

REQUEST FOR BOARD ACTION

**HENDERSON COUNTY
BOARD OF COMMISSIONERS**

MEETING DATE: October 18, 2006

SUBJECT: Information on Illegal Immigration

ATTACHMENTS: Yes

SUMMARY OF REQUEST:

Per a request from Commissioner Shannon Baldwin, staff has gathered information regarding the impacts of illegal immigration on Henderson County's services. This information is attached.

BOARD ACTION REQUESTED:

No action is required.

HENDERSON COUNTY GOVERNMENT
OFFICE OF THE COUNTY MANAGER

100 North King Street – Hendersonville, North Carolina 28792
Phone 828.697.4809 Fax 828.698.6014
www.hendersoncountync.org

M E M O R A N D U M

To: Steve Wyatt, County Manager
From: Selena Coffey, Assistant County Manager
Date: October 9, 2006
Subject: Information Provided per Request of Commissioner Baldwin

I am writing to convey the information gathered in response to Commissioner Baldwin's questions regarding illegal immigration. It is important to note that most of the available resources categorize their statistics based on the "Hispanic" classification and do not expand their statistics to "illegal immigrants." Therefore, conclusions derived from the following information may be based solely upon conjecture of whether Hispanics are legal or illegal. In addition, much of the information available does not differentiate between various ethnic origins when they refer to "illegal immigrants" (i.e. not all illegal immigrants are Hispanic).

The questions were those posed by Commissioner Baldwin and the responses to the questions are provided in bold:

Q: What are the costs for providing services to illegal immigrants?

A: **"Illegal alien households are estimated to use \$2,700 a year more in services than they pay in taxes".¹**

Q: Are immigrants paying into government's systems? Are they paying property taxes? Are they paying income taxes?

A: **"Hispanics annually contribute about \$756 million in taxes (direct and indirect) while costing the state budget about \$817 million annually for K-12 education (\$467 million), health care (\$299 million) and corrections (\$51 million) — for a net cost to the state of about \$61 million, or \$102 per Hispanic resident."²**

A: **"North Carolina Hispanics' after-tax income totaled an estimated \$8.3 billion in 2004. With about 20 percent of that total sent home to Latin America, saved or used for interest payments, the remaining spending had a total economic impact of \$9.2 billion on the state. Much of that spending occurs in the major**

¹ The Center for Immigration Studies - <http://www.cis.org/articles/2004/fiscalrelease.html>

² *The Economic Impact of the Hispanic Population on the State of North Carolina* – UNC-CH Kenan-Flagler Business School - 2005

metropolitan areas along the Interstate 40/Interstate 85 corridor, but it also supports businesses in every part of the state.”³

Q: What is the impact of illegal immigration / Hispanics on our human service agencies (Social Services & Public Health)?

A: See Attachment A – memorandum and information from Tom Bridges, Health Director.

A: See Attachment B - memorandum and information from Liston Smith, Social Services Director.

A: “Hispanics accounted for 57 percent of enrollment growth in North Carolina public schools from 2000 to 2005, according to the Kenan study. From 1990 to 2000, they accounted for 15 percent of enrollment growth”.⁴

A: “Hispanics accounted for 27.5 percent of the state's population growth from 1990 to 2004 and 57 percent of the total enrollment growth in North Carolina Public Schools between school years 2000-2001 and 2004-2005.”⁵

A: “Educating the children of illegal immigrants costs North Carolina an estimated \$210 million yearly, according to figures from a study on the economic impact of the state's Hispanic population by researchers at the Kenan Institute of Private Enterprise at UNC-Chapel Hill. Ten years before, that figure was less than \$10 million”.⁶

Q: How many Hispanic kids in our schools? What percentage of public school system students are Hispanics? Which schools have the most Hispanic children?

A: See Attachment C – E-mail and information from Dr. Stephen Page, Superintendent, Henderson County Public Schools.

Q: What are the crime statistics? What percent of the jail population is Hispanic?

A: Information requested but not yet supplied by the Henderson County Sheriff's Department.

Q: What percentage of total hospital clients are Hispanic? What percentage of non-paying hospital clients are Hispanic?

A: Information requested but not yet supplied by Pardee Hospital and Park Ridge Hospital.

A: “Medicaid, unlike hospitals, does try to separately account for illegal-immigrant care. Spending on such care in North Carolina doubled from \$25.8 million in

³ *The Economic Impact of the Hispanic Population on the State of North Carolina* – UNC-CH Kenan-Flagler Business School - 2005

⁴ *The News and Observer, Raleigh, NC* – February 27, 2006

⁵ *The Economic Impact of the Hispanic Population on the State of North Carolina* – UNC-CH Kenan-Flagler Business School - 2005

⁶ *The News and Observer, Raleigh, NC* – February 27, 2006

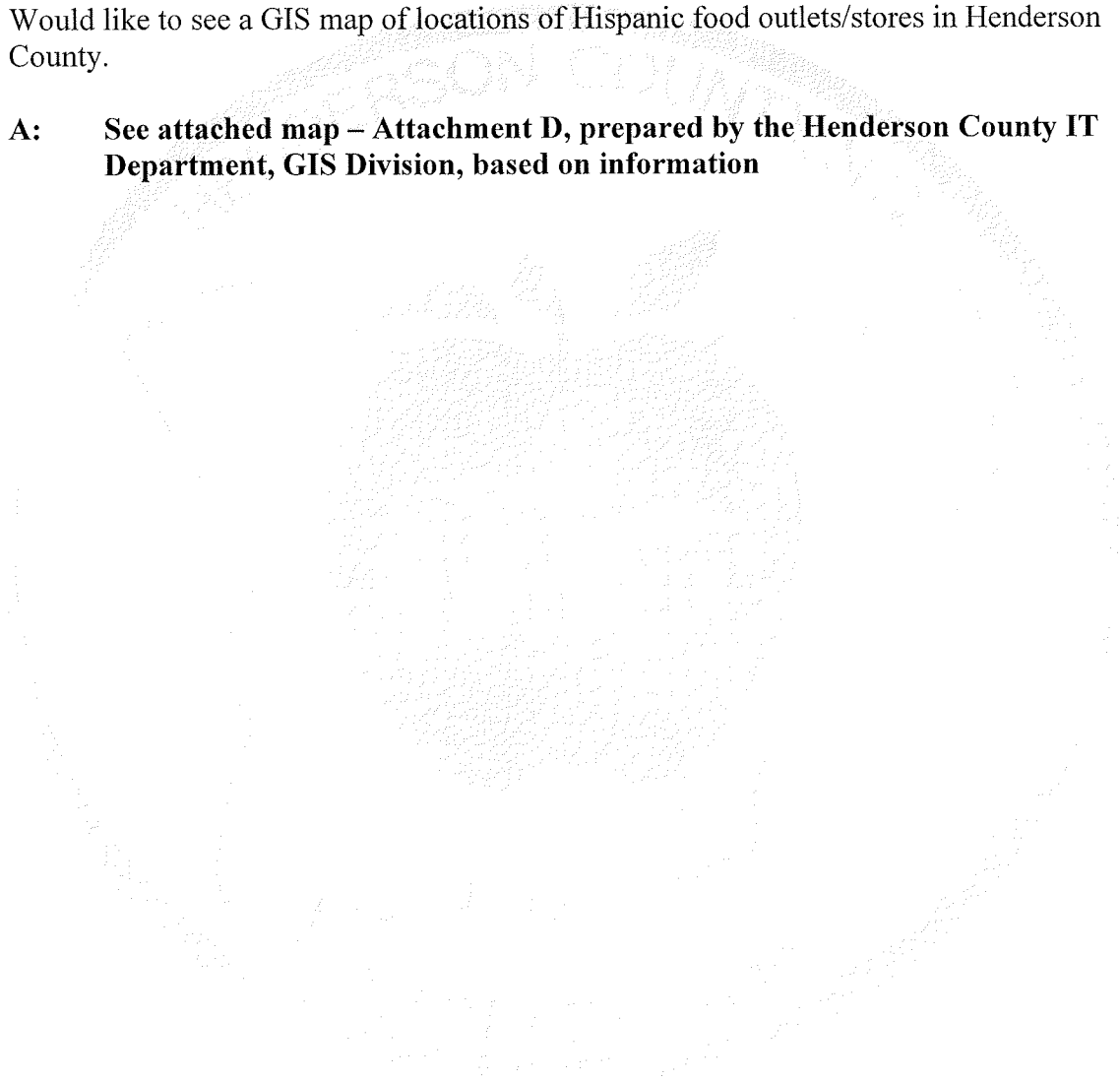
2000 to \$52.8 million in 2005, according to the N.C. Division of Medical Assistance, the state's Medicaid manager.”⁷

