Latinos in the High Country

A Snapshot of Demography, Health, and Health Care Issues

ACKNOWLEDGEMENTS

I would first like to acknowledge The Hubbard Center at Appalachian State University for providing the grant that funded in part this research. I would like to also acknowledge the 2007 Latino Health Coalition Team of Avery, Ashe, and Watauga counties for giving me the opportunity to conduct this research. In addition, the members of this team, especially Allison Lipscomb and Chelly Richards, spent countless hours creating and reviewing the surveys and focus group questions, assisted in collecting data. I would like to acknowledge Sarah Sparks Donovan for her incredible assistance in locating and acting as a bilingual translator to survey and conduct focus group sessions with most of the respondents in this study. Finally, a special thank you is in order to the Latino community members of Avery and Watauga counties for their time and hospitality.

Cameron D. Lippard, Ph.D.
Appalachian State University

TABLE OF CONTENTS

LIST OF TABLES AND FIGURES

Tables and Figures

PURPOSE AND METHODOLOGY

Two major social issues facing 21st century America are immigration and access to adequate health care. To address both of these issues on a local context, this project worked in partnership with the Latino Health Coalition to identify and assess the health care needs of Latino families in Avery and Watauga Counties. While there have been studies on Latino migrant farm workers in the High Country, rarely have these efforts included migrant worker families (e.g., Brock 2000). Moreover, even less effort has come forth in collecting a more accurate account of the demographic dynamics, living conditions, and services needed for the hundreds of Latino families that live in the High Country year round. This project seeks to addresses these gaps in information by presenting research conducted from 2007 to 2009 focusing on 159 Latino immigrants' responses to surveys and in focus group sessions created to understand the Latino population better in the High Country.

A Background Description

Within the last ten years, economic downturns in the United States have intertwined two major social issues: increased rates of Latino immigration and decreased access to adequate health care in the U.S. In 2003, the U.S. Census reported that there were 35 million foreign-born individuals (i.e., immigrants) in the U.S., of which 53% were Latino (Larsen 2004:1). Passel (2006:ii) suggests that there is also about 12 million undocumented immigrants in the U.S. with Latinos, representing about 78% of this estimate. Unlike the past immigrant waves of Irish, Italians, and European Jews, this immigration boom frightens many because of the sheer numbers, their supposed opposition to acculturation, as well as the possible unnecessary stress immigrants place on an already struggling American economy and welfare system (Jacoby 2004; Lippard and Gallagher).

However, what makes this immigration pattern much different and worrisome for many in comparison to past immigration waves are where most immigrants are now settling. Angrig and Wang (2006) suggest that within the last decade, over two-thirds of the immigrant population has not settled in traditional gateway states like New York and California, but rather in Southern and Midwestern states. Included in this list of new destinations is North Carolina, which saw over a 300% increase in the Latino population from 1990 to 2000 (1990-76,726 to 2000-378,963) (Kochhar et al. 2005). Clearly, much of this increase is due to fervent recruitment of migrant work by agricultural and meatpacking industries in the area (McClain 2006; Kandel and Parrado 2007; Kochhar et al. 2005; Parrado and Flippen 2009). This is also true for Christmas tree farming in the High Country, where the migrant and year-round Latino populations in Watauga, Avery, Ashe, and Alleghany Counties have significantly grown because of the H2A worker program participation (Brock 2000). However, this population fluctuates from a few hundred to thousands based on the Christmas tree harvesting season that begins in October.

This growth in the Latino population within North Carolina has sparked some concerns, especially for rural areas that already face issues with inadequate funding and services. More importantly, due to public outcry, restrictive legislation, Immigration and Control Enforcement raids, and the lack of funding for bilingual public services, the Latino immigrant community finds itself abused, exploited, or completely isolated from services (see Anrig and Wang 2006; Lippard and Gallagher 2010; Suarez-Orozco and Paez 2002). Moreover, a significant percentage of Latinos in North Carolina are now becoming permanent residents, leaving public and private services

struggling to meet the needs of a more diverse population.

In recent polls, Latinos report dissatisfaction with obtaining information, support, and access to public services, especially in public schools and the healthcare industry (Pew Hispanic Center 2002). In fact, researchers and public professionals suggest that the most important issue facing Latino families is access to healthcare. For instance, the Pew Hispanic Center (2002) reported that while most Latinos are generally healthier than White Americans, the more Latinos acculturate, the more they become unhealthy as a result of their adaptation to an American diet and poor health behaviors. Parrado and Flippen (2009) suggests that while the most common cause of death for Latinos in North Carolina is car accidents (49.3%), other untreated health conditions, such as diabetes and heart disease are catching up to the American citizen rates. Locally, Brock (2000) found that a serious issue facing Latino migrant Christmas tree farm workers was knowledge about and access to healthcare. Finally, like millions of American citizens, the Pew Hispanic Center (2004) finds that over 42% of Latino immigrants and citizens are uninsured. Over 52% of Latino families also report having problems getting medical attention, and suggested that they postponed treatment due to cost and the possibilities of discrimination.

To couple these two social issues together, this project required a collaborative effort with the 2007 Latino Health Coalition of the High Country to obtain much needed demographic information about the Latino community in Avery and Watauga counties. In addition, we wanted to further extend our understanding of their reasons for migrating and staying in this area, their length of residence, and their concerns about community development and integration into a rural area. We also targeted and included the Latina perspective in this area because most research on this subject in the High Country has only focused on male farm workers. Most important, we wanted to understand what health concerns they have, the cultural differences and similarities concerning health issues (i.e., traditional versus scientific healing), and what services they tend to access or need.

The inception of this project started in the Fall of 2007 with the formation of the Latino Health Coalition by various public and private service providers. This coalition includes: Sarah Sparks Donovan of the Children's Council, Allison Lipscomb - Program Director for the Farm Worker Health Program at Appalachian Regional Healthcare System (ARHS), Alice Salthouse - Director of Community Outreach at ARHS, and Daniel Staley - Health Director of the Appalachian District Health Department. This group worked with the University of North Carolina – Chapel Hill's Center for International Understanding to begin the dialogue about the health issues Latinos face. Through this program, this group went to Mexico City and Puebla in September of 2007 to learn about the differences between the Mexican and American cultural standards of health and health care. In October of 2007, we found that the information provided by other sources about Latinos was unreliable concerning the population size and demographic characteristics in the Western North Carolina Mountains. In addition, there was little to no clear information on what services the Latino community wanted or how to disseminate important information about free or reduced cost for health services. We decided that the best way to begin providing better services to the Latino community was to develop an active research and publication agenda to collect and circulate more reliable data about the conditions and concerns Latino families face. In short, this project served as a community initiative to collect data and publicize any and all findings to the local communities that would benefit from this information.

Research Methodology

As suggested by several researchers working with the Latino immigrant population in the United States, a mixed method approach, using

quantitative and qualitative methods is important because: 1) it allows the participant and researcher to clearly define the meaning behind each research question, 2) helps ensure clear translation, and 3) it better suits the communication style of Latinos, which is to develop trust before diving into sensitive topics, like immigration (Hayes-Baudtista 2002). Also, based on preliminary discussions with the Latino Health Coalition and other Latino community organizations, these groups wanted a forum in which respondents could fully discuss concerns about the community and public services. For this study, we used a mixture of interview surveys and focus groups to allow participants to fully express themselves, as well as to allow the investigators to fully explain questions and address any concerns. This process was completed in two phases.

The first phase involved interview surveys that included closed-ended questions focusing on collecting demographic information (i.e., gender, age, education level, marital status, income, place of birth, etc.). This survey also asked a few questions about their reasons for coming to this area and why they continue to stay in the area. The survey was administered by a team of investigators that included the principal investigator, two undergraduate students from ASU, as well as select members from the Latino Health Coalition who speak fluent Spanish. This team was trained on how to ask and fill out the survey to encourage better validity and reliability. These surveys were delivered in both English and Spanish when needed. Verbal consent was required before administering the survey, and it took about 30 to 40 minutes to complete.

The second phase included the focus group discussions. This phase was conducted by the same team of investigators trained to facilitate the discussions within the focus groups. We conducted four different focus groups with at least eight participants, consisting of a mixture men and women. Focus group sessions used a mix of English and Spanish when necessary and were audio-recorded for transcription and analysis. These focus groups covered more specific topics, such as healthcare issues, Latino community development, and perception of social acceptance and integration into a predominantly White population. Again, verbal consent was required from respondents before participating, and each focus group lasted about an hour to an hour and half.

Sample

This study focused on Latino immigrants (documented or undocumented) and U.S. citizens, who reside in Avery or Watauga counties, and were at least 18 years old. We also wanted to collect an equal number of Latino men and women. Unfortunately, a random selection of Latino immigrants in this area is too difficult. Based on 2006 American Community Survey data, Watauga and Avery Counties combined only have about 800 to 1,000 individuals who classified themselves as Hispanic and foreign-born. Coupling these numbers with other obvious problems of isolation and language fluency, required us to rely on Latino community members and service provider networks to collect the necessary sample to do the study. Therefore, the sample was a non-random sample, relying on available subjects already in contact with members and organizations represented by the Latino Health Coalition. However, over half of the sample came from respondents' references to peers, as well as from attending community functions (i.e., the soccer league). Using these connections already established by the Latino Health Coalition and through respondents, we were able to sample 123 individuals for the interview survey – 49 Avery County residents and 74 Watauga County residents. We were also able to obtain comparable numbers of Latino women and men – 65 men and 58 women. As for the focus groups, we had 36 individuals who participated, 20 women and 16 men.

A Note on Terminology

In this report, “Hispanic,” and “Latino” are used interchangeably. While an overwhelming majority of the participants in this study were from Mexico, there were 10 in the sample that were from other countries in Central America. Also, many of the respondents used these terms themselves to describe who they identified with racially and ethnically. It should also be noted that most viewed themselves as “Mexicans.”

The report also uses the term “Latino” to denote a Latino/Hispanic man and “Latina” to denote a Latino/Hispanic woman. However, the terms “Latinos” or “Hispanics” represent the group as a whole.

Finally, this report uses “documented” and “undocumented” to note the population’s immigration status. “Documented” suggests that the respondent is either a person who holds a current permanent resident visa or who has been granted permission under a set of specific authorized temporary statuses for longer-term residence and work. “Undocumented” is those individuals who do not hold a current permanent or temporary visa to live or work in the U.S.

