

# REPORT ON THE HISPANIC COMMUNITY IN THE GREATER HANOVER AREA

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## EXECUTIVE SUMMARY

This report is the outcome of a partnership between Hanover Hospital and Adams-Hanover Counseling Services in a common interest to attend to the health related issues of the Hispanic population. The initiative was sustained by two grants awarded by the York County Community Foundation and the Pennsylvania Department of Health and it was named the Hanover Area Hispanic Empowerment Network Initiative.

The primary objective of this study is to identify unmet needs and service gaps among Hispanics in the Greater Hanover Area. Secondary objectives are also considered, including enhancing service integration, creating closer relationships with the Hispanic population, eliminating social isolation and increasing social capital.

The methodology for this study consisted of ten (10) key informant interviews and two (2) focus groups with Hispanic community members and leaders. The study was conducted between January 2006 and April 2006. Data were collected through researcher's notes and tape-recorded conversations. Findings are presented thematically based upon recurring topics discussed by key informants and focus groups participants.

The following are nine (9) main findings of the current research, prioritized from most to least important. Suggested recommendations are proposed for each finding and can be accomplished with the support of community partners and potential funders.

### 1. HANOVER'S HISPANIC POPULATION IS UNDERGROUND

The majority of the Hispanic Community in Hanover congregates in Commercial Centers and Churches, which are places that do not ask for documents or social security cards. Fear of being reported to the INS and being deported limits their access to social services or organizations that are not openly working with immigrants or that have not yet developed a safe reputation.

#### Recommendations:

- a. Continue Needs Assessment with a working group composed of community organizations and Hispanic Community members that would hold monthly meetings at the Wellness Center.
- b. Promote the utilization of spaces available and offered by community organizations through information and relationship building. Make use of spaces that are non-threatening to undocumented residents and that are located downtown to facilitate access to people with lack of transportation.
- c. Create a Community Resource Clearinghouse where people can access information. Provide information about services available in the area, and others not available in the area or unique to Hispanics.
- d. Consider a matching program between employers in need of employees and potential workers.
- e. Create cards with telephone numbers and addresses of already existing community services and emergency contacts available to the Hispanic population and distribute them in places known as locations of gathering of Hispanic population.

- f. Work in collaboration with Hanover YMCA and AHCS to support the creation of a Diversity Task Force for awareness raising.
- g. Collaborate with local Banks to facilitate multilingual ATM machines and a mechanism to transfer money abroad.
- h. Invite Mexican Consulate to help fill out Birth Certificates.

## 2. MARGINAL ACCESS TO SOCIAL, PUBLIC AND HEALTH EDUCATION SERVICES

The Hanover Area is perceived as poor in terms of services offered for the Hispanic population. Hispanics tend to go to Gettysburg and York City for services, and this is problematic for those who lack transportation. Services that are available in the Hanover Area, are not well known among local Hispanics.

### Recommendations:

- a. Start educational and wellness programs at the Wellness Center offered in Spanish. Facilitate attendance with night scheduling and other incentives.
- b. Continue outreach with personalized "door-by-door" announcements facilitated by volunteers and community members.
- c. Outreach strategies focused in spaces of social gathering such as the churches and local businesses should also be a priority.
- d. Develop a proposal, job description and hire a case Management Specialist to assist Hispanics that have problems navigating the system.

## 3. ENGLISH PROFICIENCY AS A BARRIER TO HEALTH AND WELLNESS

Many Hispanics do not speak English, or have poor English proficiency. Even among the Hispanic Community there are different dialects that make it difficult for them to understand each other at times. Translation services are minimal. Children are often used as translators for issues concerning the parents, since children in the Hanover Area gain proficiency in English at school. Lack of proper face-to-face translation in healthcare settings can compromise quality of care and can lead to unsafe medical practices.

### Recommendations:

- a. Implementation of Translation Services Proposal at Hanover Hospital (see attached 1)
- b. Provide Hispanics with health literature in Spanish at the Wellness Connection and the emergency room and work to ensure agencies provide Spanish literature.

## 4. MARGINAL ACCESS TO HEALTH SERVICES

Illegal status limits access to healthcare. Lack of insurance, even among those that are documented is a general problem. The shortage of physicians creates access barriers

related to acceptance of certain medical insurances. The fragmentation of the healthcare system and the lack of coordination between services make many of those that do reach certain services, get lost in the process. The emergency room is sometimes used as the only health resource in Hanover. Most of the people go to Gettysburg and York for health services where there are programs for the undocumented. There is a lack of translation services, literature in Spanish and cultural sensitivity programs in provider offices and at Hanover Hospital.

Recommendations:

- a. Hanover Hospital participation in the Healthy York Network to allow undocumented Hispanic population to access health care (see attached 2)
- b. Organize a Health Fair for Latinos to introduce the Hospital to that community and build trust with the organization as a provider of health services. Other organizations could be invited to participate and Hanover Hospital could provide health screenings or free immunizations.
- c. As soon as there is evidenced growth in Hospital utilization by the Hispanic Population, provide with a bilingual staff person whose function would be translator and facilitator of social services in the area (see Attached 1)
- d. Promote use of the Health Connect Mobile Health Service for screenings and arrange routine visits to the Hanover Area. The Health Connect Van currently stops at Biglerville, Red Lion, Dover, New Oxford, Delta and York.
- e. Promote hiring of bilingual employees at Hanover Hospital.

## 5. WORK HOURS AND ENVIRONMENT A BARRIER TO HEALTH AND WELLNESS

Hispanics in Hanover work a high amount of hours and spend little time with their families. They have little time left for activities other than work. The undocumented use Social Security numbers from other people in order to be able to work. Employers are often aware of the undocumented status of their employees but are satisfied by the given social security number. This is changing and it is making it harder to find jobs in the area. Poor labor conditions are more prone to occur in this population. Most salaries are low, and many send money back to their countries, therefore, they save money on other things, such as housing. Lack of transportation limits the access to certain jobs. Education is in general low which confines their labor to the fields and factories.

Recommendations:

- a. Begin a dialogue with local employers around issues impacting Hispanic workers.
- b. Partner with local employers to explore a case management system for Hispanic employees.

## 6. ILLEGAL IMMIGRATION STATUS A BARRIER TO HEALTH AND WELLNESS

Illegal status creates conditions that affect Hispanics in a profound fashion. Many use other's social security numbers to work and to obtain healthcare and housing. Those that are not able to get a social security number or a job are completely marginalized and they do not have access to any type of health assistance programs. Some teenagers work with faked social security numbers of older people to get hired.

Recommendation:

- a. Give personal information cards to be used in emergencies as a form of non-intimidating means of identification and to locate individuals for medical follow-up. They should be bilingual and contain name, number, address, family doctor and medical data (current medications), emergency contacts, date of birth, blood type, medical conditions, allergies and medical insurance if available. Doctors and migrant services could be informed that the card could be used as identification.

## 7. PREJUDICE, DISCRIMINATION AND CULTURAL MISUNDERSTANDING

Hanover is perceived as an intolerant and racist area. Discrimination is perceived as coming from neighbors, at the work place and in public facilities, by community leaders and members of the Hispanic Population. Discrimination among Hispanics of different origin, legal status and income is also present. The Hispanic culture, usually open in their celebrations becomes inhibited after migration. Dialects and traditions of Hispanics are very diverse. Adjustment to the American life, more bureaucratic in daily living, is sometimes difficult and some opt for a marginal life, with no assimilation.

Recommendations:

- a. Increase local cultural sensitivity through learning about other cultures and countries. A Summer Hispanic Cinema Festival at the Wellness Center with discussion after the movies will be held to raise cultural awareness.
- b. Organize and promote a social event with music and food in Hanover.
- c. Improve Hospital training of employees on culture sensitivity. Work with educational services in orientation.

## 8. MARGINAL ACCESS TO MENTAL HEALTH, ALCOHOL ABUSE AND PHYSICAL ABUSE SERVICES

Alcohol and physical abuse are issues of concern among the Hispanic population in Hanover, with none or few services specifically for the Hispanic and lack of information over how to access those that are available. Mental Health issues like depression are prevalent and secondary to the grief from missing their homes, not succeeding as expected in finding a job, and the loneliness felt in the absence of family and familiar environment.

Recommendations:

- a. Implement support groups for depression and treatment groups for drug and alcohol addictions at the Wellness center, these last in collaboration with AHCS.
- b. Facilitate attendance to individual therapy by informing office managers and MDs of the availability of a Spanish speaking therapist at the Wellness Center through AHCS.
- c. Facilitate the use of MH/MR access to uninsured or undocumented clients.

#### 9. HISPANIC YOUTH ARE AT RISK FOR UNHEALTHY BEHAVIORS.

Parental absence related to long hours, and the empowerment of children because of their English proficiency contribute to early independence among Hispanic Youth. Teenage pregnancy is a concern. Family structure is not traditional and the shared houses and rooms contribute to loss of intimacy.

##### Recommendations:

- a. Start a learning program on computer programming, of high interest among Hispanic youth.
- b. Facilitate the use of certain community services to promote sports among Hispanic youth and adults.
- c. Information about contraceptive use and pregnancy among youngsters.
- d. Implementation of an after school educational program for Latinos.

## **I. Background:**

This report is the outcome of a partnership between Hanover Hospital and Adams-Hanover Counseling Services in a common interest to attend to the health related issues of the Hispanic population. From a perceived need by local leaders to understand this population better and approach its growth in the area (evidenced by the large amount of Spanish speaking patients in certain medical offices) a full-time employee was hired to study the needs of this population and provide qualitative data from Hispanic Community members.

The initiative was sustained by two grants awarded by the York County Community Foundation and the Pennsylvania Department of Health and it was named the Hanover Area Hispanic Empowerment Network Initiative.

## **II. Objective:**

### **Primary:**

- To identify unmet needs and service gaps specific to the Hispanic population in the Greater Hanover Area.

### **Secondary:**

- To address identified needs of the Hispanic Community in the Greater Hanover Area.
- Enhance greater service integration among existing health and human service providers.
- Create closer relationships between the Hispanic population and service providers.
- Eliminate social isolation.
- Increase social capital among the Hispanic population.

### III. Methodology:

Ten (10) Key informant interviews<sup>1</sup> were conducted with Hispanic community leaders and consisted of:

- 3 with members of the Hispanic Community contacted at Saint Joseph's church.
- 2 with owners or workers of a business (grocery store and hairdresser)
- 1 with teachers giving GED lessons to members of the community.
- 2 with administration of organizations involved with the Hispanic community.
- 2 with physicians, nurses or health related professionals.

Two (2) focus groups<sup>2</sup> with leaders from the following audiences:

- Leaders from the Hispanic Community in Hanover involved in health, education and social services (January 9, 2006)
- Latino Service task force members from the Healthy Adams County Coalition (February 8, 2006)

Groups and interviews were held at various locations convenient to participants. Notes were taken for individual interviews and a tape recorder was used to record interviews involving two or more people. Transcriptions and translations were performed by the same researcher and interviewer.

Findings<sup>3</sup> are presented thematically based upon recurring topics discussed by interviewer and focus groups participants. They consist of nine (9) themes that group topics with similar causes. Direct word for word comments are italicized and contained within quotations. Paraphrased comments are also italicized and contained within brackets.

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<sup>1</sup> The key Informant interview is a one-to-one interviewing process for gathering information from local opinion leaders.

