Status of Minor Child/Declaración Con Respecto A Un Niño Menor De Edad (AOC-CV-609)

[4] For more information about the Priority Populations Health Institute (PPHI), contact: Kweku Laast, MD, MPH, at 919-850-2722.

[5] Individuals and agencies interested in learning more about this initiative should contact: Stephanie Triantafillou, NC Community Health Center Association, 919-297-0066 or triantafillous@ncchca.org.

APPENDIX A
NC DIVISION OF MEDICAL ASSISTANCE
OPTIONS TO INCREASE AVAILABILITY OF MEDICAID FOR FARMWORKERS

The Division of Medical Assistance (DMA) studied and evaluated the proposed options. Below are the findings.

OPTION 1: RECIPROCITY AND PORTABILITY

Explore the possibility of 1) establishing a reciprocity agreement with another state(s) to accept our Medicaid clients as eligible in their state and automatically issue them a Medicaid card and NC would do the same when that state's clients came to NC; or 2) accept another state's Medicaid eligibility as a determination of NC Medicaid eligibility. A NC Medicaid card would automatically be issued without any type reciprocal agreement. (This is known as portability.)

FINDINGS—

- *Centers for Medicare and Medicaid Services (CMS) Response*
  CMS has provided guidance that they know of no statute or regulation that would allow automatic eligibility in the new state for individuals who were eligible for Medicaid in another state. The beneficiary must complete the application process. This encompasses: 1) portability in that NC cannot accept another state's determination of Medicaid eligibility as eligible in NC and 2) reciprocity in that NC cannot agree with another state to accept their Medicaid clients and the other state accept ours.
- *State Option*
  The state would have to pursue a Medicaid Section 1115 waiver to implement a reciprocity program. The waiver allows states to waive certain requirements of federal law and could be used to minimize differing state eligibility levels and requirements. One requirement of the 1115 waiver is budget neutrality. Whether this could be accomplished would depend on the other state's eligibility requirements and whether the other state is more liberal or restrictive than our state.
- *Other States*[6]
  California has a demonstration project on availability, affordability, and reciprocity between three states: California, Oregon, and Washington.

Texas has a national Preferred Provider Organization (PPO). When a migrant worker travels out of state, they can receive care from one of the providers that Texas has contracted with across the country. Their Medicaid is 'portable' because they never go 'out of the network.' They are doing a feasibility study at this point.

Wisconsin has a unilateral reciprocity program. Wisconsin issues a Medicaid card to any farm worker with a Medicaid card from another state. It is a unilateral program because other states do not participate in recognizing farm workers with Wisconsin's Medicaid

coverage. In this arrangement, Wisconsin covers the costs of the Medicaid coverage for the farm workers traveling into the state.

NOTE: North Carolina's federal regional DHHS office provided guidance that automatic eligibility was not allowed without a waiver. Staff contacted Wisconsin and learned that they are offering automatic eligibility for migrants without a waiver. Staff within the Division followed up with North Carolina's US DHHS regional office to try and resolve this discrepancy. We are still waiting for a response.

RECOMMENDATION—
We do not recommend these options for the following reasons:

1. Portability and reciprocity would apply only to children and their caretakers. If the majority of migrant workers are single, young men they would not be eligible for Medicaid in NC regardless of whether NC had a portability and reciprocity program. NC does not have a Medicaid Program to cover single individuals who are not blind or disabled. Wisconsin is currently using a state planning grant to study the feasibility of providing coverage for single, uninsured individuals because they believe they are moving toward more single men in the migrant stream.
2. It would be difficult to establish budget neutrality. In this fiscal environment, doing a reciprocity or portability agreement has the potential to increase program costs. The amount would depend on whether the other state's program guidelines were more liberal or restrictive than ours.

OPTION 2: ALTERNATIVE METHODS OF COUNTING INCOME

Develop alternative methods of counting farmworker income to more closely reflect the farmworker's annual income.

Currently, we look at income in the month prior to the month of application to the Medicaid program unless it is expected to decrease or terminate during the processing time. If an individual has income, we count it. If they do not have income in the month prior to the month of application, we count zero income. If the income is expected to decrease or terminate, we look at the income for the month of application. If it is zero, we do not count any income.

The recommendation is that we look at migrant income the same way we determine self-employment income. The base period for income received less often than annually and intended to be the annual income would be 12 calendar months prior to the month of application. Under the current method, if the client has no wages in the base period, we would count zero income. However, under averaging methodology, we would always count income. This may or may not benefit the client depending upon the amount of his annual wages.

DEFINITIONS

The Bureau of Primary Health Care uses the following Public Health Service (PHS) definitions as stated in the Health Centers Consolidation Act of 1996.

Migratory Agricultural Worker is defined as, "an individual whose principal employment is in agriculture on a seasonal basis, who has been employed within the last 24 months, and who establishes, for the purpose of such employment, a temporary abode."

Seasonal Agricultural Worker is defined as "an individual whose principal employment is in agriculture on a seasonal basis, and who is not a migratory agricultural worker."

