

propriate compensation. Regardless of one's position on whether professionalizing interpreters or teaching providers is more effective, having bilingual staff/providers is imperative to the health of the Hispanic/Latino community.

Unarguably, interpreters do alleviate the language barrier to some degree. However, having bilingual providers can further these efforts by improving the doctor-patient relationship. One study found that patients are more likely to recall medical information and instruction related by their doctor, to ask more questions, and to discuss their personal problems with physicians who speak their native tongue.<sup>93</sup> "They appear so appreciative that somebody cares enough to try and speak their language," says Kevin Allen, Vice President of Iredell Memorial Hospital.

Of course, teaching and having health professionals learn Spanish isn't the same as recruiting Hispanic/Latino providers. While having bilingual providers is advantageous, speaking the same language is hardly synonymous with sharing the same

culture. Increasing the number of Hispanic/Latino providers either through recruitment or encouraging more Hispanics/Latinos to enter the health professions would further break down barriers of language and culture.

### English Classes

**B**ut attacking the language barrier is a two-way street, as some health care providers were quick to point out. "I wish they would learn to speak English—it would be so much simpler," says Stacy Eason, Nursing Director at the Johnston County Health Department. Many health care providers agree with Eason, believing the best way to approach the language barrier is for the Hispanic/Latino population to learn English. And many in the Hispanic/Latino community acknowledge that learning English is important to their success. As one Hispanic/Latino farm worker puts it, "I don't know how to speak English, and at least right now, where I'm working I can do everything with signs. I cannot

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## *People Caring for People: Blue Ridge Community Health Service*

**T**he Blue Ridge mountains make most North Carolinians think of gloriously colorful autumn leaves, winter ski trips, spring picnics along the Blue Ridge Parkway, and bustling summer campgrounds. But the staff at Blue Ridge Community Health Services in Henderson County knows a different mountain region than the tourist brochures advertise. Because the county has the fifth largest migrant farmworker population in the state (1,650), Blue Ridge knows a lot about migrant farmworkers.<sup>1</sup> In fact, the U.S. Department of Health and Human Services recently honored Blue Ridge—the second oldest migrant health center in the country—with an "Appreciation Award for 35 years of dedicated and compassionate service to the migrant and seasonal farm worker population."

Blue Ridge Community Health Services started more than 35 years ago as a clinic providing medical and dental care to migrant and seasonal farm workers who came to Henderson County to harvest apples and other crops. In

1988, Blue Ridge incorporated to become a 501(c)(3) private, non-profit corporation and became a year-round community health center. Under this arrangement, Blue Ridge receives grants from the United States Bureau of Primary Health Care, enabling it to provide health care to the entire community. Today, Blue Ridge is the largest primary care organization in the area, providing both medical and dental services to the community at large. While the overall mission is "to enhance the health of individuals and families within the community," as a community health center the health service also places an "emphasis on the medically underserved."<sup>2</sup> In Henderson County, many of those underserved are migrant farm workers. More often than not, these farm workers speak Spanish.

As the number of Hispanic/Latino North Carolinians has been increasing, the state's migrant farmworker population is experiencing a similar demographic shift. In 1997, 94 percent

**Health is a state of  
complete physical,  
mental and social well-  
being, and not merely  
the absence of infirmity.**

—THE WORLD HEALTH ORGANIZATION

speak, but I can understand. It's very important for us, the immigrants, to learn how to speak English."<sup>94</sup>

According to Andrea Bazan Manson of the N.C. Office of Minority Health and Vice President of El Pueblo, Inc., Hispanics/Latinos are eager to learn English. She says many of the English classes offered through community colleges, churches, and other institutions have waiting lists.

But teaching and learning a new language aren't simple tasks. For example, with the influx

of migrant farmworkers were Spanish-speaking compared to 88 percent in 1990.<sup>3</sup> Furthermore, the number of Spanish-speaking migrant farmworkers in North Carolina increased 40 percent from 1990 to 1997.<sup>4</sup> Because migrant farmworkers are increasingly Hispanic/Latino, Blue Ridge faces the same language and cultural issues challenging local health agencies across the state. The latest census estimate, which indicates that Henderson County's total Hispanic/Latino population grew by nearly 120 percent between 1990 (846) and 1997 (1,861),<sup>5</sup> is considered by Blue Ridge staff to be an underestimate.

of Hispanic/Latino children, schools across the state are faced with providing special language classes to children with limited English proficiency (LEP). To do so, school officials have had to use already limited resources to hire translators and buy instructional materials. Fortunately, in the state's FY 98-99 budget, the General Assembly laid out statewide standards for serving LEP students and provided \$5 million to the English as a Second Language Program (ESL) to help schools meet them.