<sup>2</sup> Focus group techniques consist of collectively interviewing six to ten participants who come from the same sector of the community or who share something in common about a specific issue. Similar to the key informant interviews, focus group interviews are particularly helpful in identifying and gaining insight into major issues and commonly held perceptions involving the community in healthcare decision making and demonstrating your interest in community involvement. [Conducting Key Informant and focus group interview. Mountain States group, Inc. Boise, Idaho: "A community resource development organization"]

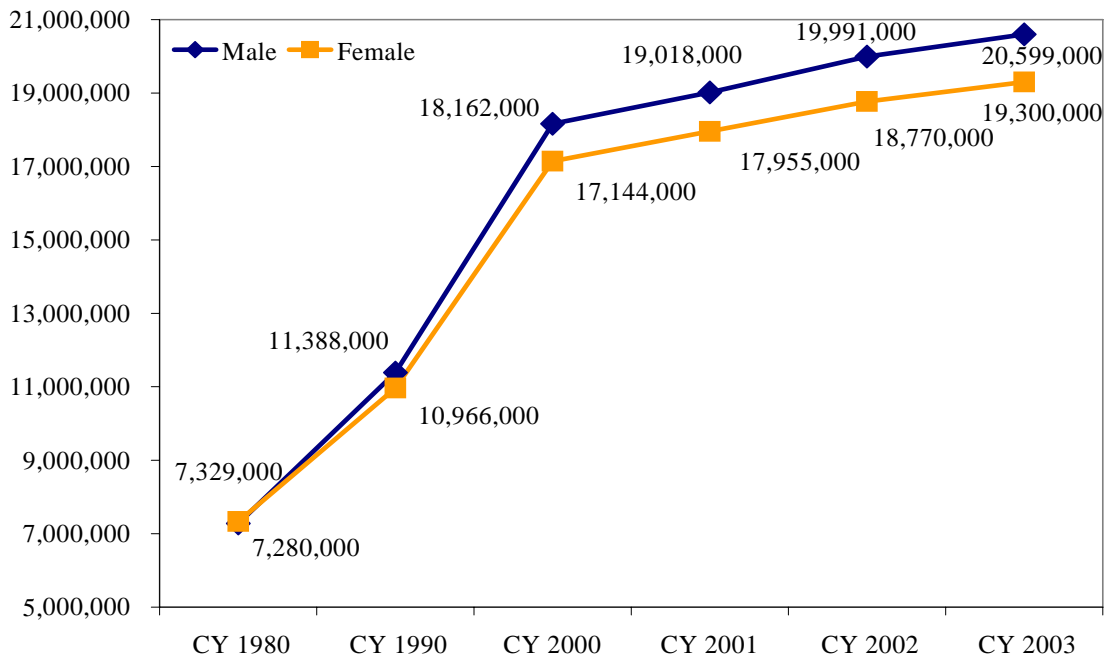
<sup>3</sup> Note 3: The findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health and wellbeing of the residents in the area. Thus, these findings are on perceptions, not facts.

#### IV. Demographics:

##### NATIONAL DEMOGRAPHY

*"[38 million people in the US are Hispanic, 68% of which come from Mexico (32 million). The first income force in Mexico is the money sent from relatives that work in the US. Cubans are the smallest but the strongest force in terms of finances, because the conditions in which they came were as legal (Kennedy welcomed them as refugees after the Cuban Revolution) and they were mostly wealthy and educated]"* Latino Community Member, leader.

**Figure 1: Hispanic resident population, according to sex: United States, selected years 1980 - 2003.**

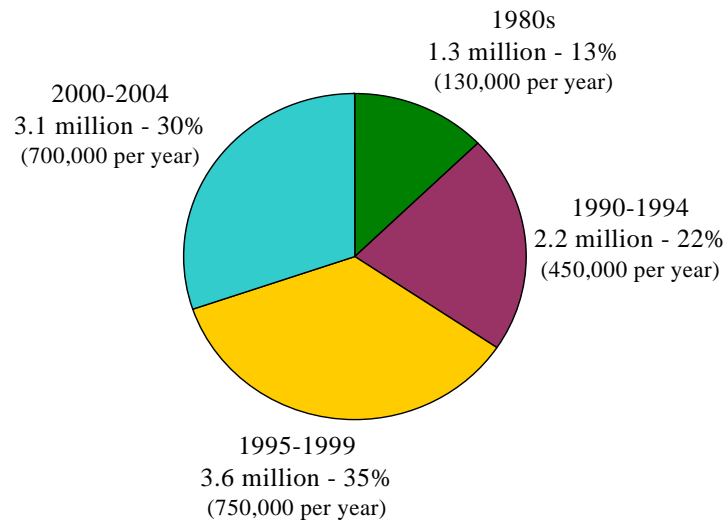


SOURCES: U.S. Bureau of the Census: 1950 Nonwhite Population By Race. Special Report P-E, No. 3 B. Washington. U.S. Government Printing Office, 1951; U.S. Census of Population: 1960, Number of Inhabitants, PC (1) - A1, United States Summary. U.S. Population Estimates, by age, sex, race, and Hispanic Origin: 1980-1991. Current population reports, series P-25, no 1095. Washington. U.S. Government Printing Office, Feb. 1993; National Center for Health Statistics. Estimates of the July 1, 1991-July 1, 1999, April 1, 2000, and July 1, 2003 United States resident population by age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau, Population, Estimates Program.

Neither the Census Bureau nor any other U.S. government agency counts the unauthorized migrant population or defines their demographic characteristics based on any specific enumeration. There is, however, a widely-accepted methodology for estimating the size and certain characteristics, such as age and national origins, of the undocumented population based on official data. This methodology essentially subtracts the estimated legal-immigrant population from the total foreign-born population and treats the residual as a source of data on the unauthorized migrant population.<sup>4</sup>

The estimates reported here use this methodology with data from the March 2004 Current Population Survey (CPS). As of March 2004, there were an estimated 10.3 million unauthorized Hispanic migrants living in the United States. A comparison to past estimates derived with the same methodology shows that the undocumented population has grown rapidly in recent years. There were 8.4 million undocumented Hispanic migrants living in the United States in April 2000 according to estimates derived from Census 2000. Thus, average annual growth over the 4-year period since 2000 was about 485,000 per year. Assuming this rate of growth held steady, the best estimate for March 2006 points to a figure of approximately 11.5 million for the number of undocumented Hispanic residents in the US.

**Figure 2: Period of Arrival for the Undocumented Hispanic Population, United States, March 2004.**



SOURCE: Pew Hispanic Center estimates based on March 2004 Current Population Survey (Passel 2005). Includes allowance for persons omitted from the CPS. Dates represent when the migrants came to live in the United States.

<sup>4</sup> Passel, Jeffrey S., Jennifer Van Hook, and Frank D. Bean (2004) *Estimates of Legal and Unauthorized Foreign Born Population for the United States and Selected States, Based on Census 2000*. Report to the Census Bureau. Urban Institute: Washington D.C., June 1.

## LOCAL DEMOGRAPHY AND MIGRATION

Over the past five years, the Greater Hanover Area has had an increasing Hispanic/Latino population. The Hispanic population is currently the largest minority group (2% in 2000) in the Greater Hanover Area that has historically been comprised of predominantly white individuals (97% in 2000). The Hispanic population is particularly concentrated among three ZIP Code Tabulation Areas (ZCTA) in York and Adams Counties. These ZCTA include 17325 (Gettysburg), 17331 (Hanover) and 17350 (New Oxford). From 2000 census tract data, Hispanic population in this region has reached 2130 and continues to rise.

**Table 1. York & Adams County Demographics.**

	York County	Adams County
Total Population	401,613	98,322
Persons of Hispanic Origin (Documented)	3%	3.6%
Foreign Born (2000) (Documented)	2.2%	3.4%
Language other than English spoken at home	5.3%	5.5%

SOURCE: York & Adams County Quick Facts from the U.S. Census Bureau.  
<http://quickfacts.census.gov/qfd/states/42/42133.html>

Extending a similar methodology as the one used for national statistics into Pennsylvania and further into York & Adams Counties utilizing foreign-born data<sup>5</sup> some rough calculations can be performed to crudely approximate undocumented numbers of Hispanics. These statistical methods reveal that in Pennsylvania there may be approximately 162,200 undocumented migrants as of May 2006. For the same period York and Adams Counties would have roughly 5,608 and 2,019 undocumented migrants, respectively.

The reasons for immigration in this area are economic. Initial migratory movements originated in rural areas of Mexico due to the low wages and the lack of government assistance when crops turned bad. Currently migration has also moved to include urban areas probably due to underemployment which is estimated to be of 25% in Mexico<sup>6</sup>. Individuals with higher education are migrating to the US. Graduates with degrees as engineers and architects are not practicing as so in their country of origin, and they live out of other jobs, such as driving taxi cabs and small food businesses. The same is applicable to other South American countries or the State of Puerto Rico (with an unemployment rate of 9.2% in

<sup>5</sup> U.S. Census Bureau 2000. Percent of Persons who are foreign born. Census summary file 3(SF3) Pennsylvania by 5-digit Zip Code Tabulation Area.

<sup>6</sup> The World Fact Book, 2006. Central Intelligence Agency.

March 2006, being the lowest in the past year)<sup>7</sup>. They find it a better option to do the similar jobs, for higher wages.

Immigrants arrive in Hanover because they hear about the work possibilities in the area, usually from relatives and friends. They say a map could be drawn that would resemble the areas where they come from in Mexico. The Hanover area offered jobs to immigrants. The perception the Hispanic Community has been that although there are still open jobs available, it is getting harder to find them because of the stricter demands of legal status. Many of them now go to Maryland for their jobs, and live in Hanover because the rents are lower.

Depending on the means of crossing into the US, the undocumented migrant feels freer to go back to the homeland. For some, this is due to the difficult situations they experience crossing the border, without a legal status. Although immigrants tend to remain in the US in their majority, they think about going back to their home land for years. A small percentage goes back and forth; they work here for a few months and then go back to their country.

#### ▪ YORK AND ADAMS

**The Hispanic populations in Adams and York County differ. Adams County's is composed mostly of migrant farm-workers or farmers with a permanent residence. The majority are Mexican and undocumented. Census counts likely significantly underestimate the Hispanic Population in Adams County. York City has more workers originating from Puerto Rico, therefore American Citizens, who work mostly in manufacturing.**

*"[At the beginning it was only workers that would come at certain seasons for apple picking and in the 90's Latinos started staying and working in factories. About 90% are illegal and 90% are Mexican]"* Community Member, leader.

*"[In the 2000 Census, there was an increase of 165% from the 1992's Census. The Hispanic population grew from 3200 to about 9000-10000 according to Human Services Agencies Representatives]"* Community Member, leader.

*"[They hide in the census count. They are afraid of being deported]"* Community Member, leader.

*"[85% of the population in York is from Puerto Rico. The reason they come is because there is a lot of manufacturing here. 15% are from Mexico. The problems with the Mexican population are health and illegal status]"* Latino Community Member, leader.

*"[There are more men than women that come, because of the apple. And although they come being migrant workers, that go around picking-up the fruit, many stay here because it is quiet, the schools are very good...]"* Latino Community Member, hairdresser.

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<sup>7</sup> US Department of Labor. Bureau of Labor Statistics ([www.bls.gov](http://www.bls.gov))

- **GREATER HANOVER AREA**

The Hanover Hispanic Community is predominantly Mexican. They come from similar places in Mexico, usually rural places, and gather friends and family from there. The first to come are young people. They work in factories, food services and construction. They are relatively isolated from the services provided in York city and Gettysburg. The population has been growing but they tend to hide due to their illegal status. A minority of the Hispanic population is integrated and assimilated to the American culture.

*"[In Hanover] there are Mexicans, also Peruvians. Where a person goes, they call the cousin, the brother, and the brother and the cousin call a friend, and the friend...and then, the communities start being of state or place. For example, in this area there is a lot of people from the state of Mexico, many people from the state of Yucatan...over Chambersburg, there are people from el Salvador and Guatemala. In York Street there are a lot of people from Hidalgo. The communities are being created as they come"* Latino Community Member, GED teacher.

*"In this area (Hanover), people are mostly Mexican"* Latino Community Member, GED teacher.

*"[The people that work in Hanover, they work more in the factories and those from Gettysburg more in the fields]"* Latino Community Member, teacher.

*"There is a large Hispanic group growing in this area (Hanover) but we don't know because they don't want to release their status because they think if they approach me that I am going to call Immigration, which is not my purpose..."* Latino Community Member, leader.