SECTION I: Demographic Shifts in the High Country

General Population Trends in Avery and Watauga Counties

Like the rest of North Carolina and the southeastern U.S., Avery and Watauga counties have seen impressive increases in Hispanic populations since 1990. As demonstrated in Table1.1, in Avery County the Hispanic population increased by 250%, from 118 individuals to 413 individuals. Watauga County also saw an increase of its Hispanic population by 150%.

Table 1.1: U.S. Census Population Totals by Race and Ethnicity from 1990 to 2000 for Avery and Watauga Counties*

County	Total Population	White	Black	Hispanic**
Avery				
1990	14,867	14,596 (98.2%)	158 (1.1%)	118 (.8%)
2000	17,167	16,129 (94%)	598 (3.5%)	413 (2.4%)
% Change	15%	11%	278%	250%
Watauga				
1990	36,952	35,930 (97.2%)	680 (1.8%)	229 (.6%)
2000	44,602	42,475 (95%)	453 (1%)	622 (1.4%)
% Change	21%	18%	-33%	150%

* Percentage of race/ethnicity groups in each year do not add up to 100% because other races were excluded in counts.
**The Hispanic category includes Hispanics of any race, which can include Whites and Blacks who identify their ethnicity as Hispanic.

Much of this increase in both counties can be contributed to a few factors. First, employment opportunities and recruitment campaigns fostered by the Christmas tree and tourist industries have attracted several Latino men (Brock 2000). For instance, the number of Latino migrant farm workers in 2007 for Avery

County was 750 and in Watauga County was 250 (CIU 2009). Second, 26% of the respondents in this study suggested they moved to the area because they viewed the locals as more accepting than in other places they had previously resided. As one Latino man stated, "The people here support us in many ways, wanting us here, and I am very thankful to all of you." Third, 22% of the respondents viewed the area as a good place to achieve their dreams and to raise their children. As one Latina who lives in Watauga County stated,

"Well, now that we are all here – myself and my husband and our family…we want to live a happy life. [What] we want is for [our children] to study. Here, you don't have to need anything besides to want to study, because it doesn't cost anything. I think that the more my kids study, the more that they try, and I tell them to go and to try really hard with their studies…because now they were lucky enough to have this opportunity. How many kids are there that don't have that opportunity….I tell them, 'what else could you want?' Everyone helps us here, and they want us to succeed."

Finally, 18% came to North Carolina to be with family. As one Latina who lives in Avery County stated, "I came to be with my husband who has worked here for over 10 years."

Other measurements that document the increase of the Latino population include birth rates and public school enrollments. In 2007, the Department of Health and Human Services reported that 10% and 8% of the births in Avery and Watauga counties, respectively, were Latino/Hispanic children (CIU 2009). School enrollments in both counties increased

significantly as well with Avery County seeing a 923% increase of Latino children enrolling in public schools from the 1997-8 to 2007-8 school years (CIU 2009). Watauga County saw a 361% increase of Latino children enrolling in the same years. However, in real numbers, these school districts saw an increase from 50 total Latino students to almost 200 or more (CIU 2009).

This increase certainly is representative of statewide trends in North Carolina and across the United States in which towns, cities, and counties that were once all White, or biracial, have become more diversified with the arrival of Latino families.

Demographic Trends of the Study Sample

One of the purposes of this study was to collect more demographic data on the Latino population in the area to better understand the issues these individuals face socially and economically. Thus, we turn to the study's results and compare them to recent US Census data collected on the total populations in Avery and Watauga Counties.

As suggested in Table 1.2, the first results to note deal with the social characteristics of the sample. The median age was around 29 to 30 years old, which is similar to the median age of other Avery (38 years old) and Watauga residents (30 years old) (US Census 2010a, 2010b). Levels of education, however, differ. Only 9.8% of those surveyed had a high school diploma (or an equivalent education), which is much lower in comparison to other Avery and Watauga residents (71% and 82%, respectively).

It should be noted, however, that the differences between education levels may be due to issues that U.S. families faced in the early twentieth century. First, poverty is a major issue that disrupts education in Mexico, especially when students must pay for books after grade six. Second, due to the poverty rates, children in Mexico tend to work earlier to help support their families than children in the United States. Thus, since many of the respondents in this study were educated in Mexico, this may explain the differences.

Table 1.2: Demographic Profile of All Hispanics Sampled*

	Number	Percent
Social Characteristics		
Male	65	52.8%
Female	58	47.2%
Median Age	29.5	X
Degree Earned		
6th grade or less	55	44.7%
6th-8th grade	51	41.5%
High School diploma	12	9.8%
Associate Degree	4	3.3%
Bachelor's Degree or Higher	1	0.8%
Marital Status		
Single	13	10.6%
Married or Civil Union	110	89.4%
%Catholic	110	89.4%
Religion Never Affects Daily Life	76	61.8%
Spouse Here	76	63.9%
Child Here	71	57.7%
Economic Characteristics		
In Labor Force	78	63.9%
Working Full Time	55	45.1%
Median Individual Income	< $10,000	X
Median Household Income	<$20,000	X
Individuals Below Poverty Line	65	54.6%
No Bank Account	91	74.0%
Renting	89	72.4%
< 4 Rooms	96	78.0%
Median # of Occupants	4	X
Own a Car	70	56.9%

***(N = 123)**

Another difference is that 89% of those surveyed were married or in a civil union, whereas in Avery and Watauga counties only

around 47% and 60% are married, respectively. Latinos also reported having at least two more children than most families do in North Carolina (US Census 2010c), and 89% reported being Catholic. However, unlike 46% of U.S. citizens who suggest that religion affects their daily lives (GSS 2008), only 36% of Latinos surveyed indicated this, which is contrary to most assumptions that Hispanics or Latinos are more religious than many U.S. citizens. Or, at least, it points out that religion is not a daily ritual for many.

The economic characteristics of those surveyed are also compelling. First, 64% of Latinos surveyed participate in the labor force, which is similar to Watauga's (63%) participation rate but higher than Avery's (55%). 45% work full time but almost 81% have seasonal or temporary work. In addition, the average individual income for Latino immigrants is equal to or less than $10,000 annually and household incomes are equal to or less than $20,000 a year. On average, Avery County residents have incomes higher than $30,000, and in Watauga County, the incomes are higher than $32,000. This puts an overwhelming portion of Latinos in this study at a serious economic disadvantage with almost a $20,000 difference in incomes annually. As can be seen in Table 1.2, about 55% of the Latinos surveyed are below the individual poverty level of $10,830 – which is 42 percentage points higher than Avery and Watauga county's individual poverty levels (15.3% and 17.9%, respectively) (US Census 2010a, 2010b).

The Latino population sampled is also more likely to rent (72.4%) than own a home, and lived in a dwelling that had less than 4 rooms (78%). Contrary to popular belief, the Hispanics in this study only had an average of 4 occupants in their residence, and those that averaged more than 7 occupants, lived in housing or "camps" provided by the tree-growers. Finally, 74% of those surveyed did not have a bank account but about 57% owned a car.

Table 1.3: Demographic Profile of Hispanics Sampled by County of Residence (N=123)

	Avery County		Watauga County	
	Number	Percent	Number	Percent
Social Characteristics				
Male	26	53.1%	39	52.7%
Female	23	46.9%	35	47.3%
Median Age	29	X	25	X
Degree Earned				
6th grade or less	26	53.1%	29	39.2%
6th-8th grade	16	32.7%	35	47.3%
HS diploma	5	10.2%	7	9.5%
Associates	1	2.0%	3	4.1%
BA/BS or Higher	1	2.0%	0	0.0%
Marital Status				
Single	6	12.2%	7	9.5%
Married or CU	33	87.8%	67	90.5%
%Catholic	44	89.2%	66	89.2%
Religion Never Affects Daily Lives	28	57.1%	48	64.9%
Spouse Here	27	55.1%	49	66.2%
Child Here	28	57.1%	43	58.1%
Economic Characteristics				
In Labor Force	31	64.6%	45	63.5%
Full Time Work	24	50.0%	31	41.9%
Median Ind. Income	≤$15,000	X	<$10,000	X
Median House Income	<$20,000	X	<$20,000	X
No Bank Account	38	77.6%	53	71.6%
Renting	36	73.5%	53	71.6%
< 4 Rooms	37	75.5%	59	79.7%
Median # of Occupants	4	X	4	X
Own a Car	20	67.6%	50	67.6%

As Table 1.3 shows, these statistics only vary slightly when examining this population within each county. Slight differences include median age, levels of education, and number married or in a civil union. A couple of significant differences is that in Avery County, Hispanics

reported not having their spouse living with them, but had higher individual incomes, and a higher percentage reported working full time. The individual poverty levels were also different with 41% of Avery and 63% Watauga County Latino residents living at or below the poverty level.

Figure 1.1: Map of Mexico (States Labeled)

Migration Characteristics

Unlike most of the residents of the High Country, the Latino population is unique because they are immigrants. In fact, 100% of the respondents in this study are foreign-born and 98% (102) are 1st generation immigrants to the U.S. There are also several in the sample (30%) who live in North Carolina on an impermanent basis as H2A temporary workers, moving back and forth from Mexico to the United States every year to make a living to feed their families. And, as some research has found, being a migrant compounds many issues of just living, including a person's health and accessing health care (Pew Hispanic Center 2002). Thus, it is important to know more about these individual's migrant characteristics to better assist this population.

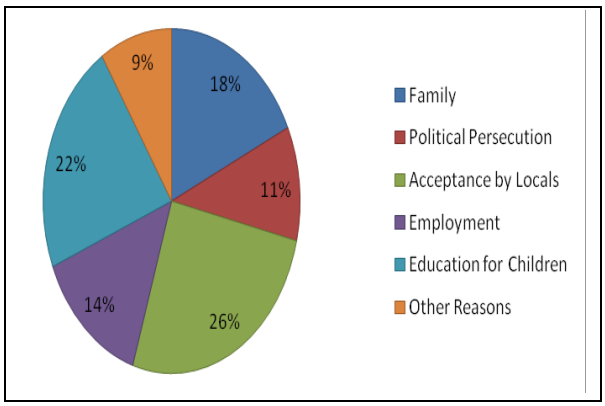
93% (113) of the Latinos surveyed were born in Mexico, while the other 7% (10) were born and migrated from other Central American countries like Honduras and Guatemala. Although several respondents were vague about where they were born specifically, some suggested particular Mexican states including Michoacán, Jalisco, Chiapas, and Veracruz.