While the younger Hispanic/Latino population, particularly those who attend public schools, have the advantage of learning English through the English as a Second Language (ESL) program, their parents and other Hispanic/Latino adults don't have the same opportunity. In fact, some of the same barriers that affect their use of health care also make learning English more difficult. While English classes are offered in many communities, these classes aren't always held at the most convenient time or location. And after working a 12-hour day, going to an English class may be diffi-

Any client would feel comfortable walking into the nicely furnished, plant-filled waiting area at the Kate B. Reynolds Women's and Children's Center, one of four health service locations. "We want to make sure every person feels like a human being when they come here," says Paul Horn, CEO/Executive Director at Blue Ridge Community Health Service. Spanish signs and bilingual staff and providers provide additional hospitality and reassurance to Hispanic/Latino clients.

Elaborately decorated with sequins and beads, a black sombrero hangs on the door of one office in the center. The touch suggests that Blue Ridge embraces its Hispanic/Latino clients not only through providing much needed health services, but also through appreciating their culture. In fact, many Blue Ridge staff members have Hispanic/Latino backgrounds. Blue Ridge is committed to recruiting bilingual providers and staff. Some 15 percent of its 119 employees speak Spanish, while 22 percent of its clients are

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Joanne Scharer

Hispanic/Latino. In addition, those staff who aren't bilingual have opportunities to take Spanish language immersion courses sponsored by Blue Ridge. Many staff members recently completed one of these classes.

When asked to identify the most significant health needs for Hispanic/Latino clients, respondents to the Center's survey frequently mentioned dental care. Indeed, dental care was mentioned as the fourth most significant health issue for both women and children. (See Table 5, p. 18.) Blue Ridge is about to open a new dental center and will soon employ three full-time dentists to more adequately meet the community's dental care needs.

The Blue Ridge Dental Practice concentrates on reaching people living in Henderson County, but the fact that the practice accepts Medicaid brings in clients from a wider area, even South Carolina border counties. "We are the largest dental practice in Western North Carolina that accepts Medicaid, so our patients come from all over," says Horn. The dental practice recently completed a three-year preventive dental program funded by the Kate B. Reynolds Charitable Trust in Winston-Salem, N.C., that provided dental screenings, sealants, education, and follow-up care to low-income children in the local schools, the Boys and Girls Club of Henderson County, and the migrant camps.

Sexually transmitted diseases (STD) and HIV also are health concerns for the Hispanic/Latino population. STD/HIV prevention and education are an important part of the services provided by Blue Ridge to the migrant farmworkers in the county. A grant from the N.C. Department of Health and Human Services helped provide STD/HIV education for 1,400 farmworkers in the migrant camps and 460 farmworkers in the community. Blue Ridge also offers confidential, free testing for HIV and low-cost screening and treatment of STDs.

The transportation barrier that faces the Hispanic/Latino population is also apparent in Henderson County. Like many other local health agencies across the state, Blue Ridge provides transportation services for clients with its three mini-vans and one larger van. But in addition to bringing clients to Blue Ridge service facilities, these vehicles also take staff out to the

community. During the harvest season, clinical staff and outreach workers offer a rural version of house calls, traveling to outlying farms to provide health assessments and health education for migrant farm workers and their families.

The bilingual maternity care coordinators at Blue Ridge work diligently to reach out to Hispanic/Latino pregnant women. Their goal is to assure consistent health care for pregnant women and infants up to two months of age. They provide prenatal and family planning education, transportation to medical appointments, and referrals to dental care, affordable child care, and other needed services. They screen and counsel women regarding domestic violence, assist them in applying for available Medicaid assistance, and help to assure that newborns receive timely immunizations. Maternity care coordinators also intervene as needed to help mothers secure assistance with housing, food, furniture, clothing, and other necessities.