*"[Since 90% of Hispanic people in Hanover are Mexican, the need is different because the legal status is different than that of Puerto Ricans, which are more abundant in York city]"* Latino Community Member, leader.

*"[Many people are moving to York because of their legal status. We have noticed that Hispanic people in the area of Hanover don't even go to the van. "Maybe they don't know about it" After, we don't know where to refer them for follow-up. "They probably use the ER a lot"]"* Community Member, leader, healthcare provider.

*"[They work in construction, food factories]"* Latino Community Member, business owner.

*"[People work in egg factories, in the turkey place, in construction. Many of them work in Maryland]"* Latino Community Member, business owner.

*"[Many people are moving to York because of work opportunities]"* Latino Community Member, leader.

*"[There are more isolated groups probably because when people come it is to work]"* Latino Community Member, business owner.

*"[The reasons why they come it is out of need. Families get together here, for example my husband's family has been coming and almost all of them from the same village. The village where he comes from is a rural place]"* Latino Community Member, business owner.

*"[Before, only people from the countryside would come, people without studies. Now, it is everything, people with degrees, teachers...because they see that there aren't more opportunities there. It has always been like that (not even people with degrees had a job)]"* Latino Community Member, business owner.

*"[I studied computers, when I came here it was of no use, I had to study and get my degree again, and I would remember all the times that I had to stay up all night studying. Many people here earn more money in the factory than they do in the office, anyway. Many people work in the factory during the week and in the restaurants during the weekends]"* Latino Community Member, business owner.

*"[I was very delicate. When I came here I had to stay in a shelter and it smell like feet, I was not used to that, even the ways they used when eating...I was there for 3 months]"* Latino Community Member, business owner.

*"[The population is varied. Some of them come here for sometime and then they leave. Others come back to their country of origin, some months for vacation and then, they come back to the US. Many are from there and their children are born here]"* Latino Community Member, hairdresser.

*"[They come from different states and have different mentalities. Many come from villages, without education...the majority]"* Latino Community Member, hairdresser.

*"More than a hundred! In the school I have like probably like 200 students"* Latino Community Member, leader.

*"But this community from here, in Hanover...I, 6 years ago, because I came before them, there were, but now, it is the double or triple. Many people that have been here for more than 10 years, they can tell you, finding a Hispanic in this area it was like "hi, how are you?" And you knew who it was, nowadays, you know they are Hispanic, but I don't know them"* Latino Community Member, GED teacher.

## V. Findings:

### 1. HANOVER'S HISPANIC POPULATION IS UNDERGROUND

The majority of the Hispanic Community in Hanover congregates in Commercial Centers and Churches, which are places that do not ask for documents or social security cards. Fear of being reported to the INS and being deported limits their access to social services or organizations that are not openly working with immigrants or that have not yet developed a safe reputation.

*"Here in Hanover they are in Baltimore Street, Carlisle, surrounding areas of the Hospital, Middle Street, High Street..."* Latino Community Member, leader.

*"They keep themselves well hidden"* Latino Community Member, leader.

*"That is the only place where I have seen Hispanics...at the Malls and at the shopping centers in terms of food and pharmacies..."* Church leader

*"In Hanover, if you want to know how many Hispanics, go to Walmart, on Sunday"* Latino Community Member, leader.

*"[The church is the biggest center of social gathering]"* Latino Community Member, hairdresser.

*"But they are afraid..."* Latino Community Member, leader.

*"Of those three or four that came, the recorder came and took pictures and they told me they didn't want the pictures in the paper, "please don't put that in there because I am not legal. I would tell them that because, what can you do?"* Latino Community Member, leader.

*"The fear of being sent back, if they are caught, is that a real issue here or is it just a fear? Have you seen people sent back? In twenty years... I have never seen anyone being sent back in central PA"* Church leader.

*"Many of them are sent back"* Latino Community Member, leader.

*"For people I know that work with immigration, this is not a targeted area, they are so busy with other areas of the US, here you mention the fear...so for me, how I might be helpful in getting that fear diminished would be an area that I have never seen addressed, here in Central PA, that would allow the people to begin to set a community"* Church leader.

*"It is not only the people that are coming, it is the people that are being born here, those that are already here..."* Latino Community Member, GED teacher.

## 2. MARGINAL ACCESS TO SOCIAL, PUBLIC AND HEALTH EDUCATION SERVICES

The Hanover Area is perceived as poor in terms of services offered for the Hispanic population. Hispanics tend to go to Gettysburg and York City for services, which is problematic for those who lack transportation. Services that are available in the Hanover Area, are not well known among local Hispanics.

*"[The problem is that it belongs to York County even though it is geographically closer to Adams County and people in Hanover tend to go to Gettysburg. Counties finance services for residents in the area they cover, so if someone from another area comes to this area, they won't get the same services]"* Latino Community Member, leader.

*"The need is tremendous"* Latino Community Member, leader.

*"All the people from Hanover come here...(Gettysburg) [for services]"* Latino Community Member, leader.

*"[The problem is that they have to move out from Hanover, think about moving here because it is closer, at least the available services are more here [Gettysburg] than there"* Latino Community Member, leader.

*"In Hanover, there is domestic violence and lack of information on available resources"* Latino Community Member, business owner.

*"[There are a lot of people whose children are eligible for certain insurance programs and they don't know because they think that being the parents undocumented, the children would not have access either]"* Community Member, leader

*"[There are many people that do have documentation and they don't know how to get the resources]"* Latino Community Member, hairdresser.

*"That is another area...because, again from my experience working for the school. I am here for your child education, to work with the school, not for the social stuff, for example, people need help with the...something that has nothing related with the school"* Latino Community Member, leader.

*"Sometimes they don't have heat, because they don't know how call the gas guy..."* Latino Community Member, leader.

*"Another thing that I have found also, which I am still in the middle of that, is that I know a family, for example, they had a fire in the house, and it was not...so I helped them find another and...in order for these people...I put my name on for them to have a telephone, because they don't have any way or any reference or any credit, or anything under their name to get a telephone installed. And for them to get the electricity installed, I have to ask the owners of the apartment to please do the first steps for them. That is tremendous"*

*because right now I am going through that again with another family..." Latino Community Member, leader.*

*"There was another case of a woman, she has three kids, and her husband went drinking with another guy...they had a car accident and they both got killed and it took about a week or so to really find out his true identity, if he was married or not, because there were no papers, that poor woman she called me and said "my husband just got killed and just found out that he just died" and I had read about that in the paper, but it took a month to find out about these people and help the woman because she was left with three kids... she lived across the street from me, so it is really hard..." Latino Community Member, leader.*

*"I think that it is part of a community that people don't go to look for services outside of the community" Latino Community Member, GED teacher.*

*"Yes, believe me, Hanover is dead..." Latino Community Member, GED teacher.*

### **3. ENGLISH PROFICIENCY AS A BARRIER TO HEALTH AND WELLNESS**

**Many Hispanics do not speak English, or have poor English proficiency. Even among the Hispanic Community there are different dialects that make it difficult for them to understand each other at times. Translation services are minimal. Children are often used as translators for issues concerning the parents, since children in the Hanover Area gain proficiency in English at school. Lack of proper face to face translation in healthcare settings can compromise quality of care and can lead to unsafe medical practices.**

*"[80% don't speak any English]" Latino Community Member, leader.*

*"It is really important to understand, that a lot of doctors, nurses and practitioners are using kids...the little kid that is in fifth grade to interpret fairly complicated medical..." Latino Community Member, lawyer.*

*"You go to the Hospital, and if you don't go with someone that translates, no...how are they going to give me a service if they don't understand me? and ...in York, for example, they always have bilingual staff and all that" Latino Community Member, GED teacher.*

*"Sometimes they can make like more payments or an arrangement, or like one time emergency surgery...but if that person does not have someone to help them with the English..." Latino Community Member, leader.*

*"[The biggest problem is being able to understand them and explaining them how to get to the services for the referrals, they lose track of that]" Community Member, office manager.*

*"I know some people go to Gettysburg Hospital because they have translators there" Latino Community Member, business owner.*

*"I found that many people come from many different languages. There are many Spanish, but there are different dialects. I have to go around to translate whatever terms they are saying...do you mean this, this, or that? This is how I come up with the right answer because they all have different ways of saying it"* Latino Community Member, leader.

*"I will do it, but if it involves somebody's health...it is more serious. I think it would be a little bit more training or something that would make people like me more comfortable translating for a medical environment"* Latino Community Member, leader.

*"The secretary at the office is saying that if you don't have a translator then you have to go back and they are treated like they don't count"* Latino Community Member, leader.

*"[There are many different dialects within Mexico that sometimes are difficult to understand even by Spanish speakers. An idea would be to have people "on call". There has never been anything organized from the hospital in terms of translation. People would volunteer. One of the people that attended is a Spanish teacher and she knows students that are 17-18 years old that have shown interest in working as translators in a hospital and they could be paid a minimum salary. The problem with translation is that there is a need for basic knowledge on medical terms otherwise translations don't make any sense. In one occasion it has happened that bowel or colon diseases has been translated as "enfermedades del punto" which means "diseases of the point". There could be a guide of medical terms or some education to make sure everyone is ready for translation]"* Latino Community Member, physician.

*"No doctor should see a patient through a child..."* Latino Community Member, leader.

#### **4. MARGINAL ACCESS TO HEALTH SERVICES**

**Illegal status limits access to healthcare. Lack of insurance, even among those that are documented is a general problem. The shortage of physicians creates access barriers related to acceptance of certain medical insurances. The fragmentation of the healthcare system and the lack of coordination between services make many of those that do reach certain services, get lost in the process. The emergency room is often used as the only health resource in Hanover. Most of the people go to Gettysburg and York for health services where there are programs for the undocumented. There is a lack of translation services, literature in Spanish and cultural sensitivity programs in provider offices and at Hanover Hospital.**

*"Then she makes a good point and I think it is huge...the lack of insurance or financial assistance or anything...because a lot of them...the bottom line is they don't have insurance...there is not a problem that I can help them with without having the insurance or a social security number"* Latino Community Member, leader.

*"I refer a lot of my clients there [Hanover Health Center] and my understanding is that there are no questions asked"* Latino Community Member, leader.

*"[Doctors Cut off Medical Assistance patients they see because they lose money. Dental care is worse. There are few providers]" Community Member.*

*"[My daughter has been sick. She finally saw a doctor, but she needed more exams to finish diagnoses and they told me we had to go to Hanover Hospital, but that it was going to be expensive, and I could not afford it]" Latino Community Member, business owner.*

*"[At Family First: they help people with poor resources. I know of people who have been sent to ER even though it was not an emergency. I think it is because they are very busy and don't have time to waste trying to understand other languages. A person called on the phone saying her child had a cold and she wanted an appointment and she was sent to the hospital. I see that happening more and more each day. Anything they don't want to waste time with, they just say: "go to ER", when "they don't want to be bothered]" Latino Community Member, leader.*

*"I mean, and one thing, a lot of times I send people to Wellspan, ok? If they cannot be seen for whatever reason at Wellspan or whatever...everyone ends up at Mission of Mercy...All of the people that nobody in this community wants go to Mission of Mercy. That is the number one service in this community that sees everybody that nobody else wants. So, but they are only here once every two weeks, ok? I mean, we have had people at Mission of Mercy that had cancer that would see, other than what they can get at Mission of Mercy, no services. Breast cancer and everything else, pancreatic cancer...so there are a lot of people that do try to get services, do go to the emergency room, do go to state health, do go to migrant health, do go everywhere...and are turned away. So, there is a lot of people that get paid medication and die" Community Member, leader.*

*"They do go to the emergency room, when they get to the last stages and things like that, they do, but, I mean...If it is true emergency, especially with children, I mean like if a family calls us and the child has a high fever or something: "go to the ER", but as a rule, I refer most people either to Wellspan... or Mission of Mercy. Those are the only two resources I know of in this community" Latino Community Member, leader.*

*"[It would be good if 2 days a week pediatricians came, or some OBGYN, because people have to go to York. There are very sick children with the flu that don't go to the Hospital because they have to schedule]" Latino Community Member, business owner.*

*"I think that the problem is also that besides this program in York, many, because of their legal situation, are not working with their names, and then, they cannot have medical insurance, you know that with an insurance they are happy to have you everywhere" Latino Community Member, GED teacher.*

*"And also, health care here in the US is very expensive, even if you have money. The salaries they receive in money are in general, not higher than \$10, and that is if they are well paid" Latino Community Member, GED teacher.*

*"And I tell the families, don't even worry about pay, if it is an emergency, go to the emergency room"* Community Member, leader.

