What Is the Impact of Race and Ethnicity on Outcomes in Public Policy?

by Joanne Scharer

N.C. Division of Archives and History

Summary

Disparities persist between minority groups and whites in many areas—education, economic well-being, housing, voter participation, Internet access, health, and criminal justice. In this report, the N.C. Center for Public Policy Research examines these differences and asks the question, what can and should state government do about them?

According to the U.S. Census, North Carolina's population grew by 21.4 percent from 6.6 million in 1990 to 8,049,313 in 2000. The 2000 decennial census indicates that African Americans, American Indians (also referred to in this article as Native Americans), Asians, and Hispanics/Latinos combined now account for nearly one-third (28.9 percent) of the state's population. In the decade between 1990 and 2000, the Asian population in the state grew by 128 percent. Even more astounding, the Hispanic population nearly quadrupled in size, growing 394 percent. While it is never healthy for a racial or ethnic group to lag behind the majority in outcomes, growth in the state's minority population brings the issue into sharper focus.

The first area where disparities are apparent is ***education.*** *Comparing educational attainment rates by race/ethnicity for North Carolina residents 25 or older, those least likely to graduate from high school are North Carolina's Hispanic/Latino residents, with only 44.5 percent having attained a high school degree. That compares to 62.7 percent of Native Americans who have graduated from high school in North Carolina, 70.7 percent of African Americans, 79.3 percent of Asians, and 81.2 percent of whites.*

College completion rates also are much lower for the state's minorities—again with the exception of Asians. Only 10.4 percent of Native Americans hold a bachelor's degree or higher, while 10.5 percent of Hispanics/Latinos have attained this level of education. African Americans fare modestly better at 13.1 percent, while 25 percent of whites have attained a bachelor's degree or higher. Asians have the highest college completion rate at 43.9 percent.

Minorities also lag on measures of ***economic well-being.*** *Per capita personal income for Hispanics/Latinos in 1999 was $11,097. That compares to $13,441 for American Indians, $13,548 for African Americans, $19,815 for Asians, and $23,237 for whites. And, 25.2 percent of Hispanics/Latinos, 22.9 percent of African Americans, and 21 percent of American Indians lived in poverty in 2000, compared to only 10.1 percent of Asians and 8.1 percent of whites.*

In ***housing,*** *according to the 2000 U.S. Census, 1.3 percent of African Americans and 1.2 percent of Hispanics lived in homes without complete plumbing facilities. Native Americans are the next most likely group to live in homes without complete plumbing at 1.1 percent. That's followed by Asians at 0.4 percent and whites at 0.4 percent.*

There are 16,860 housing units without complete kitchen facilities in North Carolina, according to the census, and on a percentage basis, minorities are far more likely to reside in them. Among Hispanics/Latinos, 1.0 percent of households have incomplete kitchen facilities. The figure is 0.9 percent for African-American households, while 0.7 percent of American Indians, 0.6 percent of Asians, and 0.4 percent of white households have incomplete kitchen facilities.

Minorities also lag on measures of ***voter participation.*** *After the general election in November 2000,* The Charlotte Observer *of Charlotte, N.C., reviewed data for 82 of the state's 100 counties, and found that white voter participation topped that of African Americans in every county analyzed. And, according to U.S. Census data, at the time of the November 1998 election, only 12.2 percent of Hispanics/Latinos were registered to vote. That compares to 57.4 percent of the non-Hispanic African-American population and 66.9 percent of the non-Hispanic white population in North Carolina who were registered to vote.*

In terms of ***Internet access,*** *most minority groups still lag the white majority, though progress is being made in computer use. Internet use hovers around 60 percent for whites and Asians/Pacific Islanders, dropping to 39.8 percent for African Americans and 31.6 percent for Hispanics/Latinos. Computer use logs in at 71.2 percent for Asians/Pacific Islanders, 70.0 percent for whites, 55.7 percent for African Americans, and 48.8 percent for Hispanics/Latinos.*

Measures of ***health status*** *are yet another area where disparities emerge. These disparities are apparent across a broad range of major health conditions and causes of death. American Indians have the highest death rates from heart disease, at 312.3 per 100,000 population. That compares to 308.7 deaths due to heart disease per 100,000 persons for African Americans, 249.6 heart disease deaths per 100,000 population for whites, 83.1 deaths per 100,000 for Asians, and 78.5 for Hispanics/Latinos. African Americans have the highest death rates from stroke, at 98.9 deaths per 100,000 population, compared to 74.6 stroke deaths for American Indians, 70.1 per 100,000 persons for whites, 42.2 for Asians/Pacific Islanders, and 31.4 for Hispanics/Latinos. African Americans also have the highest death rates from diabetes-related causes, at 169.5 per 100,000 population. That's followed by Native Americans at 154.6 diabetes-related deaths per 100,000 population, 78.1 white deaths from diabetes per 100,000, 41.6 Asian deaths, and 41.2 Hispanic/Latino deaths.*

Chronic obstructive lung disease and lung cancer deaths are areas where whites have high death rates, in part due to heavy rates of smoking. Whites are the racial or ethnic group most likely to die of chronic obstructive lung disease at 48.5 deaths per 100,000 population, compared to 44.2 deaths per 100,000 for Native Americans, 31.8 deaths per 100,000 for African Americans, 8.6 deaths per

100,000 for Asians, and 7.7 deaths for Hispanics/Latinos. African Americans have the highest death rates from lung cancer at 62.1 per 100,000, closely followed by whites at 61.3 deaths per 100,000. Native Americans are next at 47.5 deaths per 100,000, followed by Asians at 24.5 deaths, and Hispanics/Latinos at 14.0.

At 21.2, African Americans have the highest AIDS deaths per 100,000 population, followed by Hispanics/Latinos at 4.1, Native Americans at 3.3, whites at 1.6, and Asians at 0.7. As for reported cases of sexually transmitted diseases, African Americans have the highest rates of infection by HIV and AIDS, gonorrhea, and chlamydia, while Native Americans have the highest infection rates of early syphilis.

Hispanics/Latinos, while a younger population due to the large number of immigrants and thus less likely to have elevated death rates in such areas as heart disease and cancer, have high rates of traffic fatalities, homicides, and teen pregnancies. For example, the Hispanic/Latina rate of pregnancy for teens ages 15–17 is 90 per 1,000 teenage girls, compared to 72.4 for African Americans, 63.2 for Native Americans, and 38.0 for whites. All racial and ethnic minorities are less likely to have health insurance than is the white population in the state. Among Hispanics/Latinos, 26.8 percent report having no health insurance, compared to 25.3 percent for American Indians, 19.5 percent for African Americans, 14.4 percent for Asians/Pacific Islanders, and 13.8 percent for whites.

In ***criminal justice,*** *minorities also are more likely to be imprisoned or sentenced to die for crimes. In 2002, minorities made up 67 percent of the prison population in North Carolina, with the white prison population at 10,854 (32.8 percent) and the African-American prison population at 20,347 (61.5 percent). The state's overall population is 71.3 percent white and only 28.7 percent minority.*

Analyzing all homicide cases between 1993–1997, the rate of those receiving death sentences in white-victim cases was nearly twice as high as among non-white victim cases (3.7 percent versus 1.9 percent). Looking beyond the race of the victim to that of the defendant, further racial disparities appear. When non-white defendants murdered white victims, the death-sentence rate was 6.4 percent. However, when white defendants murdered white victims, the rate fell to 2.6 percent. When non-whites were both the defendant and the victim, death sentences dipped even more, to only 1.7 percent of the cases.

Thus, the Center found disparities between the white majority and minorities across a broad range of indicators—from education, to economic well-being, to housing, to voting participation, to Internet access, to health, to criminal justice. The question then becomes, what can and should the state do about these disparities? The Center makes broad-ranging recommendations, while recognizing that addressing these disparities is a long-term process.

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The signs designating water fountains and restrooms for whites and blacks and signifying exclusion and separation have long since disappeared from view in North Carolina. Four decades later, new, more welcoming signs are cropping up every day that depict the increasing diversity of the state's population and hint at a growing number of different cultures.

North Carolinians are seeing more and more announcements, warnings, and directions posted at public and private facilities in two or more different languages, primarily English and Spanish. Businesses and organizations are offering bilingual phone menus and a choice between English and Spanish websites. Many Automatic Teller Machines (ATMs) at banks have English and Spanish options. A stroll down the street, a trip to the grocery store, or a visit to a public elementary school provides the same message through dual language signage and bilingual services.

According to the U.S. Census, North Carolina's population grew by 21.4 percent from 6.6 million in 1990 to 8,049,313 in 2000.[1] The results from the 2000 decennial census indicate that African Americans—at 21.6 percent,[2] Hispanics/Latinos at 4.7 percent, Asians at 1.4 percent,[3] and American Indians at 1.2 percent[4] together now account for nearly one-third (28.9 percent) of the state's population (see Figure 1, p. 22), while whites account for just over two-thirds (72.1 percent).[5] In the decade between 1990 and 2000, the Asian population in the state grew by 128 percent.[6] Even more astounding, the Hispanic population[7] nearly quadrupled in size, growing 394 percent—the largest percentage increase in the 50 states. This increase in the Hispanic/Latino population accounted for more than one-fifth (21 percent) of the total population growth in the state, and minorities as a whole accounted for more than half of the growth (52.4 percent).

These demographics clearly illustrate the fact that North Carolina is not a homogenous state. A growing number of its residents now hail from different backgrounds, eat different foods, speak different languages, and practice different religions. Demographically and culturally, North Carolina is emerging as a vibrant, colorful community, remarkably more diverse, with no signs of slowing down. While nearly three-quarters of the state's residents consider themselves "white,"[8] the racial and ethnic mix in the state is evolving. Socially and economically, North Carolina has made progress since its segregated past, but disparities persist between many minority groups and whites. In this report, the N.C. Center for Public Policy Research examines these differences by

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looking at factors such as education, economic well-being, voter participation, Internet access, health outcomes, and criminal justice issues and asks the question, "What can and should state government do about them?"

Education

Failing to graduate from high school has a lasting impact on an individual's future. Quitting school often contributes to a life of poverty and deprives young people of the opportunity to reach their full potential. Young people drop out of school for a variety of reasons, but at the top of the list is lack of academic achievement.[9]

The "achievement gap" between whites and minorities (especially African Americans) in North Carolina has been a major issue in the media in recent years and has been the subject of a number of studies and debates. Also referred to as the education gap, the term refers to a difference in measures of academic progress discernible by race or ethnic group. While "achievement gap" puts the onus more on the student, "education gap" places responsibility more on the institution that failed to bring the student along at the same pace as the white majority. Whatever the terminology, the gap is apparent among white and minority students who are currently pupils in the K–12 public school system in North Carolina (see "Educational Achievement: Bridging the Gap" pp. 76–103, for an in-depth discussion on this issue). For example, in the 2002–2003 school year, nearly nine out of 10 white students (88.8 percent) scored at or above grade level in both reading and math in grades three through eight. That compares to only two-thirds, or 66.9 percent, of African-American students, 70.2 percent of Hispanic/Latino students, 72.3 percent of Native Americans, and 87.4 percent of Asians.

Additionally, there is an educational attainment gap—a disparity in the number of North Carolinians who graduated from high school (or its equivalent) and college. According to the 2000 Census, 78.1 percent of North Carolina's population 25 years or older completed high school, up from 70 percent in 1990, and 22.5 percent had obtained bachelors' degrees or higher, compared to 17.4 percent in 1990. Comparing educational attainment rates by race/ethnicity for North Carolina residents 25 or older, it is clear that the white population graduates from high school and beyond to a greater degree than minorities (see Table 1, p. 24). Among whites, 81.2 percent are high school graduates, while 79.3 percent of Asians, 70.7 percent of African Americans, and 62.7 percent of Native Americans have graduated from high school. By far, those least likely to graduate from high school are North Carolina's Hispanic/Latino residents, with only 44.5 percent having attained a high school degree.

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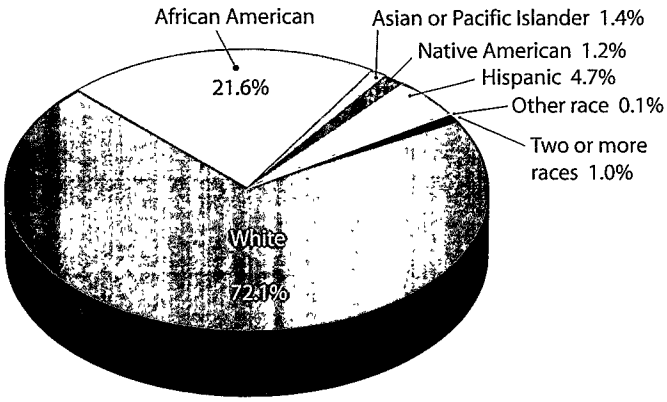
Figure 1
North Carolina Population 2000



The disparities also are evident among the state's college graduates. Only 13.1 percent of black North Carolinians hold a bachelor's degree or higher, compared to 25 percent of whites. The numbers are worse for Hispanics/Latinos, with only 10.5 percent holding a bachelor's degree or higher, and worse still for Native Americans at 10.4 percent. Asians are highest at 43.9 percent.

One of the reasons for the lower college completion rate among most minorities may be financial, as minorities are generally less affluent than the white majority (see discussion on economic well-being, pp. 23–24). However, North Carolina's tuition costs rank well below the national average, despite increases over the last several years, and the state is home to five public, four-year historically black colleges and universities (HBCUs)—more than any other state.

One barrier to academic achievement for Hispanic/Latino high school students is that many do not qualify for in-state tuition due to the immigration status of their parents. Because Hispanics/Latinos are on the whole among the most impoverished of any ethnic or racial group in the state, families typically cannot afford out-of-state tuition and college remains out of reach. As a result, many of these students become discouraged and do not even bother to finish high school. "That is why our number one legislative issue is in-state tuition," says Andrea Bazan-Manson, executive director of the El Pueblo, Inc., a Hispanic/Latino advocacy group in Raleigh, N.C. "Half of Latinos drop out. They get to the point where they know they won't be able to go beyond the high school level because of some policy issues that are barriers." Bazan-Manson describes these students as "trapped in a window of time" in that their families arrived in the country illegally when the children were in elementary or middle school. Because of the immigration status of their parents, these children are not eligible for in-state tuition, even if their entire education has taken place in the North Carolina public schools.

El Pueblo has pressed the General Assembly to authorize in-state tuition for Hispanic/Latino immigrants—thus far without success. "It's really a huge concern for all of us—not just the Latino community," says Bazan-Manson. "We have the fastest growing Latino population in the nation. It's not migratory. They're settled here, they're highly talented, and the talent is being wasted. You're talking about a whole group of youth who are not going to be able to contribute like they should, like they want to, like they could."

Nolo Martinez, former Hispanic/Latino Affairs director in the administrations of both Governor Mike Easley and former Governor Jim Hunt, sees the need for greater understanding of the importance of education on the part of Hispanic/Latino parents as a barrier to academic achievement for Hispanics/Latino children. "Parental involvement, or the lack of it, presents the biggest challenge for N.C. Latino students," says Martinez. "[P]olicy changes must address the parental deficiencies—language, lack of understanding of the educational system, low educational levels—that hinder Latino

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"I sit in the Jim Crow [railroad] car. But my mind is rejuvenated to strive harder to build a race that will someday rise in majesty and break down every wall of segregation in American life."

—Charlotte Hawkins Brown
N.C. Educator, 1900

parents' ability to help students achieve success and value educational opportunity."

Efforts to eliminate the achievement gap among students in grades K–12 ultimately may help to reduce or close the gap in the high school completion rates. It may be more difficult for state government to influence educational attainment after a student graduates from the state's public school system or receives a GED (General Education Development) certificate from one of the state's community colleges. Still, the state does have efforts in place to improve the educational attainment of North Carolinians beyond high school. In its "Long Range Planning: 2000–2005" document, the University of North Carolina System Board of Governors includes a goal to "continue to promote access on the part of traditionally underrepresented segments of North Carolina's population, particularly racial minorities."[10] A statement on access initiatives by The University of North Carolina System recognizes that "North Carolina's college-going rate trails the national average, and the state will suffer in global competition if it cannot raise the educational attainment of its workforce."[11] While North Carolina historically has had low college participation rates, recent statistics indicate an upturn. The Southern Regional Education Board reports that as of fall 2000, the state's college going rate was 61.1 percent, which ranks the state 13th in the nation. That's an improvement from 26th in the nation in 1998, 36th in the nation in 1996, and 26th nationally in 1994. Unless it is addressed, the educational attainment gap will only undermine the state's ability to compete in the expanding global economy.

Economic Well-Being

In the U.S., families with higher incomes are more likely to be able to provide for the educational and health needs of their children, to be living in a neighborhood characterized by more amenities and lower levels of crime, to have greater resources in times of economic hardship, and to have more political influence.[12] "You don't see many full-service grocery stores in poor neighborhoods," says Victor Schoenbach, associate professor of epidemiology at the University of North Carolina at Chapel Hill.

Income

Economists generally regard personal or household income as the single best measure of economic well-being.[13] Considering these income measures, it is clear that the economic well-being

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of minorities in North Carolina lags behind that of the white population. Per capita personal income for whites in 1999 was $23,237.[14] African Americans, American Indians, and Hispanics earned as little as 47.8 percent of that amount at $13,548, $13,441, and $11,097 respectively (see Table 2, p. 25).

Statistics on median household income tell a similar story.[15] In 1999, the median income for white households was $42,178. African-American households earned only 66 percent of white household earnings at $27,845. American-Indian ($30,390) and Hispanic households ($32,353) again earned less than white households did, although Asian households actually earned more ($53,962).

And, income disparities may not be fully explained by factors such as individual skills, choice, or education. A 2001 study published in the *American Sociological Review* found that even as African-American men get into higher-salaried occupations—such as physicians, dentists, and lawyers—they earn as little as 72 cents for every $1 white men earn.[16]

"If there is no struggle, there is no progress. Those who profess to favor freedom and yet deprecate agitation are people who want crops without plowing up the ground. They want rain without thunder and lightning."

—FREDERICK DOUGLASS

MURAL IN THE FREDERICK DOUGLASS LIBRARY, UNIV. OF MARYLAND EASTERN SHORE

Poverty

Poverty rates also are a key indicator of economic well-being, measuring the number and proportion of people with inadequate incomes for needed consumption of food and other goods and services.[17] In North Carolina, 25.2 percent of Hispanics/Latinos and 22.9 percent of African-American persons lived in poverty in 2000, compared to only 8.1 percent of white persons (see Table 2, p. 25).[18] "Truly it is paycheck to paycheck living," says Andrea Bazan-Manson, the El Pueblo director. "They may go back to zero right before the next paycheck." The American Indian population also had a much higher poverty rate than whites at 21 percent.

These differences are even higher when examining the percent of children less than 18 years of age living in poverty. Among white children younger than 18, only 9.4 percent live in poverty, while 24.9 percent of Native-American children, 28.4 percent of Hispanic/Latino children, and 29.6 percent of African-American children are impoverished.

Housing

The sound of hammers nailing plywood on new homes is familiar in communities across North Carolina. New developments and shopping centers seem to materialize overnight as the state grows and its population and

Table 1.
Educational Attainment in North Carolina, 2000 Census

	N.C. Overall	White	Black	American Indian & Alaskan Native	Asian	Hispanic/ Latino
High School Graduate or Higher	78.1%	81.2%	70.7%	62.7%	79.3%	44.5%
Bachelor's Degree or Higher	22.5%	25.0%	13.1%	10.4%	43.9%	10.5%

Source: U.S. Census Bureau

economy diversify. However, these fruits of the state's growing prosperity remain out of reach for much of the state's minority population, many of whom live in inadequate housing.

Statistics show that thousands of the state's residents live in substandard housing—housing units that lack complete plumbing or kitchen facilities or have at least five basic maintenance problems, as defined by the U.S. Census Bureau. According to the 2000 U.S. Census, 19,953 housing units in North Carolina lack complete plumbing facilities. A total of 1.3 percent of African Americans and 1.2 percent of Hispanics live in these homes (see Table 3, p. 26).[19] While these percentages may seem low, they are three times as high as the white population at 0.4 percent. Among North Carolina's American Indians, 1.1 percent of households lack complete plumbing facilities, while 0.7 percent of Asian homes lack these necessities.

There are 16,860 housing units without complete kitchen facilities in North Carolina, according to the census.[20] Among African-American households, 0.9 percent have incomplete kitchen facilities. The figure is 1.0 percent for the households of Hispanics/Latinos, while 0.7 percent of American Indians, 0.6 percent of Asians, and 0.4 percent of white households have incomplete kitchen facilities (see Table 3, p. 26).