Q: What are the impacts of Hispanics on recreation services?

A: Combining sports activities, estimated shed and rental usage, and Hispanic Festivals, the Recreation Department serves about 10,000 Hispanics per year. Note: This figure may include individuals in more than one category lessening the total number of Hispanic individuals served each year.⁸

Q: Would like to see a GIS map of locations of Hispanic food outlets/stores in Henderson County.

A: See attached map – Attachment D, prepared by the Henderson County IT Department, GIS Division, based on information



⁷ *The News and Observer, Raleigh, NC* – March 1, 2006

⁸ Comments by Rick Harris, Henderson County Parks and Recreation

Henderson County

Department of Public Health

1200 Spartanburg Highway, Suite 100, Hendersonville NC 28792

Telephone (828) 692-4223

FAX: (828) 697-4709

Thomas D. Bridges, MPH, Director

Diana Curran, MD, Medical Director



Memorandum

To: Selena Coffey, Assistant County Manager

From: Tom Bridges, Health Director

A handwritten signature in black ink, appearing to read "Tom Bridges", written over the printed name.

Subject: Impact of Hispanics/Illegal Immigrants on Public Health in Henderson County

Date: October 6, 2006

I'll begin my response by referring to a document enclosed titled, "Serving Immigrant Clients in the Local Health Department: Some Frequently Asked Questions". This document was recently shared by Jill Moore, School of Government, UNC, Chapel Hill, who told the group that local health department staff will likely have a county commissioner or county manager asking for information about the Hispanic population and illegal immigrants. She had hoped that the FAQ document would serve as an informative guide on this matter.

The Henderson County Department of Public Health, just as other local health departments in our state is seeing increasing numbers of Hispanic clients. In 1998 our non-English speaking patients was approximately 2 to 3% of our total caseload. Participation in Health Department services varies according to clinic services, but for 2006 they are averaging approximately 35% of the total caseload. Along with this increasing caseload, if they are undocumented there is no source of payment. The fee is based on the gross income coming into the household and the number in the household. We use the Federal Poverty Scale and use a sliding fee scale to determine the fee for service. Generally, with the Hispanic/illegal population, jobs are unstable and change frequently. As a result, we are frequently reviewing the income changes during a service cycle.

Maternal Health patients are usually eligible for "presumptive" Medicaid, which only covers less than two months of their prenatal care while their application for Medicaid is being processed. Illegal immigrants are not eligible for Medicaid or other payer sources for services received.

Example: The average reimbursement for pregnant women with Medicaid through the course of their pregnancy is approximately \$ 2,500.00. The average reimbursement for pregnant women who are illegal and eligible for "presumptive" Medicaid is \$ 585.00. At the end of the presumptive Medicaid period eligibility is done and the fee for service is based on the patient's household income and family size. Approximately 40% of the pregnant women served are Hispanic and eligible for presumptive Medicaid only.

Public Health Departments must comply with Section 601 of Title VI of the Civil Rights Act. Thus, we must take adequate steps to insure that we have adequate, proficient interpreters on staff. Interpreters are paid at a higher level due to their bilingual skills. Service delivery to a non-English speaking patient is more challenging and time consuming. Even with an interpreter available, it generally takes twice as long to serve a client. This decreases our ability to serve more clients/patients in a given clinic day.

Two major focus areas in Health Department services that are being impacted are clinical services and

communicable disease control.

Clinical Services

Uncompensated care resulting from increasing uninsured low-income population is rising while our Medicaid population has pretty much flattened due to increasing numbers of other providers in the community. Statewide prenatal services provided by local health departments and uncompensated over the past year was approximately \$ 15 million. In Henderson County, the cost of uncompensated prenatal services provided last year by the Health Department was \$411,565.99.

The Henderson County Department of Public Health annually Health Department annually serves 6,300 unduplicated patients with 43,884 services rendered. The breakdown of paying versus non-paying is as follows:

Percentage uninsured:	46
Percentage Medicaid:	36
Percentage Insurance/Health Choice:	18
Percentage Medicare	0

Age composition of patient population is from birth to 80's, but most are children and young adults.

Racial and ethnic background for clinic services:

White (non-Hispanic)	60%
Hispanic	35
Black	4
Other	1

Those needing interpreter services 27% (Health Department is mandated by Federal Law, Title VI, to offer interpreter services free if charge)

For additional information about patient trends and caseload breakdown, please refer to the enclosed document titled, "Patient Demographics". Still our data breakdown available to us from our antiquated Health Services Information System (computer data information system) only separates out non-English speaking. English speaking Hispanic population is included in the White/Hispanic data set.

Communicable Disease Control

The influx of foreign born people from areas of the world endemic for active tuberculosis has created an increased risk for disease transmission in this county. Exposure to active disease in their country of origin results in tuberculosis infection, identified as latent tuberculosis infection (LTBI), which can later progress to active disease.

Tuberculosis skin tests (TSTs) are being administered to patients from those countries presenting to the health department for clinical services. The TST identifies patients previously infected with the tuberculosis bacteria. The number of TSTs administered at the Henderson County Department of Public Health has increased tremendously in the last few years. We are now administering an average of 100 TSTs per month here at the Health Department. Other medical providers are referring patients for follow up care when a TST is administered that reads positive. For the calendar year 2006 to date, 35 patients have been referred to us for care.

We currently have one full time nurse position to manage the tuberculosis program. With two active cases and approximately 35 patients receiving medication for latent tuberculosis, the one nurse has a full case load. Each active case requires intensive nurse intervention in the first two weeks with home visits for directly observed

therapy (DOT) daily for 14 days, then twice a week for up to nine months. Each newly recognized case of latent TB requires an intensive initial evaluation, then monthly visits for nine months' duration of therapy.

Up to about five years ago, one full-time nurse was able to manage the entire communicable disease case load of tuberculosis, sexually transmitted diseases (STDs), hepatitis, foodborne illnesses, etc. Now there are three nurses managing communicable disease activities in Henderson County.

As the county's population increases, it is reasonable to anticipate that the communicable disease cases will continue to increase. The surge of incoming foreign born people in our county is expected to contribute to continued increases in communicable diseases. Since control of communicable diseases is critical to the health and well being of all of our citizens, the Henderson County Department of Public Health must maintain adequate staffing of Registered Nurses to maintain adequate levels of disease control services for our community.