*"I mean, and we were able to get some of her medication through Mission of Mercy, but she also had breast cancer, so some of these medications were very, very expensive. One time it was 750 dollars for a 30 day supply of one of the medicines. And she was putting that stuff on her credit card, because you know, it is like, you don't have time to call, I mean, she was in a lot of pain..."* Latino Community Member, leader.

*"Because when I go to the Hospital also there is nothing that they can follow through or read. It is very, very hard"* Latino Community Member, leader.

*"[There is also a lack of information written in Spanish for follow-up. People will be told that they are supposed to meet a doctor and they don't go because they don't understand]"* Latino Community Member, leader, healthcare provider.

*"In Hanover, first of all, they should change all the people in Hanover, I mean in the Hospital, they are nasty, they are not friendly, and when you go to the emergency room it is because you are sick. You want, you know, a little bit of compassion and people..."* Latino Community Member, leader.

*"[The Hospital is very expensive. And also, I know of two people that have been at the Hospital and doctors have told them that it would be better for them to go back to their country. They don't feel welcomed. They told a woman that was very sick of her lungs that if she was sick what was she here for?]"* Latino Community Member, business owner.

*"[When I go to the emergency room I am charged around 350\$ plus the medications. I have had a lot of trouble communicating. There is no interpreter and when I was there, not even the phone translator was used]"* Latino Community Member.

*"[About the Hospital, I know of a person that went to Hanover Hospital and they didn't want to attend to her because she didn't have medical insurance. Most of them go to Gettysburg. Hanover does not have a translator]"* Latino Community Member, hairdresser.

*"I know a woman that is pregnant, and I asked her, where are you going to be attended because I am going to go to York. Another one I know also had to go to York. And we have another student that is also about to give birth and is also going to be attended in York. And I ask why are they going to York and she said because in York they do a study and see how much we earn. We are working the two of us, in what economic conditions we are, and depending on that, they offer us a lot of help, the delivery, or we have to pay just a little bit, and here, they don't have that help at all, even more, at the moment they know we are undocumented they say, no, we don't want anything with you and they don't offer you help. That is why everyone goes to York, and other places. Even to Chambersburg, they even go from here to there, but here in Hanover, you don't see anything"* Latino Community Member, leader, GED teacher.

*"They come to the office and they have so many problems, not just a simple cold or a headache. They have...many issues...they are diabetic, they have hypertension, uncontrolled, out of range...and on top of this, they don't have insurance"* Latino Community Member, leader, office manager.

*"[Problems are basically financial. People do not have insurance; they use other people's names to get medical care. They maintain identities of other people, using their social security number and their insurance card, which brings some absurd situations up, like people that have 26 year old sons with a card that identifies them as being 28 or women that need certain screening test which look a different age than what the card shows]"* Latino Community Member, physician.

*"[Patients are seen at the emergency room, after that, they go to follow-up with a physician, but once there, they cannot pay for it]"* Latino Community Member, physician.

*"[In general, there is a lot of type II diabetes among the Hispanic population, which I think is related to their poor diet and lack of exercise]"* Latino Community Member, physician.

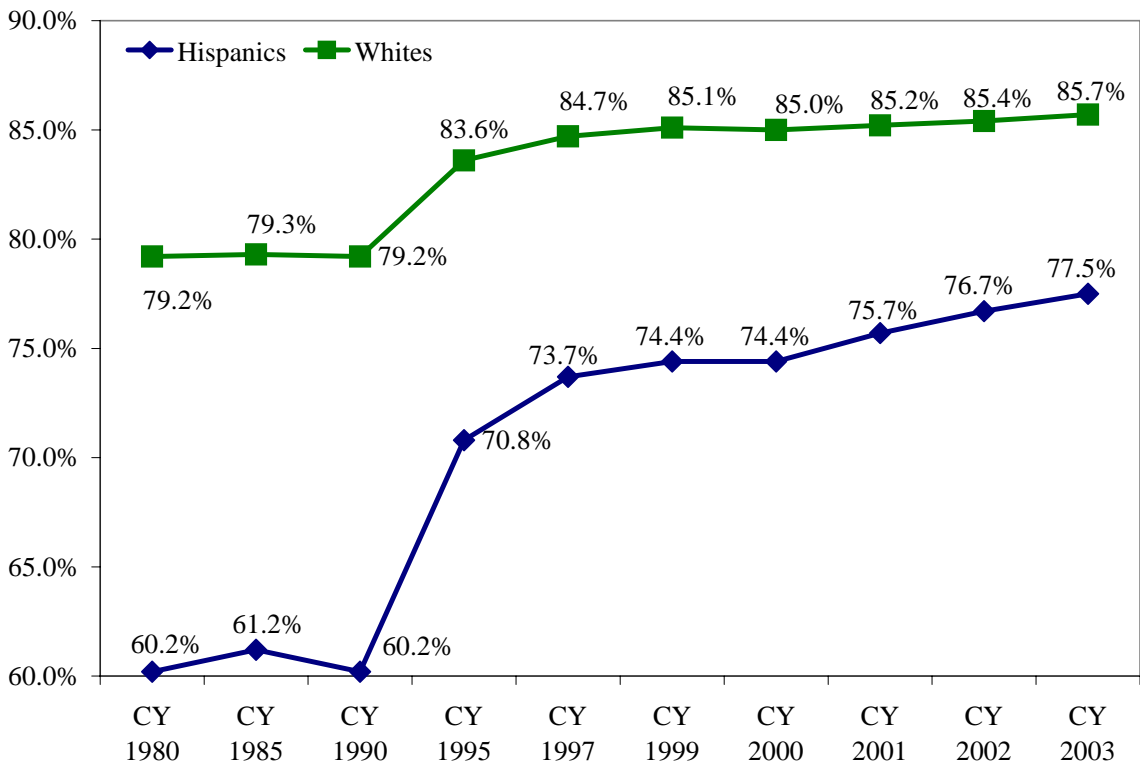
*"[The only times I have had medical attention since I came here [US] were at the time of delivering the babies, because it was free, but only the delivery. So I did not get any other care]"* Latino Community Member.

*"[Another problem is that there are women that have sexual transmitted diseases and don't have information over that]"* Latino Community Member, hairdresser.

*"[I find people that know about the Van, know about the health insurance coverage for children born in the US, but have 11 year old child who does not have insurance because she was born in Mexico. The father had insurance from work but he had to drop it because it was too expensive. Since then, the girl does not get health care access]"* Latino Community Member, leader.

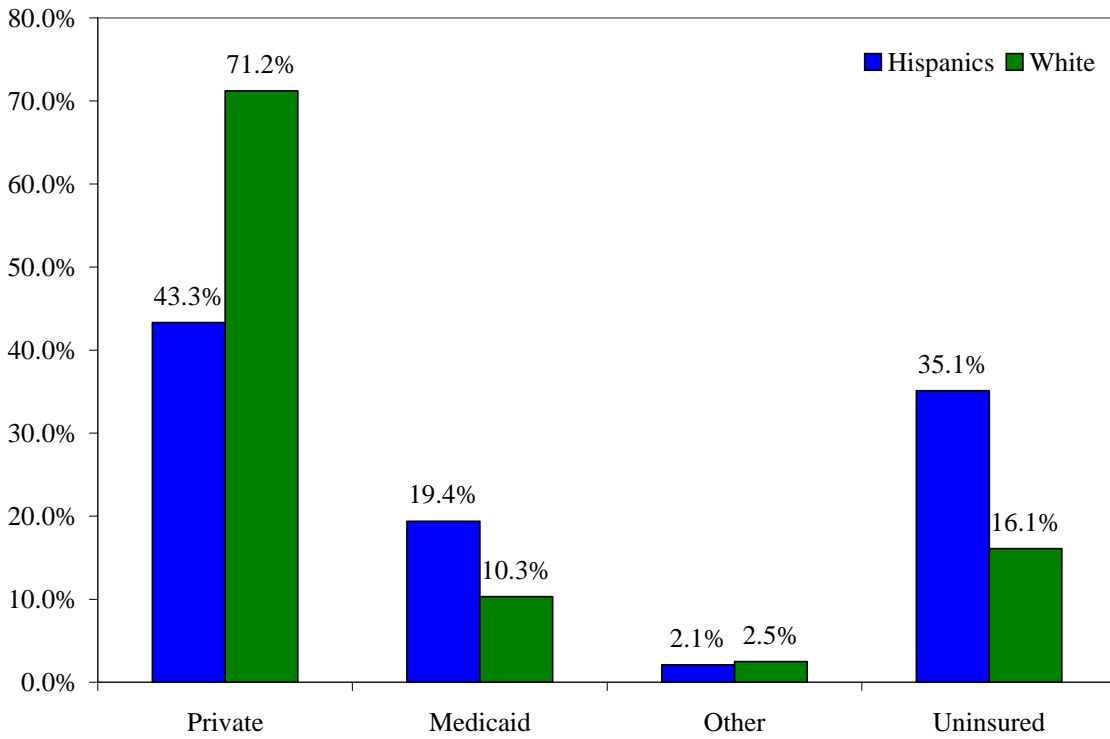
*"[70 to 75% earn less than 30,000 dollars a year or the minimum salary, which are 22,000. No insurance. They work in restaurant kitchens, pizza places and similar jobs, without the company paying a medical insurance. Many of the Mexicans come from the inner city. Many are afraid of asking for help to pay the hospital bills because of their illegal status. Paying from the pocket instead of the insurance is a lot more expensive for them]"* Latino Community Member, physician.

**Figure 3: Prenatal care begun during 1<sup>st</sup> Trimester for live births, according to ethnicity of mother, U.S. selected years 1980-2003.**



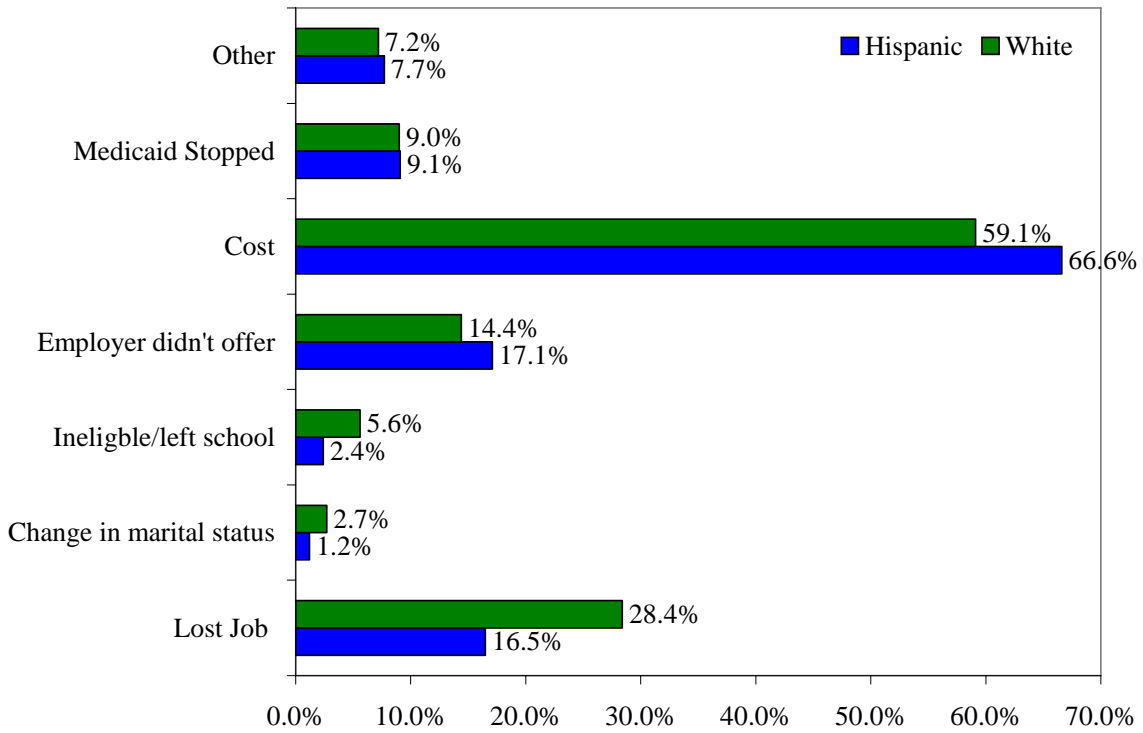
SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Manacker F, Munson ML. Births: Final Data for 2003. National vital statistics reports; vol 54, no 2. Hyattsville, Maryland: National Center for health Statistics, 2005; Births: Final data for each data year 1997-2002. National vital statistics reports.

