

## Shedding Light on Vitamin D

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For years, Vitamin D was associated with good bone health. Now two major revelations have occurred. First, Vitamin D deficiency is associated with many diseases besides poor bone strength, including breast, colon and prostate cancer, and tuberculosis as well as poor muscle strength and falls in the elderly. Second, Vitamin D deficiency is much more prevalent than previously thought and therefore the amount of daily Vitamin D requirements is changing and going upwards.

In years past, we were taught about the "Sunshine Vitamin"- Vitamin D. We learned that spending time in the sun would allow our bodies to create a form of Vitamin D that would allow us to absorb and use calcium to build strong and well formed bones. We are haunted by pictures of small children with deformed limbs who have rickets. The nutritional form of rickets is caused by infants not getting enough sunshine or Vitamin D in their diet. Giving infants Vitamin D and Calcium can cure the nutritional form of rickets within a few months. Vitamin D deficiency leading to poor calcium absorption in adults can lead to osteomalacia and osteoporosis.

Vitamin D is obtained by eating the few foods in which it is found: salmon, cheese, fish oil and milk. Milk does not have Vitamin D naturally. Most milk is fortified with Vitamin D. Vitamin D is also manufactured by your skin when it is exposed to sun. The Vitamin D from food, supplements and skin requires two

chemical changes, one in the liver and one in the kidney before it can take the form that will allow calcium absorption.

In the past 10 years, we have discovered that Vitamin D receptors exist in many cells of the body, not just the skin, liver and kidneys. In fact Vitamin D deficiency is now associated with increased falls in the elderly and decreased muscle strength. Vitamin D deficiency is now associated with breast, colon and prostate cancer. As well it is known to be associated with diabetes mellitus. It is also associated with susceptibility of certain populations to getting tuberculosis.

The Vitamin D form we measure is 25 hydroxy vitamin D. As we learn more about deficiency conditions, we are also learning that the level of normal is rising. Originally a level of 25 hydroxy vitamin D above 20ng/ml was acceptable. Now it is felt that 30ng/ml is the lowest acceptable level. Some studies are showing increased strength and less fractures when the level is greater than 40ng/ml, other studies show that there are fewer fractures with levels higher than 40ng/ml. The Vitamin D Council is now recommending that levels greater than 50ng/ml be considered therapeutic.

You can imagine that the higher the level of normal of 25 hydroxy Vitamin D than the higher the prevalence of "deficiency." Using older lower definitions of deficiency, one study found that 44%-100% of elderly men and women in the community had 25

CONTINUED ON PAGE 2

- National Perspective .....3
- President's Corner .....6
- News from the Interpreter Services, and Interpreter Resource Departments .....7
- NH Corner .....9



**Shedding Light on Vitamin D** continued from page 1

hydroxy levels lower than 30ng/ml. In sunny countries, where people cover their skin with clothes, 20-50% of the population has 25Hydroxy vitamin D levels less than 20ng/ml. It is estimated that over one billion of the world's population are deficient in Vitamin D.

*Remember, you can get Vitamin D from three sources: food, sun on skin, and supplements. The Food and Nutrition Board of the National Institute of Medicine has current recommendations for the adequate intake of Vitamin D.*

For adults 51-70 the usual adequate intake was 400iu. Here is an example to see how an individual would be able to meet his or her adequate intake for Vitamin D. If a light skinned individual, stays in the sun for five minutes without sunscreen in the northern hemisphere between 10am and 2pm for five minutes three times a week during summer, spring and fall, this can provide him or her with enough Vitamin D for the entire year. However, it is now suggested that adequate intakes for adults older than 50 should be in the 1,700 iu to 2000iu range. The FNB is due out with new recommendations for Adequate Intakes this spring. It is felt that

toxicity caused by too much Vitamin D is rare and cannot be caused if the daily intake is less than 5000iu per day. This new daily recommendation means that we all will need to get our Vitamin D from supplements because staying in the sun long enough to meet the new requirement would be a risk for skin cancer. Also, as we age, our sun responsive vitamin D machine is less efficient. That is why elderly patients especially require supplements.