Managing uncompensated health services has been an ever increasing challenge for local public health agencies. Having a patient mix of paying patients is extremely important to all health providers. There is increased competition for limited numbers of Medicaid patients and relatively few private insurance patients utilize all the clinic services of the Health Department. Health departments have the ability to capture a federal drawdown of additional Medicaid dollars based upon cost averaging of services. These funds enable local health departments to expand or enhance services, but more often these days go to operating costs to cover uncompensated care and interpreter services.

The Henderson County Department of Public Health has a new facility that will greatly improve its image and ability to serve citizens. We anticipate some increases in payment for services. It is also hoped that another method of offsetting uncompensated care would be to provide County Employee Health Services. It may be possible to save the County employee health care costs and with some of those savings applied to cover uncompensated care. A proposal will be forthcoming in early December 2006.

Please feel free to call me at 694-6033 if you have questions or need any clarification.

Enclosures:

“Serving Immigrant Clients in the Local Health Department: Some Frequently Asked Questions”
“Patient Demographics”

Serving Immigrant Clients in the Local Health Department: Some Frequently Asked Questions

Jill D. Moore, M.P.H., J.D.
UNC Institute of Government
CB 3330 Knapp Building
Chapel Hill, North Carolina 27599-3330
919-966-4442
moore@iogmail.iog.unc.edu

Eligibility for Benefits

1. May the local health department refuse to serve people because they are not United States citizens or do not have legal immigration status?

For most (if not all) health department programs and services, the answer is clearly “no.”¹ All of the following services must be made available without regard to the service recipient’s citizenship or immigration status:

- Immunizations
- Communicable disease control services, including examination for and treatment of communicable disease
- WIC
- Environmental health services
- Clinical services, including (but not limited to) prenatal care, family planning, and child health
- Medical and public health services (including disease and injury prevention as well as treatment) that are necessary to protect life and safety, so long as those services do not involve cash assistance and are not conditioned on the recipient’s income or resources
- Assistance provided during adverse weather conditions, so long as it is not cash assistance and is not conditioned on the recipient’s income or resources

The federal welfare reform act of 1996 barred immigrants who do not meet the law’s definition of “qualified alien” from receiving any service that constitutes a “federal public benefit” or a “state or local public benefit.” This law rendered all undocumented immigrants and some documented immigrants ineligible for many publicly funded benefits and services. However, exceptions written into the law and executive agency interpretations of the law have resulted in “non-qualified

¹ The major programs and services that are offered in all or most local health departments, many of which are listed here, must be made available to clients without regard to citizenship or immigration status. However, it is possible that a local health departments could offer a program or service that could constitute a federal, state, or local public benefit that must be denied to “nonqualified aliens” (a group that includes some documented immigrants as well as all undocumented immigrants). A local health department that has a question about immigrant eligibility for a particular program or service should contact the department’s attorney or the School of Government.

4. **What about the new “proof of citizenship” requirement for regular Medicaid? Does that mean that a person must be a citizen to be eligible for regular Medicaid?**

No. The new requirement affects only applicants who claim to be citizens. Such applicants must support that claim with documentation. In the past, an applicant who claimed to be a citizen was not required to provide documentation. Instead, applicants were permitted to “self-attest” to citizenship. The “proof of citizenship” requirement did not alter the Medicaid eligibility rules or application requirements for immigrants. Since 1996, immigrants who are eligible for regular Medicaid have been required to provide documentation supporting their eligibility when they apply for regular Medicaid.

Inquiring About Immigration Status/Reporting Undocumented Immigrants

5. **Should local health department staff inquire about a client’s citizenship or immigration status?**

No. Since a person’s citizenship or immigration status is irrelevant to his or her eligibility for health department services, health department staff are not required to, *and should not attempt to*, ascertain the individual’s status. Questions of this nature could violate Title VI of the federal Civil Rights Act, which prohibits discrimination on the basis of national origin.³

6. **Even though they don’t inquire about immigration status, local health department staff sometimes discover that a client is an undocumented immigrant. Is the health department required to report this information to law enforcement or the US Bureau of Citizenship & Immigration Services (CIS)?**

No. The local health department and its staff have no legal duty to make such reports to law enforcement or CIS.

7. **Suppose a staff member who discovers that a client is an undocumented immigrant *wants* to report the information to law enforcement or CIS. Even though they are not required to report the information, may they do so if they choose?**

For state or local law enforcement, the answer is no – there is nothing in HIPAA or state law that authorizes health departments to voluntarily make reports of this nature to state or local law enforcement agencies.

³ For more on this issue, see “When Should Agencies Inquire About Immigration Status?,” by Alison Brown, *Popular Government*, Vol. 65 No. 1 (Fall 1999) (out of print but available on the internet at <http://www.ioj.unc.edu/pubs/electronicversions/pg/pg-archv.html>).

- The law enforcement official must affirm that the request is for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.
- The health care provider must verify the law enforcement officer's identity and authority to request the information.

If all those conditions are met, the health care provider may disclose *only* the following information about the person: name, address, date and place of birth, social security number, blood type, type of injury (if any), date and time of treatment, date and time of death (if applicable), and a description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars and tattoos. A health care provider who makes this kind of disclosure must then document the disclosure. If the patient requests an accounting of disclosures, the disclosure must be included in the accounting.

State law is not as clear. GS 130A-12 is the primary confidentiality law for local health departments. It allows health departments to disclose protected health information when disclosure is authorized or required by state or federal law, but it does not permit health departments to ignore stricter state laws when they apply to a situation. HIPAA is a federal law that allows this disclosure, as described above. However, it is possible that the state physician-patient or nurse-patient privilege law would apply and restrict the disclosure. Privilege laws govern the disclosure of information for court proceedings, and it is possible that a disclosure in this situation could lead to the use of information in a court proceeding—especially if the request is for information about a suspect or fugitive. North Carolina law does not make clear whether privilege laws apply to this type of disclosure. In the absence of clarity, the most conservative course of action would be for the health department to refuse to disclose this information without a court order.

9. Suppose the CIS official produces a court order or a search warrant demanding protected health information?

HIPAA clearly permits a disclosure in this situation, so long as the disclosure is limited to information that is specified in the warrant or court order. State law also permits disclosure, so long as the order or warrant is issued by a judge, who may issue the order only after finding that disclosure of the information is necessary for a proper administration of justice.

Sometimes a warrant is issued by a magistrate rather than a judge. This poses a dilemma for the health department, since the privilege statutes specify that only a judge may issue an order compelling disclosure of privileged information for a criminal investigation. But at the same time, department staff who refuse to provide the information could be threatened or even charged with resisting an officer or obstructing an investigation.

Probably not. This practice is not entirely prohibited, but it is restricted to very limited circumstances. Friends and family members may be used as interpreters only if all of the following conditions are met:

- The health department must inform the client, in a language the client can understand, that the department will provide an interpreter at no charge to the client.
- After being so informed, the client must *ask* to use the friend or family member as an interpreter.
- The health department must determine that use of the friend or family member as an interpreter will not compromise either the effectiveness or confidentiality of the service.

Minor children should not be used as interpreters unless it is an emergency or other extenuating circumstance in which interpretation is needed right away and no one else is available.