**Figure 4: Age-adjusted percent distribution of type of health insurance coverage for persons <65 years, United States, 2003**



SOURCES: National Health Interview Survey 2003

**Figure 5: Age-adjusted percent of currently uninsured persons under the age of 65 years, by selected reason for no health insurance coverage, United States, 2003.**



SOURCES: National Health Interview Survey 2003

## 5. WORK HOURS AND ENVIRONMENT A BARRIER TO HEALTH AND WELLNESS

Hispanics in Hanover work a high amount of hours and spend little time with their families. They have little time left for activities other than work. The undocumented use Social Security numbers from other people in order to be able to work. Employers are often aware of the undocumented status of their employees but are satisfied by the given social security number. This is changing and it is making it harder to find jobs in the area. Poor labor conditions are more prone to occur in this population. Most salaries are low, and many send money back to their countries, therefore, they save money on other things, such as housing. Lack of transportation limits the access to certain jobs. Education is in general low which confines their labor to the fields and factories.

*"These people work very odd hours, day or night; they are raising a family..."* Latino Community Member, leader.

*"What they are trying to do because they don't have enough money for daycare...one of them work day shift and the other one works night shift, so that will leave them 24 hours..."* Latino Community Member, leader.

*"Companies don't ask for the social security [card], they ask for the number..."* Latino Community Member, leader.

*"You got the skill; you got the job...start working...now when the inspector is coming, then they worry about it. But, there are a lot of jobs..."* Latino Community Member, leader.

*"I know, it was very popular in a wood factory where accidents happened and the boss knew that the people were undocumented and he would say to them "don't come tomorrow""* Latino Community Member, leader.

*"And one time, even one had his finger cut and he was told "don't come tomorrow", and that way, here, it has never happened..."* Latino Community Member, leader.

*"In [local company], they are paid little amount of money, all of the people that work there are Hispanic, almost all of them are Hispanic, they pay very little, and many hours. They earn the minimum, if they are paid the minimum..."* Latino Community Member, leader.

*"[Now, it is more difficult to find jobs. It is not a problem of lack of work but of them not having the social security number. There are people coming everyday]"* Latino Community Member, business owner.

*"There are people from here, from Hanover, but that work in Maryland...because there is a lot of work here, but if you don't have social security number...the rent is expensive in Maryland..."* Latino Community Member.

*"I came and worked for 2 months, but...then there were a lot of Hispanic that didn't have the documents and I needed the documents, and I was scared because that had never happened to me, and I stayed in another company for 3 or 4 months, and I was working fine, although there was a lot of racism, but I didn't mind because I was happy with my work, and I stayed until I was able to, I would work at night, every night...some times when there was work, I was told and I could change to day time, and I would work from 7 to 3 in the afternoon, Sundays and everything, and they would ask, and with the social security number I was working there were problems, it is not so much that there were problems, but that the American people themselves...to work with the social security number of another person...and I would not listen, and they would say "one way or another we have to find the truth, and they would force it, they sent letters, and yes, they sent papers to ask if I was the person or not, and then, I was in danger because of the documents, and then...I went to thank the people at work for everything and I left. I have been without work for two months, and I am looking...Some Americans that went to my daughter's school found out because in the school I have my own name and they know..."* Latino Community Member.

*"[They can dedicate little time to their children because they work between 48 and 60 hours per week to cover expenses, pay the bills from here and from home (Mexico), try to save thinking in going back to Mexico, although in the long term, they tend to stay here]"* Latino Community Member, business owner.

*"They tell me that the places where they work, if somebody American is pregnant and expecting a baby, soon or later, or whenever, and the American asks permission from the factory where they work to go to the bathroom they say, right away "yes, go ahead". But if the Spanish people ask, "no you can wait until it is over" and this has happen hundreds of times...they are treated like second class citizens..."* Latino Community Member, leader.

*"Another thing that they have, talking about factories, and places where they work, some of these Mexicans have gone to a higher level, and they are in charge of their own people, and they are demeaning to their own people, they are difficult that way"* Latino Community Member, leader.

*"In June people that come from the south start arriving. They have done the orange, and then they go to another side for the strawberry. And they come here until September, when the apple season. They go back to Florida..."* Latino Community Member, GED teacher.

*"Because of the conditions with the documents, then cannot work in another place than in the fields..."* Latino Community Member, GED teacher.

*"They are not aware what the law is, that they can't leave unattended a child of a certain age, they don't take all the precautions...lack of information, lack of education, they get up in the morning, one parent goes to work and the other has to stay at home...they can't afford daycare, that is why the mother has to be at home, the parents have two jobs, or work long hours, four days shift ...And in order to financially support each other; two families live in the same house..."* Latino Community Member, leader.

*"Because a lot of my clients, if they could save money and send it back to Mexico... the truth is they live together two families...sometimes they save money that way"* Latino Community Member, leader.

*"I know two other families that have almost separated, why? Because of the same reason, because one of them, since they got here, the woman is a hard-worker, but she worked in the juice company and she says that American people would tell her "you are Mexican and we are going to take you out"...she left the job, and after, she almost left her husband and went back to Mexico, and she would say she would get desperate because there was no money for the children..."* Latino Community Member.

*"Oh yeah! some of them...To get your license, and they know I try...you need a social security number to get your license, if you don't have a social security number you can't get your license...they used to have international license, they don't have that anymore..."* Latino Community Member, leader.

*"If they have to go out far of the area, they don't go (sometimes because of transportation)"* Community Member, leader, healthcare provider.

*"[Transportation is a problem. There is free transportation in Adams (the county pays for it) and in York (bus passes, by Rabbit transit) but they come rarely and people have to wait for hours at the doctor's offices]"* Community Member.

*"[Women that don't have cars, they don't move at all, to go to work they have to ask for a ride]"* Latino Community Member, business owner.

*"[I do not have transportation. During the weekends I can be driven to places by my boyfriend or sister but during week days I can only get to places by bus, or walking which makes it difficult to get to Gettysburg. I have to go to Gettysburg for screenings and to York for her paperwork. Both places are difficult for me in terms of transportation]"* Latino Community Member.

*"I don't have a way to get around, by car, or anything, but I think that computers are very useful because even if you are at home, you can do everything, develop the subject, the ideas, look for the people"* Latino Community Member.

*"You know what you might be able to do? It's be there for a couple of hours...when they come in and then you handle them [the flyers], then you talk to them, because they don't know how to read ..."* Latino Community Member, leader.

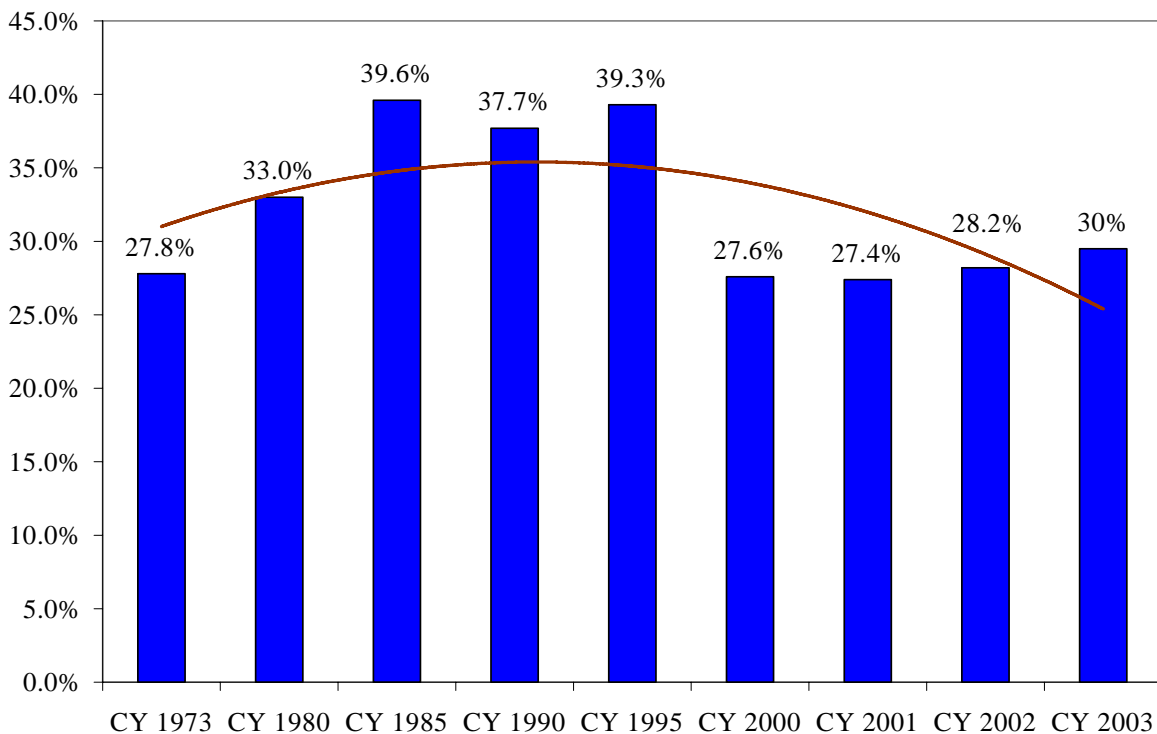
*"When I talk about education, because I work in education, it is not education about ABC and the numbers, you know what I mean, it is education...because it is not to learn how to add and subtract, I think it could be but when...I think it is to know and to understand better this community..."* Latino Community Member, leader.

*"Education, Immunization, birth control,..."* Latino Community Member, leader, office manager.

*"[In Mexico, I had primary education. Many people, though, don't even know how to read Spanish, so it is harder to even try to learn English. Many of them would like to study]"* Latino Community Member.

*"[The main problem is education, first in the Spanish language and after, also in English, there is a lot of illiteracy]"* Latino Community Member, hairdresser.

**Figure 6: Percent of Hispanic persons and families below poverty level, selected years 1973-2003.**



SOURCES: U.S. Census Bureau, Current Population Survey 2000-2004. Annual Social & Economic Supplements; DeNavas-Walt C, Proctor BD, Mills RJ. Income Poverty and Health Insurance Coverage in the United States: 2003. Current Population reports, series P-60, no 226. Washington: U.S. Government Printing Office.

## 6. ILLEGAL IMMIGRATION STATUS A BARRIER TO HEALTH AND WELLNESS

Illegal status creates conditions that affect Hispanics in a profound fashion. Many use other's social security numbers to work, obtain healthcare and housing. Those that are not able to get a social security number or a job are completely marginalized, because they do not have access to any type of health assistance programs. Some teenagers work with faked social security numbers of older people to get hired.