Not surprisingly, low-income families are more likely to confront housing problems such as inadequate plumbing or insufficient kitchen facilities. Yet, simply finding affordable housing can be even more challenging. Families who pay large parts of their incomes for housing often have little left for other necessities.

The generally accepted definition of affordable housing is paying no more than 30 percent of annual income on housing.[21] More minorities live in housing that exceeds this standard of housing affordability than do whites. This contributes to difficulty in affording other necessities such as food, clothing, transportation, and medical care. According to the 2000 census, 43.8 percent of the African American households in North Carolina paid more than 30 percent of their household incomes on gross rent in 1999[22] compared to 34.3 percent of white households (see Table 3, p. 26). American Indian households also paid a higher percentage of their income on housing compared to white households, with 40.7 percent paying rents beyond the definition of affordable housing. Among whites 34.3 percent spent more than 30 percent of their income on rent, while 32.9 percent of

Table 2. Economic Well-Being in North Carolina, 2000 Census

Per Capita Income (2000 Census)

N.C. Overall:	**$20,307**
White (not Hispanic or Latino)	$23,237
African American	$13,548
American Indian or Alaskan Native	$13,441
Asian	$19,815
Native Hawaiian or Other Pacific Islander	$14,703
Hispanic or Latino	$11,097

Median Household Income (2000 Census)

N.C. Overall:	**$39,184**
White (not Hispanic or Latino)	$42,178
African American	$27,845
American Indian or Alaskan Native	$30,390
Asian	$53,962
Native Hawaiian or Other Pacific Islander	$49,497
Hispanic or Latino	$32,353

Percent of Persons Living Below the Federal Poverty Level (2000 Census)

N.C. Overall:	**12.1%**
White (not Hispanic or Latino)	8.1%
African American	22.9%
American Indian or Alaskan Native	21.0%
Asian	10.1%
Native Hawaiian or Other Pacific Islander	15.1%
Hispanic or Latino	25.2%

Percent of Children Under 18 Years of Age Living Below the Federal Poverty Level (2000 Census)

N.C. Overall:	**18.5%**
White (not Hispanic or Latino)	9.4%
African American	29.6%
American Indian or Alaskan Native	24.9%
Asian	10.5%
Native Hawaiian or Other Pacific Islander	17.3%
Hispanic or Latino	28.4%

Source: U.S. Census Bureau.

Table 3. Housing in North Carolina

Homes Lacking Complete Plumbing Facilities (2000 Census)

N.C. Overall:	**0.6%**
White (not Hispanic or Latino)	0.4%
African American	1.3%
American Indian or Alaskan Native	1.1%
Asian	0.7%
Native Hawaiian or Other Pacific Islander	0.0%
Hispanic or Latino	1.2%

Homes Lacking Complete Kitchen Facilities (2000 Census)

N.C. Overall:	**0.5%**
White (not Hispanic or Latino)	0.4%
African American	0.9%
American Indian or Alaskan Native	0.7%
Asian	0.6%
Native Hawaiian or Other Pacific Islander	0.0%
Hispanic or Latino	1.0%

Gross Rent More Than 30 Percent of Household Income (2000 Census)

N.C. Overall:	**37.3%**
White (not Hispanic or Latino)	34.3%
African American	43.8%
American Indian or Alaskan Native	40.7%
Asian	31.8%
Native Hawaiian or Other Pacific Islander	28.9%
Hispanic or Latino	32.9%

Source: U.S. Census Bureau.

Hispanics/Latinos spent more than this amount of their incomes, and 31.8 percent of Asians exceeded this affordability standard.

Voting Participation

Voting is the most common form of civic participation, and the percentage of voters casting ballots serves as an important gauge of involvement in civic related activities. "Voters are more likely to be interested in politics, to give to charity, to volunteer, to serve on juries, to attend community school board meetings, to participate in public demonstrations, and to cooperate with their fellow citizens on community affairs," says Harvard University professor Robert Putnam, in his seminal study of civic involvement, *Bowling Alone*.

It appears that minorities are less active in participating in elections in North Carolina. After the general election in November 2000, *The Charlotte Observer* of Charlotte, N.C., reviewed data for 82 of the state's 100 counties, and found that white voter participation topped that of African Americans in every county analyzed.[23] In Mecklenburg County, or example, 56 percent of registered whites voted compared to only 45 percent of registered blacks. And, according to U.S. Census data, at the time of the November 2000 election, 71.5 percent of voting-age non-Hispanic whites in North Carolina were registered to vote. Voter registration for the non-Hispanic African Americans was 63.1 percent, while only 12.1 percent of the Hispanic population was registered to vote.

More important than registering to vote is actually voting. Voter participation as a percentage of the voting age population shows that more whites voted than African Americans or Hispanics in the 2000 presidential election. But in 1998, African Americans who were registered actually voted at a higher rate than whites who were registered (see Table 4, p. 28). Voter turnout among all North Carolinians in 2002 was woefully low, at 36.4 percent of the voting age population. (For a thorough discussion of voting and civic participation, see the April 2003 edition of *North Carolina Insight*.[24]) But the fact that a lower percentage of African Americans are *registered* to vote contributes to a disparity in voter participation. Experts say that since elected officials pay more attention to those who vote, the gap means that African American interests are underrepresented in city halls, legislatures, and Congress. "One should be concerned about how to engage otherwise-unengaged Americans," says Claudine Gay, a Stanford University political scientist who studies ethnic voting patterns.[25]

Poor and lower-educated people are less likely to vote than others, and African Americans make up a disproportionate share of that group. "If you could correct for [income] nation-wide, then African Americans are actually more likely

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to participate than whites of the same status," says political scientist John Aldrich of Duke University. "[The gap] is almost all class and educational background."[26]

Far less likely to register and vote are North Carolina's Hispanic/Latino residents. According to the 2000 U.S. Census, only 12.1 percent of the state's Hispanic/Latino residents were registered to vote in the 2000 presidential election, and only 8.4 percent of the state's Hispanic/Latino voting age population actually cast a ballot. Bazan-Manson says part of the problem is the immigration status of many Hispanic/Latino residents. "That's going to be interesting to monitor, to see how it grows," says Bazan-Manson of Hispanic/Latino registration and voting participation. "It's completely an open field."

Bazan-Manson says she isn't sure what party would benefit politically from a more engaged Hispanic/Latino electorate. "Latinos are more likely to vote for issues than for parties," she says. "There are active Hispanic Democrats but the two legislators who are Latinos are Republican, and Pitt County just elected a chair of the Republican Party who is Latino."

Experts agree that the picture is less than clear. A study of polling data taken from 10 states with key gubernatorial and U.S. Senate races in 2002 found little difference in voting patterns between Hispanics/Latinos and non-Hispanic whites. "There is no 'Latino' voting bloc, as such," writes James Gimpel, a professor of government at the University of Maryland at College Park. "[A]fter controlling for party identification, income, and education, there is no difference between Latino voting and the voting pattern of non-Hispanic whites in either the Senate or gubernatorial races of 2002. This is not true of African Americans, who are a distinctive voting bloc even after controlling for education, income, and party identification."[27] Gimpel says his findings support the work of social scientists who discuss "the lack of a 'pan-ethnic' identity across various Latino nationality groups."[28] He adds that, "The characteristics that do distinguish Latinos as an ethnic group: sharing a common language, their predominant Catholicism, and an Iberian influenced heritage, have no obvious and consistent political ramifications."

A study by the Pew Hispanic Center and the Henry J. Kaiser Family Foundation finds that "[Hispanic/Latino] immigrants hold a range of views

Table 4.
Voting Participation in North Carolina

Percent of Population Registered to Vote: November 2000 Election (U.S. Census Bureau)	
White (not Hispanic or Latino)	71.5%
African American	63.1%
Hispanic or Latino	12.1%

Percent of Population Voting: November 2000 (U.S. Census Bureau)	
White (not Hispanic or Latino)	58.9%
African American	47.7%
Hispanic or Latino	8.4%

Percent of Registered Voters Voting: November 1998 (U.S. Census Bureau)	
White (not Hispanic or Latino)	61.9%
African American	66.5%
Hispanic or Latino	21.4%

*Percent of N.C. Voting Age Population Voting: November 2000**	
	50.2%

*Percent of N.C. Voting Age Population Voting: November 2002**	
	36.4%

* *Source for 2000 and 2002 Data:* Federal Election Commission, Committee for the Study of the American Electorate.

on matters like gender roles, abortion, and homosexuality that are somewhat more conservative than most non-Hispanic whites. Meanwhile native-born Latinos, including the children of immigrants, express attitudes that are more squarely within the range of views voiced by non-Hispanics."[29]

Bazan-Manson does not believe that lack of Hispanic/Latino political involvement indicates a satisfaction with the status quo. As evidence, Bazan-Manson points to a Hispanic/Latino involvement day at the General Assembly in May 2003 that drew a crowd she estimates at 2,000, dressed in red and seeking to raise awareness about the needs of the Hispanic/Latino community. "I don't think we could have had 2,000 people at the legislature if everything were rosy and fine and if Latinos were not interested in making their voices heard," says Bazan-Manson.

Internet Access

Computer ownership and Internet access are rapidly accelerating among Americans. However, reports show that there is a technological gap between African Americans and Hispanics and whites.[30] "The 'digital divide' —the divide between those with access to new technologies and those without—is now one of America's leading economic and civil rights issues," says Larry Irving, undersecretary at the U.S. Department of Commerce.[31]

According to a February 2002 report published by the National Telecommunications and Information Administration in the U.S. Department of Commerce, 2001 computer use rates were highest for Asian American and Pacific Islanders (71.2 percent) and whites (70.0 percent). Among African Americans, 55.7 percent were computer users, and approximately half of Hispanics (48.8 percent) were computer users. Internet use among whites and Asian American and Pacific Islanders hovered around 60 percent, while Internet use rates for African Americans (39.8 percent) and Hispanics (31.6 percent) trailed behind.[32]

Part of the issue for Hispanics/Latinos is the mobility of the population, says Bazan-Manson. "Latinos move around a lot," she says. The disparity became apparent when El Pueblo was working with a Hispanic/Latino youth group in eastern North Carolina. "We asked them how many had access to email," she says. "None of them did. . . . We're still not a connected community at all."

Not everyone agrees that Hispanic/Latino groups all lack access to the Internet. "One of the groups with the highest number of email address we communicate with is Latinos in high school in North Carolina," says Nolo Martinez, the governor's former director of Hispanic/Latino Affairs. Disparities do exist for computer usage and Internet use across the various ethnic cultures in the United States, but since 1997, usage has increased among all ethnic groups, and growth in Internet use rates has been faster for African Americans and Hispanics than for whites and Asian American and Pacific Islanders. From December 1998 to September 2001, Internet use among African Americans grew

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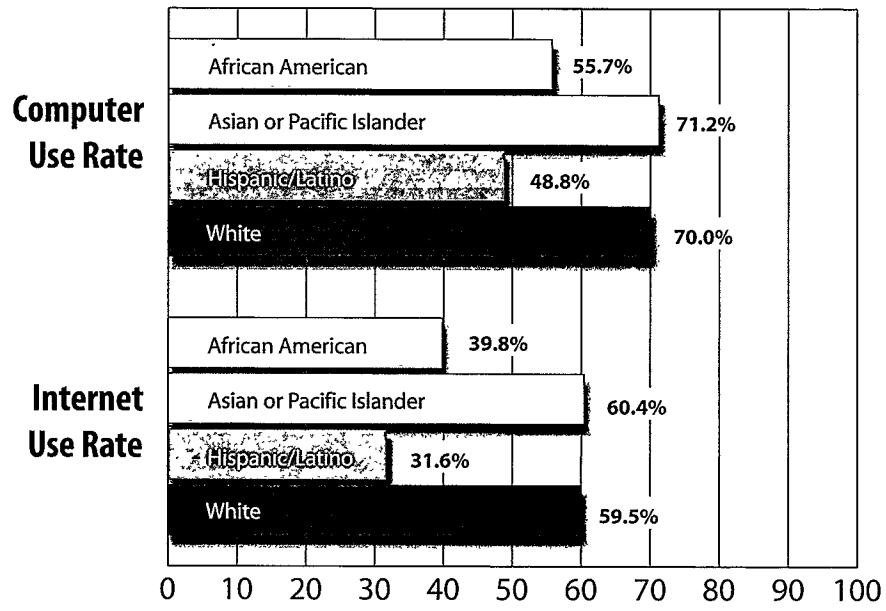
Figure 2.
U.S. Computer and Internet Use Rates by Race or Ethnicity, 2001



Source: National Telecommunications and Information Administration, U.S. Department of Commerce.

at an annual rate of 31 percent, and Internet use among Hispanics grew at an annual rate of 26 percent. Internet use continued to grow, although not so rapidly, among Asian American and Pacific Islanders (21 percent), and whites (19 percent). African Americans and Hispanics also have had somewhat faster growth in computer use than whites and Asian American and Pacific Islanders.[33]

The affordability of computers and the Internet is one reason why the "digital divide" exists in the United States. Family income remains an indicator of whether a person uses a computer or the Internet. Individuals who live in high-income households are more likely to be computer and Internet users than those who live in low-income households.[34] Nonetheless, both computer and Internet use have increased steadily across all income categories. While notable differences remain in Internet use across income categories, Internet use has grown considerably among people who live in lower income households. Among people living in the lowest income households (less than $15,000 annually), Internet use had increased from 9.2 percent in October 1997 to 25.0 percent in September 2001.[35] Still, while computer usage has increased in low-income and middle class homes, those gains still leave people in the lower income brackets lagging.[36] In our ever-increasing high-tech society, if people do not have computer and Internet access, they face obstacles in education and a distinct disadvantage in the job market. Furthermore, with a growing number of government services, town meetings, and health care services going online, the need for equity in access to computers and Internet access increases.[37]

Health

Inequalities in education, economic well-being, housing, voter participation, and Internet access are all important areas that ultimately contribute to other social ills. In fact, some argue that economic and social factors underlie many of the reported disparities in health outcomes by race and ethnicity in the United States and North Carolina. "When we

look at children and the health challenges they face, race is more a proxy for education, income, housing, and other measures that restrict access to care," says Tom Vitaglione, a career public health practitioner in state government and now a senior fellow at the North Carolina Child Advocacy Institute. "Some lower income families might make slightly too much money to meet the income limits for assistance, and then even if they do qualify, providers might not be available—either because the reimbursement rates are low and the provider doesn't participate or regionally there are few providers. It also seems that some people aren't exposed to enough information about health issues and what's available." (See Table 5, p. 32, for a county-by-county look at poverty in North Carolina, by race.)

Victor Schoenbach, associate professor of epidemiology at the University of North Carolina at Chapel Hill's School of Public Health, agrees that the poor are at a disadvantage in gaining access to health information. "When we learn through research how to prevent disease, that information is more readily available to people of education and resources," Schoenbach says. "When knowledge is obtained, they are the first to get that knowledge."

The World Health Organization defines health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."[38] This definition not only applies to individuals but to communities as well. "Healthy People 2010," a set of health objectives developed by the federal government,[39] suggests that a population's health is determined by a complex interaction of several factors including individual behaviors, biological makeup, physical and social characteristics, environmental conditions, policies, interventions, and access to health care services.[40] The interconnectedness of these factors convinced the consortium of agencies, organizations, and individuals involved with developing "Healthy People 2010" to include eliminating health disparities among segments of the population as one of the initiative's two primary goals.[41] More specifically, the consortium seeks to eliminate health disparities experienced by minority groups compared with the white, non-Hispanic population in the United States.[42]

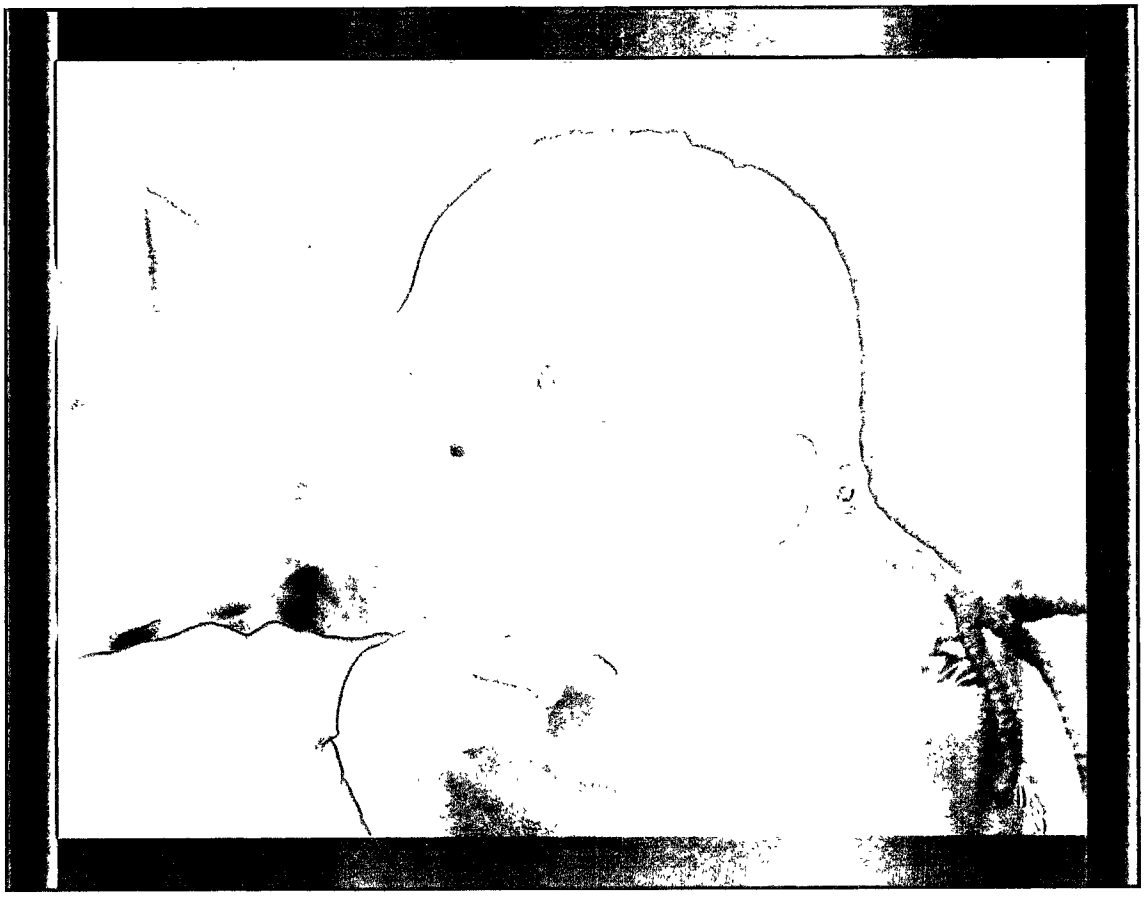


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Table 5.
Poverty Rates by County in N.C. for the White and African American Population, 2000

N.C. County	% of White Persons in Poverty 2000	% of Black Persons in Poverty 2000	N.C. County	% of White Persons in Poverty 2000	% of Black Persons in Poverty 2000
Alamance	8.29	19.16	Davie	7.61	15.11
Alexander	7.90	15.74	Duplin	11.94	28.16
Alleghany	15.78	33.33	Durham	7.40	19.35
Anson	8.25	27.68	Edgecombe	8.59	26.80
Ashe	12.60	20.80	Forsyth	6.39	21.20
Avery	14.79	44.19	Franklin	8.40	20.74
Beaufort	11.36	38.23	Gaston	8.71	22.97
Bertie	9.42	31.52	Gates	10.77	26.97
Bladen	12.56	32.66	Graham	18.00	N.A.
Brunswick	10.57	22.79	Granville	7.68	18.81
Buncombe	9.63	29.35	Greene	10.25	29.44
Burke	9.83	13.00	Guilford	6.21	18.60
Cabarrus	5.21	13.68	Halifax	10.95	33.70
Caldwell	9.22	27.80	Harnett	11.30	23.93
Camden	7.47	21.28	Haywood	11.23	14.98
Carteret	9.86	19.76	Henderson	8.38	34.03
Caswell	10.37	20.69	Hertford	9.66	23.34
Catawba	7.11	21.86	Hoke	9.21	26.31
Chatham	7.42	16.78	Hyde	11.85	24.31
Cherokee	14.87	22.93	Iredell	5.67	22.63
Chowan	6.25	35.42	Jackson	14.32	28.14
Clay	11.23	N.A.	Johnston	9.15	22.27
Cleveland	10.20	23.47	Jones	13.78	22.78
Columbus	15.03	37.29	Lee	8.32	23.00
Craven	8.00	27.24	Lenoir	8.25	28.09
Cumberland	7.69	20.78	Lincoln	7.48	25.15
Currituck	9.23	23.57	Macon	11.90	47.12
Dare	7.25	18.46	Madison	15.08	26.23
Davidson	7.91	25.64	Martin	9.88	31.89

