

# Hispanic/Latinx Health Disparities in North Carolina



## Overview

Hispanic/Latinx communities face significant disparities in health and access to care in North Carolina. Structural barriers such as language accessibility, immigration status, and lack of health coverage contribute to high incidences of preventable diseases and cancer mortality rates. Addressing disparities and building community-centered strategies is crucial to improve health outcomes in the community.



## Chronic Disease Disparities



### DIABETES DISPARITIES

Hispanic/Latinx communities are 1.5 times more likely to encounter disparities that lead to being diagnosed with diabetes.



### CANCER DISPARITIES

Higher cancer incidence and mortality from certain cancers.

- 1.71 times more from cervical cancer incidence
- 1.98 times more from stomach cancer incidence
- 1.37 times more from liver cancer incidence
- 1.39 times more likely to die from cervical cancer
- 2.25 times more likely to die from stomach cancer



### DISPARITIES IN ACCESS TO HEALTH CARE

More likely to encounter disparities that lead to being uninsured or underinsured.

- 3.89 times more likely to not have health insurance.
- 2.08 times more likely to not see a doctor due to cost.



### DISPARITIES IN SOCIAL DETERMINANTS OF HEALTH

Socioeconomic: Hispanic/Latinx communities face significant challenges in accessing resources and opportunities that improve health.

#### More likely to encounter disparities that lead to experiencing poverty:

- 2.41 times more likely for all ages
- 2.97 times more likely for children under age 18
- 1.78 times more likely for adults age 65+
- 1.38 times more likely to have housing costs over 30% of their household income

#### Less likely to have access to education:

- 1.39 times less likely to have a high school degree or GED
- 1.78 times less likely to have a bachelor's degree
- 1.29 times more likely to have a lower household income
- 1.43 times more likely to be unemployed



## Community Centered Solutions

Community-based organizations, health care providers, policymakers, faith-based organizations and other partners can work to eradicate the barriers that the Hispanic/Latinx communities face to receive quality and equitable health care.

### EXPANDING ACCESS TO HEALTH COVERAGE

Develop robust, culturally and linguistically tailored community outreach efforts to assist the community in:

#### Navigating and Expanding access to care:

- Assist individuals in applying for health coverage and establishing care with a primary care doctor.
- Support uninsured communities in accessing free and charitable clinics and Federally Qualified Health Centers (FQHCs).
- Eliminate structural barriers: Expand eligibility for health coverage.
- Improve application processes: Ensure language accessibility, simplify eligibility requirements.
- Promote education: Develop educational materials on navigating access to care and address immigration-based fears.

#### Promoting Preventive Care and Health Literacy:

- Strengthen and invest in Community Health Worker (CHW) programs to foster trust in the community, especially in rural and remote areas.
- Develop community-centered educational campaigns and events that promote preventive health and health literacy.
- Expand access to tailored health screenings.

#### Provide Culturally and Linguistically Tailored Care:

- Ensure language access throughout all interactions.
- Train health care providers in cultural sensitivity.
- Invest in diversifying the health care workforce.

### ADDRESS SOCIAL DETERMINANTS OF HEALTH

Support policies that improve conditions, safety, and health care access.

#### Advanced Hispanic/Latinx Research and Data:

- Increase participation in medical studies.
- Invest in building trust and linguistically accessible material.
- Fund research on factors contributing to disparities.
- Use data to create tailored solutions.

#### Advocate for Policy Change:

Promote local, state and federal policies that promote equitable health care access and pathways to medical coverage for the Hispanic/Latinx communities.



## Additional Considerations

- Lack of health insurance, barriers to quality health care, workplace conditions, and socioeconomic gaps may increase this population's health risks across their lifespan.
- Discrimination is also a health risk\*\* - Chronic vigilance for discrimination may result in chronic stress exposure and be detrimental to health. Vigilance evoked by mistrust can put people on guard for signs of the expected discrimination and lead to acute increases in blood pressure (BP), heart rate (HR), and stress hormones.
- Public charge fear - Immigration status or lack thereof is a central factor in the widespread fear that applying and receiving government benefits or participating in government led initiatives can put individuals at greater risk for deportation or it can endanger pathways to permanent status or citizenship.

## Citations

### NCDHHS Health Disparities Analysis Report

<https://www.ncdhhs.gov/2024-health-disparities-analysis-report/download?attachment>

### Discrimination and the Stress Response: Psychological and Physiological Consequences of Anticipating Prejudice in Interethnic Interactions

<https://pmc.ncbi.nlm.nih.gov/articles/PMC3483920/#bib5>

*Together,*  
we can help reduce  
health disparities for all.



NC DEPARTMENT OF  
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