**TABLE 2: ADEQUATE INTAKES (AIS) FOR VITAMIN D [4]**

Age	Children	Men	Women	Pregnancy	Lactation
Birth to 13 years	5 mcg (200 IU)				
14-18 years		5 mcg (200 IU)	5 mcg (200 IU)	5 mcg (200 IU)	5 mcg (200 IU)
19-50 years		5 mcg (200 IU)	5 mcg (200 IU)	5 mcg (200 IU)	5 mcg (200 IU)
51-70 years		10 mcg (400 IU)	10 mcg (400 IU)		
71+ years		15 mcg (600 IU)	15 mcg (600 IU)		



*The following chart is based on information found on the Linus Pauling Institute's (Oregon University) website, oregonstate.edu.*

Food	Serving	Vitamin D (IU)
Pink salmon, canned	3 ounces	530
Sardines, canned	3 ounces	231
Mackerel, canned	3 ounces	213
Quaker Nutrition for Women Instant Oatmeal	1 packet	154
Cow's milk, fortified with vitamin D	8 ounces	98
Soy milk, fortified with vitamin D	8 ounces	100
Orange juice, fortified with vitamin D	8 ounces	100
Cereal, fortified	1 serving (usually 1 cup)	40-50
Egg yolk	1 large	21

CONTINUED ON PAGE 4



The Vitamin D story is blossoming. It promises to help with multiple conditions especially in elders who can't make as much Vitamin D as young adults or who can't absorb as much as young adults. Keep your eye on the science news because more is going to come into view as we learn more about what this important vitamin can do.

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## National Perspective:

### I. Funding Language Services

A significant issue being addressed at the national level is that of funding language access services for LEP patients. The role of the professional interpreter continues to become more and more defined, understood and documented by many of the organizations that influence our national healthcare, such as HHS Office of Minority Health (CLAS Standards), Office of Civil Rights (LEP Guidance), Executive Order 13166 designating the Department of Justice (DOJ) as the lead federal agency with providing LEP Guidance, The Joint Commission (Proposed Requirements to Advance Effective Communication, Cultural Competence and Patient-Centered Care for the Hospital Accreditation Program) etc. As a result, the question of how to fund interpreters becomes more and more relevant to organizations in terms of providing equal access to healthcare and other services and providing "quality and safety in health care"\* for all patients. Also, organizations are finding that developing risk mitigation strategies to assure patient safety and patient satisfaction can minimize misdiagnosis, medication errors, unnecessary treatment and medication, etc., effectively reducing cost.

However, funding language access for LEP patients presents a challenge for mandated language access. The challenge faced by healthcare organizations addressing funding questions is whether intended cost saving measures of providing language access to LEP patients are in the long term saving the healthcare organization money; i.e., not providing interpreting services or patients who provide family members as interpreters. Family members who interpret for families may not be qualified interpreters who may not possess the training required of professional interpreters (medical terminology, language proficiency, confidentiality requirements, ethical standards, etc.) and who may have an emotional connection oftentimes omitting key questions and answers necessary in a medical encounter. This can lead to serious liability medical errors, additional visits and tests, etc. Therefore not providing interpreter services or allowing family members to provide interpreting can in the long run tremendously increase the risk of liability as a result of this cost saving measure (liability lawsuits, patient safety, quality of services, loss of reputation to the healthcare organizations, etc.) See article "System Failure [Translation: falla del sistema] A local child and family deal with consequences of a doctor's misguided surgery decision by Pam Zubeck: <http://www.csindy.com/colorado/system-failure-translation-falla-del-sistema/Content?oid=1729904>.

Presently, many healthcare organizations are already working with Medicaid and CHIP services. Information about federal funding

CONTINUED ON PAGE 4

## National Perspective

continued from page 3

programs has been addressed by The National Law Program (NHeLP), a national public interest law firm founded in 1970, whose mission "seeks to improve healthcare for America's working and unemployed poor minorities, the elderly, and people with disabilities" has for many years researched, developed and published several documents on the issue of language access funding. In addition, NHeLP has presented webinar discussions and on site presentations with respect to Medicaid and CHIP funding plans. For example, a webinar entitled "Show me the Money – How Medicaid Can Pay for Language Services" presented in May 2007 hosted by NHeLP and the Asian Pacific Islander American Health Forum (APIAHF) discussed at length the topics of "How Medicaid Reimbursement Works."