As on the national level, the health status of minorities in North Carolina is an area that has received particular attention in recent years, including two reports by the North Carolina Center for Public Policy Research on the issue—in 1995 analyzing minority health generally and in 1999 focusing on the health of Hispanic/Latino residents of North Carolina in particular.[43] The "Healthy Children and Families Vision" of the N.C. Progress Board[44] presents a goal of creating an environment where "[f]amilies and individuals of all ages thrive in North Carolina. From early childhood well past retirement, our citizens are mentally and physically fit, with no significant differences in health across racial, ethnic, or geographic lines."[45] Shortly after Governor Mike Easley appointed Carmen Hooker Odom as Secretary of the N.C. Department of Health and Human Services, Odom established eliminating health disparities as a priority for the Department and asked the Office of Minority Health and Health Disparities to develop the "DHHS Call to Action to Eliminate Health Disparities."[46]

Odom also co-chaired the Task Force on Latino Health convened by the Institute of Medicine and El Pueblo, which in February 2003 issued

Table 5, *continued*

N.C. County	% of White Persons in Poverty 2000	% of Black Persons in Poverty 2000	N.C. County	% of White Persons in Poverty 2000	% of Black Persons in Poverty 2000
McDowell	11.25	14.07	Rowan	7.81	23.29
Mecklenburg	5.37	16.22	Rutherford	12.36	25.30
Mitchell	13.59	12.96	Sampson	11.06	26.56
Montgomery	10.79	25.84	Scotland	10.19	34.32
Moore	7.35	28.56	Stanly	8.02	27.17
Nash	7.04	23.19	Stokes	8.62	15.16
New Hanover	9.55	28.78	Surry	10.56	25.98
Northampton	9.12	29.29	Swain	13.52	70.83
Onslow	10.31	21.66	Transylvania	8.61	24.03
Orange	12.43	19.51	Tyrrell	11.02	39.91
Pamlico	11.02	29.37	Union	5.51	20.12
Pasquotank	8.29	33.38	Vance	12.51	28.61
Pender	10.47	21.97	Wake	5.09	15.10
Perquimans	10.83	35.68	Warren	10.05	25.94
Person	7.74	21.58	Washington	7.98	35.44
Pitt	14.44	29.25	Watauga	17.54	25.51
Polk	9.12	26.87	Wayne	7.22	24.53
Randolph	7.63	23.46	Wilkes	11.20	20.94
Richmond	12.59	34.47	Wilson	8.97	29.67
Robeson	13.53	34.32	Yadkin	9.47	17.04
Rockingham	10.41	20.31	Yancey	15.49	23.26

Source: LINC, Log Into North Carolina Bureau of the Census—Census of Population and Housing.

Percent of white persons in poverty in the calendar year prior to the census. Based on number of white persons and black persons for whom poverty status is determined. The data represent those who classified themselves as white or black only; thus it is not comparable with white or black population in earlier years. White and black poverty figures are the only classifications available from this data source. Hispanic/Latino, Native American, Asian and other classifications are not available.

a report offering 13 recommendations to address health issues among North Carolina's Latino population.[47] The Office of Minority Health and Health Disparities, through the Hispanic Health Task Force, is working on the following recommendations: securing workers' compensation for agricultural workers if they work for an employer who employs three or more full-time workers at least 13 weeks in a year; expanding efforts to help local communities hire bilingual and bicultural providers and hire and train interpreters; raising awareness about chronic diseases affecting the Hispanic/Latino community; broadening the lay health advisor program; meeting and monitoring compliance with the requirements of Title VI of the federal Civil Rights Act of 1964, which has been widely interpreted by the courts to mean that facilities receiving federal funds must address the needs of their non-English speaking clients; and securing additional funding to strengthen the Office of Minority Health and Health Disparities so that it can address more Hispanic/Latino health issues.

The North Carolina Center for Public Policy Research had originally recommended that the state adhere to the requirements of Title VI of the

of African Americans being educated has not significantly improved, and that's one of the disturbing problems.

"*Brown vs. Board of Education* has not worked out how we might have anticipated," Franklin says. "Resistance [to integration] has been institutionalized. It's no accident that more black men are unemployed in Washington, D.C., than employed. It's no accident that there are more young black men in prison than in college. It's part of the system, and it's deeply disturbing."

As for the successful black middle class, Franklin says its membership is too small and too inclined to join the white flight to the suburbs. "More and more, they are moving to the suburbs," says Franklin. "Not only do they often isolate themselves from the whites out there but from blacks back in the city.... Blacks move into a neighborhood and whites immediately leave. Blacks move too because they get more affluence. They want to get out and follow the country club crowd. That leaves vast numbers of blacks isolated with no leadership. They stay down, and in fact, they go further down."

Franklin also won't budge from his insistence that the situation for blacks and other minority groups in America can improve—but not without some significant work from both minority groups and the white majority.

Franklin's father, a successful lawyer, had purchased a home in Tulsa, and the family was about to move in when the Oklahoma race riot broke out. While the child was left to wonder whether his father was even alive, B.C. Franklin spent six-days in a make-shift prison camp. He was released to find the new home destroyed—along with 35 surrounding blocks. "He came out and found the entire area where he lived had been leveled, to the point that he couldn't even find out where he lived."

Franklin sees an analogy in the state of society for vast numbers of black Americans. There is a great deal of rebuilding to do. Yet he sees hope if the nation's citizens are willing to do the work. "I hope that all of these things I mentioned can be somehow reversed," says Franklin. "We'll look at our education system and repair it. It's not good in many places. We'll transfer our expectations for success onto our children. There's nothing wrong with these kids that a little nurturing, and training, and care won't help. They can improve.

"I hope we can take the stereotypes out of our view of blacks," Franklin adds. The same goes for other minority groups, such as immigrants from Mexico. "Treat them like immigrants of the past," says Franklin. "They can make it. Just give them the chance."

Most of all, Franklin hopes that people who are concerned about the state of society will move on from idle fretting to action. "We have to be much more pro-active and do something about our society and not just moan about it and groan about it and feel like you've done your duty because you complained."

—Mike McLaughlin

Civil Rights Act in its August 1999 look at Hispanic/Latino Health in North Carolina.[48] The Center also recommended funding of interpreter services at local health departments as a fundamental means of meeting this requirement.

Despite these efforts to call attention to and address health disparities in North Carolina, a sizable portion of the state's racial and ethnic minorities—particularly African Americans, American Indians, and Hispanics—continue to experience a disproportionate burden of poor health and premature mortality compared to their white counterparts.[49] According to a recent report published by the N.C. Center for Health Statistics and the N.C. Office of Minority Health and Health Disparities, racial and ethnic disparities in health status are apparent in almost all major health conditions and causes of death.[50] The report shows that African Americans, American Indians, and Hispanics/Latinos in North Carolina are more likely to have a poorer health status than the white population in the state. Moreover, these inequalities are not limited to health status but extend to the type and quality of services minority and underserved

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Haliwa-Saponi Tribal School, Hollister N.C.

populations receive, such as access to life saving technologies, insurance coverage, and specialty care.[51] Minorities and other underserved populations living in urban and rural communities continue to experience limited access to quality health care services and economic resources, and they experience poorer health than the general population.[52]

Leading Health Indicators

The federal government's "Healthy People 2010" report selected 10 leading health indicators that reflect major public health concerns in the U.S. and help to illuminate individual behaviors, physical and social environmental factors, and important health system issues that greatly affect the health of individuals and communities.[53] The indicators in *Healthy People 2010* include: (1) physical activity; (2) overweight and obesity; (3) tobacco use; (4) substance abuse; (5) responsible sexual behavior; (6) mental health; (7) injury and violence; (8) environmental quality; (9) immunization; and (10) access to health care.

In response, the N.C. Department of Health and Human Services developed its own "report card" on racial and ethnic health disparities in North Carolina, taking into account the leading health indicators in the "Healthy People 2010" report. The "Racial and Ethnic Health Disparities in North Carolina Report Card" aims to monitor the state's progress towards eliminating the health status gap between racial and ethnic minorities and the white population. The report card's leading indicators include health care access, risk behaviors and health promotion, maternal and infant health, child and adolescent health, adult health, and sexually transmitted diseases. Data in all of these areas reveal disparities along racial and ethnic lines.

Access, Risk Behaviors, and Health Promotion

For many families and individuals, the rising cost of health care makes seeking treatment or even having a regular checkup cost prohibitive without the help of health insurance. According to North Carolina Behavioral Risk Factor Surveillance System (BRFSS) findings from 1997–2001,[54] 15.6 percent of North Carolinians ages 18–64

report having no health insurance.[55] Whites are least likely to be uninsured, with 13.8 percent reporting no health insurance, compared to 14.4 percent of Asian/Pacific Islanders, 19.5 percent of African Americans, 25.3 percent of American Indians, and 26.8 percent of Hispanics/Latinos (See Table 6, p. 38). Other studies have reported that from 1997–2000, an estimated one in five adult North Carolinians reported having no health insurance or had interrupted coverage within the past year.[56]

While the disparity is evident between the white population and other racial/ethnic groups with regard to health insurance coverage, health care experts believe this is more a product of socioeconomic status.[57] Household income as opposed to race alone seems to have the strongest independent effect on limited access to health care, making health access primarily a matter of economic well-being rather than intrinsic to race and ethnicity.[58] But Dr. Ernest Goodson, a Fayetteville orthodontist, makes the argument that racial prejudice can have a major impact on income, trapping minorities in low-wage jobs that don't offer insurance. So the end result is the same—less access to health care. "In some cases, race and socioeconomic status are inextricably related," Goodson says. "The skin color of an individual due to discriminatory practices could be inextricably related to his socioeconomic and educational status." Because minorities have less income, they also have less access to health care. This is evident in the percentage of adults who reported being unable to see a doctor in the last year due to cost,[59] and the percentage of adults who did not visit a dentist in the last year (see Table 6, p. 38).[60]

For the Hispanic/Latino population, which had the highest rate of uninsured adults at 26.8 percent, immigration status may exacerbate the socioeconomic challenges to obtaining health insurance or health care.[61] Still, while the rate of uninsured African-American and American-Indian adults was lower than that of Hispanics/Latinos, these groups had higher rates than Hispanics/Latinos of not seeing a doctor due to cost and were less likely to have seen a dentist in the past year. One possible reason for this inconsistent finding is increased utilization of community health centers and county health departments among the Hispanic/Latino population, where treatment is more affordable and dental care is sometimes available.[62] It may also be that surveys such as the Behavioral Risk Factor Surveillance System have trouble reaching a representative sample of Hispanics/Latinos due to issues around immigration status of those who do and do not respond and even those who have a telephone in their homes. The survey was done only in English during the 1997–2001 period. Spanish interviews were added in 2002.

Ultimately, without health insurance, people are less likely to have preventive check-ups and more likely to postpone seeking care until the problem is acute and potentially more costly. Thus, the higher rates of being uninsured among the non-white population suggest one cause for some of the health disparities among the various racial and ethnic groups.

While health care access pertaining to financial resources and health insurance may prove to be a key component in eliminating health disparities among North Carolina's various racial and ethnic groups, individual behavior also plays a role. Nutrition, exercise, and healthy body weight all contribute to physical and emotional well-being. Ignoring any of these can lead to disease and stress, and they have proven to be one of the components contributing to higher health care costs across the country and in North Carolina.[63] As with health insurance, disparities along racial/ethnic lines in these areas may contribute to the disparities that exist among other key health indicators discussed in this article. With regard to the percent of adults who eat five or more fruits and vegetables per day (as recommended by the U.S. Food and Drug Administration), those who participate in leisure time physical activity, and those who are overweight, whites score better than any other racial/ethnic group with the exception of Asians/Pacific Islanders, who appear to have a healthier diet and fewer adults with weight problems (see Table 6, p. 38).[64]

Two other risk factors that suggest poor health are high blood pressure and smoking. High blood pressure increases one's risk of getting kidney disease, heart disease, or having a stroke.[65] It is especially dangerous for individuals

■

"the problem of the Twentieth Century is the problem of the color-line."

—W.E.B. Du Bois

IN *The Souls of Black Folk*, 1903

Table 6.
Access, Risk Behaviors, and Health Promotion

Percent of Adults Ages 18–64 with No Health Insurance, 1997–2001

All North Carolinians	**15.6%**
White	13.8%
African American	19.5%
American Indian	25.3%
Asian/Pacific Islander	14.4%
Hispanic or Latino	26.8%

Percent of Adults Who Could Not See a Doctor in the Previous 12 Months Due to Cost, 1997–2001

All	**12.0%**
White	10.8%
African American	15.8%
American Indian	18.5%
Asian/Pacific Islander	11.3%
Hispanic or Latino	15.3%

Percent of Adults Who Did Not Visit a Dentist in the Last Year, 1999 & 2001

All	**31.7%**
White	29.0%
African American	41.7%
American Indian	41.6%
Asian/Pacific Islander	31.4%
Hispanic or Latino	24.4%

Percent of Adults Who Do Not Eat Five or More Fruits and Vegetables a Day, 1998, 2000, & 2001

All	**77.5%**
White	76.2%
African American	81.7%
American Indian	86.4%
Asian/Pacific Islander	71.0%
Hispanic or Latino	82.4%

Percent of Adults Who Engage in No Leisure Time Physical Activity, 1998, 2000, & 2001

All	**28.2%**
White	25.8%
African American	35.4%
American Indian	43.0%
Asian/Pacific Islander	34.5%
Hispanic or Latino	37.1%

Percent of Adults 18+ Who Are Overweight or Obese (BMI >25kg/m^2), 1997–2001

All	**57.0%**
White	54.7%
African American	66.9%
American Indian	59.3%
Asian/Pacific Islander	38.6%
Hispanic or Latino	58.1%

Percent of Adults with High Blood Pressure 1997, 1999, & 2001

All	**24.9%**
White	23.5%
African American	32.2%
American Indian	20.9%
Asian/Pacific Islander	8.4%
Hispanic or Latino	17.7%

Percent of Adults Who Smoke, 1997– 2001

All	**25.5%**
White	25.8%
African American	23.3%
American Indian	35.3%
Asian/Pacific Islander	13.3%
Hispanic or Latino	31.9%

Source: N.C. Department of Health and Human Services.

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who do not have access to regular health care because it often has no warning signs or symptoms. African-American adults had the highest rate of high blood pressure (32.2 percent). Notably, they also had the highest rate of stroke deaths (98.9 per 100,000 population) and the second highest rate of deaths (308.7 per 100,000) related to heart disease (see Table 9, p. 45). White adults had the second highest rate of high blood pressure (23.5 percent), but this rate was still nearly one-third less than that of African Americans.

Smoking is a risk factor for having health problems and disease. Approximately a quarter (25.5 percent) of all adult North Carolinians smoke. The white adult population who smoke (25.8 percent) closely mirrors that of the overall adult population, and the adult African-American population who smoke is slightly less (23.3 percent). American Indian and Hispanic/Latino adults have the highest smoking rates at 35.3 percent and 31.9 percent respectively, while Asians are the lowest at only 13.3 percent (see Table 6, p. 38).

One possible reason for the higher rate of smoking among American Indian adults is that for many Native-American groups, tobacco figures prominently in religious and cultural practices.[66] Unfortunately, tobacco use, especially cigarette smoking, also is directly related to the leading causes of death for American Indians—heart disease, cancer, and stroke.[67]

Maternal and Infant Health

The health of the mother is essential for ensuring normal pre- and post-natal development of infants and young children. The consequences of late or inadequate prenatal care and additional stress factors during pregnancy include low birthweight, birth defects, and underdeveloped brain growth. Doctors and health researchers associate these consequences with higher probabilities for infant mortality, illness, disabilities, and learning disorders.[68]

A key indicator of maternal and infant health is the infant mortality rate, which is tracked as the number of infant deaths per 1,000 live births. From 1997–2001, the infant mortality rate in North Carolina was 8.6 per 1,000 live births (see Table 7, p. 40), ranking the state seventh highest among the 50 states. For the white population, the rate was 6.4, better than the state as a whole, while the African American rate was more than two times that of the white population at 15.1 per 1,000 live births.

Table 7.
Maternal and Infant Health

Infant Mortality Rate** (Number of infant deaths per 1,000 live births), **1997–2001

All North Carolinians	**8.6**
White	6.4
African American	15.1
American Indian	11.9
Asian/Pacific Islander	6.1
Hispanic or Latina	5.8

Percent of Births That Were Low Birthweight** (< 2,500 grams), **1997–2001

All	**8.9%**
White	7.2%
African American	13.8%
American Indian	10.2%
Asian/Pacific Islander	7.8%
Hispanic or Latina	6.2%

Percent of Women with Late Prenatal Care** (after 1st trimester or no prenatal care), **1997–2001

All	**15.5%**
White	12.1%
African American	24.7%
American Indian or Alaskan Native	24.9%
Asian/Pacific Islander	17.0%
Hispanic or Latina	31.0%

Percent of Women Who Smoked During Pregnancy, 1997–2001

All	**14.4%**
White	15.7%
African American	11.0%
American Indian	26.2%
Asian/Pacific Islander	2.7%
Hispanic or Latina	1.7%

Source: N.C. Department of Health and Human Services.

American Indians' infant mortality rate also greatly exceeded the state average at 11.9 per 1,000 live births. The only racial/ethnic groups with lower infant mortality than the white population were Asian/Pacific Islanders at 6.1 and the Hispanic/Latino population at 5.8. According to Julius Mallette, senior associate dean at East Carolina University School of Medicine and an African American, accounting for this disparity is complicated. "Providers used to pinpoint lack of health care as the reason for the higher risk [of infant mortality]," says Mallette, "but recent studies implicate a six-letter word we all face in our daily lives—stress."[69] Considering societal, racial, and gender prejudices along with family demands and economic concerns, the theory is that African American women are under more stress during pregnancy—stress that causes adverse physical responses that may lead to premature labor. Other important risk factors are age and the education level of the mother (the African-American teen pregnancy rate is nearly twice that of whites), four or more previous pregnancies, and whether the mother had a previous fetal death or a previous live-born child who later died.[70] Behavioral issues such as smoking or drinking also play a role, though African American women are less likely to smoke during pregnancy than are white women.

Inadequate prenatal health care, stress, and premature labor can result in low birthweight (less than 2,500 grams) babies, the leading contributor to most infant deaths. Statistics regarding low birthweight infants in North Carolina indicate that from 1997–2001, 8.9 percent of births were low-weight births (see Table 7). Slightly more than 7 percent of white infants had a low birthweight, compared to 13.8 percent of African American infants. American Indian infants also were more likely to have a low birthweight than whites, but less likely than African Americans, with 10.2 percent born dangerously underweight. Only Hispanics/Latinos had fewer low-weight births than whites, at 6.2 percent. The percentage of Asian/Pacific Islander infants with a low birthweight was slightly higher than whites at 7.8 percent.

East Carolina University's Mallette says better prenatal care leads to healthier births. "What North Carolina needs are effective prevention programs that blend health care with health education, behavior modification, and public policy." He adds that, "North Carolina has much to do to ensure that all our infants are born healthy, regardless of the color of their skin."[71] However, all the minority groups fare worse than the white population

in terms of the percentage of women receiving late prenatal care (see Table 7, p. 40).

For Hispanics/Latinas, studies of births to Mexican women in the United States have found a "paradox" of less prenatal care but fewer low birthweight infants.[72] These studies and anecdotal observation suggest that first generation immigrants in particular are more likely to maintain healthy behaviors such as avoiding the high-risk use of alcohol, tobacco, and drugs. However, as these immigrants spend more time in the United States, there is evidence that they adopt the habits of the majority culture, and these advantages diminish.[73] "The protective factors in some cultures for health go away as they [immigrants] become acculturated," says Bazan-Manson.