Agriculture is defined as, "farming in all its branches, including: cultivation and tillage of the soil; the production, cultivation, growing, and harvesting of any commodity grown on, in, or as an adjunct to the land; and any practice performed by the farmer or on a farm incident to or in conjunction with the above stated."

RECOMMENDATION—

We do not recommend this option for the following reasons:

1. We believe the more fair method is to look at the current income. If an individual applies in North Carolina and their income has stopped in the prior state, we would ask for his current information only. Due to continuous eligibility, once a child is found eligible for Medicaid, fluctuations in income do not affect the child's eligibility.
2. Income averaging would require the applicant to provide wage stubs, operational expenses, and/or tax statements for 12 months. This is often difficult for this population. We are allowed to accept their statement for applications if they are unable to produce supporting documentation. However, the client must provide verification at the next review.
3. There is no regulation or statute that would allow DMA to use a different income methodology for migrant farmworkers only. Therefore, this change would have to apply to all farmworkers. It would adversely affect the farmworker who would qualify during non-income generating months, but whose average annual income would make them ineligible for the entire year.

OPTION 3: PRESUMPTIVE ELIGIBILITY FOR MIGRANT FARMWORKERS

Explore the possibility of obtaining a waiver to implement presumptive Medicaid and NC Health Choice eligibility for migrant families and children.

This would allow migrant/seasonal farmworkers to be covered with the full scope of Medicaid coverage for 60 days while their application for Medicaid was being processed.

FINDINGS—

- *CMS Response*

  CMS has provided guidance that there is no regulation or statute that allows presumptive eligibility unless the individual is either pregnant or a child under age 19. A state cannot isolate the migrant worker group and only give them presumptive eligibility. This violates comparability. All children under 19 must be allowed a presumptive period if they qualify and the state covers presumptive eligibility for this group. A presumptive eligibility period is 45 days.

- *State Option*

Section 1920A of the Social Security Act allows for presumptive eligibility for children as a State option. It has the following requirements:

- A state is required to provide all services covered under the State plan to presumptively eligible children, including Early, Periodic, Screening, Diagnostic, and Testing (EPSDT).
- Unlike presumptive eligibility for pregnant women, states are not required to have a single income standard for an eligibility group for all children. States must use the highest income standard under which a child is potentially eligible.
- Only "qualified" entities listed in the law may make determinations of presumptive eligibility. These are entities that provide healthcare items and services covered under the state plan such as entities authorized to determine eligibility for the Head Start program, child care funded under the Child Care and Development Block Grant, or WIC.
- Application for Medicaid must be filed by the end of the following month.
- It must be available statewide.
- Presumptive eligibility CANNOT be made available to certain subgroups of children, such as migrants.

- *Other States*[7]

California has presumptive eligibility for all children.

Oregon does not extend Medicaid coverage to immigrants or non-citizens except for true emergency services and deliveries.

Washington has a moratorium on all projects that may cost money. The state has eliminated coverage for legal immigrant populations within their first five years after arrival and for undocumented children up to 100% of FPL. Also, they have a current proposal to eliminate prenatal care for undocumented women.

- *Average Processing Timeframes*

  The statewide average for processing children's Medicaid cases (MIC) is 21 days. Given the short amount of time that these cases pend, presumptive eligibility would not be a benefit for the client. Presumptive eligibility is authorized retroactively. For example, in October a provider sends the county a letter stating that the client is

presumptively eligible. The county cannot issue benefits for October until the first week in November. By the time that this process takes place, the client could have been authorized for on-going Medicaid.

We tried to obtain data to determine if there were any anomalies that are causing the average processing time for migrants to be greater than the average statewide. We contacted staff at the NC Community Health Center Association and North Carolina Justice Center, and we reviewed information in our databases. We did not ask counties for these data. In order for the data to be fair, we would have to ask all the counties. Unless we asked all counties to provide these data, it could lead the advocates to believe we skewed data by the counties we selected.

Advocates at the NC Justice Center believe that there may be an anomaly causing the application processing to be longer for migrants. They believe the delay is in getting the case closed in the other state because of NC's requirement to verify termination in the other state prior to approving a Medicaid case here. The advocates recommend that we have the client sign a statement that he wants his case closed in the other state and the worker fax the statement to the other state. We agreed to encourage the regional staff to discuss this at the next supervisor's meeting. It is already a requirement in the policy. We cannot mandate workers contact other states because we do not know contact names, phone numbers, and/or fax numbers for all other states.

This issue is a problem because a state cannot claim federal financial participation for a client in two states for the same month.

RECOMMENDATION—

We do not recommend this option for the following reasons:

1. This option would have to be implemented for all children in the state not just migrants. This would increase program cost significantly.
2. We currently cover non-citizens for emergencies and labor and delivery.

[6] This information came from the Medicaid Portability for Migrant Portability for Migrant Farmworkers project prepared by the California Primary Care Association, June 2003.

[7] This information came from the Medicaid Portability for Migrant Portability for Migrant Farmworkers project prepared by the California Primary Care Association, June 2003.