63% (82) of those surveyed chose North Carolina as their first migration destination. However, 33% (41) migrated to other destinations in the U.S. before coming to North Carolina including South Carolina, Georgia, Tennessee, and Texas. As one Latino stated, "I go where the jobs are and I was in Texas first, then Georgia, and now, North Carolina…doesn't everyone move to find better work and a better life?" One Latino who had lived in Georgia first saw North Carolina as a safer place: "In Georgia, I felt as though I was being hunted. North Carolina and these mountains make me feel safe and the community wants me here." Or, as one Latina said, "My kids are safe here…they are accepted but I fear that changes in the economy may change people's minds in the mountains. But, I like it here and I see my kids being happy here."

The above sentiments are reiterated clearly in the survey data collected. As suggested in Figure 1.2, there are several reasons these individuals have moved to the High Country. First, 26% suggested they came to North Carolina because they believe the locals were more accepting. As stated earlier, many suggested that they are often not "bothered" by locals and receive assistance when needed. Second, 22% came to access the education system for their children and another 18% came

to be with their families, including spouses or other relatives who were living here.

Figure 1.2: Reasons for Migration to North Carolina

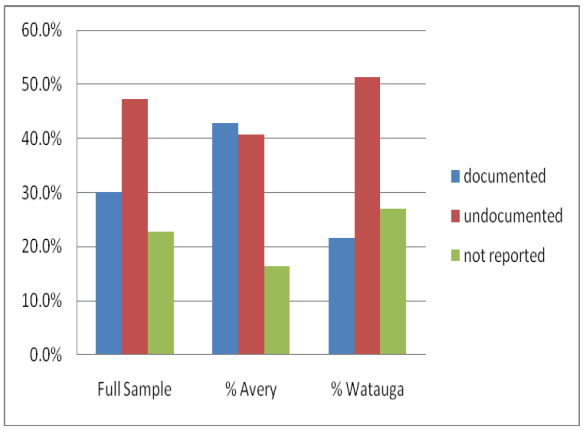


About 75% (92) plan to stay in North Carolina and the High Country with 47.5% suggesting that this is due to employment opportuntities and another 28% because of family ties. The range of how long these respondents had lived in North Carolina was from less than 1 year to 20 or more years. On average, most have lived in North Carolina for at least 5 years and plan to remain in North Carolina for at least 3 years. However, it should be noted that those who are here as H2A workers, are here for short periods of time and return back to Mexico every year to hopefully return for the next growing season, placing at least some in a state of constant migration.

The documentation status of these respondents is another important characteristic to note. However, these statistics are not generalizable to the entire population in the area because of the sampling technique used by this study to recruit as many participants as possible to achieve a greater understanding of varied perspectives of the area and the health care system based on documentation status; thus, we oversampled undocumented respondents.

As Figure 1.3 shows, about 30% of the total sample are documented, having some sort of temporary or permenant resident status in the U.S. About 30% of these individuals were H2A workers working on the Christmas tree farms and around 10% had obtained permanent resident status. However, around 47% of the sample was undocumented and the Watauga County sample had more undocumented individuals sampled than Avery County.

Figure 1.3: Documentation Status of Sample by County



As some research suggests (see Passel and Cohn 2009), most undocumented immigrants are not individuals who come across the Mexico/U.S. border “illegally.” They are often those individuals who overstay their temporary status without reapplying. This was true for this sample as well, with half having overstayed their temporary statuses and the other half having come into the country without going through the proper channels of obtaining permission from U.S. Immigration Services. It should also be noted that about 22% of the sample did not state their status or did not want to provide it. As one Latino of Watauga County stated: “I don’t give that information out because everyone sees me as an illegal anyway. It does not matter because I am treated the same even if I was legal.”

"You know, we all don't want to come to the U.S. because our family, culture, and lives are in Mexico. We do it, we do it because we want more in life…you know, like your ancestors wanted. They wanted a chance to thrive and start over, fresh. Documented or undocumented, we will risk our lives and be separated from what makes us who we are so that we can live better and hopefully, pass it on to our next generations."

Some respondents provided an explanation for not obtaining documentation. One Latino man said this about his experience in attempting to get documentation: "I came to the United States five times through the work program. After the fifth time, I couldn't get permission anymore because they said I should give someone [else] a chance. I came anyway because I still had the job here and still wanted to provide for my family." A Latina said this about why she came without documentation, "I wanted to be with my husband and he had found a good place for us to live…so I came. We also knew that we could raise a family here and they could grow up to be successful. I tried to apply for status but they want more men, who work and I was told it would take 10 years or more to get to even apply and maybe 6 more to come. I couldn't wait…" Interestingly, within in this sample, women were more likely to be undocumented than men (83% versus 41%, respectively). Of course, many of the men were here on the H2A work visas and others had permenant residency status. But, as one Latino stated, "I wanted my family with me so I told them to come and I made arrangements with family and even my boss to help me get them here. Everyone was helpful and I think people here helped because they understand the value of having your family around you." Finally, as one Latino, who was now a permanent resident, stated:

Often, when highlighting Latino immigration to the United States, many want to know about the amount and frequency of remittances sent back to family and friends. 73.2% (90) of Latino immigrants in this survey suggested that they send money home to family and/or friends. The average amount reported by participants was around $282 a month with a range of $0 to $1,500 a month. However, while a respondent's sex, documentation status, or employment status has no effect on whether they send home money or not, the amount sent drops by almost half if the respondent is a woman, undocumented, or unemployed ($p \leq .01$). Thus, a Latina may send home only about $140 home per month in comparison to a Latino who sends home $280 a month. Also, an undocumented respondent in this survey sends, on average, $192 a month in comparison to documented respondents who send almost $502 home a month. These rates of sending and the amounts of remittances are similar to national findings (see Suro 2003), but these findings are contrary to popular sentiment that Latino immigrants send home thousands of dollars a month, especially those that are undocumented. Certainly, the low amount sent home is a direct result of the low individual and family incomes reported.

Economic and Social Issues

While the demographic information presented above gives a more detailed picture, it can also

be used to highlight some of the more acute social and economic disparities this Latino immigrant population possibly faces in the High Country. Also, even though 62% of the sample suggested that their present incomes in the U.S. are "much higher" than when they lived in Mexico, 85% of the sample lives on less than $15,000 a year and the poverty rates are much higher for this population than other residents in both counties. This economic disparity can present problems in locating adequate housing and having enough money to feed the family. As one Latina who lives in Avery County stated, "We have enough to buy gas for the car, pay rent, and get food. Getting sick is not a thing we can afford right now."

Economic disparities become more of an issue when we consider the differences between Latinos and Latinas. In this sample, women hold very different economic positions in comparison to the men. For instance, 58% (33) of the women reported being unemployed now in comparison to 14% (9) of the men in this sample even though their education levels were similar. Also, about 17% of the women reported having never worked in Mexico or here. While some of this difference could be contributed to Hispanic immigrants practicing more traditional gender roles in which women stay home, one Latina said this about wanting work: "Yes, women do stay at home but here we need the extra money but there are many things that are in the way of us working. [Can you give examples?] Yes, being here legally, having a car, having someone watch our children, having even someone hire me." For the 40% (23) of women who do work, 70% (13) work only part time and reported earning less than $150 a week. As one woman stated, "I want to work but it is not worth it right now for me to do it because it would cost more for us to pay someone to watch one child more than I would earn in a week or so."

The economic situation for these women also becomes more complex because they are more likely to be undocumented than the men in this sample. Being undocumented, as suggested by the quote above, limits Latinas in taking jobs which require some form of legal identification. Those women who did have employment and were undocumented found themselves working in temporary jobs cleaning house or providing child care for other families.

Women also pointed out that they did not have jobs or look for them because they were responsible for the children in the household. Of the 58 women surveyed, 76% reported having their children in North Carolina with them whereas only 41% of the men reported having their children here. As one Latino suggested when speaking about his family's recent arrival, "My wife and three children are here now. [Does your wife work?] No, she has to stay home to get our children ready for the day, get them to school, and do stuff in the house. I can't be there because I work all day." Or, as one Latina living in Avery County pointed out, "My full-time job is to take care of my children, my husband, and my parents. That is a lot of work and I get paid with love (laughs loudly)!"

Documentation status is also a catalyst of economic disparity in this sample. 42% of the undocumented respondents were unemployed in comparison to 10% of those documented respondents. Undocumented respondents' incomes were also $10,000 less, on average, than documented respondents. As one Latino suggested who lived in Watauga suggested, "I make nothing for the work I do but I do not have many choices of jobs because I am illegal."

Finally, very few of the undocumented respondents owned a car or lived in a dwelling with more than three rooms. 70% of those undocumented lived with more than 4 other people in the household, with (80%) sharing their dwelling with coworkers or peers. These findings may point out that being undocumented can not only limit these individuals' job opportunities and incomes but can complicate their living conditions, especially in a place that having a car is necessary to do most anything.

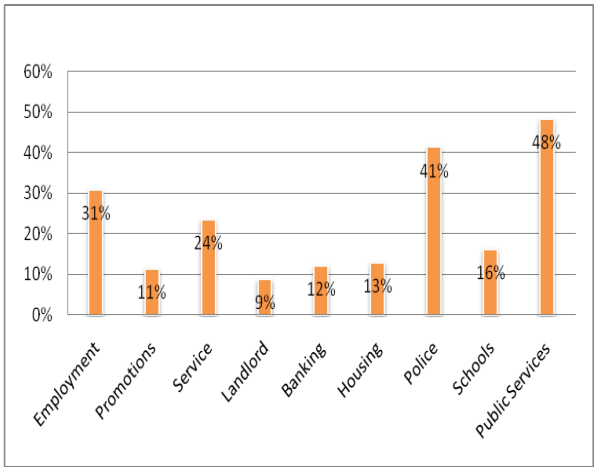
Outside of the economic disparities, this study asked the respondents questions about facing discrimination while living in Avery and Watauga counties. Although, as suggested early in this report, that most individuals came to this area because of the acceptance of locals, 66% still suggested they had faced some sort of discrimination while living in both counties. In fact, Latino immigrants in Avery County were more likely to report facing discrimination than those in Watauga County (75% versus 60%, respectively). In addition, of those that reported facing discrimination, 45.5% (55 respondents) suggested it happened at least once a month. Once more, when considering gender, women were significantly more likely to report discrimination than the men in this sample ($p \leq .05$); It is interesting to note that documentation status did not have a significant influence on reporting discrimination.