Issues with Names

Multiple Patients, One Name

14. **The health department uses names and social security numbers to identify its clients. Sometimes it is discovered that more than one person is using a particular name and social security number. Health department staff suspect the clients may be doing this in order to conceal their illegal immigration status. How should the health department respond to this situation?**

It is of course very important for health care providers to be able to distinguish one patient from another, to ensure appropriate care and to protect confidentiality. Therefore, when a health department encounters this situation, it must try to differentiate the individuals. This probably cannot be done unless the health department can persuade the clients to cooperate with these efforts. Some health departments have had success with educational efforts directed toward their immigrant communities, in which they explain why it is important for each patient to be uniquely identifiable and stress that the health department will not inquire about the patients' citizenship or immigration status.

If the educational/persuasive approach is unsuccessful, health departments still need to try to differentiate individuals. Perhaps a department could identify patients with the same name and other identifying information as Jane Smith 1, Jane Smith 2, etc., and use other information in the record (such as height and weight, or other distinguishing characteristics) to differentiate them.

15. **May a health department require clients to show a driver's license or some other form of identification? May it retain a copy of the license in the record,**

- A department might choose to write notes only in the name that they believe to be the patient's "real" name, even if it differs from what they know to be the patient's "work" name.
- A department could both names on the note—e.g., "Jane Smith AKA Mary Jones."
- Some health departments have considered putting only the "work" name on the note, provided they are certain the person requesting the note really does use the other name at work, and is not simply trying to get the note for another person who wasn't actually seen at the health department.

The first three approaches are clearly the least risky practices. The last approach seems riskier, but it is not clear that it violates any civil or criminal laws. However, it is possible that under some circumstances the health department's actions could amount to a fraud against the employer. A person may be civilly liable for fraud if: (1) he or she falsely represents or conceals a "material" fact, (2) does so in a manner that is reasonably calculated to deceive another party, (3) does so with the intent to deceive the other party, (4) does in fact deceive the other party, and (5) the false representation or concealment results in damage to the injured party.

19. Should the health department bill insurance that is in one name, when it also knows the client by another name?

A health department is correct to be concerned when this situation arises. The first step for the department to take is to inquire further, as there may be an explanation for the different names. If there is no satisfactory explanation, the department could ask the client to produce proof that he or she is in fact the individual who is named in the insurance. (The department may wish to ask for this proof even when the explanation for the different names seems satisfactory.) If the individual can produce the proof, the health department is probably not taking a substantial legal risk by relying on that and proceeding to bill the insurance company.

If the individual cannot provide proof of his or her identity, the situation becomes riskier for the health department. In the past, some health departments have accepted a client's written statement attesting to his or her identity as sufficient proof to support billing the insurance company. North Carolina law presently does not answer the question of whether this would be sufficient to protect the department against charges of insurance fraud.

In some cases, health department staff know or have good cause to suspect that an individual used false identification to obtain insurance. In those circumstances, the department should not bill the insurance.

Patient Demographics

Child Health

Fiscal Year	Number of Patients	White/Hispanic	Non-English Speaking
07/00 thru 06/01	1857	18.2%	11%
07/01 thru 06/02	2026	27.8%	17.9%
07/02 thru 06/03	1992	33.2%	24.6%
07/03 thru 06/04	1897	38.1%	25.3%
07/04 thru 06/05	1874	42.4%	23.7%
07/05 thru 06/06	1705	46.9%	25.2%

Maternal Health

Fiscal Year	Number of Patients	White/Hispanic	Non-English Speaking
07/00 thru 06/01	473	20.1%	16.9%
07/01 thru 06/02	517	26.7%	24.6%
07/02 thru 06/03	670	38.3%	34.3%
07/03 thru 06/04	765	41.9%	30.8%
07/04 thru 06/05	649	31.3%	20.5%
07/05 thru 06/06	709	36.4%	24.8%

Family Planning

Fiscal Year	Number of Patients	White/Hispanic	Non-English Speaking
07/00 thru 06/01	1223	7.9%	5.9%
07/01 thru 06/02	1279	12.9%	10.2%
07/02 thru 06/03	1351	16.4%	13.2%
07/03 thru 06/04	1321	18.6%	13.5%
07/04 thru 06/05	1369	20.5%	13.1%
06/05 thru 06/06	1381	26.6%	15.8%

Selena Coffey

From: Liston Smith [lsmith@hendersoncountync.org]
Sent: Wednesday, October 11, 2006 10:14 AM
To: Selena Coffey
Subject: Fw: Hispanic Impact Data from DSS

Whats the bottom line of My summary report.

1) accelerated growth medicaid in last 2 years. Chart shows jump from 200+ to 400+ ytd latino births(3 day coverage for mother).....that were payed for by medicaid.

400+ ytd births indicates an automatic child medicaid enrollment of 400+.A child born in US is a US citizen because the child was born here.Eligible age 0 to 17.

Looking at this information alone justifies a projection of approximately 2000 additional child medicaid cases over the next 5 years.....(this does not include acceration factorwith acceleration factor the number will be alot be alot higher).

2) medicaid administrative costs.The federal rules have changed.....every single person already receiving or applying must have alot more documentation of citizentry and identity.(add 20 minutes to each interview.....and watch your productivity plummet.....unless you add staff).

This includes every body.....regardless of nationality or race,etc.See chart.Very wasteful process for Henderson County.....maybe justifiable in southern california.Why.....we were already screening out and accomplishing the task without the extra 20 min in paperwork.

3) a child born in US, because they are auto US Citizen, is eligible for all US citizen programs(regardless of their parents status).....so the food stamp, child care subsidy, workfirst,etc. latino impact is growing.The child opens the door.

4)Services to undocumented aliens (like uninsured regardless of who they are) is undermining the fiscal solvency of health clinics ,hospitals,etc.....because its an uncompensated or undercompensated service.

Parallel is the cost shifting to either 1)county government to make up for the revenue loss through taxes.....or 2) increaes in insurance premiums,etc.

----- Original Message -----

From: Shannon Allison
To: Selena Coffey
Cc: Liston Smith
Sent: Tuesday, October 10, 2006 4:50 PM
Subject: Hispanic Impact Data from DSS

Hi Selena:

Attached is information from Liston regarding Hispanic Impact data in relation to our dept. Please let me know if you have any questions or need additional information.

Thanks~

Shannon A. Allison, Administrative Assistant
Henderson County DSS
1200 Spartanburg Highway, Suite 300
Hendersonville, NC 28792
828-694-6308

10/11/2006

B

MEMORANDUM

To: Selena
From: Liston
Date: October 10, 2006
RE: Request for Information on Latino Population Increase Impact on Department of Social Services

General:

- Any public service provider that receives Federal revenue has to comply with Title VI.
- As a percentage of children, Latino children have increased from 2% to 11.8% (extrapolated from NC Child Advocacy Institute reports):

Growth in Population/Percentage of Latino Children in Henderson County		
Year	Number	Percentage
1990	301	2%
2004	2329	11.8%

- This increase is part of the overall rapid increase in children ages 0-5 in Henderson County (last known data showed a 21.7% increase in a three-year period from 2001-2004 – Kenan Institute study).
- A child born in Henderson County (or anywhere in the USA) is automatically a US citizen (regardless of the parent's legal status).
- Health care services (health clinics, hospitals, etc.) to undocumented alien population are more often than not provided without a revenue source (undocumented not eligible for Medicaid, Health Choice, etc). This is an increasing financial loss for health providers (and local government and the private citizen...who consequently see increases in premiums and requests for budget allocations).

Medicaid:

- Medicaid covers the cost(s) of child delivery regardless of the mother's legal status. Eligibility is limited to the delivery period...usually 2-3 days.