*"I had a patient who needed surgery and didn't have money, didn't have insurance, and I went up to the hospital...and had an interview with the social worker, and some of the questions were very difficult, one of them was if she was illegal and she said, yes, "I'm illegal" and she had a social security card which was a fake, it was an obvious fake, it didn't even look like social security, but she had paid something for it in Miami, but I don't know how that ended up, probably not well..."* Community Member.

*"[We used to work in York, where most of the Hispanic population is from Puerto Rico, therefore, legal. With the Van, we have been seeing more Mexicans, with no SS number, illegal status and who use other names to go to ER or are even working under another name. They give the Van their real name, though]"* Latino Community Member, leader, healthcare provider.

*"[Some of the basic problems are that many Hispanic are undocumented and that carries a lot of health issues. They usually don't go to the hospital if they are not documented]"* Community Member, leader.

*"[Without documentation, other problems arise such as the lack of car insurance and driver's license, which is an issue that affects everyone]"* Community Member, leader.

*"In one apartment they live two families"* Latino Community Member, leader.

*"[Hispanics here they get help. They don't have to stop eating. What happens is that many people live together so they can save their money. Many of them bring cousins, friends...girls don't have any privacy..."they wake up very fast" "they see it at the house [sexual activity]. Rents are high]"* Latino Community Member, hairdresser.

*"Right now, I know of two people that rent apartments and...they saw the need, they saw how Hispanic people were, and now they only look for Hispanic...because the Mexican looks forward to pay his house...that is the first thing: To pay his apartment. The American doesn't see that. They don't take care of their record. The Hispanic, even if they don't have their documents, he tries to keep a good record. [The American] if he can't, he becomes bankrupt and everything. It makes them angry that other people that are not American, from other nationalities, come to the US and go off well..."* Latino Community Member.

*"That is why the other big problem, piled up homes. There are 10 people living in a house, and they are not relatives...imagine...it is people you don't know...they do that so that to save*

*the money on rent, to save even in food, and there are people that also, they hold it and...don't eat"* Latino Community Member, GED teacher.

*"Yes, and they are not going to say, you come and here you have, 1 or 2 people. And the landlord, as soon as he knows there are 15 people living there, run"* Latino Community Member, GED teacher.

*"There is immigration of many youngsters. Many. Many children, teenagers, 14, 15, and 16 years old that start working already...you know that is not legal here"* Latino Community Member, teacher.

*"Because they buy documents of people with a different age, the person that hires them is legally protected...they are children, sometimes they come with their parents or by themselves, or with friends."* Latino Community Member, GED teacher.

## **7. PREJUDICE, DISCRIMINATION AND CULTURAL MISUNDERSTANDING**

**Hanover is perceived as an intolerant and racist area. Discrimination is perceived with neighbors, at the work place and in public facilities, by community leaders and members of the Hispanic Population. Discrimination among Hispanics of different origin, legal status and income is also present. The Hispanic culture, usually open in their celebrations becomes inhibited after migration. Dialects and traditions of Hispanics are very diverse. Adjustment to the American life, more bureaucratic in daily living, is sometimes difficult and some opt for a marginal life, with no assimilation.**

*"I have a concern about Hanover, personally, because I've lived in Hanover for about a year before, a year ago. Hanover and Gettysburg, but my experience in Hanover is that there is a lot more prejudice, a lot more rejection for everybody that is not like them..."* Latino Community Member, leader.

*"Here in Hanover, there is a lot of racism. When my husband and I opened the store, the American people, thinking that we didn't understand them, they would make gestures and commentaries"* Latino Community Member, business owner.

*"[One of the families participating in the parent-child program has been living in an apartment in Hanover for about 6 years now, they have never had problems with the neighbors. 3 months ago a new neighbor came and he knocks on their door and complaints about them. He drinks a lot of alcohol and his wife has said that she does not like Mexicans. They have decided to move to another place, a house a little bit more expensive]"* Latino Community Member.

*"[Here they are much discriminated, the things you take them and "If you don't like it, then you leave from here", "They don't like problems", They are "very quiet, introverted, they don't like rowdiness]"* Latino Community Member, hairdresser.

*"[I don't see the Mexicans doing communitarian things; they are more the intimate friend and family type. It is more a question of circumstances, more because of them being afraid to go out and do activities than a lack of desire or a cultural difference. They are afraid they are going to be attacked if they are seen by Americans. 70% of north-Americans in this area don't like Mexicans being here]"* Latino Community Member, teacher.

*"Another of the things that I myself experienced when I just came here 5 years ago, with my daughter I had to go to get her vaccinated and people are very racist, like very closed, I don't know, in the elevator we entered not saying anything and everything was fine, but as soon as we started talking in Spanish, boy, I almost wanted to go out running. People are like very narrow minded"* Latino Community Member, GED teacher.

*"They are a little bit closed, their society doesn't want to accept more people, they are opening up, but they are not pleased for that. As soon as they can..."* Latino Community Member, GED teacher.

*"They feel a lot of rejection from the community. It's not because I don't care. In my personal experience, being Hispanic...I'm trying to adjust my heritage and my culture into this society, into this culture. It is a big adjustment, even for myself, so I see for them it is a tremendous impact"* Latino Community Member, leader.

*"[She works about 50 hours a week. She says other workers complaint about Mexicans working so hard and so many hours, because that takes away their jobs and money, but she says that the owner of the company is happy, the company is making progress, and she thinks that it is good that people that can work a lot, even if they have to pay a lot of taxes, so that they can help other people out that cannot work]"* Latino Community Member.

*"Co-workers, yes, it is hard. I know enough because I went through it, I was undocumented here, too. In the state of Michigan, Americans took me to court because I had a position in a restaurant, they would not come and I would fire them and they took me to court. It was not my fault. One of them asked me if I was illegal and I answered... "and so what?" I knew I had the residency, right? They were calling saying that they were sick, and I had prove of them being in the bar, what can I do? Close the establishment because they don't want to go to work?"* Latino Community Member.

*"[When I worked in the place where they grow the turkeys, there were women from Puerto Rico and they would talk about Mexican women and say they were fat and ugly]"* Latino Community Member.

*"[Some of the Hispanic Community members don't feel like helping out people that are illegal because they fear they might not be accepted by their neighbors, and are afraid that the increasingly growing population of immigrants will bring more problems]"* Latino Community Member, leader.

*"Some of the cultural differences are a problem...some patient said "susto"? I am not sure what it is, but there are some special, supernatural elements..."* Community Member.

*"Maybe it is just a matter of indicating them...to tell them how they can interact with the anglo society...so what happens is sometimes a mother has a child on her own, and he is 25 years old, they have a 6 months old, a baby, and they are pregnant again and they don't ...so like I said, it is just a matter of educating them...to show them that there is a better way that they could live here...because there is no...like you said, in my two years of experience, I haven't seen anybody get arrested or being deported...at the same time they are very isolated because they don't want people to know that they are sick"* Latino Community Member, leader.

*"You know the thing of the trust with Latinos"* Latino Community Member, leader.

*"[Here you are more isolated. In Mexico, when it is your birthday, even without having any money, there is a big party. Many people come here on their own and no one knows it is their birthday until they don't bring their families, and then, the children remember that it is their father's birthday...they get very depressed and bored. There is nothing to do. They end up working everyday, and their life is work. Before having children I use to work 7 days a week. It is especially sad in Christmas time because holidays are very materialistic here, they are more worried about exchanging presents that about the celebration. In Mexico, there is more life together, we tuck up the child, we do the midnight mass (misa del gallo...)]"* Latino Community Member, business owner.

*"I talk to the young boys that I see on the street and I tell them not to be silly, to work and keep their money, not to waste it...If they are far from their country, far from their family, suffering humiliations, how they are treated at work: keep your money, take it and go back to Mexico or buy a house here, something..."* Latino Community Member.

*"In Mexico, 90% of the people are catholic...that also counts a lot...the traditions regarding parties...when you become 15 years old, in Mexico...I don't know if you have had the chance to go to a Mexican party...you will see..., you will have the chance, they "throw the household through the window"...there are very different traditions...we do party ..."* Latino Community Member, GED teacher.

*"In Mexico, in every city, and every village, they adore a different saint...and every year, for a week they almost always have holidays. I think that is at a worldwide level, but I think in Mexico they are very rooted...they don't work...and it goes for generations. Maybe you start to lose it because when the children start growing up here, you know, you start to grip the traditions and culture of...your children start doing a little bit more, you are not in Mexico anymore...and also people may change..."* Latino Community Member, GED teacher.

*"Here in the US, for some receptions or weddings children aren't allowed. You offend them [Hispanics] if you say no to children, think that you are giving them a punch in the face..."* Latino Community Member, GED teacher.

*"[The parties are familial (baptisms, communions...). In general, there are no Hispanic activities in which everyone gets together, not in this area, not in Hanover, they do in Gettysburg and York]"* Latino Community Member, hairdresser.

## **8. MARGINAL ACCESS TO MENTAL HEALTH, ALCOHOL ABUSE AND PHYSICAL ABUSE SERVICES**

Alcohol and physical abuse are issues of concern among the Hispanic population in Hanover, with none or few services specifically for the Hispanic and lack of information over how to access those that are available. Mental Health issues like depression are prevalent and secondary to the grief from missing their homes, not succeeding as expected in finding a job, and the loneliness felt in the absence of family and familiar environment.

*"[Alcoholism is another problem. Men drink a lot and there are many abused women. There is a secret support program for abused women. I know a lot of alcoholics. There are no programs in Hanover for alcoholic men, not that I know of, and if there are, there is not enough information about them]"* Latino Community Member, hairdresser.

*"There is a refuge for people that had been abused by their husbands"* Latino Community Member, leader.

*"But that is the issue, because it would be better...that is the problem, they are afraid to talk. We have several families...that they are our patients, and I know their husbands and I know their wives, and I know what the pattern is. They've been abused and I tell them, you know what? I can call 1-800 and just one call away and you will be protected. And they don't want to do it..."* Latino Community Member, leader.

*"[The Hispanic families are "difficult, beautiful and at the same time, they are sad". Some people have had a sad life because their mum and dad put them to work really early, sexual abuse from their own relatives, physical abuse, especially women, and a very hard thing is to see women that escape and they have to leave their children there, not because they want to but because they can't bring them...and that is a trauma]"* Latino Community Member, business owner.

*"One lady call me one day saying "my husband is in the bar drinking and he spent the whole check" and she had no food for her children, so how can you help someone like that, when they have 50 dollars left for the whole week"* Latino Community Member, leader.

*"[There are a lot of problems with depression because of the grief for leaving their countries and families. It is not a problem with anxiety and neurosis, from the point of view of the physicians, but clinical depression. They do not like to hear about depression or going to see a mental health professional because "I am not crazy". Support groups would be useful]"* Latino Community Member, physician.

*"People get quite depressed here, enough...they are far from their families, they can't find a job because of the social security number. They start getting depressed, they don't have enough money for the children's food, and all that..."* Latino Community Member.

*"Right now, I feel very bad, very sad because I don't have a job, and that makes me angry because here is where one comes to work"* Latino Community Member, leader.

*"Here there is no elderly community, very small, they are mostly youngsters, and that is a serious problem, because they come very young, at ages 15, 16, 17...for the first time they are without their parents, friends with different criteria start manipulating them and take them to the negative things...a lot of alcoholism, that in fact, they bring from there because their father, their family are alcoholic...they come here and opposite to what we were saying that they save from food to send money to Mexico, they immediately spend it in beers, in drinks, and other things....and from there... alcoholism is a very serious problem that we have found, that has increased a lot in the Hispanic Population"* Latino Community Member, GED teacher.

## **9. HISPANIC YOUTH ARE AT RISK FOR UNHEALTHY BEHAVIORS.**

**Parental absence related to long work hours related to long hours, and the empowerment of children because of their English proficiency contribute to early independence among Hispanic Youth. Teenage pregnancy is a concern. Family structure is not traditional and the shared houses and rooms contribute to loss of intimacy.**

*"And besides they are poor so they don't have the extra money to pay for child care like a normal typical family would do..."* Latino Community Member, leader.