Child and Adolescent Health

The health of children and youth is fundamental to their well-being and optimal development. Children perform better in school, have better social skills, and understand that they have something valuable to contribute to their communities when they feel secure, healthy, and energetic. "Children are about 20 percent of our population, but they are 100 percent of our future," says Tom Vitaglione, the senior fellow at the N.C. Child Advocacy Institute. "They will soon be our leaders, our producers, and our consumers. Now is the time to make the health and safety investments that will assure a bright future for our children and for our state."

Unfortunately, child health varies by family income and by race. As with adults, children living below the poverty line are less likely than children in higher-income families to be in very good or excellent health.[74] Nearly 30 percent of both African-American and Hispanic/Latino children under the age of 18 living in North Carolina live in poverty (see Table 2, p. 25). According to the National Academy of Sciences, "The dual risk of poverty experienced simultaneously in the family and in the surrounding neighborhood, which affects minority children to a much greater extent than other children, increases young children's vulnerability to adverse consequences."[75] North Carolina's statistics on child poverty may reflect the substandard health, or future substandard health, of children, especially minorities, living in poverty.

Child death rates are the most severe measure of children's health.[76] These fatalities are higher among the American-Indian population in North Carolina than any other group. The number of

Table 8.
Child and Adolescent Health

Deaths of Children 1 to 17 Years of Age Per 100,000 Population, 1997–2001

All	**31.1**
White	30.4
African American	37.5
American Indian	53.8
Asian/Pacific Islander	28.7
Hispanic or Latino	29.2

Pregnancies to Teens Ages 15–17 Per 1,000 Female Population, 1997–2001

All	**46.7**
White	38.0
African American	72.4
American Indian	63.2
Asian/Pacific Islander	•
Hispanic or Latina	90.0

Percent of High School Students Who Smoked Cigarettes on One or More of the Past 30 Days, 2001

All	**27.8%**
White	31.9%
African American	19.2%
American Indian	•
Asian/Pacific Islander	•
Hispanic or Latino	26.5%

Percent of Children Under Age 18 Who Are Overweight or Obese (BMI ≥ 95 percentile), 2001

All	**14.4%**
White	13.6%
African American	14.1%
American Indian	13.1%
Asian/Pacific Islander	14.3%
Hispanic or Latino	17.0%

Source: N.C. Department of Health and Human Services

deaths for children ages 1–17 per 100,000 population was 53.8 for American Indians (see Table 8, p. 41). The rate for African American children was the next highest at 37.5, followed by white children at 30.4, and Hispanics at 29.2. The rate for the Asian/Pacific Islander population was the lowest (28.7).

One agency that has been fighting to address these grim statistics, the North Carolina Child Fatality Task Force, suffered a setback from the 2003 General Assembly when its administrative staff was eliminated in state budget cuts. Paula Wolf, former lobbyist for a coalition of concerned groups known as the North Carolina Covenant for Children, notes that since 1991, the North Carolina Child Fatality Task Force has worked to prevent child deaths, pressing for legislation such as mandatory bicycle helmets and a graduated license for young drivers, and reviewing child fatalities in all 100 counties. Yet the 2003 General Assembly stunned advocates for children by eliminating funding for the administrative staff of the Child Fatality Task Force at a small savings of $64,000. "That's the $64,000 question," says Wolf. "Why on earth would you get rid of the Child Fatality Task Force when the child death rate has declined by 31 percent in the 12 years of its existence?" The cut eliminated a full-time administrator and a half-time researcher, says Wolf. "In the midst of a $15 billion budget, when savings were being sought after, they found $64,000 to save. It was ridiculous." The Child Fatality Task Force continues to work on several issues despite the lack of paid staff.

Adolescent pregnancy is another area where statistics reflect a discrepancy between whites and minorities. Bearing a child during adolescence is often associated with long-term difficulties for the mother and her child.[77] These consequences are often attributable to poverty and other adverse socioeconomic circumstances that frequently accompany early child bearing.[78] Compared with babies born to older mothers, babies born to adolescent mothers, particularly young adolescent single mothers, are at higher risk of low birthweight and infant mortality.[79] They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn high school diplomas. "The risk of poor child development is much higher for children in single-parent families than for those in two-parent families" writes Paul Buescher of

Nora Hernandez, director of Latin America Women's Club, shares information with a visitor at the March 2004 Latino Forum.

Karen Tam

"When people see a colossal problem, they wonder whether they could do anything to make a difference. They need to keep remembering what they are told about how you eat an elephant—one piece at a time."

—BISHOP DESMOND TUTU OF SOUTH AFRICA

North Carolina's State Center for Health Statistics.[80] Children growing up in single-parent households have twice the risk of repeating a grade in school, having behavioral problems, dropping out of high school, and being out of work; girls raised in single-parent households have twice the risk of becoming teenage mothers.[81] For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earnings potential.[82]

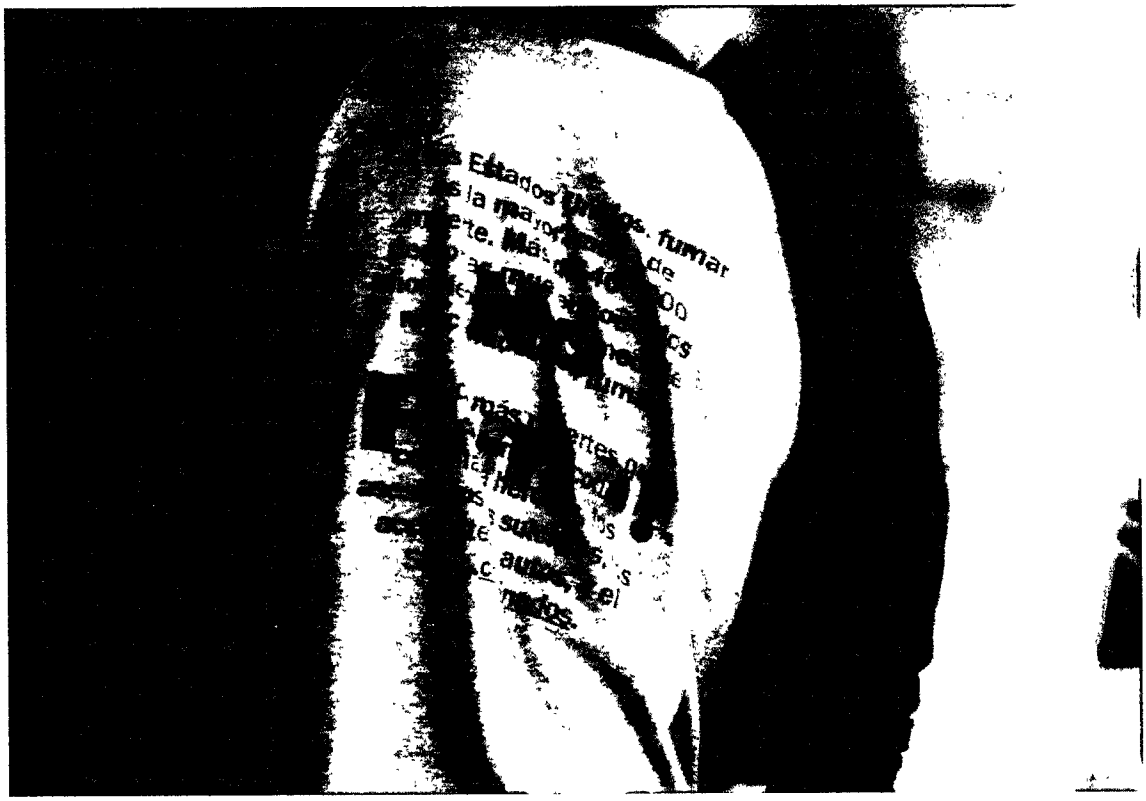
In North Carolina, teen mothers are more prevalent among the Hispanic/Latina population than any other racial or ethnic group (see Table 8, p. 41). There are 90 teen pregnancies per 1,000 Hispanic/Latina girls ages 15–17 in North Carolina, more than two times higher than the white population at 38.0. African American and American Indian girls also have a substantially higher rate of teen pregnancy than the white population at 72.4 and 63.2 per 1,000 girls, respectively.[83] This higher rate of pregnancy is consistent with statistics from the U.S. Centers for Disease Control that show that in 2001, America's sexually active non-Hispanic white teens were more than twice as likely as non-Hispanic black or Hispanic/Latina teens to report using birth control pills (23 percent compared to 8 and 10 percent, respectively).[84] This differential may be explained by an inability to pay for birth control as supported by income, poverty and access to health care, or it may reflect cultural/religious beliefs about using birth control since most Hispanics are Catholic, and that church disapproves of use of contraceptive devices for birth control.

"Hispanic American adolescents are at high risk of childbearing due to conflicting messages from two cultures regarding standards of sexuality and timing of childbearing," writes Katherine Fennelly, professor of public affairs at the University of Minnesota.[85] Furthermore, American adolescents who are at high risk for becoming pregnant tend to be economically disadvantaged. "Research shows that early sexual activity, like other risky behaviors, is more common among socially and economically disadvantaged groups," says Dr. Jennifer Manlove, senior research associate at Child Trends, a Washington, D.C.-based nonprofit, nonpartisan research organization dedicated to improving the lives of children by conducting research and providing science-based information to improve programs and policies that affect children.[86] "Teens who grow up in poverty, who have parents with low levels of education, and who grow up with only one parent are at higher risk of early sexual activity and early pregnancy," Manlove adds. Ultimately, poverty may mean that an adolescent has difficulties affording contraception or birth control methods. Poverty also may affect an adolescent's access to information and services.

But Dr. Ernest Goodson, an African-American orthodontist from Fayetteville, believes that minorities must shoulder some of the responsibility. "It can be difficult to change the mentality of teenage girls who believe it is socially acceptable to have a child or older males who believe it is acceptable to make a young, unfit female pregnant and walk away without any responsibility to raising the child or marrying the mother of the child."

Aside from measures of existing health problems, there also are indicators of child and adolescent health that suggest future health complications. For example, child obesity has increasingly become an issue of national concern. More and more children are overweight. This contributes to problems ranging from low self-esteem to diabetes. "Every day, I see adult diseases trickling down and affecting our children," says Dr. Robert Schwartz, a pediatric endocrinologist at Brenner Children's Hospital in Winston-Salem and medical director of the North Carolina Task Force for Healthy Weight in Children and Youth. "I am treating children with Type 2 Diabetes, hypertension, and osteoporosis—diseases that are related to being overweight and can be prevented with a healthy lifestyle," Schwartz adds.[87]

In North Carolina, 14.4 percent of low-income children under age 18 are overweight or obese.[88] More Hispanic/Latino children are obese (17.0 percent) than other racial or ethnic groups (see



Karen Tam

Table 8, p. 41). Asian children are next most likely to be obese at 14.3 percent, followed by African-American children at 14.1 percent, whites at 13.6 percent, and American Indians at 13.1 percent. Adoption of less healthy diets and a more sedentary lifestyle compared to a family's country of origin may contribute to weight gains among Hispanic/Latino youth. However, childhood obesity is a growing problem even in the developing world—and not just among Hispanics.

Another area of child and adolescent health that can lead to future health problems is teen smoking. Health education campaigns regarding the dangers of smoking and increased implementation of policies of non-smoking in restaurants, businesses, and public spaces have had some impact on decreasing smoking among the adult population. But stopping smoking appears to be a one-step-forward, one-step-back battle. "Our cessation rates are pretty good," says Colleen McBride, director of the Cancer Prevention, Detection, and Control Program at Duke Comprehensive Cancer Center. "The real problem is that uptake rates among teen-agers are way too high."[89]

Unlike some other health indicators, the white population actually ranks higher in teen smoking. In 2001, 31.9 percent of white high school students reported that they had smoked cigarettes on one or more of the past 30 days (see Table 8, p. 41). However, the rate for Hispanics/Latinos isn't far behind at 26.5 percent and is on the increase as more Hispanic/Latino teens pick up the habit. African-American teens fared much better at 19.2 percent.[90]

Adult Health

Adult health covers a much wider age group, ranging from the late teens to baby boomers to the aged and elderly. Factors contributing to adult health status include behavior, genetics, environment, and age. According to the North Carolina Behavioral Risk Factor Surveillance System (BRFSS), from 1997–2001, 16.7 percent of adults considered themselves to be in fair or poor health (see Table 9, p. 45). During this same time period, 15.7 percent of white adults rated themselves in fair or poor health, compared to a quarter of American Indians (25.8 percent) and more than a fifth of African Americans (21.0 percent). Only 10.2 percent of Asians said they were in fair or poor health. While this measure is based on self-reporting in response to surveys, the disparity is

Table 9.
Adult Health

Percent of Adults in Fair or Poor Health, 1997–2001

All	**16.7%**
White	15.7%
African American	21.0%
American Indian	25.8%
Asian/Pacific Islander	10.2%
Hispanic or Latino	11.6%

Heart Disease Deaths Per 100,000 Population, 1997–2001

All	**257.8**
White	249.6
African American	308.7
American Indian	312.3
Asian/Pacific Islander	83.1
Hispanic or Latino	78.5

Stroke Deaths Per 100,000 Population, 1997–2001

All	**74.5**
White	70.1
African American	98.9
American Indian	74.6
Asian/Pacific Islander	42.2
Hispanic or Latino	31.4

Diabetes Deaths Per 100,000 Population, 1997–2001

All	**93.0**
White	78.1
African American	169.5
American Indian or Alaskan Native	154.6
Asian/Pacific Islander	41.6
Hispanic or Latino	41.2

Chronic Obstructive Lung Disease Deaths Per 100,000 Population, 1997–2001

All	**45.4**
White	48.5
African American	31.8
American Indian	44.2
Asian/Pacific Islander	8.6
Hispanic or Latino	7.7

AIDS Deaths Per 100,000 Population, 1997–2001

All	**5.6**
White	1.6
African American	21.2
American Indian or Alaskan Native	3.3
Asian/Pacific Islander	0.7
Hispanic or Latino	4.1

Prostate Cancer Deaths Per 100,000 Male Population, 1997–2001

All	**35.5**
White	28.2
African American	79.6
American Indian	52.0
Asian/Pacific Islander	11.0
Hispanic or Latino	7.6

Lung Cancer Deaths Per 100,000 Population, 1997–2001

All	**60.7**
White	61.3
African American	62.1
American Indian or Alaskan Native	47.5
Asian/Pacific Islander	24.5
Hispanic or Latino	14.0

Colo-rectal Cancer Deaths Per 100,000 Population, 1997–2001

All	**19.8**
White	18.6
African American	27.0
American Indian	16.1
Asian/Pacific Islander	8.0
Hispanic or Latino	9.3

Breast Cancer Deaths Per 100,000 Female Population, 1997–2001

All	**26.2**
White	24.4
African American	35.5
American Indian	24.0
Asian/Pacific Islander	6.7
Hispanic or Latino	10.4

Source: N.C. Department of Health and Human Services.

Table 10. Sexually Transmitted Diseases

HIV and AIDS Cases Per 100,000 Population, 2001

All	**20.1**
White	6.3
African American	66.5
American Indian	17.8
Asian/Pacific Islander	8.7
Hispanic or Latino	16.4

Early Syphilis Cases (Primary, Secondary, and Early Latent) Per 100,000 Population, 2001

All	**11.8**
White	2.7
African American	37.4
American Indian	101.7
Asian/Pacific Islander	*
Hispanic or Latino	13.2

Gonorrhea Cases Per 100,000 Population, 2001

All	**210.2**
White	38.0
African American	804.9
American Indian	110.1
Asian/Pacific Islander	192.9
Hispanic or Latino	90.8

Chlamydia Cases Per 100,000 Population, 2001

All	**278.6**
White	99.7
African American	837.2
American Indian	261.2
Asian/Pacific Islander	185.2
Hispanic or Latino	389.2

* Numbers too small to calculate rate.

Source: N.C. Department of Health and Human Services

also present in more concrete statistics on morbidity and mortality.

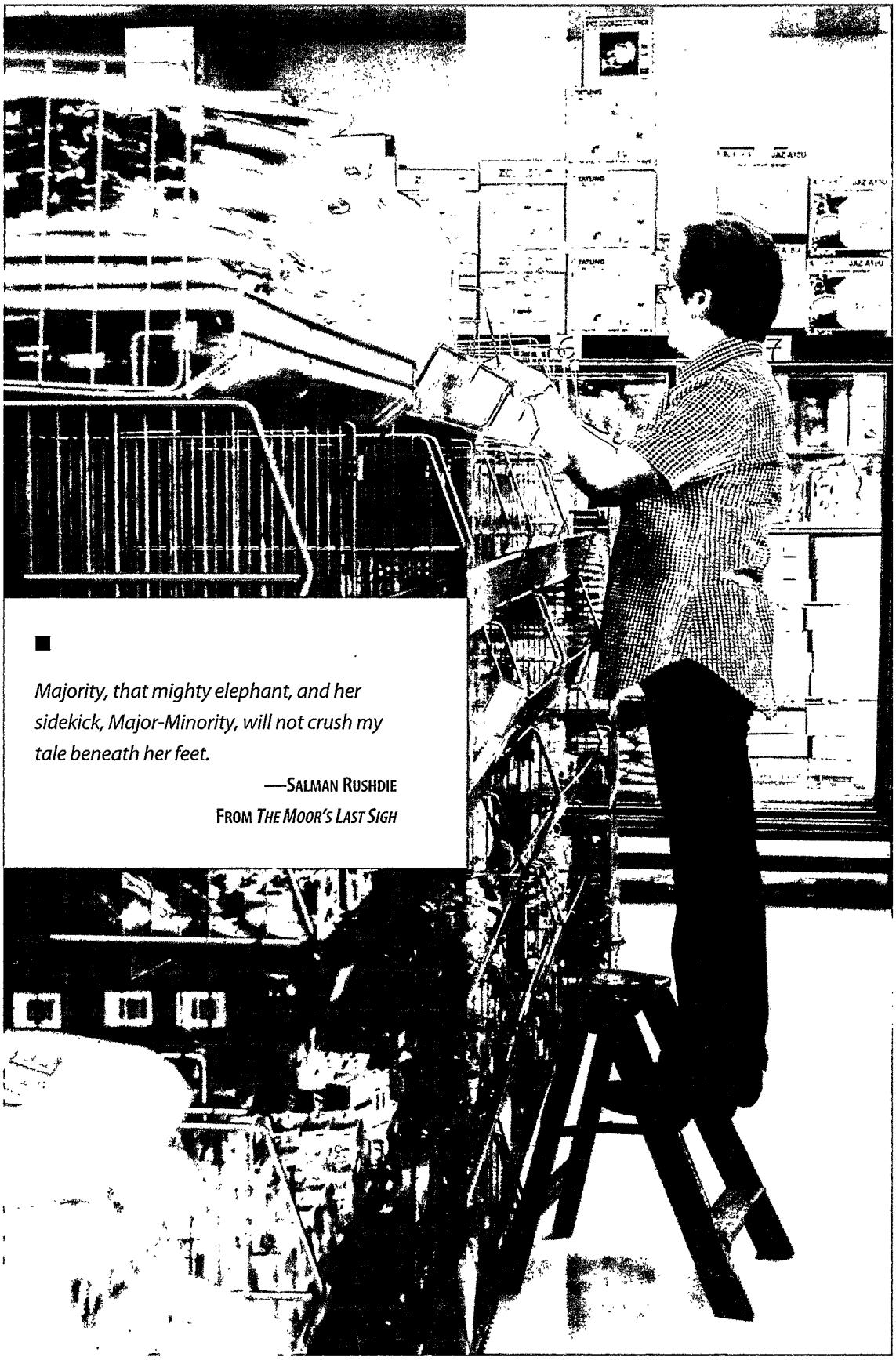
Take, for example, mortality statistics from 1997–2001 for a number of illnesses more typical in adults. Adjusting for population size, the white population fared better than the African-American and the American-Indian population for most of these causes of death, in some cases substantially better. For example, *diabetes deaths* among the African American population were twice as high (169.5 per 100,000 population) as for whites (78.1 per 100,000 population). Those with the lowest rates were Asians at 41.6 deaths per 100,000 population and Hispanics/Latinos at 41.2 deaths per 100,000. The American Indian population also had a substantially higher rate of death from diabetes than did whites, Asians, and Hispanics/Latinos at 154.6 per 100,000 population.

AIDS deaths among African Americans were thirteen times higher than those among the white population at 21.2 for African Americans versus 1.6 per 100,000 for whites. AIDS death rates for American Indians (3.3) and Hispanics (4.1) also were higher than for whites, but the disparity was much less. In fact, AIDS was the only major cause of death other than motor vehicle injuries and homicides for which Hispanics had a higher mortality rate (4.1) than whites (1.6). Likewise, the death rates for the Asian population were less than that of whites in every case (see Table 9, p. 45). The only area where whites had higher mortality rates than any other race or ethnic group was deaths related to *chronic obstructive lung disease*. Buescher says this may be related to whites having a longer history of heavy smoking as opposed to other populations.