Increase in Medicaid Funded Cost(s) of Delivery for Undocumented Aliens		
Year	Number of Deliveries	Total Cost
2004	204	\$794,580
2006 (ytd)	422	\$1,643,690

- Medicaid covers the health care of a Latino child, if the child is eligible and born in Henderson County, from age 0-17. Two bilingual caseworkers carry an average of 1000 children (parents not eligible) monthly. Conservative yearly cost of healthcare provided is \$1,584,000.
- The Federal government now requires all current recipients and applicants for Medicaid be verified for US Citizenship and Identity. This has a significant productivity impact:

Program	Additional time per applicant/recipient	Occurrences Required	Total potential additional time	Cost in Caseworker Time*
Child Medicaid (current cases)	20 minutes	9624	19,2480 minutes (by 9/07)	\$40,774.00
Adult Medicaid (current cases)	11 minutes	3000	33,000 minutes (by 9/07)	\$6,990.00
Child Medicaid (monthly new)	20 minutes	360	7200 minutes monthly	\$1,525.00
Adult Medicaid (monthly new)	11 minutes	171	1881 minutes monthly	\$398.00

- The agency has one (1) Medicaid interpreter position for application/intake services. Salary cost for the position is \$29,500 (50% county share cost). Services by this position have increased 288% from 2003 to 2006 (ytd).

Child Care Subsidy:

- One (1) bilingual staff position is outposted at the Child and Family Resource Center with the agency's Child Care Subsidy/Smart Start Subsidy program. Salary cost for the position is \$29,500 (50% county share cost).

- FY 05-06 statistics reflect that, of the monthly average of 841 children who received subsidy assistance, 268 (or 32%) were Hispanic. Estimated cost of assistance is \$1,045,200 (100% State funds).
- 25% of calls/walk-in visits required interpretation service(s)

Child Protective Services:

- Child protection is a mandated duty regardless of income or legal status.
- One (1) social work interpreter position provided services to 108 households in FY 05/06. Salary cost of the position is \$45,000 (100% county funds).
- Contracted services with Culture Connection and Fluent Language Solutions provide interpretation services 24/7 as well as document translation services, etc. (yearly cost approximately \$4000).
- Eleven (11) foster children, out of 129, are Latino (yearly cost estimate \$111,000).

LBS:saa

Attachment: The New Latino South: The Context and Consequences of Rapid Population Growth Executive Summary



Executive Summary

July 26, 2005

The New Latino South: The Context and Consequences of Rapid Population Growth

This report was prepared by Rakesh Kochhar, Roberto Suro and Sonya Tafoya of the Pew Hispanic Center for presentation at "Immigration to New Settlement Areas," a conference held at the Pew Research Center on July 26, 2005

Pew Hispanic Center
A Pew Research Center Project
www.pewhispanic.org

1615 L Street, NW, Suite 700 • Washington, DC 20036-5610 • Phone: 202-419-3600 • Fax: 202-419-3608

Executive Summary

The Hispanic population is growing faster in much of the South than anywhere else in the United States. Across a broad swath of the region stretching westward from North Carolina on the Atlantic seaboard to Arkansas across the Mississippi River and south to Alabama on the Gulf of Mexico, sizeable Hispanic populations have emerged suddenly in communities where Latinos were a sparse presence just a decade or two ago. Examined both individually and collectively, these communities display attributes that set them apart from the nation as a whole and from areas of the country where Latinos have traditionally settled.¹

In the South, the white and black populations are also increasing and the local economies are growing robustly, even as some undergo dramatic restructuring. Such conditions have acted as a magnet to young, male, foreign-born Latinos migrating in search of economic opportunities. While these trends are not unique to the South, they are playing out in that region with a greater intensity and across a larger variety of communities—rural, small towns, suburbs and big cities—than in any other part of the country. Understanding the interplay of Hispanic population growth and the conditions that attended it helps illuminate a broad process of demographic and economic change in the South and in other new settlement areas as well. To varying degrees, communities scattered from New England to the Pacific Northwest are also seeing surging Hispanic populations. The South, different in so many ways for so much of its history, now offers lessons to the rest of the country.

Most of the Latinos added to the population of the new settlement areas of the South are foreign born, and their migration is the product of a great many different policies and circumstances in the United States and their home countries. But there is a local context as well, and it is different in the new settlement areas of the South than it is in states such as California and New York, where migrants join large, well-established Latino communities. Given its distinctive character, Hispanic population growth in these parts of the South will also have distinctive impacts on public policy, and those impacts have only just begun to be felt.

This report focuses on six Southern states—Arkansas, Alabama, Georgia, North Carolina, South Carolina and Tennessee—that registered very fast rates of Hispanic population growth between the censuses of 1990 and 2000 and continue to outpace the national average in the most recent census estimates. In order to examine the diversity of demographic and economic experiences at the local level, this report also examines 36 counties in the South that are experiencing especially rapid Hispanic growth. Some of these counties contain metropolitan areas such as Atlanta, Ga., Birmingham, Ala., and Charlotte, N.C., that registered huge increases in their Hispanic populations— for example, Mecklenburg County, N.C., which includes Charlotte, was up 500 percent. But other counties are predominately rural or contain smaller cities. Their total population in 2000 ranged from fewer than 37,000 (Murray County, a carpet-manufacturing

¹ The terms “Hispanic” and “Latino” are used interchangeably throughout this report. The terms “white” and “black” refer to non-Hispanics in those racial categories.

community in northwest Georgia) to almost 900,000 (Shelby County, Tenn., home to Memphis). Thirty-six of these counties, all with an increase in their Hispanic population of 200 percent or more, had enough statistical information available to be studied in detail for this report. And in every case, the Hispanic population was relatively small before it surged. Fewer than 7,000 Hispanics were counted in Mecklenburg in 1990, but by 2000 there were nearly 45,000. Gordon County, Ga. had just 200 Latinos in 1990 and saw its Hispanic population soar to more than 3,200 by the 2000 census.

Underlying the growth of the Latino population in the new settlement areas of the South between 1990 and 2000 was an unusually robust economy. The Southeast was one of the fastest-growing regions in the country during the 1990s, and economic progress was spread across a variety of industries. Some counties bucked the national trend and added manufacturing jobs; others shed manufacturing jobs but saw other sectors such as services emerge as a leading source of income and employment. A third group of counties, many of them part of, or centered near, large metropolitan areas, enjoyed a diverse economic base that held up well during the decade.

It is important to note that the region added jobs for both Hispanic and non-Hispanic workers at rates well in excess of the national average. In this respect, the economic context to the growth of the new settlement areas of the South mirrors the demographic context, since Hispanic population growth in the six-state region was accompanied by continued growth in the black and white populations. By contrast, in some states where Hispanics had traditionally settled, such as New York and California, the non-Hispanic white population actually declined.

The prospect of work has attracted large numbers of young Hispanics, often unmarried and mobile enough to pick up and move where the jobs are. Because the Hispanic population in the new settlement areas of the South had been so small prior to the recent surge, the region has seen less immigration due to family reunification than is common in areas of long-established Hispanic settlement. As a result, Latinos in the new settlements of the South are much more likely than those in areas of traditional settlement to have been born abroad, to have arrived recently (particularly from Mexico), to be male, to be unmarried, and to be young. Most have relatively little education, and many do not speak English well.

Because the large growth in the Hispanic region is so recent, much of the impact of the new wave of immigration is only beginning to make itself felt on the infrastructure of the host communities. But it is already clear that the impact will be dramatic, particularly on the schools. For now, employers in the region are happy to have a dependable source of low-cost labor available to them. As the new immigrants grow older and utilize more health services, and as more wives join their husbands, evening out the current gender imbalance and leading to more children, the demands they make on public services will increase but so too may their contributions to the tax bases supporting those services.