Recently, NHeLP developed and updated two reports on federal funding; "**Medicaid and SCHIP Reimbursement Models for Language Services**" updated in 2009 and the second report revised in January 2010, "**How Can States Get Federal Funds to Help Pay for Language Services for Medicaid and CHP Enrollees?**"

Additional webinars and presentations referencing the language access funding issue is available on the NHeLP's website [www.healthlaw.org](http://www.healthlaw.org). (May 2007 Webinar "Show Me the Money" PowerPoint Slides; How Can States Get Federal Funds to Help Pay for Language Services for Medicaid and SCHIP Enrollees? (May '07); Medicaid and SCHIP Reimbursement Models for Language Services: 2007 Update (May '07); Medical Interpretation Fact Sheet (Apr. '07); Seeking Solutions: State Approaches to Covering Medical Interpreter Services in Medicaid and SCHIP Programs (Apr. '07); Medicaid Payments for Medical Interpretation: How is Medical Interpreter Competency Addressed? (Apr. '07). Also, the Center for Medicaid Services includes the following guidelines on its website <http://www.cms.gov>.

MEDICAID REGULATIONS REQUIRE MEDICAID PROVIDERS AND PARTICIPATING AGENCIES, INCLUDING LONG-TERM CARE FACILITIES, TO RENDER CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES.

**Medicaid-** Medicaid regulations require Medicaid providers and participating agencies, including long-term care facilities, to render culturally and linguistically appropriate services. The Health Care Financing Administration, the Federal agency that oversees Medicaid, requires that states communicate both orally and in writing "in a language understood by the beneficiary" and provide interpretation services at Medicaid hearings. Recognizing that the mandate of providing equal access to healthcare such as language services can increase the cost of doing business, healthcare organizations are looking at ways in which to fund these services.

### Examples of strategies supporting funding initiatives are:

- Securing state and federal grant initiatives;
- Developing pilot projects to identify costs associated with language access services;
- Comparing not only cost interpreting agencies, but hiring requirements of "freelance interpreters" such as strict hiring requirements that meet The Joint Accreditation standards; etc.
- Training in-house bilingual staff as interpreters;
- Analyzing the costs associated with no interpreter vs. interpreter services (including added visits to emergency rooms, increase visits because of lack of communication, additional tests and exams as a result of misunderstandings, etc.)
- Comparison of added services such as providing telephonic services vs. face to face (cost of telephone use in addition to paying interpreters, working with untrained interpreters from other countries, complying with state labor laws, etc.)
- Following quality and safety requirements.

For additional information, review the research study by Mara Youdelman and Jane Perkins of NHeLP, from May 2002 that culminated in a report entitled "Providing Language Interpreting Services in Health Care Settings: Examples from the Field," which provides various examples on how to fund interpreters.

The information provided above is for information purposes only. For additional details visit the following websites:

- [www.healthlaw.org](http://www.healthlaw.org);
- [www.jointcommission.org](http://www.jointcommission.org);
- [www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov);
- [www.justice.gov](http://www.justice.gov)
- [www.hhs.gov/ocr/civilrights/resources](http://www.hhs.gov/ocr/civilrights/resources)
- [www.cms.gov](http://www.cms.gov)
- \*Amy Wilson-Stronks, "Joint Commission News Release, November 11, 2009: Joint Commission, HHS Team Up in Language Access Education Effort.

## II. Puerto Rico Birth Certificates Law 191 of 2009 Fact Sheet

### **(The following information is a Fact Sheet from Puerto Rico Department of Health. Re: Puerto Rico Birth Certificate Information Fact Sheet; website:**

<http://www.salud.gov.pr/Programas/RegistroDemografico/Pages/RequisitosparasolicituddeNacimiento.aspx>

In December 2009, the government of Puerto Rico enacted a new law (Law 191 of 2009) aimed at strengthening the issuance and usage of birth certificates to combat fraud and protect the identity and credit of all people born in Puerto Rico. The new law was based on collaboration with the U.S. Department of State (DOS) and the U.S. Department of Homeland Security (DHS) to address the fraudulent use of Puerto Rico-issued birth certificates to unlawfully obtain U.S. passports, Social Security benefits, and other federal services.

In the past, many common official and unofficial transactions in Puerto Rico unnecessarily required the submission, retention, and storage of birth certificates. As a result, hundreds of thousands of original birth certificates were stored without adequate protection, making them easy targets for theft. Subsequently, many birth certificates have been stolen from schools and other institutions, sold on the black market for prices up to \$10,000 each, and used to illegally obtain passports, licenses, and other government and private sector documentation and benefits. The common Hispanic names of most individuals born in Puerto Rico made the birth certificates highly desirable on the black market.