Sexually Transmitted Diseases

A city bus pulls away from the curb at Raleigh's Fayetteville Street Mall, wrapped with an advertisement featuring lovers locked in an embrace. "He doesn't know he has syphilis. Will you?" reads the copy on the rolling billboard. The message is repeated in Spanish. Although all adult health issues and diseases are important considerations for improving the health status of a community, sexually transmitted diseases may warrant particular attention due to their communicable nature and the fact that they can be prevented.

The health disparity between whites and other racial/ethnic populations is clearly evident in the rates of sexually transmitted diseases among the various groups (see Table 10). In every case,



Majority, that mighty elephant, and her sidekick, Major-Minority, will not crush my tale beneath her feet.

—SALMAN RUSHDIE
FROM *THE MOOR'S LAST SIGH*

Karen Tam

whites have lower rates of sexually transmitted diseases than any other population. In fact, the rates are at least twice as high for non-white populations in nearly every case. The most extreme differences are between whites and the African American population, with African Americans becoming infected with HIV/AIDS, syphilis, and gonorrhea at a rate at least 10 times higher than whites. However, American Indians had the highest rate of syphilis cases (101.7 per 100,000 population) and the greatest disparity at over 37 times the rate of syphilis cases for the white population (2.7 per 100,000 population). At 13.2 cases per 100,000 population, syphilis among Hispanics/Latinos also was much more prevalent than among whites.

Part of the gap in sexually transmitted disease rates between whites and other racial/ethnic groups may be explained by reporting bias. Minorities, especially African Americans and Hispanics/Latinos, are more likely to use local health departments for diagnosis and treatment, and local health departments are thought to be more likely than private providers to report such cases to the state.[91]

Mental Health

A less discussed but no less important component of health care is mental health. The evident disparities between the white population and racial/ethnic minorities in the health arena also exist in mental health care. In 2001, then-U.S. Surgeon General Dr. David Satcher reported that minorities suffer a disproportionate burden of mental illness.[92] This higher level of burden stems from minorities having less access to services than other Americans, receiving lower quality care, and being less likely to seek help when they are in distress, rather than from their illnesses being inherently more severe or prevalent in the community.[93] "While mental disorders may touch all Americans either directly or indirectly, all do not have equal access to treatment and services. The failure to address these inequities is being played out in human and economic terms across the nation—on our streets, in homeless shelters, public health institutions, prisons and jails," says Satcher.[94] "Left untreated, mental illnesses can result in disability and despair for families, schools, communities, and the workplace. This toll is more than any society can afford."[95]

Eliminating the Health Disparities

While the connection between race and health continues to be a key policy issue, there has been considerable controversy about the appropriateness of examining racial differences in health.[96] Some have gone so far as to call for abandoning race as a variable in public health research. They argue that race is an arbitrary system of visual classification without biological merit, and that demarcations by race largely reflect racism in our society.[97] "The public thinks race is biological, but it's not. That's misleading mythology," says Dr. Robert Hahn, an epidemiologist at the federal Centers for Disease Control and Prevention in Atlanta who studies disease clusters and race. "Race has only a minimum connection with biology."[98]

Nonetheless, differences in health outcomes according to race and ethnicity are easily and troublingly distinguishable (see "Summary of Health Outcomes: Minorities Fare Worse than

■

I am in that fix, Senators, you will not forget now that when I use the word "I" I mean the whole Cherokee people. I am in that fix. What am I to do? I have a piece of property that doesn't support me, and is not worth a cent to me, under the same inexorable, cruel provisions of the Curtis law that swept away our treaties, our system of nationality, our every existence, and wrested out of our possession our vast territory....

—DEWITT CLINTON DUNCAN, CHEROKEE
FROM "THE OUTRAGE OF ALLOTMENT"
NATIVE AMERICAN TESTIMONY

transmitted disease more faithfully than the private sector.

However, it is difficult to argue with mortality statistics that show African Americans and Native Americans have death rates higher than those of the white majority across a broad range of causes for which prevention and early detection are key to survival. These include heart disease for Native Americans, stroke and diabetes deaths for African Americans, and African-American death rates from the most lethal forms of cancer that exceed all other racial and ethnic groups. Low death rates from heart disease and cancer may be misleading for Asians and Hispanics/Latinos, as these populations include disproportionate numbers of young immigrants.

—Mike McLaughlin

the White Majority," p. 49). For example, the African-American infant mortality rate (or the number of infant deaths per 1,000 live births) is more than twice that of whites. For Native Americans, the rate of deaths of children ages 1–17 is 76.9 percent higher than that of whites, and the teen pregnancy rate among Hispanics/Latinas is 137 percent higher than that of white teenage girls. Among adults, African Americans have a 25 percent higher rate of heart disease deaths and a 41.8 percent higher rate of stroke deaths than do whites. Diabetes death rates among African Americans are 117 percent higher than those of whites, and AIDS death rates are more than 12 times higher. Hispanics/Latinos are more likely to die in fatal car crashes or be the victims of homicides than whites. In addition, African Americans, Hispanics/Latinos, Native

Karen Tam

Americans, and Asian/Pacific Islanders all have vastly greater reported rates of infection with sexually transmitted diseases than do whites.

The N.C. Department of Health and Human Services takes the position that, though racial classification is imprecise and often based on self-identification, there is some utility in describing racial and ethnic differences in health as it allows for targeting of resources and health improvement programs toward populations most in need.[99] The Department also notes that race is considered a marker of health problems, not as a risk factor or cause, and that there is not a complete understanding of why race is associated with health problems.[100] One theory is that low socioeconomic status, stress, and racism are among the underlying causes of the poorer health status of minorities (on average) compared to whites. But few health data systems gather information on these other factors, while most do have information on race. Thus, race often serves as a proxy for a variety of other factors.

Criminal Justice

There has been much discussion in North Carolina and nationwide about the "overrepresentation" of racial and ethnic minorities in the criminal justice system. The most common usage of the term compares the proportion of a specific minority in the general population with the proportion of that minority in the prison system.[101] While African Americans comprise approximately 22 percent of North Carolina's population, they constitute 65 percent of the state's convicted felons and 63 percent of its prison population. However, as pointed out by the N.C. Sentencing and Policy Advisory Commission, using the terms "overrepresentation" and "disparity" is misleading. "Disparity" in the criminal justice context refers to a series of unfavorable decisions in a case where the prosecutor, judge, or jury uses the minority status of the offender (or any other specified extralegal factor) to arrive at the decision.[102] Despite the clear evidence that minorities are overrepresented compared to the composition of the state's population, the question is whether, given this initial overrepresentation, the court made disparate decisions in the processing and disposing of cases based on the offender's race.

Correctional facility, that's what they call this place.
But look around and you will see the politics of race.

—Singer Paul Simon
"Time Is an Ocean"

The National Criminal Justice Commission (NCJC), created in 1994 to produce an independent and critical assessment of the American justice system, published a "Report Card on Safety" which ranked the 50 states according to their policies for promoting public safety. One of the measures, "rational use," assessed how wisely state criminal justice systems allocate their resources. North Carolina ranked 41st, with 50th being the worst. North Carolina ranked even lower, 45th, on the measure "hope for the future," which assessed how a state's priorities affect its residents' hopes for the future, whether states are "planning for failure" by building more prisons, or whether they are "creating success" by building schools and giving the next generation the skills they need to succeed.[103]

The "Report Card on Safety" did not specifically address or rank racial disparities in state criminal justice systems. However, the inclusion of a "hope for the future" measure implies that a state's role in addressing criminal justice issues goes well beyond policing the streets and housing inmates.

The U.S. State Department went a step further. In its report to the United Nations Commission on the Elimination of Racial Discrimination (CERD), the Department asserted that discrimination in the criminal justice system is a "principal causative factor" hindering progress toward ending racial discrimination in society.[104]

To begin to address the question of whether or not the responsibility of North Carolina's criminal justice system includes tackling issues relating to the racial disparities, the Center looked at what the racial/ethnic picture of North Carolina's criminal justice system looks like. Do disparities exist and if so, do these disparities speak to discrimination? This picture includes the prison population, the number and types of arrests and convictions, the death penalty, and "driving while black."

Prison Population

In 1870, inmates started building North Carolina's first prison, Central Prison, completing

Table 11. North Carolina Prison Population, 1998–2002

Race	1998	1999	2000	2001	2002	
White	10,515	10,255	10,182	10,540	10,854	(32.8%)
African American	20,515	19,792	19,913	20,083	20,347	(61.5%)
Native American	609	609	565	609	639	(1.9%)
Asian	47	55	73	96	93	(0.3%)
Other	526	603	788	895	1,096	(3.3%)
Unknown	19	19	13	30	75	(0.2%)
Total	**32,231**	**31,333**	**31,534**	**32,253**	**33,104**	

Source: N.C. Department of Correction, Office of Research and Planning Statistical Abstract *http://crmis42.doc.state.nc.us/cgi-bin/hsrun.exe/crmis42haht/SimpleAbstractQuery/SimpleAbstractQuery.htx;start=HS_AbstractSubmit.*

the structure in 1884.[105] Over the next century, the state built more prisons across the state, eventually numbering 57 by the 1990s.[106] During the past decade, the state has both consolidated and expanded, closing 34 prisons to streamline operations and improve efficiency, but making up for those closings by building 18 new prisons and increasing the prison system's standard operating capacity by 63 percent.[107] Three additional prisons are currently under construction, which will increase the standard occupancy capacity by 2,592, or another nearly 15 percent more.[108] Legislation passed in the 2003 session of the N.C. General Assembly allowed for the construction of three more prisons.[109]

The state's prisons were desegregated in 1965. In 2002, minorities made up 67 percent of the prison population in North Carolina (see Table 11), with the white prison population at 10,854 (32.8 percent) and the African-American prison population at 20,347 (61.5 percent).[110] Considering that the state's overall population is 71.3 percent white and only 21.6 percent African American with the remainder being comprised of other minorities (see Figure 1, p. 22), the make-up of the state's prison population appears off kilter. What is responsible for such an imbalance? Some would argue that minorities simply commit crimes at a higher rate than whites, a notion supported by the raw data on offenses and arrests. However, others challenge this contention with arguments about socioeconomic differences and with allegations of discrimination and racial profiling. "I've been very concerned about the spiraling incarceration of black men and to some extent, black women," says James Ferguson II, a civil rights lawyer in Charlotte.[111] "It means that something racial is going on in the system that needs to be corrected."

Alfred Blumstein, a professor at Carnegie Mellon University and an expert on crime statistics, says racial discrimination explains only part of the reason for disproportionate incarceration rate of African Americans. Blumenstein says that African Americans are more likely to commit certain crimes and those happen to be crimes that receive more severe punishments such as jail time or even the death penalty. "We are more severe on the kinds of crimes that blacks commit," says Blumenstein. "And there's an open question about how much of that difference is attributable to a concern about the seriousness of the crimes, and how much those policies are a subtle reflection of discrimination," Blumenstein adds.[112]

National studies show that some law enforcement officers believe race provides a legitimate basis to suspect a person of criminal behavior.[113] Some advocates for criminal justice reform in the state argue that law enforcement officers in North Carolina believe the same. "Whites also commit crimes in this community (Durham)," said Durham community activist Victoria Peterson in preparation for an April 2001 meeting in Durham to discuss why

Table 12.
Total Arrests in North Carolina, 1993–2002

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Arrests	488,918	491,714	492,327	506,944	526,702	524,795	508,071	517,239	533,577	519,046

Source: N.C. State Bureau of Investigation, Division of Criminal Information.

Table 13.
Arrests by Race in North Carolina, 1998–2002

Year	White	% of Total	African American	% of Total	American Indian/ Alaskan Native	% of Total	Asian/ Pacific Islander	% of Total	Total
1998	258,560	49.27	255,581	48.70	5,903	1.12	5,237	1.00	524,795
1999	250,307	49.27	240,893	47.41	6,381	1.26	4,043	0.80	508,071
2000	259,794	50.23	240,364	46.47	7,349	1.42	3,228	0.62	517,239
2001	276,002	51.73	241,667	45.29	7,488	1.40	3,180	0.60	533,577
2002	275,976	53.17	233,046	44.90	7,142	1.38	2,882	0.56	519,046

Source: N.C. State Bureau of Investigation, Division of Criminal Information.

Table 14.
Rape Offenders by Race in North Carolina, 1998–2002

Year	White	% of Total	African American	% of Total	American Indian/ Alaskan Native	% of Total	Asian/ Pacific Islander	% of Total	Unknown	% of Total	Total
1998	967	36.89	1,367	52.16	19	.72	18	.68	250	9.54	2,621
1999	965	40.09	1,714	48.77	22	.91	12	.50	234	9.72	2,407
2000	933	38.02	1,310	53.38	20	.81	16	.65	175	7.13	2,454
2001	932	38.54	1,269	52.48	36	1.49	12	.50	169	6.99	2,418
2002	999	39.71	1,325	52.66	13	.51	22	.87	157	6.24	2,516

Source: N.C. State Bureau of Investigation.

Note: The number of offenders will not necessarily match the number of offenses due to cases where one rape occurred with more than one offender.
http://sbi2.jus.state.nc.us/crp/public/2002/IndOffState/Rape/RapeOffRacAgeTrd/RapeOffRacAgeTrd.htm.

many of the Durham County inmates are African American. "Could it be that the police force only works the poor community?" Peterson asks. "We don't see the police going out in Black Horse Run and Croasdaile harassing young white boys like they do in the African-American community."[114]

"What is often overlooked in these discussions are the victims of crime. Statistics show a vast majority of victims in our community are African-American or Hispanic," says Durham District Attorney Jim Hardin in response to Peterson's question.[115] However, Hardin agrees that, "Statistics also show the vast majority of suspects charged are African American."

Testifying before a 2001 legislative study committee, Charlotte attorney Henderson Hill said he has found that the most difficult part of the (trial) process occurs in jury selection—when decisions are made to exclude members of the community from participating in trials based upon race, particularly when the juror and the defendant are both African American. According to Hill, the jury selection process is less than fair and impartial. "Although the decision is made to exclude you (the jury candidate) because of your race," says Hill, "we [are going to] pretend that race does not impact on this decision." Hill says this disregard for reality wears away at the integrity of the system.[116]

In 1996, the North Carolina Bar Association joined with the N.C. Association of Black Lawyers to conduct a study of race relations in the legal profession. The study concluded that the state's courtrooms are susceptible to racial strife. "The behavior of some white judges, attorneys, and court personnel toward attorneys and judges of color, as well as toward other persons of color who use the court system, evidences attitudes of discrimination and undermines the effectiveness of these judges, attorneys, and others in the courtroom," says the report. The study also concludes that people of color are underrepresented at all levels of the bench, appellate and trial courts, and on the legal staff of the Attorney General.[117]

Arrests and Convictions

According to the State Bureau of Investigation, law enforcement officers made nearly 520,000 arrests in North Carolina in 2002.[118] Despite the state's growing population, the number of annual arrests has remained relatively stable over the last six years (see Table 12, p. 54). Over half of those arrested in 2002 were white (53.2 percent), while the majority of the other half were African American at 44.9 percent (see Table 13, p. 54). Since 1998, the number of white arrests has increased slightly, while African-American arrests have actually decreased. But higher percentages of African Americans continue to be sent to prison. Of the nearly 24,000 individuals who began serving prison time in 2002, 58.2 percent were African American compared to 36.3 percent who were white (see Table 17, p. 59). Does this differential confirm a disparity? Examining offenders and arrests by type of crime may lend more insight. For example, if more African Americans are arrested for and commit crimes that warrant prison time, such as felonies, one would expect the African American prison population to be greater.

The North Carolina Department of Correction groups crimes resulting in a prison sentence in one of three categories: public order, property, and crimes against a person. Of these categories, the most frequent crimes for prison admissions are public order crimes, which accounted for 44 percent of all admissions in 2001–2002. Of that total, 63 percent were felonies.[119] Public order crimes include drug offenses, Driving While Impaired (DWI), traffic violations, and habitual felons. Property crimes accounted for 30 percent of all prison admissions, 78 percent of which were felonies.[120] The most frequent offenses in this category are larceny and breaking and entering. Other offenses include fraud, forgery, and burglary. Crimes against a person accounted for 26 percent of all prison admissions in fiscal year 2001–2002. The majority of these (74 percent) were felonies, and nearly half (44 percent) were assaults.[121] This category also includes robbery, sexual offenses, and homicides.

Overall, 71 percent of the 2001–2002 prison admissions in North Carolina in fiscal year 2001–02 were for felony crime convictions.[122] According to the North Carolina Sentencing and Policy Advisory Commission's "Structured Sentencing Statistical Report for Felonies and Misdemeanors," in Fiscal Year 2000–2001, 58 percent of the felony offenders were African American, 37 percent were white, 3 percent were Hispanic/Latino, and 1 percent were either American Indian or "Other."[123] These statistics provide some explanation as to why African Americans are overrepresented in North Carolina's prisons. And, according to the State Bureau of Investigation's data on rape offenders (individuals actually convicted of

the crime), African Americans committed 52.7 percent of the rapes in the state in 2002 compared to 39.7 percent for whites (see Table 14, p. 54).

Likewise, of the convictions for murder, African Americans represented 46.8 percent of the offenders compared to 31.6 percent for whites (see Table 15 below).[124] Looking at the number of arrests for murder and non-negligent manslaughter in 2002, there were 263 arrests among the white population and 442 arrests among the African American population, 35.4 and 59.6 percent of the total, respectively (see Table 18, pp. 60–61).

Examining *prison population* by crime (see Table 16, p. 58), it is clear that African Americans were convicted of crimes warranting prison time at a higher rate than whites, especially in the areas of murder, robbery, drug offenses, and habitual felons. The *prison entries* in 2002 alone support this notion as well (see Table 17, p. 59).[125] However, the *arrests* by crime do not seem to reveal as much of an overrepresentation in some of the crime categories and offenses that most often result in a prison sentence (see Table 18, pp. 60–61). For example, under "public order" crimes, there were slightly fewer arrests for the various drug offenses among whites (20,138) than there were for African Americans (20,509) and whites were arrested more than three times more often for driving while impaired than were African Americans.[126] Likewise, in the "property crimes" category, whites were arrested more often for larceny and breaking and entering. Finally, whites were arrested for assaults (which falls into the "crimes against a person" category) only slightly less often than African Americans, and whites were actually arrested one and a half times more often for sexual offenses.

Ultimately, it is the *convictions* that come from these arrests that people who allege disparities in the state's criminal justice system on racial/ethnic grounds question. However, simply comparing arrests to convictions does not take into account a number of factors that may exacerbate or mitigate the nature of the crime, even a serious crime. With this in mind, the N.C. Sentencing and Policy Advisory Commission, created by the General Assembly in 1990 to make recommendations concerning the state's sentencing laws and policies, conducted a study using a multivariate regression analysis that examined "emerging sentencing practices and their impact on one of the more important facets of justice—evenhandedness in handing down convictions and meting out penalties."[127] The analysis included legal factors such as seriousness of offense, offense type, and criminal history. Extra-legal factors such as age, sex, race, and defense attorney type were also included.

Based on a sample of 27,015 felony conviction cases, 65 percent being non-white, the North Carolina Sentencing and Policy Advisory Com-

Table 15.
Murder Offenders by Race in North Carolina, 1998–2002

Year	White	% of Total	African American	% of Total	American Indian/ Alaskan Native	% of Total	Asian/ Pacific Islander	% of Total	Unknown	% of Total	Total
1998	238	30.99	386	50.26	19	2.47	2	.26	123	16.02	768
1999	190	27.47	354	51.23	17	2.46	2	.29	128	18.52	691
2000	182	26.07	368	52.72	13	1.86	8	1.15	127	18.19	698
2001	176	27.46	301	46.96	14	2.18	2	.31	148	23.09	641
2002	206	31.60	305	46.78	11	1.69	2	.31	128	19.63	652

Source: N.C. State Bureau of Investigation, Division of Criminal Information

Note: The number of offenders will not necessarily match the number of offenses due to cases where one murder occurred with more than one offender.
http://sbi2.jus.state.nc.us/crp/public/2002/IndOffState/Murder/MurOffRacTrd/MurOffRacTrd.htm.