This report looks at the demographic characteristics of the new settlement areas of the South on both state and county levels, examining the economic factors that have led to the increase in Hispanic migration to the area and some of the policy implications for the region.

Some of the major findings in this report include:

- North Carolina (394%), Arkansas (337%), Georgia (300%), Tennessee (278%), South Carolina (211%) and Alabama (208%) registered the highest rate of increase in their Hispanic populations of any states in the U.S. between 1990 and 2000, except for Nevada (217%).
- The rapid growth in the Hispanic population occurred not in isolation but in the context of strong population growth among blacks (21%) and whites (11%) in the new South states.
- The same basic trends have remained in place since 2000 with the growth of both the Hispanic population and the population overall outpacing the national average, according to the most recent Census Bureau estimates.
- The growth in the Latino population was even more dramatic at the county level, exceeding 1,000% in some counties and 500% in many others. The dramatic increases occurred across a range of county types, from small, non-metro manufacturing counties throughout North Carolina and north of Atlanta to counties in the heart of large metropolitan areas such as Nashville, Tenn.
- Hispanics in the new settlement areas of the South states are predominantly foreign-born (57%). The immigrants are mostly men (63%) and young (median age 27). Most of these immigrants (62%) lack even a high school diploma, and 57% do not speak English well or do not speak it at all. More than half of these immigrants entered the U.S. between 1995 and 2000, and most lack legal status.
- Rapid and widespread growth in income and employment in the region provided the economic incentives for Hispanics to migrate to new settlement states in the 1990s. Unemployment rates in the new South states and key metropolitan areas within those states were consistently lower than the nationwide rate between 1990 and 2000.
- Economic growth in the new settlement states created jobs for an additional 410,000 Hispanic workers and 1.9 million non-Hispanic workers in the 1990s.
- Several counties in the new settlement areas not only retained a manufacturing base but added manufacturing jobs in the 1990s. Hispanic workers in these counties accounted for 41% of the total increase in employment. Moreover, 57% of Latino workers in these counties were employed in manufacturing in 2000.

- Another group of counties in the new settlement areas retained strong ties to manufacturing but also made transitions into other sectors during the 1990s. Nearly 43% of Hispanic workers in those counties were engaged in manufacturing in 2000.
- Larger counties with more diverse economic bases provided fewer job opportunities in manufacturing but 30 percent of Hispanic workers found employment in the construction industry alone.
- The median annual income of Hispanic workers in the new South was about \$16,000. In manufacturing counties this was about 60% of the earnings of white workers. However, in the larger counties with diverse economies the earnings of Latino workers were only 47% of the earnings of white workers.
- The Hispanic school-age population (ages 5 through 17) in the new settlement areas of the South grew by 322% between 1990 and 2000. Over the same period, the corresponding white population grew by just 10% and the black population by 18%.
- The Hispanic population of preschool age (4 or younger) increased by 382 percent between 1990 and 2000, and the number of Hispanics added was far larger than the number of whites (110,000 vs. 43,000).
- By the 2001-2002 school year, Hispanics accounted for 4 percent of school enrollment, but by 2007-2008 the Western Interstate Commission for Higher Education projects they will make up 10 percent of the primary and secondary school students in the six new settlement states of the South.
- The number of Spanish-speaking children in the region with limited proficiency in English in 1990 was 18,000. By 2000 that number had increased to 64,000.
- The poverty rate among Latinos in the six Southern new settlement states jumped from 19.7% to 25.5% between 1990 and 2000—a 30% increase compared with a 4% drop for Latinos nationwide. Meanwhile the overall poverty rate in these states dropped by 7% over the decade.
- In the six Southern states, 65% of Latinos are renters compared with 52 percent of Latinos nationwide and 21% of whites and 44% of blacks in the new settlement states.
- The impact of an influx of Latino immigrants on the region's housing is notable because Latinos have more children on average than non-Hispanics and Latino households frequently include members of an extended family or nonrelatives. The average number of people in Hispanic households in the South (3.8) was significantly larger than in either white (2.4) or black (2.7) households in the region.

Selena Coffey

From: Selena Coffey
Sent: Monday, October 02, 2006 3:17 PM
To: Amy Brantley
Subject: FW: Research on Commissioners Request for Information

Selena

Selena D. Coffey
Assistant County Manager
Henderson County

-----Original Message-----

From: Steve Page [mailto:spage@henderson.k12.nc.us]
Sent: Monday, October 02, 2006 8:53 AM
To: Selena Coffey; Steve Page; Bill Parker; David L. Jones; Kathy Revis; Kerry Shannon; Mike Neyman; Bo Caldwell
Subject: Re: Research on Commissioners Request for Information

Good Morning Selena, We currently have 1,824 children who classify themselves as Hispanic. There are 833 males and 891 females. This represents 13.99% of our total student population of 13,089. Clearcreek Elementary has the largest population at 184; Upward, 169; Hilandale, 154 and Edneyville, 139. You ask, "What is the impact of Hispanics on the schools...?" This question is too broad and I must ask for more specificity as to the question before I can answer. I will send a hard copy of the information we produce monthly for the Department of Public Instruction.

Stephen L. Page, Ed. D., Superintendent
Henderson County Public Schools
414 4th Avenue West
Hendersonville, North Carolina 28739-4261
Phone: (828) 697-4733
Fax (828) 698-6190

All e-mail correspondence to and from this address is subject to the North Carolina Public Records Law, which may result in monitoring and disclosure to third parties, including law enforcement.

Henderson Co. Public Schools
Minority Student Count Percent of Low Income
2005-2006