As a result of this growing problem, approximately 40 percent of the passport fraud cases investigated by the DOS Diplomatic Security Services in recent years involved birth certificates of people born in Puerto Rico. This left Puerto Rico-born citizens vulnerable to identity theft, ruined credit, stolen Social Security benefits, and increased "random" security checks at airports, among others.

Understanding the enormous risks to all individuals as well as the very significant homeland and national security concerns, the government of Puerto Rico took action to improve the security of all birth certificates and to better protect the public from fraud and identity theft.

### **Law 191, which went into effect on January 1, 2010, implements the following changes:**

- 1) On July 1, 2010, the law will invalidate all birth certificates issued before that date by the Puerto Rico Health Department, through its Vital Statistics Record Office. Until that date, all birth certificates will remain valid.
- 2) On July 1, 2010, the Vital Statistics Record Office will begin issuing new birth certificates incorporating technology to limit the possibility of document forgery. The law provides that the date of validity for the current birth certificates may be extended by the Puerto Rico Health Department if the new birth certificates are not ready to be issued on July 1, 2010. Public notice of such an extension will be provided.
- 3) The law creates a 15-day extended validity transition period for those birth certificates issued after June 15, 2010, and before July 1, 2010. For example, if a birth certificate is issued on June 29, 2010, it will be valid for all purposes until July 14, 2010, providing a grace period for those who need the documentation but are, for instance, traveling during the July 1, 2010 change over date.
- 4) As of January 1, 2010, the law also establishes that no public or private entity within the jurisdiction of Puerto Rico may retain an original copy of a Puerto Rico issued birth certificate. Local agencies in Puerto Rico, as well as private employers, may request to inspect birth certificates and even copy them, but cannot retain the original under any circumstance.
- 5) Applicants residing outside of Puerto Rico may mail the completed application to the following address:  
  
Puerto Rico Vital Statistics Record Office  
(Registro Demográfico)  
P.O. Box 11854  
San Juan, PR 00910

**For additional details and information, visit the following website:** <http://www.salud.gov.pr/Programas/RegistroDemografico/Pages/RequisitosparasolicituddeNacimiento.aspx>



## PRESIDENT'S CORNER

Dear colleagues:

For the past two weeks I have interpreted for a local support group with an average of eight members and two co-facilitators. I drove early enough just in case I got the rush hour traffic. I had to park in public parking and I was lucky that I had at least enough pocket money to go to a local store to get the quarters I needed. I waited outside the facility to meet this wonderful clinician so that we could have a pre-session without the clients present. We strategized seating arrangements, interpreting mode and I was told a bit of the group purposes and how I should manage the flow of the session if I needed clarification.

I was so excited to come back to my interpreting and to once again be in a mental health setting. I have been teaching ethics and how important it is for interpreters to keep a low profile while interpreting because the session is about the patient and the provider! It is not easy to be an interpreter when we have so many other roles in society! At first I just wanted to connect with all the members by making some friendly statements. I had to restraint myself from this "need" to be liked and taken care of the entire world! At first, it was so much harder to just stay in the role of the conduit and explain to the group how I was going to interpret and apologized for the fact that at first they may be bothered by having to listen to almost two voices at the same time.

As I started interpreting, suddenly I hit a "zone" where each meaning was conveyed with the speed of the wind and the "me the person and my needs to connect disappeared!" It was magic, I became the person who was speaking, and I did not stop interpreting for the entire two hours! I only wished that I could have ten different voices so that the person listening to my interpretation could automatically identify the tone of the voice with the person speaking!

After I finished the session I felt so exhilarated and honored, I felt accomplished and lucky to have had this opportunity to have made a difference in conveying other's people messages with minimal interference! I also felt tired, emotionally, because of the topic being discussed and the fear that I may not be deserving of this role as I have mainly spent the past decade teaching and managing and writing about interpreting, rather than interpreting.

I felt tired physically; I was driving to a new place during rush hour and I felt that I was carrying the interpreting profession in my back. Literally, the pressure of doing it right can be overwhelming and also the pressure that if something went wrong, I would not only hurt the patient, the profession, but also the Portuguese and the Immigrant community where I belong. I also felt tired because I did not stop speaking for two hours straight as I strained to convey the message accurately. Another reason why I felt tired because it was late in the day and deep inside I knew that I could have been one of the LEP members in this group, feeling hopeless, not respected, and confused about our new country!