N.C. Division of Archives and History

mission's study found that overall, 32.1 percent of the offenders received active sentences or prison time. White offenders received prison terms 27.5 percent of the time—less often than non-white offenders at 34.6 percent. Overall, the average prison term was 36.7 months for white offenders and 34.1 months for non-white offenders.[128] The Commission's study, however, found no differences in the way whites and non-whites were processed in the courts, from charging to conviction and sentencing, when controlling for all the legally relevant factors in a case, such as seriousness of offense and prior criminal convictions.[129]

The Death Penalty

As of March 18, 2004, there were 191 people on death row in North Carolina and nearly two-thirds (62.8 percent) were minorities (see Table 19, p. 62).[130] Based on these statistics, some people assert that racial bias influences who receives the death penalty as a sentence. This argument comes from both those who believe bias occurs based on the race of the *offender* and those who believe bias surfaces depending on the race of the *victim*.

A 2001 study conducted by Isaac Unah and Jack Boger, professors at the University of North Carolina at Chapel Hill, indicated that racial disparities plague North Carolina's capital punishment system—especially discrimination against defendants *of whatever race* whose murder victims are white.[131] Analyzing all homicide cases between 1993–1997,[132] the study found that when a white is the murder victim, the perpetrator of the crime is nearly twice as likely to get the death penalty as when there is a non-white victim (3.7 percent versus 1.9 percent). Looking beyond the race of the victim to that of the defendant, further racial disparities appear. When non-white defendants murdered white victims, the death-sentence rate was 6.4 percent. However, when white defendants murdered white victims, the rate fell to 2.6 percent. In perhaps the study's most telling finding, when non-whites were both the defendant *and* the victim, death sentences dipped even more, to only 1.7 percent of the cases.[133] The study also revealed that some aggravating factors, such as murdering more than one person, count less than race.

Finally, Unah and Boger's research addressed whether class plays a role in who gets the death penalty. They found that while class may have some influence, it alone does not explain racial differences.[134] "Sadly, this study shows that skin color still plays a major role in deciding who lives and who dies in our criminal justice system," says Boger. "Despite a generation of legal and cultural

Table 16.
North Carolina Prison Population by Crime, 2002

Offense/Crime Class	White	Black	Indian	Asian	Other	Unknown	Totals
Murder First Degree	612	946	57	11	23	1	1,650
Murder Second Degree	934	1,946	72	11	105	3	3,071
Manslaughter	109	235	13	0	27	1	385
Robbery	809	3,575	43	24	72	7	4,530
Assault	805	1,819	58	10	62	4	2,758
Sexual Assault	1,563	1,552	61	4	107	11	3,298
Other Sexual Offense	540	290	9	2	34	3	878
Kidnapping and Abduction	228	439	12	10	25	2	716
Other Offense Against Person	18	16	1	0	2	0	37
Burglary	322	608	31	1	24	1	976
Breaking, Entering	937	832	93	0	26	2	1,890
Larceny	649	663	31	2	12	1	1,358
Auto Theft	52	64	2	1	3	0	122
Burnings (Includes Arson)	95	87	10	0	6	0	198
Fraud	369	352	8	1	9	1	740
Forgery	137	151	8	0	2	0	298
Worthless Checks	6	7	0	0	0	0	13
Other Property	14	29	0	0	1	0	44
Drugs Trafficking	368	886	24	10	420	34	1,742
Drugs—Non Trafficking	441	2,219	25	2	41	2	2,730
Driving While Impaired	599	308	14	1	65	2	989
Other Traffic Violations	166	288	6	1	11	0	472
Not Reported, Undefined	8	14	0	0	0	0	22
Other Public Order Crimes	196	424	14	2	11	0	647
Habitual Felon	877	2,597	47	0	8	0	3,529
Total	**10,854**	**20,347**	**639**	**93**	**1,096**	**75**	**33,093**
Percent of Total	***32.8%***	***61.5%***	***1.9%***	***.3%***	***3.3%***	***.2%***	***100.0%***

Source: N.C. Department of Correction, Statistical Abstract Query

efforts to eliminate discrimination, these results show that racial bias still dramatically affects the most final of judgments—who gets the death penalty."[135] James Exum, a former legislator and former Chief Justice of the state Supreme Court, agrees. "It's powerful evidence that race does play a part in the administration of the death penalty that the legislature never intended," says Exum. "I think the legislature needs to take a really close look at our system."[136]

The potential racial influence in death penalty cases concerned some legislators even before the

Table 17.
Prison Entries by Offense and by Race in North Carolina, 2002

Offense/Crime Class	White	Black	Indian	Asian	Other	Unknown	Totals
Murder First Degree	133	165	7	5	6	0	316
Murder Second Degree	82	119	8	0	14	1	224
Manslaughter	58	76	5	0	11	0	150
Robbery	307	1,114	18	6	30	7	1,632
Assault	917	1,633	62	3	49	5	2,669
Sexual Assault	212	183	4	2	20	7	428
Other Sexual Offense	295	210	6	2	30	4	547
Kidnapping and Abduction	85	124	3	1	20	1	234
Other Offense Against Person	69	55	6	0	5	0	135
Burglary	88	163	12	0	14	1	278
Breaking, Entering	1,099	1,094	85	2	44	4	2,328
Larceny	1,033	1,416	58	3	26	2	2,532
Auto Theft	89	137	7	2	4	0	239
Burnings	58	60	6	0	7	0	131
Fraud	417	456	10	3	11	2	899
Forgery	219	271	12	0	3	0	505
Worthless Checks	28	37	0	0	0	0	65
Other Property	64	121	4	2	0	0	191
Drugs—Non Trafficking	864	3,384	40	2	66	5	4,361
Drugs Trafficking	179	262	4	7	176	29	657
Driving While Impaired	1,397	876	38	2	170	10	2,493
Other Traffic Violations	449	783	17	3	32	0	1,284
Habitual Felon	165	485	13	0	1	0	644
Other Public Order Crimes	265	530	12	2	12	0	821
Not Reported, Undefined	23	37	0	0	0	0	60
Total	**8,597**	**13,791**	**437**	**47**	**751**	**78**	**23,701**
Percent of Total	***36.3%***	***58.2%***	***1.8%***	***.2%***	***3.2%***	***.3%***	***100.0%***

Source: N.C. Department of Correction, Statistical Abstract Query

dispiriting results reported in Unah and Boger's study. In fact, there have been efforts by several state legislators to enact a "North Carolina Racial Justice Act" that would establish pre-trial and post-trial procedures to determine if race were the basis of the decision to seek the death sentence.[137] Former state Senator Frank Ballance (D-Warren), now a congressman, first introduced the state legislation in April 1999, but it never made it out of committee. A study committee co-chaired by Ballance convened between legislative sessions in February 2000 to debate the merits of the

Table 18. Arrests by Offense and by Race in North Carolina, 2002

Offense	White	% of Total	African American	% of Total	American Indian/ Alaskan Native	% of Total	Asian/ Pacific Islander	% of Total	Total
Arson	297	59.3%	192	38.3%	8	1.6%	4	0.8%	501
Assault—Aggravated	8,480	45.6%	9,633	51.8%	400	2.2%	73	0.4%	18,586
Other Assaults—Not Aggravated	31,504	51.2%	28,780	46.7%	1,046	1.7%	261	0.4%	61,591
Burglary—Breaking and Entering	8,696	53.2%	7,215	44.1%	404	2.5%	44	0.3%	16,359
Curfew/Loitering	3	100.0%		0.0%		0.0%		0.0%	3
Driving Under the Influence	47,926	75.7%	13,732	21.7%	781	1.2%	842	1.3%	63,281
Disorderly Conduct Drunk & Disorderly	9,219	48.5%	9,247	48.7%	460	2.4%	78	0.4%	19,004
Embezzlement	1,546	58.6%	1,074	40.7%	10	0.4%	8	0.3%	2,638
Forcible Rape	401	48.3%	414	49.8%	9	1.1%	7	0.8%	831
Forgery and Counterfeiting	2,713	57.4%	1,921	40.6%	90	1.9%	5	0.1%	4,729
Fraud	23,188	55.3%	18,383	43.8%	274	0.7%	110	0.3%	41,955
Gambling—Bookmaking	164	62.4%	90	34.2%	4	1.5%	5	1.9%	263
Gambling Numbers and Lottery	9	75.0%	3	25.0%		0.0%		0.0%	12
Gambling All Other	59	40.4%	86	58.9%	1	0.7%		0.0%	146
Larceny—Theft	22,508	50.7%	20,829	46.9%	742	1.7%	324	0.7%	44,403
Liquor Laws	11,802	71.5%	4,357	26.4%	170	1.0%	177	1.1%	16,506
Manslaughter by Negligence	37	75.5%	11	22.4%		0.0%	1	2.0%	49
Murder and Non-negligent Manslaughter	263	35.4%	442	59.6%	25	3.4%	12	1.6%	742
Motor Vehicle Theft	1,164	46.7%	1,283	51.5%	32	1.3%	14	0.6%	2,493
Offenses Against the Family and Children	3,938	43.9%	4,823	53.8%	183	2.0%	23	0.3%	8,967
Possession—Marijuana	11,776	59.0%	7,890	39.5%	192	1.0%	102	0.5%	19,960
Possession—Opium or Cocaine	3,163	32.8%	6,388	66.2%	75	0.8%	21	0.2%	9,647
Possession—Synthetic Narcotics	421	81.1%	96	18.5%	1	0.2%	1	0.2%	519
Possession—Other Dangerous Drugs	2,758	61.9%	1,661	37.3%	20	0.4%	19	0.4%	4,458

Table 18, *continued*

Offense	White	% of Total	African American	% of Total	American Indian/ Alaskan Native	% of Total	Asian/ Pacific Islander	% of Total	Total
Prostitution and Commercialized Vice	852	58.0%	563	38.3%	37	2.5%	18	1.2%	1,470
Sale/Mfg. Marijuana	1,008	40.3%	1,466	58.6%	20	0.8%	9	0.4%	2,503
Sale/Mfg. Opium or Cocaine	750	20.3%	2,922	79.3%	7	0.2%	8	0.2%	3,687
Sale/Mfg. Synthetic Narcotics	52	76.5%	16	23.5%		0.0%		0.0%	68
Sale/Mfg. Other Dangerous Drugs	210	74.5%	70	24.8%	1	0.4%	1	0.4%	282
Robbery	1,204	25.3%	3,467	72.9%	73	1.5%	10	0.2%	4,754
Stolen Property: Buy, Receiving, Possession	2,691	37.4%	4,413	61.3%	68	0.9%	30	0.4%	7,202
Runaways	505	49.9%	492	48.6%	7	0.7%	9	0.9%	1,013
Sex Offenses	1,283	60.1%	814	38.1%	20	0.9%	17	0.8%	2,134
Vagrancy	163	66.8%	80	32.8%	1	0.4%		0.0%	244
Vandalism	5,583	54.5%	4,420	43.2%	198	1.9%	34	0.3%	10,235
Weapons: Possessing, etc.	3,390	46.4%	3,803	52.1%	81	1.1%	31	0.4%	7,305
All Other Offenses	66,250	47.2%	71,970	51.2%	1,702	1.2%	584	0.4%	140,506
Total	**275,976**	53.2%	**233,046**	44.9%	**7,142**	1.4%	**2,882**	0.6%	**519,046**

Source: N.C. State Bureau of Investigation, Division of Criminal Information
http://sbi2.jus.state.nc.us/crp/public/2002/Arrests/ArrOffRac02/ArrOffRac02.htm

legislation. In December 2000, after six meetings and hearing testimony from several attorneys and legal experts, the committee recommended the same "North Carolina Racial Justice Act" that Ballance introduced in 1999, as well as legislation establishing a moratorium on use of the death penalty.[138] The committee recommended that the moratorium last until the General Assembly addresses "the fair and impartial administration of the death penalty in accordance with due process, and limiting, to the degree practicable, the risk that innocent persons may be executed" and studies "whether there is discrimination in capital sentencing on the basis of the victim's or the defendant's race," among other things.[139]

Based on the committee's recommendations, in February 2001, legislators in both the Senate and the House introduced the "Racial Justice Act." Legislators in the state Senate, but not the House, also introduced the legislation recommended by the committee to establish a death penalty moratorium.[140] Neither the "Racial Justice Act" nor the death penalty moratorium legislation passed in the 2001–2002 session. Notably, in October 2001, Gov. Mike Easley commuted the sentence of Robert Black, whose case some believe was marked with racial bias. This was one of only two cases Easley has commuted since he took office.

With Ballance moving to Congress in 2003, legislators did not re-introduce the Racial Justice

Table 19.
Demographics of North Carolina's Death Row Population, March 2004

	Male	Female	Total	(%)
White	69	2	71	(37.2%)
Black	107	1	108	(56.5%)
Native American	6	1	7	(3.7%)
Other	5	0	5	(2.6%)
Total	**187**	**4**	**191**	

Source: N.C. Department of Correction

Act during the 2003 session of the General Assembly, but legislators in both the Senate and House introduced bills to enact a moratorium on death penalty executions.[141] Not surprisingly, possible racial bias is one premise for proposing the moratorium. The "whereas" clauses introducing the reasons for the bill include the following: "Whereas, factors that may have affected the fair and impartial administration of the death penalty include . . . possible discrimination in death penalty sentencing based on either the victim's race or the defendant's race as well as possible discrimination with regard to other aspects of capital case processing." The House Bill did not make it out of committee, while Senate Bill 171 passed the Senate and may be taken up by the House in 2004. Meanwhile, the execution date arrived for William Quentin Jones on Aug. 22, 2003, for the 1987 shooting death of Ed Peebles in a convenience store robbery. As Gov. Mike Easley deliberated over whether to grant Jones clemency, House Co-Speaker Jim Black (D-Mecklenburg) reportedly contacted him and told him several House members wanted to vote on the death penalty moratorium.[142] The governor denied Jones' clemency request, and Jones was executed by lethal injection on August 22, 2003.

Race on the Roads: "Driving While Black"

Yet another criminal justice issue with racial and ethnic overtones is enforcement of the state's traffic laws. The charge here is that law enforcement officers engage in "racial profiling" on the state's highways. This concern, caustically referred to as "driving while black," became a national issue in the mid- to late 1990s.

Minorities believe that law enforcement officers single them out for more traffic stops and investigations because of their race or ethnicity. For example, in 1996, *The News & Observer* of Raleigh, N.C., found that members of an anti-drug unit of the Highway Patrol stopped black males twice as often as other troopers patrolling the same roads.[143]

Responding to constituent concerns, then-state Sen. Frank Ballance introduced legislation in February 1999 that was enacted into law and requires N.C. Highway Patrol state troopers to keep more detailed statistics on the people they stop while on patrol to determine whether troopers are unfairly targeting African-American or other minority drivers for violations, despite policies against that.[144] North Carolina thus became the first state in the country to pass a data collection law to assess racial profiling on the highways. Before the legislation even passed, the N.C. Highway Patrol had decided to initiate its own study to prove that troopers don't target drivers based on race.

"It's scary that we can have groups of minority citizens who feel like they have to look over their shoulder," says Matt Zingraff, a social sciences professor at N.C. State University and the lead researcher on the Highway Patrol study, "Law enforcement has to convince people that's not the case. They have a responsibility to respond, even if they are squeaky clean," Zingraff adds.[145]

Table 20.
Reason Driver Stopped by Driver's Ethnicity in North Carolina, 2002

Purpose	Hispanic	%	Non Hispanic	%	Total
Speed Limit Violation	35,159	34.0%	549,022	45.4%	584,181
Stop Light/Sign Violation	6,123	5.9%	60,738	5.0%	66,861
Driving While Impaired	4,383	4.2%	17,374	1.4%	21,757
Safe Movement Violation	7,016	6.8%	59,357	4.9%	66,373
Vehicle Equipment Violation	11,624	11.2%	102,854	8.5%	114,478
Vehicle Regulatory Violation	11,594	11.2%	146,821	12.2%	158,415
Seat Belt Violation	7,948	7.7%	128,513	10.6%	136,461
Investigation	9,145	8.8%	59,687	4.9%	68,832
Other Motor Vehicle Violation	10,433	10.1%	83,927	6.9%	94,360
Total	**103,425**	**100.0%**	**1,208,293**	**100.0%**	**1,311,718**

Source: N.C. Department of Justice

Table 21.
Enforcement Action Taken After Vehicle Stopped by Driver's Ethnicity in North Carolina, 2002

Action	Hispanic	% of Total	Non Hispanic	% of Total	Total by Ethnicity
Verbal Warning	14,653	14.2%	176,944	14.7%	191,597
Written Warning	9,616	9.3%	181,463	15.0%	191,079
Citation Issued	70,408	68.2%	790,763	65.5%	861,171
On-View Arrest	6,479	6.3%	33,723	2.8%	40,202
No Action Taken	2,139	2.1%	23,739	2.0%	25,878
Total	**103,295**	**100.0%**	**1,206,632**	**100.0%**	**1,309,927**

Source: N.C. Department of Justice

Table 22.
Drivers and Passengers Searched After Traffic Stop by Ethnicity in North Carolina, 2002

Type	Hispanic	%	Non Hispanic	%
Driver	7,506	68.5%	49,262	64.6%
Passenger	3,447	31.5%	27,046	35.4%
Grand Total	**10,953**	**100.0%**	**76,308**	**100.0%**

Source: N.C. Department of Justice

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"While I'm checking your license and registration, and searching your car for drugs, here's a brochure to help you consider a career with The New Jersey State Police..."

Initial results from the Highway Patrol's study based on 1998 data did show that African-American men older than 23 were more likely than white men to get a traffic citation or written warning. However, while the number of tickets issued to minorities compared to the number of minority licensed drivers may show some level of disparity, Zingraff says it's more relevant to look at who is driving on the roads and at driving patterns by race as opposed to the racial breakdown of licensed drivers. The study did have some surprising results. For example, young whites were more likely to be stopped than young African Americans in 1998, a finding that researchers used to caution against making too many assumptions. "That finding alone points out that we have to be very careful about the assumptions we make," Zingraff says. "Certainly there are disparities. The issue is to identify the source of the disparities," adds Zingraff.[146]

Still, the study of the 1998 data was only a starting point. "The Highway Patrol has a firm and solid stance that we don't condone or practice racial profiling," said Sgt. Everett Clendenin of the North Carolina State Highway Patrol. "It is not fair, and it's not smart to say an agency like the Highway Patrol is racial profiling by looking at data that occurred over an eight-month time period, which is a small picture, a small piece of the puzzle. You have to look at the whole puzzle before you can make such a serious allegation of racial profiling."[147]

At the request of lawmakers and with a grant from the U.S. Department of Justice, Zingraff and his research staff conducted more in-depth research on additional years of traffic statistics and included in their study whether race plays a role in how a person drives. Including this component aroused the ire of civil rights groups and police groups alike. However, Zingraff held that it was a necessary component of the racial profiling conversation and in determining whether the state Highway Patrol engaged in such profiling.

As Zingraff describes it, there is a fine but crucial line between enforcement and profiling. "For example, if troopers are deployed to certain parts of the state where there are high traffic patterns, poor road conditions, et cetera—their presence there is to meet the goal of highway safety," says Zingraff, "but in conjunction with that policy, it's possible that that's an area that's disproportionately driven by minority groups, so you could have a disparity. You are there for understandable reasons, but a disparity results. If the policy or practice is based on tradition or habit, or 'This is an area where the fishing is good,' then that's not a reasonable policy.

Table 23.
Initial Purpose of Traffic Stop by Driver's Race in North Carolina, 2002

Purpose	White	%	Black	%	Native American	%	Asian	%	Other	%	Total
Speed Limit Violation	400,777	47.1%	144,811	39.4%	3,733	37.3%	6,417	49.6%	28,443	40.3%	584,181
Stop Light/Sign Violation	42,291	5.0%	19,426	5.3%	353	3.5%	1,179	9.1%	3,612	5.1%	66,861
Driving While Impaired	14,162	1.7%	4,755	1.3%	206	2.1%	190	1.5%	2,444	3.5%	21,757
Safe Movement Violation	43,219	5.1%	17,936	4.9%	518	5.2%	829	6.4%	3,871	5.5%	66,373
Vehicle Equipment Violation	67,583	7.9%	38,786	10.5%	824	8.2%	1,011	7.8%	6,274	8.9%	114,478
Vehicle Regulatory Violation	93,818	11.0%	56,426	15.3%	780	7.8%	1,226	9.5%	6,165	8.7%	158,415
Seat Belt Violation	96,154	11.3%	31,757	8.6%	1,432	14.3%	814	6.3%	6,304	8.9%	136,461
Investigation	37,813	4.4%	22,596	6.1%	1,367	13.6%	494	3.8%	6,562	9.3%	68,832
Other Motor Vehicle Violation	54,587	6.4%	31,263	8.5%	803	8.0%	772	6.0%	6,935	9.8%	94,360
Total	**850,404**	**100.0%**	**367,756**	**100.0%**	**10,016**	**100.0%**	**12,932**	**100.0%**	**70,610**	**100.0%**	**1,311,718**

Source: N.C. Department of Justice

"What criminal justice agencies need to do is look at outcomes of what they do," Zingraff adds. "If the outcomes are a result of a rationally based policy with goals in mind, then [if there is a disparity] at least they can present that to the community."