The discrepancy between women and men could be due to several factors. However, when we control for whether women and men use the public services available in each of the counties, we find that the relationship between the sex of the respondent and whether they reported discrimination holds true for women. Thus, women may be reporting more discrimination than the men in this sample because they are more likely to access services, exposing themselves more often to the public (this is discussed more in the following section).

To obtain more details about how Latinos face discrimination in the area, we asked the respondents to report situations in which they had faced discrimination. These situations included the following: getting a job, getting a promotion at work, service at a store or restaurant, dealing with banks to get credit or a loan, buying a house, dealing with local authority figures (i.e., a landlord, the police), dealing with the education system, or by any other public service (i.e., hospital, health department, fire-rescue, court system, etc.).

Figure 1.4 is a bar graph depicting the percent of individuals in the study who reported discrimination based on the situations presented.

Figure 1.4: % of Individuals Reporting Discrimination by Social Situation*



*Each respondent could pick more than one situation.

While each situation presented to the respondents received some response, the most reported issues of discrimination were when dealing with the police (41%) and public services (48%). There were also a number of reports concerning employments, receiving

services at a store or restaurant, and dealing with the local school systems.

These findings were echoed in the focus group discussions as well. For instance, several women and men indicated having had problems with the police (20 of the 36 people who participated in the focus groups). One Latino stated this about Avery County, "I am probably pulled over twice a month for this or that in [town omitted]. They try hard to find something wrong but since I'm here as a worker, they don't have anything against me." Another Latino in Watauga County talked about the "random" licenses checks that are set up by the police and sheriff's deputies.

"In [town omitted], the people are able to better distinguish who is who because, on one occasion, they put a roadblock at the entrance to the church. That seemed very out of place to me. They were exactly at the entrance where we go to church and the police now that's the time that we go there. The other time there was a roadblock here [at this house] and it was because we were having a Hispanic party and they had put it up to stop all of the Hispanics. They set these up also after the soccer games too looking for us only and I've even seen them wave Anglos through and not check them."

Respondents also pointed out issues with some public services during the focus groups. One Latina in Watauga County said this about her experiences with the Health Department: "I don't like going there because the women look at me funny. I speak a little English but it is bad, I admit that. But, these women look at me with judgment in their hearts. I just want them to help me with my children, not judge me. I feel like it has gotten better there but they still don't like me."

Another example comes from Latina in Watauga County and her experiences with renting:

"We often rent houses in that condition [bad] and if we tell the owners or the manager that the house is in very poor condition, they get really mad and do nothing to fix it. So, we usually don't say anything because we are scared that they will kick us out. And I think that if they kick you out, it won't be very easy to find another house because the owners tell each who to rent their houses to and they won't give us one because we are Hispanics."

Some final examples come from some individuals who faced discrimination dealing with the school systems. One Latina said this about enrolling her children in an elementary school in Avery County:

"When we first got here I wanted to enroll my children immediately in school and they were excited. I went to the school and they did not know what to do and were very rude when I asked for an interpreter. They had never had a Mexican kid there. It took them two weeks to set up someone that could speak Spanish and discuss with me what I should do for my children to get them enrolled."

Another Latino mother stated that her children faced discrimination on a daily basis at school because they were Mexican. She stated, "[My children] get bullied and picked on all the time. The teachers try to deal with it but one actually told me not to worry – the kids would stop once they got bored with the situation. Well, that has been two years and there are still issues."

Community Integration and Support

While these are certainly issues that affect how these respondents view living and working in Avery and Watauga counties, they are still generally happy with the area and how they are treated, with 44% of the sample reporting that they have never faced any discrimination in this region. Many, in their comments about discrimination during the focus group sessions, pointed out that the issues they face here are still better than in other places they have been – whether that was in Mexico or in another state. As one Latina stated, "We lived in Georgia first and we were hated there and I was told several times when walking in [to] a public place, 'Hey, why don't you go home!!' Well, I

usually replied, 'I will after I do my shopping!'" Another Latina stated, "It is tranquil here. I feel at peace here and I feel that the locals or Anglos will help us if we really need it. In Texas, they would just rather you go back or see you suffer."

In the focus groups, we also asked about whether they felt there was an established Hispanic community for them to rely on, and how they felt about its ability to support them here. One Latino who has lived in Watauga County for over 15 years stated this about the Hispanic community,

"We were some of the first Hispanics in the area and of course, everyone stared at us thinking, 'Why are you here?' That has passed with more Hispanics coming but I do not see us as a connected group. We may see each other at work or maybe at church or the soccer fields, but we are pretty much on our own here. There are has been times where we have tried to get together and be closer but not like in Mexico where you have a village or town that everyone is together."

Another Hispanic man in Avery County also suggested that he did not see Hispanics in the area as a tight community, stating, "We do not get together much. Sometimes we do for special occasions but I feel alone here." In fact, many of the men felt that they really only associated with other Latinos in the area on a very limited basis. However, this may be due to, as one person pointed out, the idea that "The Mountains are a place of isolation so no one really spends a lot of time together – even us Mexicans."

However, several of the women who participated in these discussions felt they had connections to other Hispanics and saw an emerging Hispanic community. As one Latina in Watauga County stated, "When I came here, I knew almost nobody, but I met more wives and mothers and now, we keep things together and help the men socialize." Another Hispanic woman who also lived in Watauga County also saw this Hispanic community growing and stated, "We are getting better at communicating and finding ways to get together. Of course, if it weren't for women, there would be no community. We make it happen (laughs)!"

While it is not clear based on these comments if there is an established Hispanic community that is supportive, it is evident that many of the respondents wanted a better sense of community so that they felt supported and could rely on someone for assistance when needed. For example, one Hispanic man stated, "I want any community I live in to help me when I need it the most. I don't care if they are Mexican or American, I just want help." Or, as one Latina stated,

"Yes, we want to be together and help each other but it is hard to do that when we are all struggling. We really don't have the time to organize or whatever, we can barely get to work. But, if we can come up with a way to ease that through people knowing and hanging out with each other, then that would be great."

A Latino in the same group as the woman above also agreed and stated, "What we need is to do well and have people assist us when we need it. I would rather have all of this community, Mexicans and people like you [locals], to be supportive and helpful." In short, it seems as though this sample views the Hispanic community and its ability to support itself as lacking even though it has certainly changed in size over the years. However, they still see the need to have a community that can provide assistance when needed.

SECTION II: HISPANIC VIEWS OF HEALTH AND HEALTH CARE

Another important goal of this study was to collect data on how Hispanic immigrants in the High Country viewed health and health care. Specifically, we wanted to understand what services Hispanics used, how they sought out health information, and to highlight issues or barriers that they face when accessing health services in the areas identified.

Views on Health

The first area to highlight in this section is how Hispanics in this study view health; specifically, how they perceive the general conditions of their bodies and minds as free from diseases and psychological stresses. We also examined how these individuals viewed serious health issues concerning injuries at work or illnesses that affect many Americans such as being overweight/obese, stress, and chronic diseases (i.e., diabetes and heart disease).

As suggested by the literature (i.e., Brown and Yu 2002; Hayes-Bautista 2002; Pew Hispanic Center 2002), Latino immigrants and citizens in the U.S. face various health issues that are similar to many Americans, including diabetes and heart disease. However, researchers and practitioners have to be especially careful in assuming they know how this population views health and health care because it is not always similar to how Whites or Blacks in the U.S. view health. As the Pew Hispanic Center (2002) points out, health is more than just about the physical body but it may also include a need to be spiritually healthy. Research suggests that Latinos may also rely on more spiritual and naturalistic remedies to deal with simple and complex health problems. More important, attitudes toward weight or diet do not match the ideal health culture that the U.S. or the medical profession wants its citizens or patients to have. In fact, many newly arriving Hispanic immigrants' health and health issues match the poorest portions of the U.S. population where their diets and views of getting medical attention for any ailment is dictated by cultural norms and economic necessity. For example, often poor, white families delay addressing serious health issues because of the cost and the extreme changes they must make to their lives (i.e., low salt and fat diets) to be healthy. This is true for Hispanics as well in which, as suggested by Hayes-Bautista (2002), culture and context impact attitudes about health and seeking health care services. Therefore, this study presents a few prominent views of health that emerged from the respondents in this study, through the surveys and focus groups, to demonstrate the cultural and contextual factors that shape their decisions regarding health.

Health is Not for Me

The most prominent theme in these Latinos' attitudes toward health was that considering and dealing with health was outside the worries of their everyday lives, and almost not a concern for them unless it was an emergency. In fact, over 80% of the sample reported that health was not a major concern even though around 52% also reported that they had used some sort of health service in the last year.

These findings may be explained demographically, considering that the median age of 29 precludes this particular sample from worrying about (at least) serious health issues. For instance, one 25-year-old Latino stated, "My life, I don't worry about health. I'm young and I watch what I do to stay in good shape. I have cut off fingers but I've had two put back

on…in the last two years." Or, as one other Hispanic man in his late 30s stated, "When I was young I thought I could do anything physically. Not as much today. It hurts to pick up an 80-pound bag of concrete." While age may be the answer to this trend, it is probably better explained by a majority of responses collected that viewed health as less important now because of a few other social factors.

First, health is a major concern for many of the respondents only when they have enough time and money to address health issues they face. To illustrate this point, one Hispanic man stated,

"Health is important but what you don't understand is that it is a luxury. Accidents happen but we don't need to involve the owner or anyone else because they will find someone else to do your job. Go home, drink a beer, and get some rest. That [is] what I do and tell my friends to do."

Another Latino from Watauga County echoed these sentiments by stating, "It costs too much to get medicine or see a doctor. I can't miss a day of work either because like every other person I know, we need to work to just feed us and keep us warm." Or, as one Latina stated,

"Money decides everything in America. You want a treatment for being sick, then that costs X amount of dollars. You can't get anything without money, I don't usually have it. You asked me what I think of my health. Well, it is not for me, I don't have the money or the time to deal with it right now."

Second, the importance of health and addressing health issues becomes diluted by gender roles. As suggested in the men's quotes above, losing a job is a possibility if they are out sick. Moreover, it is their "job," as men, to make money to take care of their children. For example, another Latino who works on the Christmas tree farms stated, "Sure, I want to be healthy to go to work but if I get sick, I understand that there are others waiting for me to get sick so they can get my job….I can't let my family be done like that. I have to work."