I drove home and as soon as I hit the door I again felt this joy in the fact that I love interpreting! This is how CCCS started many years ago with me doing most of the interpreting and then slowly we added more and more interpreters and translators. Now we have a pool of three hundred qualified interpreters and 14 staff members! It takes a village to raise a child and interpreting was one of my "kids." Thanks to the hard work, passion, loyalty of all interpreters, translators customers, students and staff we are making a difference by providing effective, accurate cultural linguistic services 24/7.

Relating back to the medical article, may summer bring enough sunshine so that we all can get our daily dosage of vitamin D, because we all need sunshine!

Thank you,  
Zarita

## News from the Interpreter Services, and Interpreter Resource Departments

We have exciting news that many of our interpreters have been longingly waiting for. We are happy to announce that we have been able to meet all of the HIPAA regulations and we are now able to send out our Service Verifications Forms via email. For quite a while many of you have looked forward to this change. This new change will drastically cut down on the use of paper and will allow the interpreters to quickly receive all of the necessary information regarding their assignment instead of having to wait. We ask that you please let us know if you prefer to receive your assignments through email or would still like to receive it through regular mail. If you do receive your assignments through email, we recommend that you set up a password on your computer so that you would be the only one that would have access to this confidential information, and in order to comply with HIPAA standards.

We also would like to announce that soon we will be launching our new website. This website will be completely updated, and have many new features that will allow for easy navigation. One of the new features will be the added software that will allow the interpreter to view their scheduled assignments on a personalized calendar. This will make it much easier for the interpreter to check and confirm their assignments and at the same time avoid scheduling two assignments for the same period. We hope that as many interpreters as possible take advantage of this new tool.

Lastly, we would like to express our gratitude to our many and hard working interpreters. Due to your quality work and customer service, our client base has dramatically increased. Much of this is due to your consistent, qualified interpretation. For these reasons we would like to thank you and convey our appreciation as we continue to work together to meet common goals.

### Contracts Dept.

We would like to express our gratitude to the many clients for their referrals. Lately, we have received quite a few calls from prospective clients and they have stated that their reason for calling is because they were referred to us because of our customer service and quality of work. We take great pride in our work, as we strive to always look after the customer, and we are very appreciative for your continued support.

### Accounting Dept.

Everyone likes to get paid on time, and our accounting department works hard to ensure that the checks go out on schedule. In order to help with this aspect, we ask that all interpreters please pay close attention to how they fill out the Service Verification Form. At times some of our interpreters have missed signing their form and as a result we are not able to bill the customer. Please double check that the form has been completely filled out and signed before returning it. Thank you so much for your help in this respect.

### Interpreter Award of Excellence

We are happy to announce that Luz Suarez has been selected as the interpreter of the month. She was selected due to her willingness to help cover cases and her polite, pleasant demeanor with the clients. She also has the good habit of completely filling out her Service Verification Forms and then sending them in on time. Upon hearing that she was nominated, Luz expressed the following:

It feels great to have your peers recognize your hard work and to have happy clients, which is what I strive for each day as I serve providers and patients alike. I was born in the Dominican Republic and have 2 teenagers which are 16&18 and they are wonderful happy go lucky kids. I enjoy being bilingual very much, and that's why I enjoy what I do for a living and believe that a good laugh will always make for a good day. Try it; it works.

Thank you CCCS for all your help and support.



CONTINUED ON PAGE 8



## News from the Interpreter Services, and Interpreter Resource Departments

continued from page 7



### **Congratulations to Vera Duarte Outeiro!**

We would like to congratulate Vera for recently be awarded the Leaders in Action Cambridge Civilian Award. Vera Duarte Outeiro, one of our Art of Medical Interpretation Instructors was presented this award due to her dedication as a community leader in bringing about peace and positive change to her community. The Leaders in Action Program is a Teen internship program that is operated by Cambridge Youth Programs. This program helps prepare teenagers between the ages 14-18 to plan events for the community while at the same time the program focuses on helping young people to develop leadership skills. This award was presented to Ms. Outeiro on June 12th at the Frisoli Youth Center.