Month 01- September 22, 2005

Schools	Male Am Indian	Female Am Indian	Am Indian	% Am Indian	Male Asian	Female Asian	Asian	% Asian	Male Hispanic	Female Hispanic	Hispanic	% Hispanic	Male Black	Female Black	Black	% Black	Male Multi Racial	Female Multi Racial	Multi Racial	% Multi Racial	Male Minority	Female Minority	Total Minority	Avg Daily Membership	% Minority	% Low Income	Number of Free and Reduced Students (September)	Male White	Female White	Total White	% White	Total
Apple Valley Middle School	1	1	2	0.25%	5	7	12	1.51%	59	59	118	14.82%	8	9	17	2.14%	17	14	31	3.89%	90	90	180	796	22.61%	63.32%	504	323	293	616	77.39%	796
Atkinson Elementary	0	0	0	0.00%	4	2	6	1.52%	19	16	35	8.84%	5	4	9	2.27%	11	9	20	5.05%	39	31	70	396	17.68%	46.21%	183	150	176	326	82.32%	396
Bruce Drysdale Elementary	0	1	1	0.23%	4	4	8	1.87%	51	51	102	23.83%	49	44	93	21.73%	18	25	43	10.05%	122	125	247	428	57.71%	88.79%	380	95	86	181	42.29%	428
Clear Creek Elementary	2	0	2	0.29%	6	5	11	1.59%	67	80	147	21.27%	15	14	29	4.20%	20	20	40	5.79%	110	119	229	691	33.14%	59.04%	408	224	238	462	66.86%	691
Dana Elementary	3	0	3	0.50%	2	2	4	0.66%	62	59	121	20.10%	5	2	7	1.16%	19	12	31	5.15%	91	75	166	602	27.57%	61.46%	370	232	204	436	72.43%	602
East Henderson High	2	2	4	0.37%	1	5	6	0.56%	55	54	109	10.10%	12	13	25	2.32%	10	2	12	1.11%	80	76	156	1079	14.46%	34.48%	372	484	439	923	85.54%	1079
EdneyvilleElementary	0	1	1	0.19%	0	0	0	0.00%	66	49	115	21.50%	5	1	6	1.12%	18	16	34	6.36%	89	67	156	535	29.16%	61.50%	329	191	188	379	70.84%	535
Etowah Elementary	2	1	3	0.54%	3	3	6	1.08%	25	21	46	8.32%	5	3	8	1.45%	10	15	25	4.52%	45	43	88	553	15.91%	44.30%	245	245	220	465	84.09%	553
Flat Rock Middle	1	1	2	0.27%	4	3	7	0.95%	56	56	112	15.24%	6	11	17	2.31%	8	7	15	2.04%	75	78	153	735	20.82%	54.01%	397	299	283	582	79.18%	735
Fletcher Elementary	0	2	2	0.35%	8	11	19	3.33%	12	19	31	5.44%	14	8	22	3.86%	13	10	23	4.04%	47	50	97	570	17.02%	39.12%	223	255	218	473	82.98%	570
Hendersonville Elementary	0	0	0	0.00%	1	0	1	0.26%	3	3	6	1.55%	10	5	15	3.89%	10	12	22	5.70%	24	20	44	386	11.40%	17.62%	68	173	169	342	88.60%	386
Hendersonville High	0	0	0	0.00%	8	6	14	2.01%	28	32	60	8.61%	46	37	83	11.91%	7	6	13	1.87%	89	81	170	697	24.39%	34.15%	238	285	242	527	75.61%	697
Hendersonville Middle	0	0	0	0.00%	2	1	3	0.63%	21	22	43	9.05%	34	49	83	17.47%	10	10	20	4.21%	67	82	149	475	31.37%	51.58%	245	191	135	326	68.63%	475
Hillandale Elementary	0	0	0	0.00%	0	1	1	0.26%	72	69	141	36.72%	12	7	19	4.95%	11	11	22	5.73%	95	88	183	384	47.66%	72.92%	280	97	104	201	52.34%	384
Marlow Elementary	2	4	6	1.20%	4	5	9	1.80%	28	12	40	7.98%	10	5	15	2.99%	15	13	28	5.59%	59	39	98	501	19.56%	38.92%	195	210	193	403	80.44%	501
Mills River Elementary	0	1	1	0.23%	3	0	3	0.68%	3	7	10	2.25%	0	0	0	0.00%	10	4	14	3.15%	16	12	28	444	6.31%	27.25%	121	203	213	416	93.69%	444
North Henderson High	3	2	5	0.52%	3	0	3	0.31%	70	62	132	13.82%	4	13	17	1.78%	8	9	17	1.78%	88	86	174	955	18.22%	43.25%	413	431	350	781	81.78%	955
Rugby Middle	1	1	2	0.25%	3	1	4	0.50%	25	19	44	5.52%	4	4	8	1.00%	10	8	18	2.26%	43	33	76	797	9.54%	30.74%	245	351	370	721	90.46%	797
Balfour Education Ctr	1	0	1	0.82%	0	1	1	0.82%	9	5	14	11.48%	10	6	16	13.11%	6	2	8	6.56%	26	14	40	122	32.79%	86.89%	106	42	40	82	67.21%	122
Upward Elementary	2	0	2	0.34%	0	3	3	0.51%	79	64	143	24.28%	3	3	6	1.02%	11	7	18	3.06%	95	77	172	589	29.20%	61.80%	364	229	188	417	70.80%	589
West Henderson High	2	2	4	0.38%	5	11	16	1.50%	12	28	40	3.75%	17	12	29	2.72%	5	9	14	1.31%	41	62	103	1066	9.66%	23.45%	250	511	452	963	90.34%	1066
District Totals	22	19	41	0.32%	66	71	137	1.07%	822	787	1609	12.57%	274	250	524	4.09%	247	221	468	3.66%	1431	1348	2779	12801	21.71%	46.37%	5936	5221	4801	10022	78.29%	12801

C-1

Henderson Co. Public Schools
Minority Student Count Percent of Low Income
2006-2007