Hispanic women in this sample also saw health as a secondary issue for them because of their gender roles. For example, one Latina stated, "Children are first. I have to make sure my sons are healthy and I can't waste my money on my aches and pains." Another Latina in Avery County stated, "I need to worry about my children and husband [and] make sure they are healthy…I do okay." Even a few women reported during their surveys and in the focus groups that they had some serious health issues but put off dealing with these issues because it took either time away from their family or it cost too much money. This is what one Latina stated in a focus group in Watauga County:

"Health is an important issue and the more time I spend in America, the more that I have become aware of the problems I may have. Recently, I found out that my serious pains I had around my stomach were due to possibly cancer. Well, the costs were too much to get checked out and my youngest son got really sick around the same time. So, I waited to see the doctor to get more tests [How long did you wait?] Almost two years but it turned out it was just some problems with digestion."

Third, documentation status also served as a contextual factor in viewing health and addressing health issues. One man in his 40s who was undocumented stated, "It is [health care] not for me. I don't think I'm allowed to go in there and get help. I was not born here and when they look at me, I get it." Or, as another individual stated, "No one seems to care if I get sick and die in this country. I know I am breaking the law but don't you think that humans should be able to be healthy?" Finally, an undocumented Hispanic woman stated this, "I had a man, a doctor, tell [me that] I, personally, was ruining America's system of

health because I did not have the right documents, the right culture, to know you have to have insurance and do my part to stay healthy. Health is not about papers."

Finally, some respondents viewed health as an "American" problem of worrying and even whining too much. As one Latina in Avery County stated,

"I think Mexicans think through their health problems. We don't go to the emergency because we have a cold, we take medicine we already have. We only go if it is necessary and most things aren't."

Another Hispanic woman also commented on how Americans are too obsessed with health issues focusing on the issue of being overweight. She stated, "We view health differently than you do. Fat is good, it shows you're healthy. You need to get the flu so you can fight it again. You need the downs to survive the ups." A Latino who worked in the Christmas tree farms also felt that Americans worry too much today,

"You get sick and Gringos don't understand that you stop, take care of yourself, and then go on with your life. You don't need to [be] so dramatic about being sick because you will get better or you will die (laughs loudly)! And, dying, you should not be afraid of when you know you will go to a better place."

Overall, the above statements point out some interesting points. First, these individuals are certainly present-oriented, in which they consider problems in the present and not in the future. Second, they also view health and getting treatment for health issues as not as big of a concern because it is expensive and time-consuming. Third, gender matters in dictating how to look at individual health issues in which women and men do not see their health as the most important issue at the moment but more about fulfilling their roles as prescribed. Or, more importantly, these respondents' cultural norm of "family first" dictates women and men's immediate attention to their own health issues. Finally, respondents feel that the U.S. is overly concerned with health, and health care and is certainly a luxury to consider and worry about, suggesting that these respondents' social positions or social context as poor immigrants makes them unlikely to address health issues at the exact moment they occur. Or, that these respondents find other ways to address these issues without involving professional help such as over-the-counter or naturalistic remedies, which is discussed later in this section.

Spiritual and Fatalistic

Another powerful theme that often shaped these respondents' views of health was their faith in God or their spirituality. This theme often made their views of health seem fatalistic and in the hands of others – whether it was God, family members, friends, or even health professionals they had grown to trust.

For instance, one older Latina from Watauga County stated, "Yes, health is an important issue; however, I am not afraid of it. I have my God watching over me and if I am to get sick, He will take care of me. I do not fear death as it is part of life." Asking this same woman to clarify her views of health concerning her own serious illness with cancer, the Hispanic woman stated, "I cannot change what is in my body. It will get better if God says it will."

However, this kind of blind faith and fatalism was not as blatantly stated by others. As one Latino from Avery County stated, "I want to feel better and I take medicine to deal with my aches and pains. But, I must trust in God to help me with the serious issues because I don't have

the money to do it otherwise." Or, as another Latina stated,

"We all feel better when we are one with God. I pray and that is what I was taught to deal with real issues of pain and sorrow….health is no different, you have to have faith to feel better, whether it is faith in God to help you or just faith in your body to heal itself….What is that they say, time heals all wounds. Well, add faith to it too."

Overall, of the 36 respondents included in the focus groups, over 15 of these individuals mentioned that God was a necessary component in shaping their health and life. Moreover, they viewed that health was part of life and was even something that everyone dealt with together. As one Hispanic man stated, "My health, his health [pointing at others in the group], her health, we must work together to stay healthy and do better. But, we cannot escape being sick because it just happens."

Religion was not the only place they rested their faith on to assist them with their health issues. A few focus group participants pointed out that they relied on others to help them through their health issues. One Hispanic man stated as he held his wife's hand, "She is my medicine (the group sighs). No, really. She keeps me well by feeding me and taking care of me. That is what is required of both us. It is the way it should be." Also, another Latino stated this, "My family keeps me healthy even though they are far away. I think of them and I feel better when my back hurts or I have a cold. I also call on my work friends to make me feel good when I'm sad."

Because the focus group leader was a trusted health professional in the Latino community, many stated that this particular person helped them with their health issues. One Latina from Watauga County stated, "I have [name omitted] to thank for keeping me healthy and helping me with my babies. First is God, then there is [name omitted]. She is my personal savior." Or, as one Hispanic man pointed out about the services he has received, "These people I come to see at the clinic and health department are always there for me, to make me aware of my health issues. I can trust that they know what they are doing and think they make me feel better as well."

Using faith and being accepting of health issues as necessary are common cultural values found among many Latino immigrants in the U.S. (see Hayes-Bautista 2002). However, they are also ways in which many poor Americans deal with health by placing the issues of health on an invisible or visible force in which they cannot control (see Rank 2005). As Rank (2005) describes, most poor individuals do not fear health issues because they will never have the means (i.e., social or economic capital) to address anything really serious like cancer, heart disease, or diabetes. Once a poor person becomes afflicted with a disease, what else do they have to turn to other than their faith, family, or having the knowledge that it will end and a better situation awaits them in the afterlife? However, unlike many Americans, Hispanic immigrants may rely more heavily on these values because they find themselves, as can be seen in the demographic information, at the bottom economically and socially – making their situations somewhat bleaker than many Americans. They also, unlike Americans, are more likely to call on family and friends first than Americans who want a doctor to handle their sicknesses.

Risky Health Behaviors due to Acculturation

While this study did not focus on finding out what kinds of risky health behaviors the

respondents of this study participate in, the subject became a part of the conversation in the focus groups. This discussion, however, did not necessarily focus on personal habits but it pointed out the general health concerns that the focus group participants had concerning health issues that they saw popping up in their families and community. In addition, they saw these health problems as something that had manifested due to their migration to the area. In other words as some studies suggest (see Pew Hispanic Center 2002), Latino immigrant acculturation to American culture and habits created mixed effects that can be good and bad.

For instance, some respondents felt that their change in diet since arriving in the U.S. has caused some health problems. One Latina from Avery County reported, "I have been more sick since I got here….I know that I am fatter than back home. I eat McDonald's and cookies and cakes. I don't walk as much because things are so far apart."

Also, a Latino man who is a H2A farm worker and recently found out he has diabetes stated, "I know have diabetes and if my friends continue to drink about a case of Coke, four or five cans of Monster, and eat two sandwiches to keep them going through the day, they are going to get diabetes too."

Some of the focus group respondents pointed out that they also saw more of their Hispanic friends and co-workers using more alcohol and tobacco than they would if they were back home. As a younger Hispanic man pointed out,

"You come here and you have freedoms you don't know how to handle. You can buy beer and cigarettes and get really drunk. If I was at home, someone in my town would catch me and say, 'You stop that!' I don't get bothered here because we all do it."

Or, as one Latino stated, "Many men here miss their families and homes and they drink to deal with the depression. It is hard to really understand the distance you feel when you are away from everything you know and love just to earn some money."

One Hispanic woman also agreed with the problems of alcohol showing up now that she was here. She stated,

"Drinking is a big problem….sure, it was a problem at home but here it is almost like there are no limits – do what you want. And, the men don't stop drinking because they have nothing else to do unless there is a soccer game or something."

Beyond these issues, the women in the focus groups were more vocal about some issues that rested outside of just health issues that affect the body. One woman pointed out that there are issues of transitioning to a culture that women had different rights and roles. She stated, "I think there is some tension in Hispanic homes over women wanting to work and do more and the men want them to stay home. I have heard of problems of the cops coming to break up fights." Another Latina from Watauga County also pointed out the possible increase of domestic abuse saying,

"Women have more rights here. I like that, we all do but it does not always work in our houses. This is hard for both women and men from Mexico to get used to and there are disturbances and problems that come up. We work [it] out but I think more and more problems [fights] are happening."

A final issue that was pointed out by some of the Hispanic women was the issue of teenage pregnancy. Although, culturally, a younger Hispanic woman having a child is more accepted among Hispanics than Americans, the women pointed out teenage pregnancy has

become a problem because the situation is different in the U.S. As one Latina explained,

"When I first got pregnant in Mexico, I had my family and a local woman helped me step-by-step with my pregnancy and birth. But, my daughter needs to wait because here, you do not want pregnant young girls. There are also not many women ready to help at the home. I also think that it costs more to have a baby here."

Another Hispanic woman echoed some of the same sentiments in a different focus group. She stated,

"Everything is more expensive here. Girls do not need to have kids here so early because they are more expensive…you also don't have the same help. I mean you have [name omitted], but she is a stranger and usually family helps you through this process. Besides, here, Americans look down on too many babies and there is always someone giving my family and girls information about how to prevent teenage pregnancy, so it must be an issue."

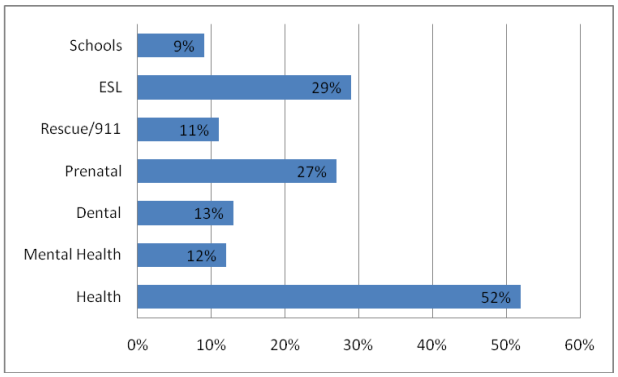
In short, these may not be "risky" health behaviors because they are very common issues that all Americans face. However, they are risky for this population in the sense they are new to them and lead to serious health issues that they should avoid. In addition, they are risky because they represent a cultural shift for these immigrants that challenges them socially and psychologically, leading to undue stress and strain as seen with the comments on domestic violence and teenage pregnancy. It should be noted, however, that this discussion should be seen as a point of information and should be more fully and systematically investigated to better understand these health behaviors.