Zingraff completed his study in late 2002, and the results were released in February 2004 after extensive review by the National Institute of Justice. The findings: "no conclusive evidence of current institutional or systemic racial profiling" by the North Carolina Highway Patrol,[148] though the study could not rule out bias on the part of individual officers that in some instances could lead to greater scrutiny of vehicles driven by African Americans.

Despite the finding of no institutional racial profiling, Zingraff observes that law enforcement agencies may need to have more dialogue with the public about what tougher law enforcement may mean in their communities. "All communities want to be safe and protected, but I'm not sure that law enforcement agencies have sufficiently engaged the community in what that might mean. I'm not sure the community understands all of the ramifications," says Zingraff. "Have they explained to a grandmother that they might pull over her granddaughter if she is driving in a high-crime area? The grandmother might ask, 'Can't you tell the difference between a good girl and a bad girl?' But the answer is, 'no.' I don't think the conversation has taken place in many areas. I don't think a law enforcement officer should stop a car simply because they are in the wrong place at the wrong time, but there is not enough conversation about

Table 24.
Enforcement Action Taken in North Carolina by Driver's Race, 2002

Action	White	%	Black	%	Native American	%	Asian	%	Other	%	Total
Verbal Warning	120,875	14.2%	60,218	16.4%	1,015	10.1%	2,626	20.3%	6,863	9.7%	191,597
Written Warning	131,259	15.5%	49,256	13.4%	1,404	14.0%	1,490	11.5%	7,670	10.9%	191,079
Citation Issued	559,610	65.9%	234,533	63.8%	7,122	71.2%	8,301	64.3%	51,605	73.2%	861,171
On-View Arrest	22,103	2.6%	14,271	3.9%	330	3.3%	222	1.7%	3,276	4.6%	40,202
No Action Taken	15,309	1.8%	9,081	2.5%	135	1.3%	270	2.1%	1,083	1.5%	25,878
Total	**849,156**	**100.0%**	**367,359**	**100.0%**	**10,006**	**100.0%**	**12,909**	**100.0%**	**70,497**	**100.0%**	**1,309,927**

Source: N.C. Department of Justice.

Table 25.
Drivers and Passengers Searched in North Carolina by Race, 2002

Action	White	%	Black	%	Native American	%	Asian	%	Other	%	Total
Driver	30,548	66.9%	22, 162	62.0%	424	57.4%	318	66.3%	3,316	71.7%	56,768
Passenger	15,112	33.1%	13,592	38.0%	315	42.6%	162	33.8%	1,312	28.3%	30,494
Total	**45,660**	**100.0%**	**35,754**	**100.0%**	**739**	**100.0%**	**480**	**100.0%**	**4,628**	**100.0%**	**87,262**

Source: N.C. Department of Justice.

what police do, why they do it, and how they do it." Tables 20, 21, and 22 show the 2002 traffic statistics in North Carolina by driver's ethnicity, while Tables 23, 24, and 25 show traffic statistics by race, with the initial purpose for the stop, the enforcement action taken, and whether the officer searched the driver or passenger.

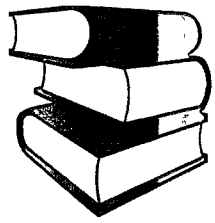
Conclusion and Recommendations

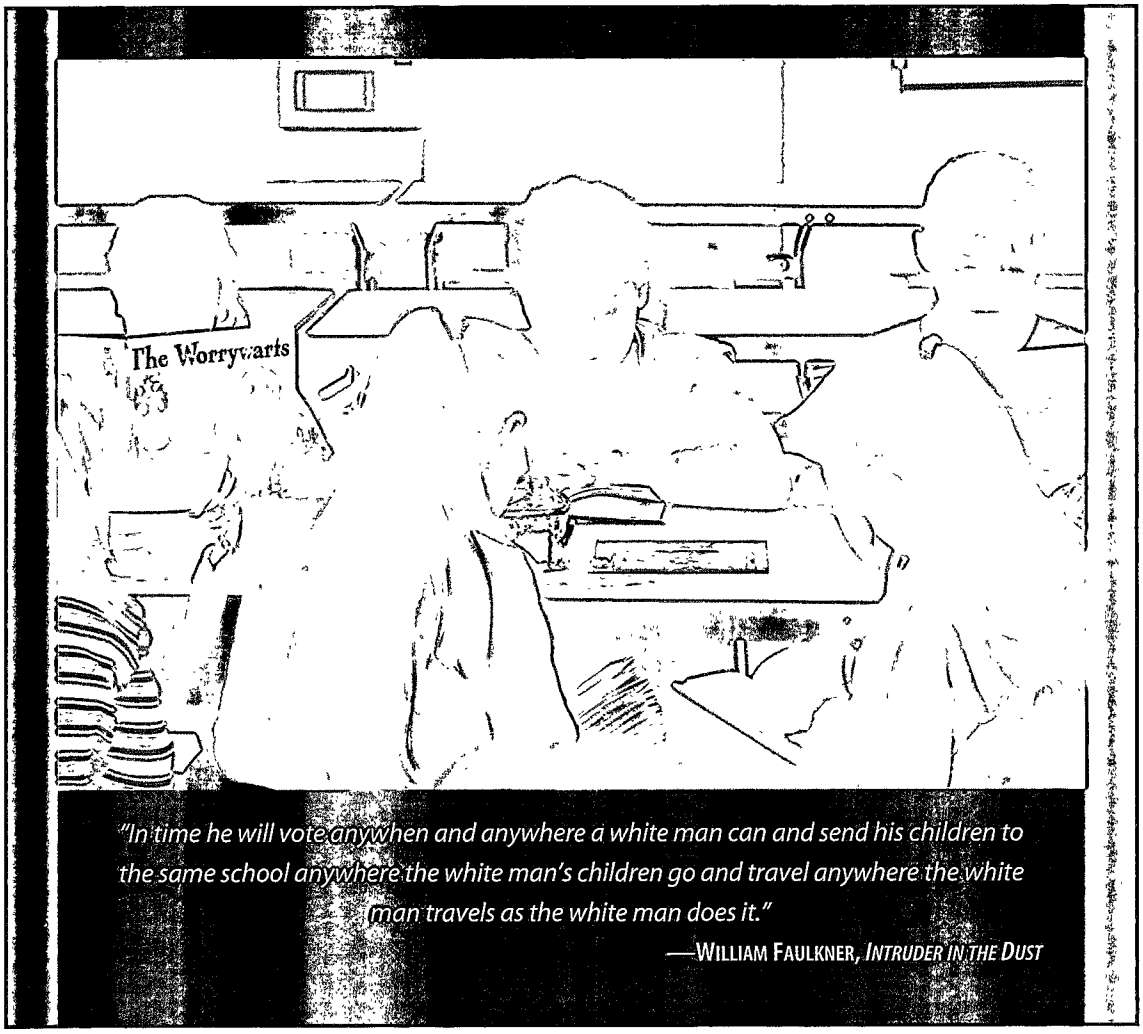
Population statistics illustrate that North Carolina's demographic picture has changed, is changing, and will likely continue to change, becoming a more diverse landscape of various racial and ethnic groups. Statistics also show that there are disparities in certain areas between the majority white population and minority groups and even among the minority groups themselves. Minorities have substantially lower per capita and household incomes and higher poverty rates than the white population. Per capita income for whites was $23,237. African Americans, American Indians, and Hispanics earned as little as 47.8 percent of that amount at $13,548, $13,441, and $11,097

respectively. As for poverty rates, the percentages were 8.1 percent for whites and 10.1 percent for Asians, but 25.2 percent for Hispanics, 22.9 percent for African Americans, and 21 percent for Native Americans.

Having inadequate or barely adequate financial resources may limit these groups' abilities to provide basic needs, including housing, for themselves and their families, not to mention that having low income limits access to health care, attending college, or having access to computers or the Internet. Limited incomes may also result in a feeling of powerlessness that contributes to a lack of civic participation, such as voting. In other words, inequalities with regard to economic well-being may ultimately lead to other societal ills, including many of the reported health disparities in the United States and North Carolina. Addressing these disparities is a long-term process, and progress will be incremental. However, the Center believes it is critical to begin the process. Thus, the Center offers the following recommendations:

To Close the Racial/Ethnic Gap in Educational Attainment: Beyond the achievement gap apparent in the K–12 public schools in North Carolina, minorities have a lower rate of educational attainment in terms of graduating from high school and completing college. Among whites, 81.2 percent are high school graduates, compared to 79.3 percent of Asians, 70.7 percent of African Americans, 62.7 percent of Native Americans, and 44.5 percent of Hispanics/Latinos. As for those who have completed high school, 43.9 percent of





Karen Tam

"In time he will vote anywhen and anywhere a white man can and send his children to the same school anywhere the white man's children go and travel anywhere the white man travels as the white man does it."

—WILLIAM FAULKNER, *INTRUDER IN THE DUST*

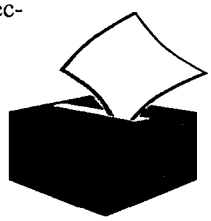
Asians and 25 percent of whites are college graduates, compared to 13.1 percent of African Americans, 10.5 percent of Hispanics/Latinos, and 10.4 percent of Native Americans.

Determining all the factors that contribute to these disparities is a challenge for policymakers, but income and economic differences may be one of the culprits. In some instances, there may be a missing ingredient that prevents individuals from reaching their full potential. That missing ingredient is hope. Young people who see their parents struggle in low-wage jobs and their own dreams of self-improvement deferred by tuition costs at public or private universities may reach the conclusion that the struggle is not worth it and drop out of high school to take a low-paying job with little future. North Carolina has an obligation to provide these students the opportunity to succeed. In-state tuition for the children of immigrants who do not meet the state's residency requirements is one way to achieve this, but hope should not be restricted to just the Hispanic/Latino community. And, merely providing low, in-state tuition is not enough. After all, the college-going rates of both African Americans and Native Americans, as well as Hispanics, trail that of whites by large margins, and the lack of financial resources for all of these groups is well documented. Even the state's college-going rate for whites is inadequate for the state's future needs. Thus,

(1) The Center recommends that the Governor propose and the N.C. General Assembly enact a Hope College Tuition Assistance Program to pay part of the cost of college for all students from households earning 200 percent or less of the federal poverty level and who graduate from high school with a B average. The assistance program would be modeled on Georgia's popular Hope Scholarship Program with a few well-justified modifications. First, Georgia's Hope Scholarship Program is a *merit* scholarship for all students who graduate from high school with a B average. North Carolina's Hope Tuition Assistance Program would be *need-based* for qualifying students who have the credentials to gain acceptance into the state's public universities. The federal poverty level is $18,750 in income per year for a family of four, so families earning up to $37,700 annually would be eligible for this assistance. Second, North Carolina's program should be funded by appropriations from the state's General Fund, rather than from a state lottery that takes a larger percentage of the income of the poor than of those with greater financial means (for more on state lotteries, see John Manuel, "13 Ways of Looking at a State Lottery," *North Carolina Insight*, Vol. 19, Nos. 1–2, October 2000, pp. 2–57). Third, the program would pay only a portion of the tuition, leaving it to students to contribute to their own education through work study, academic scholarships, loans, or some other means.

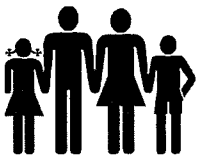
But if there are strong areas of difference, the North Carolina Hope College Tuition Assistance Program also would share some common ground with its neighbor to the South. One key similarity is that it would be available to all North Carolina households who meet the income restrictions—not just minorities. After all, the notion of white privilege may seem cruel irony to the victims of white poverty, and there are plenty of them in North Carolina. A second major similarity is that the program would provide hope to thousands of North Carolina's young people in a state where the dream of college has been eroded by recent multiple tuition and fee increases despite a guarantee in the state constitution that tuition at the public universities will be "free of expense . . . as far as practicable." And, a Hope College Tuition Assistance Program would represent a major step toward the promise Governor Mike Easley made in his inaugural address of "one North Carolina" in which "every child—whether born in the mountains of the west, the beaches of the east or the sandhills and foothills between—will have a fair opportunity to reach his or her full potential."[149]

To Close the Racial/Ethnic Gap in Voting Participation: Voter registration among all minorities trails that of whites, as does actual turnout on election day. The percentage of Hispanics/Latinos who cast ballots on election day amounted to a dismal 8.4 percent of the voting age population in 2000, and only 12.1 percent of the population was registered. Among African Americans, 47.7 percent of the voting age population cast ballots compared to 58.9 percent of whites. Little wonder that issues of importance to these minorities receive scant attention in the General Assembly. But the reality is that too few North Carolinians of *all* races and ethnicities bother to vote. Only 36.4 percent of the voting age population cast ballots in the 2002 general election. As the Center recommended in its 2003 study, "Improving Voter Participation and Accuracy in North Carolina's Elections,"



(2) The state should launch a massive voter registration campaign and a Get Out The Vote drive to get more North Carolina residents registered to vote and actually voting, with particular emphasis on reaching those who historically have been less inclined to participate, such as young people and minorities. The drive should be coordinated by the Governor and the State Board of Elections and should include publication of a Voter Education Guide published in both English and Spanish. Such nonpartisan guides typically include lists of candidates on the ballot, statements of their positions on the issues, and information on the various options for voting. They are used to good end in a number of states, including Alaska, California, Oregon, Washington, and some parts of Minnesota, New York, and Texas. Besides these publications, the voter education drive should deploy persons with broad contacts in the Hispanic/Latino communities of North Carolina, as well as focusing on African Americans and other minorities who have been less inclined to vote. Better voter education and increased political participation likely will produce state government policies that ultimately could result in better outcomes for minorities on a wide range of indicators.

To Close the Racial/Ethnic Gap in Health Outcomes: State agencies, nonprofits, including the Center, and interest groups have discussed the disparities in outcomes on morbidity and mortality among racial and ethnic groups in North Carolina for a number of years. There is no question that there are differences along racial/ethnic lines with regard to access to care, health status, maternal and infant health as well as many other health issues along the spectrum. Consider these differences:



Among children, the infant mortality rate (or number of infant deaths per 1,000 live births) remains far higher for African Americans, at 15.1 per 1,000 live births than other racial and ethnic groups. For Native Americans, the rate is 11.9; while for whites, the number is 6.4 per 1,000 live births, for Asians, 6.1, and for Hispanics/Latinas, 5.8. Yet another important disparity is deaths of children ages 1–17 (per 100,000 population). Here, Native Americans have the highest rate, at 53.8. For African Americans, the rate is 37.5 per 100,000 population, while the white rate is 30.4, the Hispanic/Latino rate 29.2, and the Asian rate is 28.7. Teen pregnancies are yet another area where stark differences between racial and ethnic groups emerge. Here, the annual rate of pregnancies per 1,000 Hispanic/Latina girls is 90.0. That compares to an African-American rate of 72.4, a Native-American rate of 63.2, and a white rate of 38.0.

As for adult health, again strong discrepancies in outcomes emerge between racial and ethnic groups. In annual heart disease deaths per 100,000 population, Native Americans had the highest rates at 312.3, followed by African Americans at 308.7; whites at 249.6, Asians at 83.1 deaths per 100,000 population, and Hispanics/Latinos at 78.5 heart disease deaths per 100,000 population. Similar patterns emerge in stroke deaths per 100,000 population. African-American stroke deaths are highest at 98.9 per 100,000 population, followed by Native Americans at 74.6, whites at 70.1, Asians at 42.2, and Hispanics/Latinos at 31.4. Diabetes-related deaths are yet another area where strong racial and ethnic discrepancies emerge. The death rate for African-Americans is 169.5, followed by 154.6 for Native Americans, 78.1 for whites, 41.6 for Asians, and 41.2 for Hispanics/Latinos.

In the area of sexually transmitted diseases, African Americans have the highest reported rates of gonorrhea and chlamydia, while Native Americans have the highest rates of early syphilis. African Americans have the highest rates of HIV and AIDS infection among racial and ethnic groups, and by far the highest AIDS death rates. Hispanics/Latinos, while a younger population due to the large number of immigrants and thus less likely to have elevated death rates in such areas as heart disease and cancer, have high rates of traffic fatalities and homicides. In addition, Hispanics/Latinos face long-standing access barriers due to both the language barrier and the fact that this ethnic group is the least likely of any racial or ethnic group to have health insurance.

To address broad-ranging discrepancies in health outcomes, the Center offers recommendations both general and specific. Given the high level of AIDS deaths in among African-Americans,

(3) The Center recommends that the General Assembly increase funding for AIDS prevention and treatment. AIDS has been a long-standing issue in the African-American community, yet prevention and treatment programs are chronically short on funding. Not only would increased funding for AIDS prevention and treatment benefit African Americans, but also Native Americans, Hispanics/Latinos, and any others who

are infected or threatened by this pernicious disease that, while more prevalent among African Americans, knows no racial or ethnic boundaries.

* * *

Yet another immediate need in the health arena—this one primarily but not exclusively of benefit to Hispanics/Latinos who do not speak fluent English—is for interpreter services in local health departments and for more bilingual providers of health care. The Center has long advocated for funding to provide interpreter services at local health departments as one small step in addressing the health needs of Hispanics/Latinos, who in many instances rely on health departments for basic health services. Prevention and early detection of disease depends upon the patient's being able to communicate effectively with the health care provider. And, while disease prevention and treatment primarily benefits the patient, it also carries benefit for the larger public placed at reduced risk of communicable disease. Though legislation has been introduced in every legislative session since our 1999 study, so far no funds for interpreter services have been appropriated.[150] Thus,

(4) The Center recommends the General Assembly appropriate $2.5 million in recurring funds to pay for 85 interpreters in counties with medium (500 to 1,500), high (1,501 to 2,999), and very high density (more than 3,000) Hispanic/Latino populations. The Governor should ask for these funds in his 2004 budget request and the General Assembly should provide the money. The failure to communicate health needs and cures has been allowed to continue far too long.

* * *

Another specific area that needs immediate attention is staffing for the North Carolina Child Fatality Task Force. While legislators were looking for savings in the 2003 $15 billion budget, they inexplicably left the staff for this important commission on the cutting room floor. The savings? A grand total of $64,000. Child fatalities are elevated for both Native Americans and African Americans, and are a problem for all races and ethnicities. Nonetheless, the Child Fatality Task Force has had success moving issues such a mandatory bicycle helmet law for children and a graduated license law for young drivers. The number of child deaths has declined by 31 percent in the 12 years of the Task Force's existence—evidence of its value and the need to restore funding for the administrative staff. Thus,

(5) The Center recommends that $70,000 be appropriated by the 2004 session of the North Carolina General Assembly to restore funding for the administrative staff of the North Carolina Child Fatality Task Force.

* * *

Given the broad-ranging disparities in health outcomes discussed above, the Center sees a need for increased support for the Office of Minority Health and Health Disparities within the N.C. Department of Health and Human Services. The Office should continue to research and highlight differences in health outcomes between racial and ethnic groups, promote best health practices through its grantmaking and leadership, and press for cultural change at the state and local level to address the root causes of disparities in health outcomes. Meanwhile, the Department of Health and Human Services should step up efforts to put this information to use. Armed with this strong data,

(6) The Center recommends that the Department of Health and Human Services mount a major campaign to address the leading health disparities for all races and ethnicities, revisiting the need for community-based preventive health strategies and replicating those that have been found to be effective.