*"One boy was telling the teacher "I can say anything" or whatever...and he said "my mother doesn't know anything so I can even hide from my mum" "* Latino Community Member, leader.

*"The problem is that the parents are never there. Many of them are never there to raise their kids, "that is a woman's job". That is a social thing. So they are never, never there, and they go and drink and they go with other guys and they go ...on the weekends, through the week and ...I think you get a lot of depressions...and a lot of the problems ..."* Latino Community Member, leader, office manager.

*"The children want to learn as much English because that is the language in the street or the culture, so there is a conflict that occurs, in our house there were 5 of us, anyway, at home we spoke Spanish but as soon as we left the front door, my parents switched into English, but it was English in the school, English in the street, English every place, and then, back at home it was Spanish, so, there was a set boundary in terms of learning and becoming bilingual, it wasn't until I got to high school that I got to read it and write it, but I knew it, in terms of language, and I have seen quite a few parents that get in trouble with their children because they try to get their children to learn Spanish, and that is not what they want to learn because that is not what they are using every single day"* Church leader.

*"[They use children to translate adult's matters (economic, household issues...). It is good that children help their parents, but there are things that they should not know about. They involve children a lot. Children are growing up too fast. Many girls are getting pregnant at age 15. They are losing respect for their parents. Many of them complaint about their children because they say "he has told me that he will tell the police if I yell at him..." Children translate in the bank]" Latino Community Member, hairdresser.*

*"I have one, I just spoke with a teacher in Gettysburg, she is a teacher of 8<sup>th</sup> or 9<sup>th</sup> grade, and she says there is a lot of gangs, and she said one day, she saw little kids with a broken finger, and she said what happened and he said "no, I fell down" and the next day she saw another kid with a broken finger, and this is part of the initiation and they had a man that used to be involved in gang situation in NY and they invited him over to come and talk to this children...right away...and they have...that is a tremendous...and what happens is that many of these mothers are raising their children alone because they...there is not a father figure, and sometimes the mother runs around...so there is no straight...and this is really scary..." Latino Community Member, leader.*

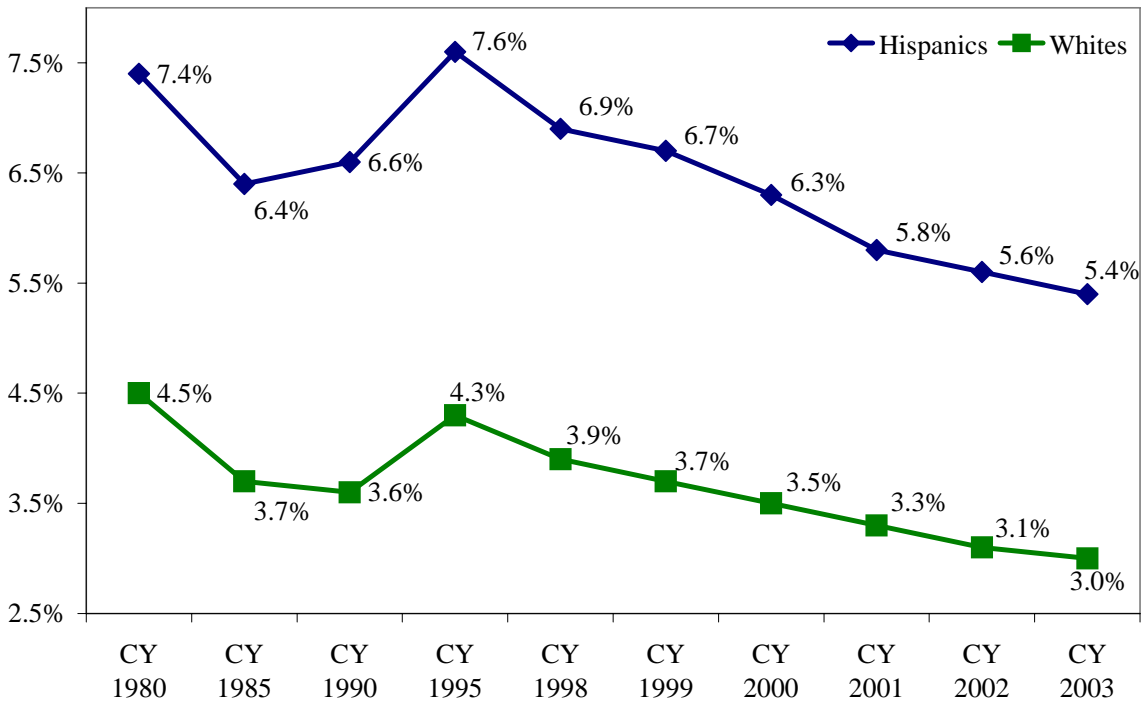
*"The boys feel lonely, and they don't meet any girls...that is something that calls them, they think let's see if there are girls and see who I conquer...many times in the school, there are boys that come, a group of 8, 10 people, but suddenly they see there are not any girls...and because what they wanted was that, wasn't it?..." Latino Community Member, GED teacher.*

*"Tender Care is for pregnancy, and I send my clients there and they don't have anybody that speaks Spanish and it is special to work with teen pregnancy...issue, there is not much you can do because there is nothing around the area that works with teen pregnancy in Spanish" Latino Community Member, leader.*

*"[Some girls are pregnant...there -in Mexico- they also get pregnant early. Them, and their mothers should be educated on prophylactic methods. They see the American girls getting pregnant and they think it is alright, the new generation is taking the bad things of the American society, and there are a lot of good things. If they have the opportunity of coming here, they should use it to make progress in their lives. They get pregnant being 13, 14, 15 and 16 years old. 5 of the girls I know since they were kids, are pregnant. They don't have anyone to direct them]" Latino Community Member, teacher.*

*"[The girls don't get pregnant because they want to but because of lack of education. "They don't even know what they are getting into when they have sexual relationships". Many of them don't learn about it in school because of the language and others because they don't understand. "They are families but they aren't families...because parents go to work, they are not home, they don't construct a structured family and when their children complaint about something they comfort them by buying them things "I buy you this, or this other thing". Also, the Hispanic have the conception that if someone is someone else's girlfriend, even if they are forced to have sexual relationships, it is not rape (because they are a couple) which is different from the idea of north-Americans. They are also very worried about what their friends are going to say]" Latino Community Member, hairdresser.*

**Figure 7: Teenage childbearing, according to ethnicity of mother: United States, selected years, 1980-2003.**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File.

## VI. Recommendations:

### 1. HANOVER'S HISPANIC POPULATION IS UNDERGROUND

#### Recommendations:

- a. Continue Needs Assessment with a working group composed of community organizations and Hispanic Community members that would hold monthly meetings at the Wellness Center.
- b. Promote the utilization of spaces available and offered by community organizations through information and relationship building. Make use of spaces that are non-threatening to undocumented residents and that are located downtown to facilitate access to people with lack of transportation.
- c. Create a Community Resource Clearinghouse where people can access information. Provide information about services available in the area, and others not available in the area or unique to Hispanics.
- d. Consider a matching program between employers in need of employees and potential workers.
- e. Create cards with telephone numbers and addresses of already existing community services and emergency contacts available to the Hispanic population and distribute them in places known as locations of gathering of Hispanic population.
- f. Work in collaboration with Hanover YMCA and AHCS to support the creation of a Diversity Task Force for awareness raising.
- g. Collaborate with local Banks to facilitate multilingual ATM machines and a mechanism to transfer money abroad.
- h. Invite Mexican Consulate to help fill out Birth Certificates.

### 2. MARGINAL ACCESS TO SOCIAL, PUBLIC AND HEALTH EDUCATION SERVICES

#### Recommendations:

- a. Start educational and wellness programs at the Wellness Center offered in Spanish. Facilitate attendance with night scheduling and other incentives.
- b. Continue outreach with personalized "door-by-door" announcements facilitated by volunteers and community members.
- c. Outreach strategies focused in spaces of social gathering such as the churches and local businesses should also be a priority.
- d. Develop a proposal job description and hire a case Management Specialist to assist Hispanics that have problems navigating the system.

### 3. ENGLISH PROFICIENCY AS A BARRIER TO HEALTH AND WELLNESS

#### Recommendations:

- a. Implementation of Translation Services Proposal at Hanover Hospital (see attached 1)
- b. Provide Hispanics with health literature in Spanish at the Wellness Connection and the emergency room and work through Healthy Community Partnership to ensure agencies provide Spanish literature.

#### **4. MARGINAL ACCESS TO HEALTH SERVICES**

##### **Recommendations:**

- a. Hanover Hospital participation in the Healthy York Network to allow undocumented Hispanic population to access health care (see attached 2)
- b. Organize a Health Fair for Latinos to introduce the Hospital to that community and build trust with the organization as a provider of health services. Other organizations could be invited to participate and Hanover Hospital could provide health screenings (blood test, blood pressure, and others for a fair price) or free immunizations.
- c. As soon as there is evidenced growth in Hospital utilization by the Hispanic Population, provide with a bilingual staff person whose function would be translator and facilitator of social services in the area (see Attached 1)
- d. Promote use of the Health Connect Mobile Health Service for screenings and arrange routine visits to the Hanover Area. The Health Connect Van serves stops at Biglerville, Red Lion, Dover, New Oxford, Delta and York.
- e. Promote hiring of bilingual employees at Hanover Hospital.

#### **5. WORK HOURS AND ENVIRONMENT A BARRIER TO HEALTH AND WELLNESS**

##### **Recommendations:**

- a. Begin a dialogue with local employers around issues impacting Hispanic workers.
- b. Partner with local employers to explore a case management system for Hispanic employees.

#### **6. ILLEGAL IMMIGRATION STATUS A BARRIER TO HEALTH AND WELLNESS**

##### **Recommendation:**

- a. Give personal information cards to be used in emergencies as a form of non-intimidating means of identification and to locate individuals for medical follow-up. They should be bilingual and contain name, number, address, family doctor and medical data (current medications), emergency contacts, date of birth, blood type, medical conditions, allergies and medical insurance if available. Doctors and migrant services could be informed that the card could be used as identification.

#### **7. PREJUDICE, DISCRIMINATION AND CULTURAL MISUNDERSTANDING**

##### **Recommendations:**

- a. Increase local cultural sensitivity through learning about other cultures and countries. A Summer Hispanic Cinema Festival at the Wellness Center with discussion after the movies will be held to raise cultural awareness.
- b. Organize and promote a social event with music and food in Hanover.

- c. Improve Hospital training of employees on culture sensitivity. Work with educational services in orientation.

## **8. MARGINAL ACCESS TO MENTAL HEALTH, ALCOHOL ABUSE AND PHYSICAL ABUSE SERVICES**

### **Recommendations:**

- a. Implement support groups for depression and treatment groups for drug and alcohol addictions at the Wellness center, these last in collaboration with AHCS.
- b. Facilitate attendance to individual therapy by informing office managers and MD's of the availability of a Spanish speaking therapist at the Wellness Center through AHCS.
- c. Facilitate the use of MH/MR access to uninsured or undocumented clients.

## **9. HISPANIC YOUTH ARE AT RISK FOR UNHEALTHY BEHAVIORS.**

### **Recommendations:**

- a. Start a learning program on computer programming, of high interest among Hispanic youth.
- b. Facilitate the use of certain community services to promote sports among Hispanic youth and adults.
- c. Information about prophylactic use and pregnancy among youngsters.
- d. Implementation of an after school educational program for Latinos.

**Attachment 1: Translation Services Proposal.**

# TRANSLATION SERVICES PROPOSAL FOR HANOVER HOSPITAL

*March 6, 2006*

Submitted By:

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## TRANSLATION SERVICES PROPOSAL FOR HANOVER HOSPITAL

### Background:

The translation services currently available at Hanover Hospital are provided through Certified Languages International, which is a three-way translation service by phone and has a cost of 1.38 dollars per minute used. The cost for this service has been of \$2711.7 over the period between 5/19/2005 and 1/31/2006.