Using Health Services

Referring back to the survey data, this study worked to pinpoint information on whether Latino immigrants use the health services provided in Avery and Watauga counties. This method was also able to capture which were most commonly used health facilities in the study areas, where the respondents went to get health information, and how they paid for services.

As presented in Figure 2.1, respondents reported using several public services, including general health services.

Figure 2.1: % of Respondents Who Reported Using Services Listed Since Moving to the Area*



***Respondents checked all services used in the last year.**

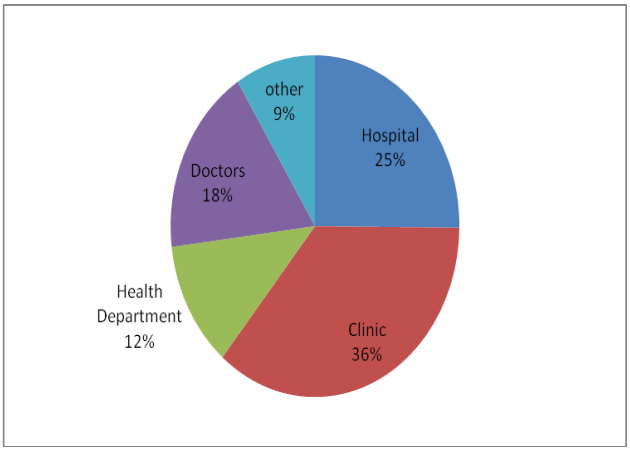
52% of the sample reported using some sort of public or private health service since moving to the area. Also, about 27% reported using prenatal services provided by local health departments. A smaller percentage reported using other health services including mental health (12%), dental (13%), and rescue/emergency services (11%).

Respondents were also asked about what services were most and least difficult to access. The most difficult service to access was health services, even though 52% had used this service in the last year. 18% said that ESL classes were difficult to access, and 13% suggested that dental services were difficult to access. As for the least difficult services, respondents, paradoxically, reported that health services were the least difficult to access. This data suggests some confusion with the survey

questions or fixed feelings about the services, which is discussed more in the next section.

To be more specific about which health services these respondents used, we asked them to identify where they went to seek medical help when needed. Figure 2.2 points out the most frequented health service were free or reduced-fee clinics, then hospital emergency rooms and lastly, individual doctors. Only about 12% of the respondents went to the Health Department to seek medical help and another 9% suggested using other ways of seeking medical including services outside of Avery and Watauga counties. For instance, one Hispanic man stated, "I go to Wilkes County to get medical treatments because they know me there and respect me."

Figure 2.2: % of Respondents Who Use Selected Medical Services



Other sources of medical care also included family members or speaking with Hispanic community members that had some knowledge about natural remedies; however, the survey did not provide questions to fully address the possibilities of using natural medicines or healers. But, in the focus groups, participants were asked about their uses of these options and only a few individuals provided comments, suggesting it was not a very common practice. As one Latino in Avery County stated, "No, we don't do those things here. [Why not?] Because it is not available, we don't have those kinds of things here." Or, as one Hispanic woman explained in Watauga County, "When we first got here, we did us those things and would have people back home send us~~e~~ medicines. Now, those sources are dried up and we just go to the pharmacy and doctors."

Clearly, though, there is a significant reliance on hospitals and clinics for medical attention. This may be explained by some of the previous comments in this report indicating that the cost of medical treatment may be an issue. In addition, as suggested in some of the respondents' remarks in the focus group discussion, these individuals may wait to seek treatment from hospital emergency rooms until the situation has become serious or a medical emergency. For instance, one Hispanic man stated this, "I got sick one time in which I had gotten the flu. I stayed home and tried to take care of myself until I just couldn't move. My friends took me to the emergency room and they had me there for two days." Or, as one Hispanic woman stated, "My family cannot afford to go to the doctor three times to find out it is a cold. So, I often wait until it is real serious to see a doctor or go to the hospital where they figure out the problem immediately."Brock (2000) also found that many Hispanics H2A workers in the High Country wait to get treatment who suffered upper respiratory illnesses that only worsened and put many of them in the emergency room with pneumonia.

The issue of cost becomes clearer when we examine how the respondents in this study pay for health care. Over 40% reported paying for any type of medical care out of pocket, another 22% suggested they relied on the charity of

certain people and agencies to cover their costs, and the final 3% reported borrowing money from friends and family to pay for services. However, 18% of the respondents reported having and using some sort of health insurance to cover costs. Interestingly, about 82% of the respondents in this study did not have insurance, which is 2.5 times greater than the rate reported for a national sample of Latinos in the U.S. (see Pew Hispanic Center 2002). Again, cost becomes a prominent issue for deciding which services to access. As one Hispanic woman stated, "I always ask the doctor or nurse how much it costs to treat anything. I also want to know which option is cheaper so that we can do what we can and not owe people money."

Use of health services differed significantly when considering the respondents' gender or documentation status. Women were more likely to use all of the health services than the men ($p \leq .05$). Of course, this was more true with prenatal services, however, women were 4 times more likely to use clinics and doctors and 2 times more likely to use health departments than the men interviewed. Conversely, Hispanic men were 2 times more likely than Hispanic women in the sample to use the hospital services. In addition, Hispanic women were twice as likely to report having some sort of insurance than the Hispanic men in this study.

Undocumented respondents were more likely than documented respondents to report using health and prenatal services. However, documented respondents were almost 2 times more likely to use dental and mental health services. These differences are due to the high number of women in this sample who were undocumented. As for specific medical agencies used, there were no real differences between documented and undocumented respondents.

Finally, this study investigated where respondents received information about health or health services available in the area. Over 45% of the respondents suggested that they received information about health and health services from their friends. Another 17% suggested they got the information from family members and only 12% from public agencies, like the health department.

Overall, the respondents in this study do use a variety of health services but often rely on free services offered by clinics and health departments. And, while respondents were more likely to report going to the hospital for treatment, it was usually to deal with emergency situations or their health problems had worsened to push them to seek treatment. Also, women were more likely to use these services identified in comparison to men and there were only slight differences in uses between documented and undocumented respondents. In short, while health services are certainly being used by Hispanics in this study, there still seems to be some barriers to accessing these services since so many

respondents (48%) reported never using any of the services identified.

Barriers to Accessing Health Care

Although the majority of Hispanic immigrants in Avery and Watauga counties stated that they used the health services available, there were several barriers respondents reported that impeded their access to health services. The most reported barrier that has been alluded to several times in this study is the issue of cost. In fact, 82% of the Latino participants suggested that the number one issue preventing them from using health services is cost. Clearly, based on the sample's income levels and views of health, cost keeps them from taking full advantage of any paid services. Interestingly, this may be why they favor using the free clinics and health departments more often than other sources. This was supported by some of the participants in the focus groups. One Latina from Avery County stated, "I go to the health department first because they don't charge as much to deal with simple things." Or, as one Watauga County Latina stated, "I go to the clinic in Newland because they will see all my family for a donation and then I can spend more money on the medicines needed."

The second most frequent problem reported by the respondents was that they could not access many services because of the language barrier. 75% suggested that language was a serious issue in which there was either insufficient staff who spoke Spanish or there was little to no information in Spanish. Participants in the focus groups suggested that they could not adequately communicate their health concerns because they spoke a little English. As one Hispanic woman stated, "How do you talk to a doctor or nurse who only speaks English that you have a serious issue like cancer or even a real bad breathing problem?" In the focus groups, respondents also suggested that they often had to bring their children or peers who had better English skills to come and translate for them in certain situations. However, this posed a problem as well because many of the "pseudo-translators" could not understand and translate everything, or there were some sensitive issues that were embarrassing for Latino patients to share or discuss through their friends or children. For instance, one Latina who had brought her daughter with her to the gynecologist, stated,

"I had some problems with my, well, my privates and my daughter had to come with me to talk to the doctor. My daughter is twelve and she was already embarrassed about being the person to talk between me and the doctor. Well, the doctor began to ask me questions through my daughter about whether I was having sex. My daughter turned, started to giggle, and couldn't ask me until I made her."

Something similar happened to a Hispanic man in Avery County, who stated, "I take my friends to help me one time with the hospital…he could not understand what the doctor was saying at all, even though the doctor was trying to speak Spanish…my friend said to me, 'I have no idea what he is saying, he is saying something about your heart or gas or something.'"

While it should not overshadow the issues of cost and language fluency, discrimination, whether experienced or perceived, is the third most cited issue keeping Latinos away from health care in the High Country. 32% of the Latinos surveyed suggested that discrimination (or mistreatment) was a barrier to accessing all public services in the High Country, including health care. Many suggested that this mistreatment was primarily because people saw them as illegal immigrants. As one Latino woman stated about her experience of discrimination, "I know [local service providers] don't want me here because of who I am. I represent to you someone who takes your jobs or has too many babies…and that is why you won't serve me."

Participants in the focus groups also suggested that because of recent Immigration and Custom Enforcement raids in the state and the multiple police checkpoints in the High Country,

individuals are mistrustful of public service providers because of the fear of being deported or mistreated if the individual has a prejudiced slant towards Latinos. As one Latino man stated, "I don't want to go to the doctor because he may find out I'm illegal and there I am…I guess I will deal with a broken leg in my own way before risking being sent away."

Of the 123 Latino immigrants surveyed who reported facing discrimination when using public services, 48% suggested they had been mistreated while receiving or attempting to receive health services. Some participants in the focus groups provided a few different examples of problems at the hospitals, health departments, and physicians' offices.

One Latina described her visit to a local hospital:

"I took my daughter to the emergency room and let me tell you, they don't want you there. When we got there, the lady at the door looked at me, got on the phone, and said, 'Some Hispanics are here, what do you want me to do?' I can speak English pretty well but she didn't even ask me, she just went ahead and made a decision for me. It took over three hours before we saw a doctor."