### **Cross Cultural Communication Institute**

Congratulations to all of our students that are about to graduate from our 60 hour Art of Medical Interpretation Course and the Fundamentals of Legal interpretation course that were held in Woburn, MA and Nashua, NH. This group featured language pairs that included such languages as Arabic, Portuguese, Spanish, Vietnamese, Haitian Creole and Cantonese. The graduation will be held on June 21st. For everyone involved it is a happy occasion as families of different backgrounds come together to celebrate their success and hard work. Also, for the staff and students it is a time to enjoy different foods from different countries as students shared some of their cuisine and traditions with one another. CCCS would like to wish these new interpreters well in their new careers.

### **Upcoming Courses**

#### **The Art of Medical Interpretation (60 hour certificate program) 8 week course in Woburn Tuesdays and Thursdays starting on July 6, 2010**

Our signature program targets interpreters at all levels and fosters an environment that gives each individual a measure of control over the learning process. Training sessions focus on interpreting technique, cultural competency, interpreting ethics, mastering medical terminology through the Samurai! method, developing specialized glossaries and increasing memory power. Learning is measured through role-play and interpreter evaluation tools.

The classroom work is supported by a new training manual; The Art of Medical Interpretation was designed to accompany this course and includes interpreter practice guidelines, medical terminology, disease information, exercises, diagrams, quizzes and over 90 role-plays.

#### **Fundamentals of Legal Interpretation (60 hour program) 12 week course in Woburn Sundays starting on September 12, 2010**

This 60-hour workshop series will clarify the legal interpreter's role and explore guidelines for legal interpreters. Students will participate in a series of interpreting-related activities designed to encourage short-term and long-term memory development. Such activities include learning to "listen for meaning," memory exercises, shadowing, dual-task training, paraphrasing, and sight translation. Students will also develop an extensive vocabulary with concentration on terminology specific to legal matters. This program will also familiarize students with basic legal concepts.



## NH CORNER

Ms. Dorotea Stanley of Southern New Hampshire Services Youth Empowerment Program would like to provide our readers with the following information regarding their youth program. Working with young adults eighteen to twenty-one years of age, the program assists young adults achieve their educational goals. With an extremely low student to teacher ratio, an 85% GED pass rate, 90% of students earn an academic or work related certificate, and the program boast a 100% success rate. All of the services are at no cost to participants. In addition to the outstanding academic program services available, the programs also assist with child care, driver's education, and most any other obstacle which would prevent students from having academic success.

Our program can alleviate the need for TANF/Food Stamps for the participants. When the participants graduate the program, they are prepared to enter the workforce or begin post secondary education. While in the program students are expected to be in the classroom for a minimum of thirty hours per week. Not only do participants study in the classroom but they as well have opportunities to job shadow and receive hands on training making them even more marketable to enter the workforce. Included in the program are Field Trips, Guest Speakers, and Service Learning Projects that are designed into the curriculum to reinforce learning. Extensive case management is also provided to ensure continued success.

In Manchester alone there is a 20% population of students that do not graduate. The three main Manchester public schools, West, Central, and Memorial accounted for 296 drop outs from 2007-2009. If 100 of those students were to graduate or obtain a GED, over a ten year span New Hampshire personal income would increase by 20 million, thus causing unemployment rates, literacy costs, and crime rates to

decrease. Adults with a diploma or GED earn 12,000.00 dollars more annually than then those who have no educational credentials. (Information provided by Dennis Delay of the Workforce Opportunity Council of Concord NH) The uniqueness of the Youth Empowerment Program is that it partners with many agencies that can address the many obstacles that keep New Hampshire Youth from graduating High School. While in their studies, we at the Youth Empowerment Program help with Child Care, Transportation, Housing, etc... and assist to defray the cost. We provide education, training, and mentoring to keep young adults off the streets and out of the prisons.

The Youth Empowerment Program seats approximately 25 participants per year. The seats are filled by priority from highest need to lowest need. July through September is generally when we fill the seats for the class. However we actively recruit throughout the year and will work with perspective applicants on their qualifications for the following year.

Consider our program as an alternative means to assist those individuals who appear in front of you on a daily basis. I would appreciate the opportunity to visit with you or your staff and tell them about the many opportunities we have to offer as well as drop off some educational brochures about our program. If you have any questions, I can be reached at 626-7941 or by e-mail at [dstanley@snhs.org](mailto:dstanley@snhs.org).

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