During the past five years, the Greater Hanover Area has had an increasing Hispanic population, which is currently the largest minority group. According to data provided by the Hospital, Hanover Hospital's services were utilized by 873 Hispanic patients accounting for 2,453 visits in the period between 7/1/2004 and 6/30/2005. Those services were provided either at the emergency room (887), inpatient units (69), laboratory (1315), surgical day care (51), recurring (113) and 24 hour inpatient observation (17). Data as to how many of these patients were able to speak English was not available.

The staff uses the service line provided by Certified Languages International when they have trouble communicating with the patient. They consider this service to be good and useful and have not encountered major problems with a few exceptions, including that sometimes the patient has to talk loud to be heard, that the service only works on one phone in the Maternity unit or that it does not reach in the Cardiac Services. On the other hand, according to translators from York Hospital, where both interpreters and service line are used, the translation by phone is not always accurate which leads to some errors in data collection from the patient. Also, some patients complain about having to talk to the "machine".

Hispanic people interviewed in the community comment on the lack of translators at the Hanover Hospital emergency room and that this is a factor that leads them to choose Gettysburg Hospital. According to one of the interpreters of Gettysburg Hospital, around 25% of the Spanish speaking people that are seen in their facilities come from the areas of Hanover, New Oxford, McSherristown and Abbottstown, and half of the Hispanic women who deliver their children at Gettysburg Hospital are patients that live in Hanover. Even though those choices could be made based on other factors, Hanover Hospital continues to be seen as less friendly from point of view of the Hispanic Community. Upon more investigation, it does not appear that Gettysburg Hospital has more services than Hanover Hospital, but the presence of available interpreters, along with the variety of services provided by the non-health care community may contribute to that perception.

A concern around the issue of the need for Foreign Language Certification for interpreters arose following a meeting with members of the Latino task force from Adams County. Some of the people that work in education were required to take a course in Philadelphia, in order to obtain a medical and legal interpreter's certification but as shown in the following chart, no hospitals around the area require that type of certification for their interpreters at this time.

Lack of translation services in clinical areas outside of the hospital building seems to be a problem affecting the Hospital as well, since as members from the community have noticed, at certain Physician's offices where there is a higher prevalence of Spanish speaking people referrals to the emergency room are made more readily because of lack of time to spend on patients who do not speak English, even in cases that are not usually emergencies.

Following are examples of the programs adopted by Hospitals in the area to cover the translation needs.

	NUMBER OF BEDS	TRANSLATION SERVICES	OTHER STAFF'S FUNCTIONS	CERTIFICATION	EDUCATION
YORK HOSPITAL	562	3 full-time Spanish interpreters who work in inpatient, outpatient and emergency services. 6 PRN who are called when regular staff is on vacation or on sick leave. 4 people "on call" paid by the hour (4 pm to 8am, weekends and holidays) Use of language line when not enough staff available.	Staff also tries to serve as a bridge to social services. They know the healthcare system, insurance programs and resources in the community. They also assess the patient before the nurse or doctor come. They educate patients about medication.	No	Bachelors Degree in social work or psychology background.  Course on Medical Terminology offered by the Hospital.
CHAMBERSBURG HOSPITAL	217	Two interpreters full-time who work in each of the two buildings. Two volunteers work at different physicians offices.	Interpreters work also as secretaries when no translation is needed.	No	They do an internal test for staff that is willing to translate in their departments. The test is prepared by the two volunteers.
HANOVER HOSPITAL	124	Phone Translation services provided 24/7	Not applicable	Not applicable	Not applicable
MEMORIAL HOSPITAL	150	Bilingual Staff translates when needed.	Staff works at their usual functions.	No	None
GETTYSBURG HOSPITAL	102	24/7 in person. One full-time interpreter (9am to 5 pm) and one part-time (4 to 8 pm). "On call" at nights. Interpreters work not only in the building but also in other Hospital's facilities.	Interpreters look at patient's income to see if they are eligible for any type of insurance and refer to domestic violence services if appropriate.	No	Computer courses on Spanish and English medical terminology, HIPAA, as well as other Hospital Courses provided internally.

## Proposal for Hanover Hospital:

Based on this investigation, Hanover Hospital should consider 5 recommendations:

**Recommendation 1:** Continue using Certified Languages International phone when in-house Spanish interpreters are not available and for languages other than Spanish. Priority should be given to Spanish interpreters over the phone line within the Hospital building.

**Recommendation 2:** Develop and implement a comprehensive needs-based language program that provides for a range of assistance options:

- Oral Language Services:
  1. Offer in-house translation for Spanish speaking patients with limited knowledge of English who come to the Hospital building during the day.
  2. Provide the service on a contract basis as PRN status. Contracted staff persons would be “on call” and paid \$25 an hour on a “fee for service” basis. Included among the functions the translator provides, a study of the income status of the patient and available programs in the area for underinsured people would be provided as information to the patient.
  3. Interpreters should undergo courses provided by the hospital on HIPAA and medical terminology.
  4. Consider hiring of bilingual staff when recruiting employees for different departments.
  
- Translation of written materials (vital documents).
  1. Provide the hospital with more translated written material and facilitate contact with staff when necessary to translate new material.
  2. The Mind-Body health coordinator could assume this role, eliminating the need to hire just for this purpose. Need could be re-evaluated yearly.
  
- Methods providing notice to Limited English Proficiency Language:
  1. Client language ID cards to identify needs for staff (e.g., “I speak...”cards)
  2. Posting/maintaining signs in languages encountered other than English in strategic areas of the building.
  3. Inclusion of statements about services offered, free of charge, in brochures, booklets, outreach/recruitment info and other materials routinely disseminated to public.
  
- Ensure policies are disseminated to all employees likely to have contact with Limited English Proficiency clients.
  1. Provide staff with a list of interpreters to call and give information about the process and priorities.
  2. Include the translation services as a service offered by the hospital that could be shown on the web page.

**Recommendation 3:** Monitor every translation service provided in order to study the need for a part-time job position or arrangement of a bilingual staff member's schedule to be available for translation. Review data collected in 6 months.

**Recommendation 4:** Develop a plan for a correct translation in areas other than the hospital building, including off-site facilities.

**Recommendation 5:** Review legal issues associated with translation services, particularly Federal and State Laws and Regulations Requiring Language Assistance (see **appendix A**)

## Appendix A

### *Federal Laws and Regulations*

Federal laws that recognize the need for language assistance include:

1. The Voting Rights Act, which bans English-only elections and prescribes other remedial devices to ensure nondiscrimination against language minorities;[\(1\)](#)
2. The Food Stamp Act of 1977, which requires states to provide written and oral language assistance to LEP persons under certain circumstances;[\(2\)](#)
3. Judicial procedure laws that require the use of certified or otherwise qualified interpreters for LEP parties and witnesses, at the government's expense, in certain proceedings;[\(3\)](#)
4. The Older Americans Act, which requires state planning agencies to use outreach workers who are fluent in the languages of older LEP persons, where there is a substantial number of such persons in a planning area;[\(4\)](#)
5. The Substance Abuse and Mental Health Administration Reorganization Act, which requires services provided with funds under the statute to be bilingual if appropriate;[\(5\)](#)
6. The Disadvantaged Minority Health Improvement Act, which requires the Office of Minority Health (OMH) to enter into contracts to increase the access of LEP persons to health care by developing programs to provide bilingual or interpreter services;[\(6\)](#)
7. The Equal Educational Opportunities Act of 1974, which requires educational agencies to take appropriate action to accommodate the language differences that impede equal participation by students in instructional programs;[\(7\)](#) and
8. Regulations issued by the Health Care Financing Administration (HCFA) which require that evaluations for the mentally ill and mentally retarded be adapted to the cultural background, language, ethnic origin and means of communication of the person being evaluated.[\(8\)](#)

### *State Laws and Regulations*

Many states have recognized the seriousness of the language access challenge and have enacted laws that require providers to offer language assistance to LEP persons in many service settings.[\(9\)](#) States that require language assistance include:

1. California, which provides that intermediate care facilities must use interpreters and other methods to ensure adequate communication between staff and patients;[\(10\)](#)
2. New Jersey, which provides that drug and alcohol treatment facilities must provide interpreter services if their patient population is non-English speaking;[\(11\)](#)
3. Pennsylvania, which provides that a patient who does not speak English should have access, where possible, to an interpreter;[\(12\)](#) and
4. Massachusetts, which in April 2000, enacted legislation that requires every acute care hospital to provide competent interpreter services to LEP patients in connection with all emergency room services.[\(13\)](#)

### ***Medical Accreditation Organizations***

1. The Joint Committee on Accreditation of Healthcare Organizations (JCAHO), which accredits hospitals and other health care institutions, requires language assistance in a number of situations. For example, its accreditation manual for hospitals provides that written notice of patients' rights must be appropriate to the patient's age, understanding and language.<sup>(14)</sup>

2. The National Committee for Quality Assurance (NCQA), which provides accreditation for managed care organizations, also requires language assistance in a variety of settings. As part of its evaluation process, the NCQA assesses managed care member materials to determine whether they are available in languages, other than English, spoken by major population groups.<sup>(15)</sup>

1. 42 U.S.C. Section 1973 b(f)(1).

2. 7 U.S.C. Section 2020(e)(1)and(2)(A).

3. 28 U.S.C. Section 1827 (d)(1)(A).

4. 42 U.S.C. Section 3027 (a) (20)(A).

5. 42 U.S.C. Section 290aa(d) (14).

6. 42 U.S.C. Section 300u-6 (b) (7).

7. 20 U.S.C. Section 1703 (f).

8. 42 C.F.R. section 483.128 (b).

9. At least twenty six (26) states and the District of Columbia have enacted legislation requiring language assistance, such as interpreters and/or translated forms and other written materials, for LEP persons.

10. 22 California Code of Regulations, Section 73501. California has a wide array of other laws and regulations that require language assistance, including those that require: (a) intermediate nursing facilities to use interpreters and other methods to ensure adequate communication with patients, (b) adult day care centers to employ ethnic and linguistic staff as indicated by participant characteristics, (c) certified interpreters for non-English speaking persons at administrative hearings, and (d) health licensing agencies to translate patients rights information into every language spoken by 1% or more of the nursing home population.

11. New Jersey Administrative Code Section 42A-6.7.

12. 28 Pennsylvania Administrative Code Section 103.22(b)(14).

13. M.G.L.A. 111, Section 25J

14. JCAHO, 1997 Accreditation Manual for Hospitals, Section R1.1.4.

15. NCQA, 1997 Accreditation Standards, RR 6.2.

**Attachment 2: Memorandum.**

## MEMORANDUM

To: Todd Phillips, MD  
Courtney Paskell, MS

From: Carol Vidal, MD

Date: January 30, 2006

Subject: Urgent Hispanic Community Needs

An official report about the state of the Hispanic Community in the Hanover Area has not yet been issued and I have only been able to hold focus groups and official individual interviews with community leaders. However, in the process of trying to gather community members for other focus groups, I have learned about urgent needs that I think should be addressed more immediately, before the report is completed.

Some of the needs noticed in the Community are as following: lack of translators at Hanover Hospital, lack of access to health care because of insurance issues and illegal status and lack of a process provided by the Hospital to help Hispanic Community members meet their needs (lack of information about services that are available to them and how to navigate the social services and healthcare system)

In the light of these issues, I would like to make some recommendations. Hanover Hospital should consider the possibility of having translators available to provide services when needed and physically translate at the hospital, since some community members are choosing to go to Gettysburg Hospital where translation services are provided. Hanover Hospital should become part of the Healthy York Network so that illegal and/or uninsured Hispanic community members could access services at the hospital instead of having to travel to either York Hospital or Gettysburg Hospital. In the long term, a bilingual case manager or social worker, preferably known and trusted by the community, should be provided by the Hospital in order to make healthcare access friendlier to the Hispanic population.

These needs are pressing in order to start a program at the Hospital involving this population. More information about other specific needs will be provided after meeting in focus groups with the residents.