Or, as another Latina described when she went to an emergency room late at night, "We went in and they didn't even want to help us. I felt as though we were not wanted there." One Hispanic woman describes her interactions with nurses at a doctor's office:

"I have three children and they are all different in age. They all get different care…my oldest son seems to always be the last to get served because I think the nurse does not like that he is not a citizen or has papers. She always makes comments, 'When are you going back to Mexico?' But, it is a clinic and free, I should not complain."

Finally, a Hispanic man described his visit to a health department:

"I find many of the health people nice but I have some problems with some…I feel that they are rude to me because of who I am, a Mexican. They are rude and get frustrated when I ask too many questions. I have even had them ask me to leave because they did not want to deal with me at that time."

What becomes apparent in the above comments and other responses we collected was that those Latino immigrants who were seen as illegal immigrants or were women, were the most likely to face discrimination than any other demographic represented in the study. As one Latino stated, "I'm actually an American citizen but they all look at me as though I'm just another illegal taking services I don't deserve." Or, as one woman stated, "I get the looks, 'You don't belong here,' 'We don't want you here,' they even do this to my children. Why do people hate my children?" One other Hispanic man stated, "I am not a tourist and I tell you someone from Florida who deals drugs and destroys this beautiful place gets treated better than me who works hard in this community and follows the rules. We are not tourists, we are here to stay." This is not a surprise, though, because there were more undocumented immigrants using health services than documented immigrants, and there were more women using these services than men. Thus, it may be that the more Hispanics interact with the public, the more likely they will face discrimination.

Finally, 12% of the Latinos studied suggested that the problem of health care in the area was simply that there was a lack of options to obtain medical treatment. This was especially true when they discussed the existing clinics and health departments that they felt were already overburdened in serving a rural population. As one participant suggested, "One doctor is not enough to see thirty people in the night…there needs to be more." Or, as one Latina stated, "I have to always wait for someone to come and help us. A doctor's visit takes all day and sometimes, I have to come back when [name omitted] is just too busy to come in because she has lots of others to attend to."

Overall, the barriers mentioned above are significant issues, which could impede Latino

immigrants from wanting to access the health care services provided. Certainly, the experiences mentioned above have already had an impact on their views of health and health care. In addition, while the most important barrier of cost and lack of service options makes this population more akin to the rest of American health service seekers, the issues of language fluency and discrimination make Latinos possibly more isolated and unable to get the basic services needed to live healthy lives in the High Country.

CONCLUSIONS AND POLICY SUGGESTIONS

The purpose of this study was twofold: 1) obtain a better socio-demographic picture of the Latino population in Avery and Watauga counties, and 2) assess this population's views and issues concerning health and health care. With the help of 123 survey respondents and 36 focus group participants, this study was able to develop a richer understanding of Hispanics in the High Country that recent state and national data cannot provide. Respondents also provided an in-depth explanation of their migration histories, views of the community and more importantly, a snapshot into the issues this population faces when it comes to health and health care.

Demographically, the Hispanic population in Avery and Watauga counties is largely made up of hard-working families who, as they explained, had the same dreams and aspirations that most Americans cherish. However, like many families in Appalachia, they face economic hardships that weaken their abilities to meet the dreams they have for themselves and their families. For instance, while Latinos in this study enjoyed high rates of employment in comparison to non-Hispanic locals, they still find themselves earning incomes that are well below the poverty threshold. These low incomes impact their abilities to afford the basic amenities of life and leave them unable to afford the luxury of health care. In addition, unlike non-Hispanic families, the Latino respondents were more likely to live in rental housing and sharing rides to work, school, and the grocery store. This study sample also found itself with lower amounts of education in comparison to non-Hispanic locals; however, were more likely to be married and have children in comparison to the non-Hispanic local populations.

A more important explanation of the Hispanic population in the High Country comes from their migration characteristics. Overwhelmingly, those surveyed were from Mexico and many came from the same villages, towns, and Mexican states. In addition, most were first generation immigrants and had selected North Carolina as their first migration destination. While many have come to the High Country to be temporary workers in the Christmas tree industry, our respondents suggested that the primary reason for coming to the two counties studied was because this area has been more welcoming than other locations across the U.S. In addition, many came to the area because friends and family had already been here for more than 15 years. Although many reported having only been here for a year, over 50% had been here at least 5 years and 75% planned to stay because of employment opportunities and another 28% planned to stay because of family ties. Thus, as one respondent pointed out, most of the Latino families in these two counties plan to stay and believe this is a great place to live, work, and raise their children.

Certainly, the most pressing migration characteristic that weighs on Americans' minds is whether the majority of Latino immigrants are here illegally. While this study cannot accurately estimate the number of undocumented immigrants in Avery and Watauga counties, this study did find that there is a mix of documented and undocumented immigrants in the area. However, as suggested several times throughout this study, results in this study cannot be generalized to the Latino population in North Carolina because we used a

non-probability sampling method that purposefully oversampled undocumented immigrants to study this underrepresented population.

With that said, there are some important trends to point out concerning being undocumented in the High Country. Certainly those that are undocumented face bleaker social circumstances in comparison to those that are documented. For instance, the undocumented respondents reported lower incomes and meager living conditions. These individuals were more likely to be women who followed their husbands with children in tow. In addition, the undocumented respondents in this study reported facing more discrimination and reported the harsher instances of discrimination in the focus groups. They also had a higher sense of fear and isolation than the documented respondents in this study. More importantly, being undocumented in this sample meant using health services less in comparison to documented immigrants due to the fear of being identified and deported if they were found out while seeking help. As the study found, even the documented respondents in this study were "marked" as possible illegal immigrants, making them avoid using certain services or avoiding interactions with non-Hispanic locals to reduce the possibilities of being mistreated.

Another important aspect of this study was the information we gathered about Hispanic women in the area. In comparison to Hispanic men, Hispanic women face higher rates of unemployment, are mostly undocumented, and face discrimination almost daily. As suggested earlier, many of the issues these women face may be due to the more traditional cultural norms in the Hispanic family. However, it may be because Hispanic women in the High Country are the "face" or the "frontline solider" of the Hispanic family in the area. Because of their roles of being the nurturer, they are the ones that mix with the non-Hispanic local populations when taking the children to the doctor or going grocery shopping. Therefore, men in this study reported more issues with job-related discrimination and women reported facing discrimination when dealing with stores and public services. Latino women could have an advantage over the men in this study. As social scientists have theorized, immigrant groups are often accepted more when these groups interact more with the local community. While Hispanic women are now facing discrimination, they find this will wane with more interaction with the non-Hispanic community (Alba and Nee 2003). In addition, Hispanic women may even learn English quicker because of these interactions and, more importantly, due to necessity in a monolingual community like the High Country. But, the Hispanic men, who often work only with other Hispanic men and reported not accessing services as much, may find themselves less accepted.

Despite the demographic issues Hispanics in the High Country have, this study provides some evidence that the non-Hispanic populations of Avery and Watauga counties are not necessarily accepting of Hispanics. As discussed above, 46% of the 123 individuals sampled suggested that they face discrimination at least once a month. 20% suggested they faced discrimination on a weekly basis, and another 5% suggested facing it every day. What was more telling was the situations that they reported facing discrimination, most of which, by federal law, are illegal. For instance, 31% suggested they faced discrimination concerning employment,

another 16% suggested issues of discrimination in accessing public schools, and 48% suggested facing discrimination when using any public services. In addition, 41% suggested that the police purposefully target them in both counties. The reality of this problem shines through when examining the focus group responses, which should be a primary concern for public services, to make sure their services are not blocked because of personal ignorance or prejudice.

Beyond the issues of demographics and discrimination, this study produced some important findings about Latino views of health and health care. First, the respondents in this study provide us some contextual tools to explain their views on this topic. As suggested above, Latino attitudes about health and health care are due to their present-oriented and fatalistic views of life in general. In addition, these views are certainly shaped by their economic and social situations in the High Country, where accessing health care is seen as a luxury or something that they would like to address but cannot because of their financial situations. Thus, the American culture of immediately addressing health issues becomes dampened for Latinos who have to deal with limited money and time because they are low-wage workers or over-worked mothers. Or, as the study also finds, they do not access health services because they cannot communicate or trust non-Hispanic professionals because of their perceptions of threat and isolation.

However, again, like many individuals who do not have the money or time to address health issues, Latinos in this study used their spirituality to address health concerns. In fact, many viewed the issue of health in the contexts of fate – as something that occurs due to natural processes in which God or professionals will intervene when necessary. Certainly, these views of health are culturally and contextually rooted but are necessary to point out to assist health professionals in realizing that not all individuals view health in the same ways.

The study also found that many respondents had concerns about their health since they arrived in the United States. While many suggested that their lives were better in the U.S., they did see some risky health issues cropping up in their community. For instance, some suggested that the American diet of sugary and fatty fast food had caused them to gain weight and develop health problems, like diabetes. They also suggested some issues with the cultural shifts that their families faced concerning teenage pregnancy and the changing gender roles Latino women took on in America.

Due to some of the problems above, as well as other more common health issues like colds and the flu, 52% of the respondents in this study had used some sort of health services in the study area. Many accessed health care through free clinics, hospitals, and local doctor's offices. Some even went to other sources, including family members who were knowledgeable in natural medicines. However, most of this sample went to the cheapest and fastest option they could find. In fact, as some respondents suggested, they went to the hospitals (i.e., emergency rooms) more often than other sources because they had waited too long to address a health issue or they knew they would not pay up front. Certainly, most in this study had to rely on paying for services out of pocket, with only 18% having any sort of insurance to cover health care costs.

The final discoveries in this study were the barriers reported by the respondents. Like many Americans have reported across the nation and as many Latinos have echoed, cost is the primary barrier in accessing health care. Without some sort of insurance and a higher level of income, Hispanics in the High Country find themselves having to rely heavily on free clinics or emergency services to address almost all of their health concerns.

Another significant barrier was language. This is either because many Hispanics in this study could not speak English proficiently enough to speak with a health professional or there were limited translation/interpretation services available. Because of this language barrier, issues of rapport and trusting health professionals pushed many Latinos to either find services that could provide the bilingual translation services or to avoid seeking services at all.

The third most cited barrier was discrimination. While Latinos in this study reported using health services, many of them had negative experiences because they were treated as "illegals" or as second-class citizens. Several participants in the focus groups pointed out specific instances of discrimination in the hospitals and health departments that made them step away from these services. In addition, as some suggested during the focus group sessions, they warned their relatives and peers to be weary of what mistreatment they may face when accessing these services. Moreover, this study found that there is a positive correlation between the discrimination that Hispanics reported and whether they sought health services. Put simply, the more discrimination a respondent reported, the more likely they were to avoid using health services.