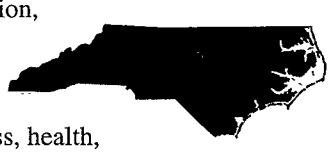
To address disparities in criminal justice outcomes: Yet another area where the Center found significant disparities among races and ethnicities is in criminal justice outcomes. There is no debate around whether a disproportionate number of minorities, especially African Americans, pass through North Carolina's criminal justice system. However, there is great debate around whether this imbalance is a result of racial discrimination and particular policies, programs, or attitudes ultimately leading to needless disparities. If the imbalanced statistics are indeed disparities rooted in bias, then eliminating such disparities and the underlying bias will be one of the greater and long-term challenges the state faces. Nevertheless, sufficient doubt particularly has been raised regarding racial bias and the death penalty that a moratorium is in order.

Research by Isaac Unah and Jack Boger, law professors at the University of Chapel Hill, indicates that when whites are murder victims, the perpetrator of the crime is nearly twice as likely to get the death penalty as when there is a non-white victim (3.7 percent of the time versus 1.9 percent).

Further, non-white defendants who murdered whites were more likely to get the death penalty (6.4 percent of the time) than were whites who murdered whites (2.6 percent of the cases). When non-whites were both the defendant *and* the victim, death sentences dipped even more, to only 1.7 percent of the cases. The study also revealed that some aggravating factors, such as murdering more than one person, count less than race. These data are difficult to ignore no matter how one feels personally about the death penalty. Therefore, until research can determine why these disparities exist,

(7) The Center recommends that the N.C. House of Representatives enact legislation in 2004 implementing a moratorium on the death penalty. This legislation was passed by the Senate in 2003 and is eligible for consideration in the 2004 session. (7A) The Center also recommends that Governor Mike Easley delay any further imposition of the death penalty until the executive, legislative, and judicial branches can consider this matter. While disparities in the prison population are disturbing, at least injustices that arise after conviction can be addressed. Such is not the case with the death penalty.

To address disparities as they touch state government generally: Based on the data presented here, it is clear that various groups and individuals in North Carolina experience disparities in the areas of education, economic well-being, housing, voting participation, Internet access, health, and criminal justice. Less clear is what the state can and should do to eliminate these disparities. The recommendations outlined above address only a few of the issues that emerge from the research. Whether and how the state should intervene further is a matter for careful debate. To give a full airing to issues surrounding racial disparities as they touch state government in North Carolina,



(8) The Center recommends that Governor Mike Easley convene a Governor's Summit on Racial and Ethnic Disparities in North Carolina. In keeping with the "one North Carolina" theme Easley established within the very first days of his administration in 2001, such a summit would set out to examine the causes and potential solutions to racial and ethnic disparities across a broad range of indicators. These differences, discrepancies, and outright injustices present a muddled picture as to what the role of the state ultimately should be. What is clear, however, is that North Carolinians must recognize the state's shifting demographics and the disparities associated with this shift, with the aim of advancing *all* of the state's residents.

FOOTNOTES

[1] Census 2000 Redistricting Data (P.L. 94-171) Summary File and 1990 Census. U.S. Census Bureau, Washington D.C., Table 3. States Ranked by Percent Population Change: 1990 to 2000 *http://www.census.gov/population/cen2000/phc-t2/tab03.xls*

[2] According to the U.S. Census Bureau, a person having origins in any of the black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as African American, Afro-American, Kenyan, Nigerian, or Haitian.

[3] According to the U.S. Census Bureau, a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

[4] According to the U.S. Census Bureau, a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. It includes people who classified themselves as American Indian, American Indian tribe, or Alaskan Native. The American-Indian category includes people who indicated their race as "American Indian," entered the name of an Indian tribe, or reported such entries as Canadian Indian, French American Indian, or Spanish American Indian. Respondents who identified themselves as American Indian were asked to report their enrolled or principal tribe. Therefore, tribal data in tabulations reflect the written entries reported on the questionnaires. Some of the entries, for example, Iroquois, Sioux, Colorado River, and Flathead, represent nations or reservations. The information on tribe is based on self-identification and therefore does not reflect any designation of federally or state-recognized tribe. The Alaska-Native category includes written responses of Eskimos, Aleuts, and Alaska Indians, as well as entries such as Arctic Slope, Inupiat, Yupik, Alutiiq, Egegik, and Pribilovian. The Alaska tribes are the Alaskan Athabascan, Tlingit, and Haida. The information for Census 2000 is based on the American Indian Tribal Classification List for the 1990 census, which was expanded to list the individual Alaska Native Villages when provided as a written response for race.

[5] Table 2. Percent of Population by Race and Hispanic or Latino Origin, for the United States, Regions, Divisions, and States, and for Puerto Rico: 2000. White alone, not Hispanic or Latino. Source: U.S. Census Bureau, Census 2000 Redistricting Data (P.L. 94-171) Summary File for states and Census 2000 Redistricting Summary File for Puerto Rico, Tables PL1 and PL2.

[6] According to the U.S. Census Bureau, the Asian population in North Carolina consists mainly of Asian Indians, Chinese, Filipino, Japanese, Korean, and Vietnamese.

[7] According to the U.S. Census Bureau, most of the Hispanics/Latinos in North Carolina were Mexican (246,545), Puerto Rican (31,117), Cuban (7,389), and other Hispanics or Latinos (93,912).

[8] According to the U.S. Census Bureau, "White" means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.

[9] "The Achievement Gap 2002: An Update," N.C. Justice and Community Development Center, Raleigh, N.C., July 2002, p. 7.

[10] *Long Range Planning—IV. Strategic Directions,* University of North Carolina System Board of Governors, Chapel Hill, N.C., January 14, 2000, available at *www.northcarolina.edu/content.php/aa/planning/reports/longplan/stratdir.htm.*

[11] "Office of the President Initiatives," The University of North Carolina System, Chapel Hill, N.C., available at *www.northcarolina.edu/content.php/pres/initiatives/initiatives.htm#access.*

[12] Maury Gittleman and Edward N. Wolff, "Racial Wealth Disparities: Is the Gap Closing?" The Jerome Levy Economics Institute, Annandale-on-Hudson, New York, Working Paper No. 311, August 2000, p. 1.

[13] "Dynamics of Economic Well-Being," U.S. Census Bureau, Washington, D.C. at *www.census.gov/population/www/socdemo/wellbeing.html*

[14] According to the U.S. Bureau of Economic Analysis, *personal income* is defined as the income that is received by persons from participation in production, from both government and business transfer payments, and from government interest (which is treated like a transfer payment). It is calculated as the sum of wage and salary disbursements, other labor income, proprietors' income with inventory valuation and capital consumption adjustments, rental income of persons with capital consumption adjustment, personal dividend income, personal interest income, and transfer payments to persons, less personal contributions for social insurance. Per capita personal income is calculated as the personal income of the residents of an area divided by the population of that area.

[15] According to the U.S. Bureau of Economic Analysis, *household income* is the sum of money income received in the previous calendar year by all household members 15 years old and over, including household members not related to the householder, people living alone, and others in nonfamily households. The median household income value is calculated by determining the midpoint of the household incomes.

[16] Eric Grodsky and Devah Pager, "The Structure of Disadvantage: Individual and Occupational Determinants of the Black-White Wage Gap," *American Sociological Review*, Wisconsin, Vol. 66, No. 4, August 2001, pp. 542–568.

[17] According to the U.S. Census Bureau, poverty is based on income in the previous year. Poverty thresholds are defined by the U.S. Office of Management and Budget and vary by family size and composition. In 2000, the poverty threshold for a family of two adults and two children was $17,463. *The poverty thresholds are the same for all parts of the country—that is, they are not adjusted for regional, state, or local variations in the cost of living.* The poverty level is based on money income and does not include non-cash benefits such as food stamps.

[18] Bureau of the Census, Census of Population and Housing.

[19] According to the U.S. Census, complete plumbing facilities include: (1) hot and cold piped water, (2) a flush toilet, and (3) a bathtub or shower. All three facilities must be located inside the house, apartment, or mobile home, but not necessarily in the same room. Housing units are classified as lacking complete plumbing facilities when any of the three facilities is not present.

[20] According to the U.S. Census, a unit has complete kitchen facilities when it has all of the following: (1) a sink with piped water; (2) a range, or cook top and oven; and (3) a refrigerator. All kitchen facilities must be located in the house, apartment, or mobile home, but they need not be in the same room. A housing unit having only a microwave or portable heating equipment, such as a hot plate or camping stove, is not considered as having complete kitchen facilities. An ice box is not considered to be a refrigerator.

[21] "Affordable Housing," U.S. Department of Housing and Urban Development, Washington, D.C. at *www.hud.gov/offices/cpd/affordablehousing/index.cfm.*

[22] As measured by gross rent as a percentage of household income after excluding households for which such a measure was not computed. Gross rent as a percentage of household income in 1999 is a computed ratio of monthly gross rent to monthly household income (total household income in 1999 divided by 12). U.S. Census Bureau.

[23] Adam Bell, Jim Morrill, and Ted Mellnik, "Racial Gap in Voting Still Prevails," *The Charlotte Observer*, Charlotte, N.C., June 18, 2001, p. 1A.

[24] Mike McLaughlin *et al.*, "Improving Voter Participation and Accuracy in North Carolina Elections," *North Carolina Insight*, Vol. 20, No. 3–4, April 2003, pp. 2–57.

[25] *Ibid.*

[26] *Ibid.*

[27] James G. Gimpel, "Latinos and the 2002 Election—Republicans Do Well When Latinos Stay Home," *Backgrounder*, Center for Immigration Studies, Washington, D.C., January 2003, p. 1.

[28] *Ibid.* at p. 5.

[29] Pew Hispanic Center and Henry J. Kaiser Family Foundation, "National Survey of Latinos," *The Polling Report*, Vol. 19, No. 2, Jan. 27, 2003, pp. 1 and 6. The 2002 telephone survey of 2,929 Hispanics/Latinos was conducted between April 4 and June 11, 2002. Margin of error for Hispanics/Latinos was plus or minus 2.41 percent.

[30] "Falling Through the Net: Defining the Digital Divide," U.S. Department of Commerce, National Telecommunications and Information Administration, Washington, D.C., July 1999 at *www.ntia.doc.gov/ntiahome/fttn99/execsummary.html.*

[31] "Large racial gap found in access to Internet," Knight Ridder Newspapers wire service report, *The News & Observer*, Raleigh, N.C., July 9, 1999, p. 9A.

[32] "A Nation Online: How Americans Are Expanding Their Use of the Internet" U.S. Department of Commerce, National Telecommunications and Information Administration, Washington, D.C., February 2002, p. 21 at *www.ntia.doc.gov/ntiahome/dn/anationonline2.pdf.*

[33] *Ibid.*

[34] *Ibid., p. 11.*

[35] *Ibid.*

[36] Mark Jones, "Minorities Race to Catch Up," Access Denied, Exploring the Digital Divide, Washington D.C., 2002 *www.soc.american.edu/students/ij/co_3/digitaldivide/minority.htm.*

[37] *Ibid.*

[38] "Constitution of the World Health Organization," World Health Organization, April 7, 1948, at *policy.who.int/cgi-bin/om_isapi.dll?hitsperheading=on&infobase=basicdoc&record={9D5}&softpage=Document42.*

[39] *Healthy People 2010: Understanding and Improving Health* was developed by leading Federal agencies with the most relevant scientific expertise. The development process was informed by the Healthy People Consortium—an alliance of more than 350 national membership organizations and 250 state health, mental health, substance abuse, and environmental agencies. Additionally, through a series of regional and national meetings and an interactive Web site, more than 11,000 public comments on the draft objectives were received.

The Secretary's Council on National Health Promotion and Disease Prevention Objectives for 2010 also provided leadership and advice in the development of national health objectives. "Healthy People 2010: Understanding and Improving Health, 2nd ed.," U.S. Department of Health and Human Services, Washington, D.C.: U.S. Government Printing Office, November 2000, pp. 1–2 at *www.healthypeople.gov/Document/Word/uih/uih.doc.*

[40] *Ibid.*, pp. 18–20.

[41] The National Institutes of Health defines disparities as "the differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States. See "Addressing Health Disparities: The NIH Program of Action. What Are Health Disparities?", National Institutes of Health, available at *healthdisparities.nih.gov/whatare.html.*

[42] *Healthy People 2010: Understanding and Improving Health*, note 39 above, pp. 11–12.

[43] See Mike McLaughlin, "The Health of Minority Citizens in North Carolina," *North Carolina Insight*, Raleigh, N.C., Vol. 15, No. 4/Vol. 16, No. 1 (March 1995) pp. 3–69 and Joanne Scharer, "Hispanic/Latino Health in North Carolina: Failure to Communicate?" *North Carolina Insight*, Raleigh, N.C., Vol. 18, Nos. 2–3, (August 1999) pp. 2–65.

[44] The North Carolina Progress Board was created by the General Assembly in 1995 to create a detailed map for the future toward meeting certain goals, to measure the state's progress in meeting those goals, and to report any progress—or lack of progress—to state leaders and residents. See *www.theprogressboard.org/.*

[45] *NC 20/20 Report*, North Carolina Progress Board, Raleigh, N.C., December 2001, p. 9, *http://www.theprogressboard.org/research/NC2020entireversion.pdf.*

[46] Emmanuel Ngui, editor, *From Disparity to Parity in Health: Eliminating Health Disparities—Call to Action,* Department of Health and Human Services, Office of Minority Health and Health Disparities, Raleigh, N.C., January 2003, p. 2.

[47] *NC Latino Health, 2003*, a report from the Latino Health Task Force, prepared by the North Carolina Institute of Medicine in collaboration with El Pueblo, Inc., Durham, N.C., February 2003. Recommendations are summarized in the executive summary on pp. xxii–xxvii.

[48] Joanne Scharer, "Hispanic/Latino Health in North Carolina," note 43 above, p. 59.

[49] *NC Latino Health, 2003,"* note 47 above.

[50] *Racial and Ethnic Differences in Health in North Carolina: A Special Report*, Center for Health Informatics and Statistics and the Office of Minority Health, North Carolina Division of Public Health, N.C. Department of Health and Human Services, Raleigh, N.C., November 2000, Executive Summary, at *www.schs.nc.us/SCHS/pubs/.*

[51] *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*, Institute of Medicine, National Academy Press, Washington D.C., 2002, pp. 2–3. at *www.nap.edu/books/030908265X/html/.*

[52] Emmanuel Ngui, note 46 above, p. 9.

[53] *Healthy People 2010: Understanding and Improving Health*, 2nd ed., U.S. Department of Health and Human Services, Washington, D.C.: U.S. Government Printing Office, November 2000, note 39 above, pp. 24–25.

[54] BRFSS is a random telephone survey of state residents age 18 and older conducted by the N.C. Department of Health and Human Services, Division of Public Health, from 1997–2001.

[55] The BRFSS Survey was initially developed in the early 1980s by the Centers for Disease Control and Prevention (CDC) in collaboration with state health departments, and is currently being conducted in all 50 states, the District of Columbia, and three United States territories. The BRFSS is the longest-running and largest telephone health survey in the world. In 2002, approximately 220,000 adults were interviewed nationwide, including 6,748 North Carolinians. For more information, see *www.schs.state.nc.us/SCHS/about/programs/brfss/index.html*

[56] Ziya Gizlice and Henry Herrick, "Do Persons with High Medical and Behavioral Risks Have Limited Access to Health Care?" *SCHS Studies,* N.C. Department of Health and Human Services, Division of Public Health, Raleigh, N.C., Number 131, February 2002, p. 3.

[57] Eli Ginzberg, "Access to Health Care for Hispanics," *Journal of the American Medical Association*, Chicago, Ill., January 9, 1991, Vol. 265, No. 2, p. 238.

[58] Gizlice and Herrick, note 56 above.

[59] N.C. Behavioral Risk Factor Surveillance System (BRFSS), 1997–2001. See note 54 above.

[60] N.C. Behavioral Risk Factor Surveillance System (BRFSS), 1990 and 2001. See note 54 above.

[61] For more on this issue, see Joanne Scharer, "Hispanic/Latino Health in North Carolina: Failure to Communicate?," *North Carolina Insight*, Raleigh, N.C., Vol. 18, Nos. 2–3, (August 1999) pp. 36–37.

[62] *Ibid.* at pp. 2–65.

[63] G.A Colditz, "Economic costs of obesity and inactivity," *Medicine and Science in Sports and Exercise*, American College of Sports Medicine, Indianapolis, Ind., Vol. 31, November 1999 Supplement, pp. 663–667, and Wendy Max, "The Financial Impact of Smoking of Health Related Costs: A Review of the Literature," *American Journal of Health Promotion*, West Bloomfield, Mich., Volume 15, No. 5, May/June 2001, pp. 321–331.

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[72] Christopher Peak and John R. Weeks, "Does community context influence reproductive outcomes of Mexican origin women in San Diego, California? *Journal of Immigrant Health*, Kluwer Academic Publishers, Norwell, Mass., Volume 4, No. 3, July 2002, pp. 125–36. See also John R. Weeks, Rubén G. Rumbaut, and Norma Ojeda, "Reproductive Outcomes Among Mexico-Born Women in San Diego and Tijuana: Testing the Migration Selectivity Hypothesis," *Journal of Immigrant Health*, Kluwer Academic Publishers,

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[92] "Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General," U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Rockville, Md., August 2001, p. 3, available at *www.mentalhealth.org/cre/default.asp.*

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[95] "Mental Health: Culture, Race, and Ethnicity," note 92 above, executive summary, p. 1.

[96] *Racial and Ethnic Differences in Health in North Carolina,* note 50 above, p. 2

[97] M.T. Fullilove, "Comment: Abandoning 'Race' as a Variable in Public Health Research—An Idea Whose Time Has Come," *American Journal of Public Health*, American Public Health Association, Washington, D.C., Vol. 88, No. 9, 1998, pp. 1297–1298.

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[99] *Racial and Ethnic Differences in Health in North Carolina*, note 50 above, p. 2.

[100] *Ibid.*, p. 2.

[101] "Sentencing Practices Under North Carolina's Structured Sentencing Laws," North Carolina Sentencing and Policy Advisory Commission, Raleigh, N.C., March 2002, p. 33.

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[106] Based on the prison directory, historical information, and a list of openings and closings provided by the N.C. Division of Prisons at *www.doc.state.nc.us/DOP/.*

[107] *Ibid.*

[108] Two prisons, Scotland Correctional Institution and Lanesboro Correctional Institution, opened in September 2003 and January 2003, respectively, and Alexander Correctional Institution is scheduled to open in 2004.

[109] Senate Bill 227 of the 2003 session, "Lease Purchase Three New Prisons," referred to the Committee on Appropriations/Base Budget and passed as part of the overall budget bill.

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[130] 93 are white, 117 are African Americans, 8 are Indian, and 5 are "other." N.C. Department of Correction, Offenders on Death Row, *www.doc.state.nc.us/DOP/deathpenalty/deathrow.htm#Demographics.*

[131] Isaac Unah and Jack Boger, "Race and the Death Penalty in North Carolina An Empirical Analysis: 1993–1997," The Common Sense Foundation and the N.C. Council of Churches, Raleigh, N.C., April 2001 at *www.deathpenaltyinfo.org/article.php?scid=19&did=246.*

[132] The study used this period to obtain the most recent information available about North Carolina's sentencing patterns. Had the study used data that extended past 1997, the trials of many defendants would still have been incomplete at the time the study was conducted and completed.

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[134] *Ibid.*

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[139] *Ibid.*, p. 28.

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[147] Amanda Lamb, "State Highway Patrol Looks at Allegations of Racial Profiling," WRAL.com, Raleigh, N.C., November 5, 2002, available at *www.ncsu.edu/news/dailyclips/1102/110602.htm#8.*

[148] N.C. State News Services, "No Systemic Racial Profiling by N.C. State Highway Patrol; Some Individual Officer Bias Possible, Researchers Say," news release, North Carolina State University, Raleigh, N.C., Feb. 11, 2004, p. 1. The North Carolina Highway Traffic Study is available on the Internet at *www.chass.ncsu.edu/justice.*

[149] Governor Mike Easley's Inaugural Address, January 6, 2001.

[150] The Center first offered this recommendation in Joanne Scharer, "Hispanic/Latino Health in North Carolina: Failure to Communicate?" *North Carolina Insight*, Vol. 18, Nos. 2–3 (August 1999), pp. 59–60. The amount of the recommended appropriation is increased from $2.3 million to $2.5 million to account for inflation and the fact that the Hispanic/Latino population in North Carolina has grown by 394 percent since 1990.

We have so much in common, so much that should unite us
But every time we look up, there's somebody new to divide us
Separate and conquer, all for the touch of Midas
And it's a lonely rancor, pour on the fuel to incite us

—SINGER JOHN GORKA,
"LOOK THE OTHER WAY"