Besides offering transportation for medical care, Blue Ridge in some cases provides transportation for families to shop for food and clothing. An intake interview usually reveals the extent to which transportation is a problem and if the family needs additional transportation services. These intake interviews also allow staff to identify the lower-income families that need further assistance.

Participation in the N.C. Migrant Health Program also benefits Hispanic/Latino migrant farm workers. Farm workers pay only \$8 for most prescription drugs and receive low-cost care from participating specialists. Blue Ridge also has a medication assistance program, offering prescription medications to its low-income clients for only a \$5 dollar administrative fee, with medicines provided by a host of pharmaceutical companies. Through its "Caring to Share Program," Blue Ridge employees donate emergency funds to cover the cost of essential medications for needy patients who are not able to access other benefits, in keeping with the Blue Ridge theme of "People Caring for People."

Not only does Blue Ridge Community Health Service offer primary care at four locations, but it also offers health care services through several outreach programs. For example, the comprehensive school-health pro-

gram at Apple Valley Middle School, funded through the "Healthy Schools/Healthy Communities" program of the U.S. Department of Health and Human Services, provides on-site medical care to students. "Our school-based health services are uniquely designed to meet the needs of adolescents," says Horn. Along with medical and dental care, the program provides health education, nutrition counseling, and mental health services:

Blue Ridge currently is working with a committee to expand similar school-based health services to all middle schools in the county. The idea of offering school-based health services could be a model for reaching Hispanic/Latino children, as it eliminates some of the health access barriers for this population. School-based health care improves access to primary care, improves the appropriate and timely utilization of health services, reduces inappropriate use of hospital emergency rooms, reduces parents' time away from work, and eases the transportation barrier for many families.

Blue Ridge Community Health Services isn't the only local health agency working to create and sustain a healthy North Carolina, but the agency clearly goes the extra mile to serve Hispanics/Latinos and address their health needs. As North Carolina communities continue to confront the challenges presented by the growing Hispanic/Latino population, the Blue Ridge model of "people taking care of people" may be one for others to emulate.

—Joanne Scharer

## FOOTNOTES

<sup>1</sup>Data compiled by the N.C. Employment Security Commission, Raleigh, N.C., (919) 733-2936.

<sup>2</sup>Community health centers are entities that serve a population that is medically underserved, or a special medically underserved population comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing, by providing required primary health services and additional health services (The Health Centers Consolidation Act of 1996—Public Law 104-299).

<sup>3</sup>Data compiled by the N.C. Employment Security Commission.

<sup>4</sup>Data compiled by the N.C. Employment Security Commission.

<sup>5</sup>Population Estimates Program, Population Division, U.S. Bureau of the Census, Washington, D.C. 20233, (301) 457-2122.

cult, especially for families who bear the additional burdens of poverty and lack of transportation and child care. Offering English classes closer to the Hispanic/Latino community—such as at migrant camps or predominantly Hispanic/Latino neighborhoods—may ease some of the burden by eliminating the transportation problem and the need for child care.

## Transportation

Unfortunately, the ways to address the transportation barrier are limited. While offering transportation services is one solution, some local health agencies are using mobile health units to reach people who either don't have transportation or who live in remote areas. New Hanover Regional Medical Center has a mammography and women's health unit, and the Duplin County Health Department is considering the idea, says Health Director Harriette Duncan. Mobile units can be a good strategy for providing health care to the underserved, but they also can be a drain on resources. Members of the Migrant Interest Committee in Halifax County believe that maintaining mobile units can be more costly than simply providing transportation to and from clinics. Ultimately, the best and most efficient way to confront transportation barriers depends on the resources available and the overall strategy of the community and local health agencies in serving the Hispanic/Latino population.

## Private Sector Role

The private sector should continue to acknowledge the health care needs of the Hispanic/Latino population. Since more Hispanics/Latinos are entering the labor force, the contribution of employee health promotion programs to the improvement of the health status of Hispanic/Latino communities could be considerable. Employee health promotion programs can offer preventive services, health or physical exams, and health education and information. Such services are essential to targeting Hispanic/Latino communities, given the lack of access to and awareness about health services. The workplace is often an ideal setting for overcoming many of the barriers faced by Hispanics/Latinos when dealing with health care.<sup>95</sup> The workplace also can be an ideal setting for offering culturally appropriate interventions. The worksite offers a more comfortable environment for Hispanics/Latinos than many health facilities.