Thus, if we combine the issues of cost, language fluency, and discrimination together, the issue of good health becomes almost impossible for Hispanics in the area to accomplish with the current community climates and services provided.

Implications for Community-Building

The results of this study point out several issues and spark several ideas about how to better welcome and socially integrate Hispanic families into the High Country. This study could also imply that there are two ways of addressing the situations presented here. The first set of actions would require Hispanics in the area to make some strides to better acculturate into the community. The most helpful action many Hispanic individuals could do is to learn the English language. Certainly, though, several respondents have attempted to learn English, with 29% reporting taking some ESL courses. In addition, many Hispanic children are learning English or speak English already; therefore, the language barrier could disappear with each successive generation, as has been found across the U.S. with most Latino populations (see Alba and Nee 2003).

The Hispanic community could also work to interact more with the non-Hispanic community. In fact, some respondents reported that they interact with non-Hispanics every day at work or when shopping, and some have even participated in church functions designed to help introduce them to non-Hispanic locals. However, most Hispanics in this study spoke with fear and apprehension toward non-Hispanic locals because of the perceived, and experienced, issues of discrimination.

Latino immigrants could also reduce the amount of discrimination or isolation they face by obtaining proper documentation and living in

America legally. The problem with this solution is that the current U.S. immigration laws require that any immigrant to apply for documentation *before* entering in the country (see the *U.S. Citizenships and Immigration Services* website http://www.uscis.gov/portal/site/uscis). In fact, if an immigrant is already here without documentation, then they are not allowed to ever apply for documentation because they will be convicted of a federal felony crime and felons cannot apply for citizenship or legally enter into the country. Thus, the issue of being documented is paradoxical and it cannot be addressed on a local level.

The second set of actions that could occur to address the issues Latino families face in the High Country would rely heavily on the non-Hispanic community making changes and openly accepting Latinos into the High Country. The first of this set of actions would require educating non-Hispanic and Hispanic community members about one another, pointing out cultural similarities and differences. This could first be accomplished through presentations made to local organizations and groups that are civic- or public-oriented service providers. Then, public forums across both counties could be set up at local libraries and churches to do the same thing. However, there would have to be participation from both sides of the community. These presentations and forums should also target agencies and services that have had serious issues. For instance, the issues reported by respondents concerning the mistreatment they have faced when interacting with law enforcement needs to be immediately addressed. These presentations could dispel the misconceptions that surround both communities and open up a dialogue between groups to increase trust and decrease isolation.

Other actions that need to occur should tie the two communities together. These activities should point out the cultural similarities, empower groups to interact and look for common solutions, and erase the lines that separate the two groups. These events could include some of the following ideas:

- Social events that meet common interests (e.g., soccer tournaments or festivals).
- Developing a Hispanic Advisory Council that could meet with non-Hispanic delegations from various agencies and organizations to address misconceptions or solve problems.
- Provide cultural competency workshops for those interested in learning more about Hispanic and non-Hispanic cultures.

Implications for Health Services

There are several implications for health services, based on the results of this study. Even though Latinos are using the services, there is still much to do to reduce the levels of anxiety and apprehension Latinos feel about using them. Some of the more important actions that are needed include dispelling the misconceptions health professionals have about the Latino population and providing training that would help professionals be culturally competent, as well as knowledgeable of the resources already available to serve a Spanish-speaking immigrant population.

First, all health services need to identify the existing resources available to Latinos in the area and assess their abilities to serve this population efficiently. By doing the assessment, health agencies could have a better contextual view of their services and may find that more needs to be done concerning outreach and education to attract Latinos, staff development, or even requesting/seeking funds to address shortcomings. These agencies need to do more

work to provide at least bilingual explanations of all services available and a clear way for Spanish-speaking Hispanic immigrants to contact bilingual professionals housed in the agency in question.

Second, based on the reports of discrimination, there seems to be several negative assumptions made about the population that need to be corrected. Therefore, all health services should consider providing cultural competency trainings for all staff (including office personnel and medical professionals). In addition, the resources identified by the agency assessment need to be shared with the staff to make the services available for Latino immigrants; especially those who are monolingual (only speak Spanish). In tandem, the same cultural competency trainings need to happen for the board members and executives of health services to increase the administration's awareness and understanding of the population in question.

Third, there needs to be more partnerships and communications between health services across county and state lines to learn the "best practices" of working with an immigrant population. Certainly, in other counties across the state of North Carolina, health agencies are dealing with the same service problems as Avery and Watauga counties with respect to this population. Agencies should foster discussions with these other areas so they do not have to start from scratch and can build on other agencies' experiences.

On a grander scale, there are ways to address the shortfalls presented by this study. Of course, the most obvious that could help all health care seekers, is to reduce the costs of health services. This would require systematic health reform in the country, which is underway but any real results will take decades to be fully implemented. However, a commitment by local agencies to find ways to provide low-cost health care (i.e., reduced-fee clinics) to deal with the simpler health issues could be carried out now. Already, the health departments in both counties and the clinic in Avery County facilitated by the local office of the North Carolina Farm Worker's Health Program work to provide services at a lower cost through donations of time and space made by local hospitals and physicians. These efforts could be increased, especially if there are medical professionals with bilingual skills and empty spaces in facilities that go unused at various times of the day. In addition to finding low-cost solutions, partnerships need to form across state and national boundaries, especially with organizations that have either culturally competent and experienced health professionals or who can carry some of the financial burdens of working with a low-income population. For instance, in recent conversations between medical universities in Mexico and Appalachian State University, arrangements are being made to bring in Mexican medical students to intern with local health services as part of the students' third-year requirement of community service. This exchange would bring in bilingual medical students who could help with Hispanic patients, especially in interpretation, as well as better expose doctors, nurses, and other health professionals to the Hispanic culture. Clear partnerships should also be developed across state organizations, including universities and service organizations, to encourage more education and training initiatives for future health professionals to prepare for this Latino population, who plans to stay and become healthy North Carolinians.

REFERENCES

Alba, Richard and Victor Nee. 2003. *Remaking the American Mainstream: Assimilation and Contemporary Immigration.* Cambridge, MA: Harvard University Press.

Anrig, Greg, Jr., and Tova Andrea Wang. eds. 2006. *Immigration's New Frontiers: Experiences from the Emerging Gateway States.* New York: Century Foundation Press.

Brown, E. Richard and Hongijan Yu. 2002. "Latinos' Access to Employment-based Health Insurance." Pp. 236-253 in *Latinos: Remaking America* edited by M. Suárez-Orozco and M. Páez. Berkeley, CA: University of California Press.

Brock, Susan. 2000. "Christmas Tree Workers in the North Carolina High Country and Southwestern Virginia: An Assessment of Needs and Available Resources in Allegheny, Ashe, Avery and Watauga Counties and in Grayson County, Virginia." *Miramundo Associates.*

CIU. 2009. "North Carolina Statistics on Hispanic Population Growth." Center of International Understanding, University of North Carolina – Chapel Hill.

GSS. 2008. "Everyday Religion and Life." General Social Survey. Retrieved on January 2, 2010. (http://www.norc.org/GSS+Website/Browse+GSS+Variables/Subject+Index/).

Hayes-Baudtista, David E. 2002. "The Latino Health Research Agenda in the Twenty-first Century." Pp. 215-235 in *Latinos: Remaking America* edited by M. Suárez-Orozco and M. Páez. Berkeley, CA: University of California Press.

Jacoby, Tamar. ed. 2004. *Reinventing the Melting Pot: The New Immigrants and What it Means to be American.* New York: Basic Books.

Kandel, William and Emilio Parrado. 2007. "Hispanics in the American South and the Transformation of the Poultry Industry." Pp. 398-414 in *Rethinking the Colorline,* edited by C. Gallagher. 3rd Edition. Boston: McGraw Hill Publishing.

Kochhar, Rakesh, Robert Suro, and Sonya Tafoya. 2005. "The New South: Contexts and Consequences of Rapid Population Growth." Pew Hispanic Center. Washington, D.C.

Larsen, Luke. 2004. "The Foreign-Born Population in the United States: 2003." U.S. Census Bureau.

Lippard, Cameron and Charles Gallagher. eds. *Forthcoming*. *Being Brown in Dixie: Inclusion and Exclusion in the "New" South.* Boulder, CO: First Forum Press.

McClain, Paula. 2006. "North Carolina's Response to Latino Immigrants and Immigration." Pp. 7-32 in *Immigration's New Frontiers: Experiences from the Emerging Gateway States,* edited by G. Anrig and T. Wang. New York: Century Foundation Press.

Parrado, Emilio and Chenoa Flippen. 2009. "The Demographic Foundations of Hispanic Health Risk Behaviors: Immigration, Alcohol Abuse, and Drunk Driving in North Carolina." Paper presented at the North Carolina Sociological Association.

Passel, Jeffrey. 2006. "The Size and Characteristics of the Unauthorized Migrant Population in the U.S." Pew Hispanic Center. Washington, D.C.

Pew Hispanic Center. 2002. "Hispanic Health: Divergent and Changing." Retrieved on January 4, 2007. (http://pewhispaniccenter.org).

Pew Hispanic Center. 2004. "Survey Brief: Health Care Experiences." Retrieved on January 4, 2007 (http://pewhispaniccenter.org).

Rank, Mark R. 2005. *One Nation, Underprivileged: Why American Poverty Affects Us All.* New York, NY: Oxford University Press.

Suzrez-Orozco, Marcelo and Mariela Paez. 2002. *Latinos: Remaking America.* Los Angeles: University of California Press.

U.S. Census 2010a. "American Factfinder: Watauga County, North Carolina Fact Sheet, 2000." Retrieved on January 2, 2010. (http://factfinder.census.gov).

U.S. Census 2010b. "American Factfinder: Avery County, North Carolina Fact Sheet, 2000." Retrieved on January 2, 2010. (http://factfinder.census.gov).

U.S. Census 2010c. "American Factfinder: North Carolina Fact Sheet, 2000." Retrieved on January 2, 2010. (http://factfinder.census.gov).

Recommended Citation: Lippard, Cameron. 2010. "Latinos in the High Country: A Snapshot of Demography, Health, and Health Care Issues." Appalachian State University.