Month 01- September 22, 2006

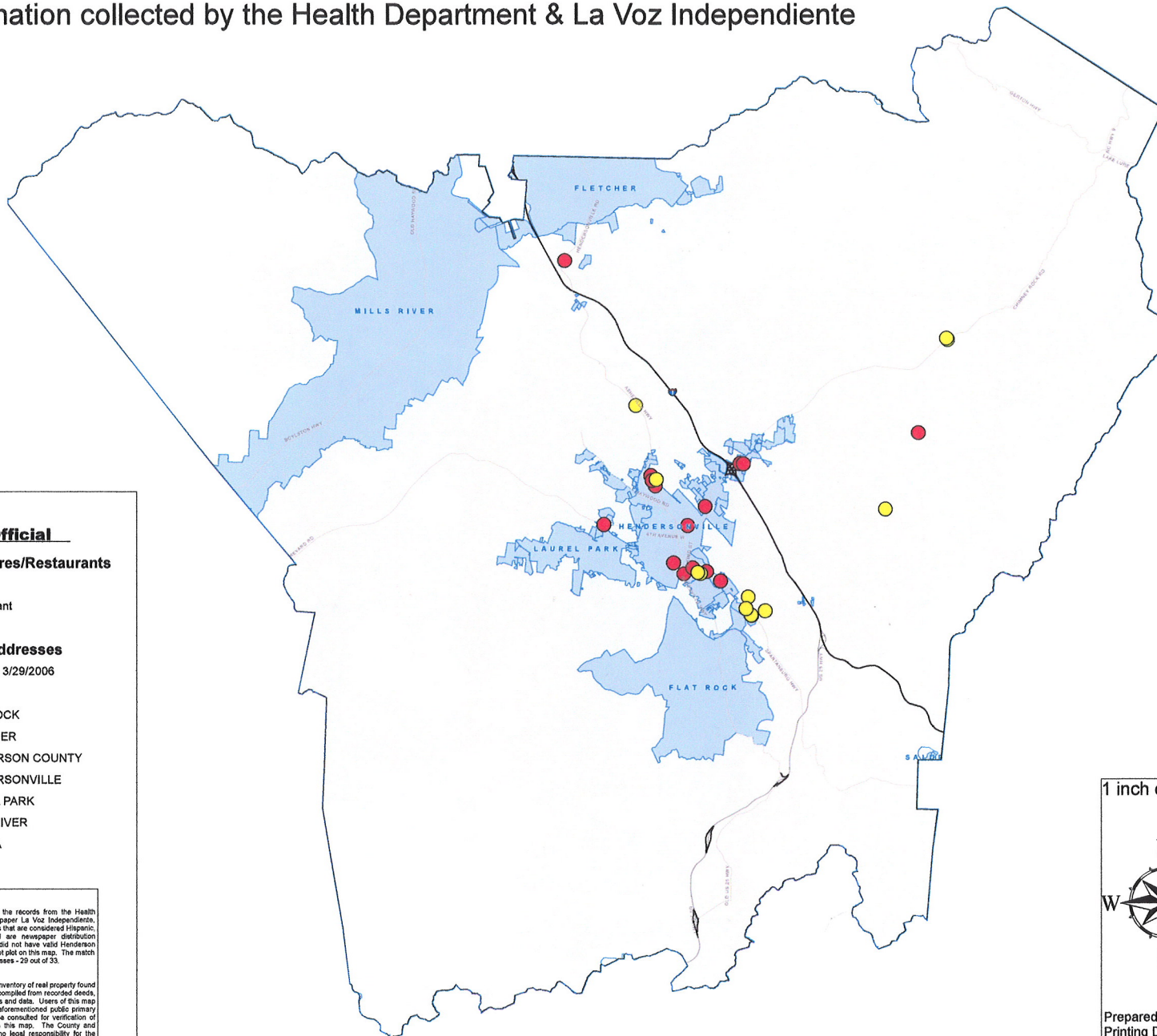
Schools	Male Am Indian	Female Am Indian	Am Indian	% Am Indian	Male Asian	Female Asian	Asian	% Asian	Male Hispanic	Female Hispanic	Hispanic	% Hispanic	Male Black	Female Black	Black	% Black	Male Multi Racial	Female Multi Racial	Multi Racial	% Multi Racial	Male Minority	Female Minority	Total Minority	Avg Daily Membership	% Minority	% Low Income	Number of Free and Reduced Students (September)	Male White	Female White	Total White	% White	Total 20-Day Student Membership
Apple Valley Middle School	3	0	3	0.37%	6	6	12	1.48%	68	62	130	15.99%	10	8	18	2.21%	18	22	40	4.92%	105	98	203	813	24.97%	49.69%	404	342	271	613	75.40%	816
Atkinson Elementary	0	0	0	0.00%	3	3	6	1.46%	15	23	38	9.27%	4	7	11	2.68%	11	7	18	4.39%	33	40	73	410	17.80%	36.10%	148	149	189	338	82.44%	411
Bruce Drysdale Elementary	0	0	0	0.00%	6	5	11	2.49%	59	51	110	24.94%	58	40	98	22.22%	15	25	40	9.07%	138	121	259	441	58.73%	82.77%	365	99	89	188	42.63%	447
Clear Creek Elementary	2	1	3	0.42%	7	7	14	1.95%	101	83	184	25.66%	15	10	25	3.49%	19	27	46	6.42%	144	128	272	717	37.94%	60.39%	433	220	227	447	62.34%	719
Dana Elementary	1	0	1	0.18%	2	2	4	0.70%	68	68	136	23.82%	4	1	5	0.88%	14	13	27	4.73%	89	84	173	571	30.30%	55.87%	319	205	194	399	69.88%	572
East Henderson High	4	2	6	0.57%	3	4	7	0.66%	59	72	131	12.42%	14	13	27	2.56%	5	6	11	1.04%	85	97	182	1055	17.25%	26.35%	278	452	425	877	83.13%	1059
EdneyvilleElementary	0	1	1	0.17%	0	2	2	0.34%	69	70	139	23.28%	3	2	5	0.84%	19	18	37	6.20%	91	93	184	597	30.82%	56.62%	338	197	220	417	69.85%	601
Etowah Elementary	0	0	0	0.00%	3	3	6	1.04%	22	26	48	8.33%	4	2	6	1.04%	12	16	28	4.86%	41	47	88	576	15.28%	40.80%	235	258	228	486	84.38%	574
Flat Rock Middle	2	0	2	0.26%	5	3	8	1.05%	57	53	110	14.38%	8	7	15	1.96%	11	13	24	3.14%	83	76	159	765	20.78%	45.88%	351	304	305	609	79.61%	768
Fletcher Elementary	1	2	3	0.50%	10	10	20	3.33%	15	20	35	5.83%	11	9	20	3.33%	12	13	25	4.17%	49	54	103	600	17.17%	32.17%	193	268	233	501	83.50%	604
Hendersonville Elementary	0	0	0	0.00%	2	4	6	1.55%	4	4	8	2.07%	7	6	13	3.36%	10	9	19	4.91%	23	23	46	387	11.89%	18.09%	70	162	181	343	88.63%	389
Hendersonville High	0	0	0	0.00%	8	5	13	1.87%	34	40	74	10.66%	43	40	83	11.96%	11	4	15	2.16%	96	89	185	694	26.66%	27.09%	188	272	244	516	74.35%	701
Hendersonville Middle	1	1	2	0.41%	2	2	4	0.82%	28	26	54	11.02%	33	39	72	14.69%	16	16	32	6.53%	80	84	164	490	33.47%	45.31%	222	189	144	333	67.96%	497
Hillandale Elementary	0	0	0	0.00%	4	2	6	1.52%	69	85	154	38.89%	12	5	17	4.29%	11	11	22	5.56%	96	103	199	396	50.25%	64.65%	256	101	95	196	49.49%	395
Marlow Elementary	1	4	5	0.95%	8	5	13	2.47%	26	17	43	8.17%	7	8	15	2.85%	13	15	28	5.32%	55	49	104	526	19.77%	28.90%	152	219	205	424	80.61%	528
Mills River Elementary	0	1	1	0.22%	5	2	7	1.54%	4	8	12	2.64%	1	0	1	0.22%	9	4	13	2.86%	19	15	34	455	7.47%	29.89%	136	213	208	421	92.53%	455
North Henderson High	2	3	5	0.55%	5	4	9	0.99%	74	61	135	14.85%	6	16	22	2.42%	16	11	27	2.97%	103	95	198	909	21.78%	32.89%	299	369	351	720	79.21%	918
Rugby Middle	2	2	4	0.50%	7	2	9	1.11%	31	15	46	5.69%	9	9	18	2.23%	6	12	18	2.23%	55	40	95	808	11.76%	27.72%	224	359	355	714	88.37%	809
Balfour Education Ctr	2	0	2	1.61%	0	1	1	0.81%	10	6	16	12.90%	7	6	13	10.48%	2	1	3	2.42%	21	14	35	124	28.23%	58.06%	72	58	40	98	79.03%	133
Upward Elementary	1	1	2	0.33%	0	3	3	0.49%	96	73	169	27.52%	3	9	12	1.95%	12	10	22	3.58%	112	96	208	614	33.88%	57.82%	355	226	178	404	65.80%	612
West Henderson High	3	2	5	0.46%	4	7	11	1.01%	24	28	52	4.75%	13	12	25	2.29%	6	9	15	1.37%	50	58	108	1094	9.87%	16.45%	180	504	469	973	88.94%	1081
District Totals	25	20	45	0.35%	90	82	172	1.32%	933	891	1824	13.99%	272	249	521	3.99%	248	262	510	3.91%	1568	1504	3072	13042	23.55%	40.01%	5218	5166	4851	10017	76.81%	13089

C-2



Hispanic Store & Restaurant Locations

Information collected by the Health Department & La Voz Independiente



Legend - Official

Hispanic Stores/Restaurants

TYPE

- Restaurant
- Store

All County Addresses

Updated 3/29/2006

Boundaries

- FLAT ROCK
- FLETCHER
- HENDERSON COUNTY
- HENDERSONVILLE
- LAUREL PARK
- MILLS RIVER
- SALUDA

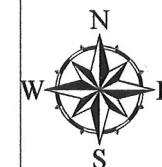
DATA METHODOLOGY:

This data was created from the records from the Health Department and by the newspaper La Voz Independiente. This data represents locations that are considered Hispanic, are inspected for food and are newspaper distribution locations. The records that did not have valid Henderson County e911 addresses did not plot on this map. The match rate was 88% matching addresses - 29 out of 33.

DATA DISCLAIMER:

This map is prepared for the inventory of real property found within this jurisdiction, and is compiled from recorded deeds, plats, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information contained on this map. The County and mapping company assume no legal responsibility for the information contained on this map.

1 inch equals 0.85 miles



Prepared By: kbrewer
Printing Date: October 6, 2006
File: Hispanic Food
Locations.mxd