

CCCS/CCCI PROFESSIONAL DEVELOPMENT SERIES FOR INTERPRETERS

Diabetes and the Importance of Good Nutrition:

Diabetes mellitus is a disease impacting carbohydrate, fat and protein metabolism in the body and can have a significantly negative impact on the blood vessels, heart, eyes, kidneys, and nervous system. Many people believe that diabetes is caused by an insulin *deficiency* with abnormally high levels of glucose in the blood. However, in a majority of patients the cause is actually a resistance to the effect of insulin. This resistance to insulin gets worse with obesity, and since there is an epidemic of obesity in our country, there is an epidemic of diabetes, especially in the poor and in various ethnic minorities.

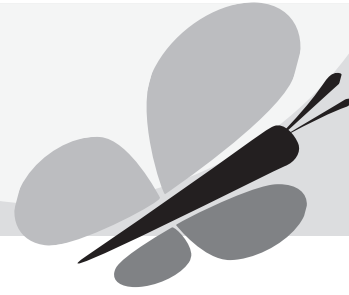
There are several types of diabetes diagnoses:

1. **Type 1** – “Previously referred to as insulin-dependent diabetes mellitus, or juvenile-onset diabetes. Type 1 diabetes develops when the body’s immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose. The onset of diabetes can occur at any age; however, it affects children and young adults and accounts for 5% to 19% of all diagnosed cases of diabetes.”
2. **Type 2** – “Previously referred to as non-insulin dependent diabetes mellitus or adult onset and may account for about 90% to 95% of all diagnosed diabetes”. Type 2 diabetes “usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce insulin. Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity.” Hispanic/Latino Americans, Native Americans, some Asian Americans, and Native Hawaiians or other Pacific Islanders, are considered high risk groups.
3. **Gestational Diabetes** – “is a form of glucose intolerance that is diagnosed in some women during pregnancy. During pregnancy, gestational diabetes requires treatment to normalize maternal blood glucose levels to avoid complications in the infant. After pregnancy, 5% to 10% of women with gestational diabetes are found to have Type 2 diabetes.”

CONTINUED ON PAGE 2

D IABETES MELLITUS IS A DISEASE IMPACTING CARBOHYDRATE, FAT AND PROTEIN METABOLISM IN THE BODY AND CAN HAVE A SIGNIFICANTLY NEGATIVE IMPACT ON THE BLOOD VESSELS, HEART, EYES, KIDNEYS, AND NERVOUS SYSTEM.





CCCS/CCCI PROFESSIONAL DEVELOPMENT SERIES FOR INTERPRETERS

CONTINUED FROM PAGE 1

4. **Other types of diabetes** such as maturity onset diabetes of the young (MODY) can result from specific conditions such as "surgery, drugs, malnutrition, infections, and other illnesses. Such types of diabetes may account for 1% to 5% of all diagnosed cases of diabetes."

Diabetes does not allow the body to produce or use insulin leading to high blood glucose, or sugar, levels in the blood. Therefore, a very important component of managing diabetes and controlling blood sugar is learning about the disease and following healthy eating habits. Making wise choices in everyday meal plans that are flexible to fit individual lifestyles will help manage diabetes.

The National Diabetes Information Clearinghouse (NDIC) of the National Institute of Health has tips to help diabetics manage their diabetes. Their tips include information on:

- what to eat,
- how much to eat,
- when to eat,
- physical activity (patients should consult with their healthcare provider about what physical activities are safe),
- how to understand the signs of low blood glucose, also called hypoglycemia,
- the importance of following prescribed diabetic medication instructions.

The NDIC has a diabetes food pyramid to help the diabetic make healthy food choices. The following food pyramid is divided into food groups and it is recommended that diabetics eat more foods from the groups at the bottom and fewer selections from the top of the pyramid.

A specific recommendation of the NDIC is to include some starches at each meal. The following are considered starches which provide carbohydrate, vitamins, minerals, and fibers:

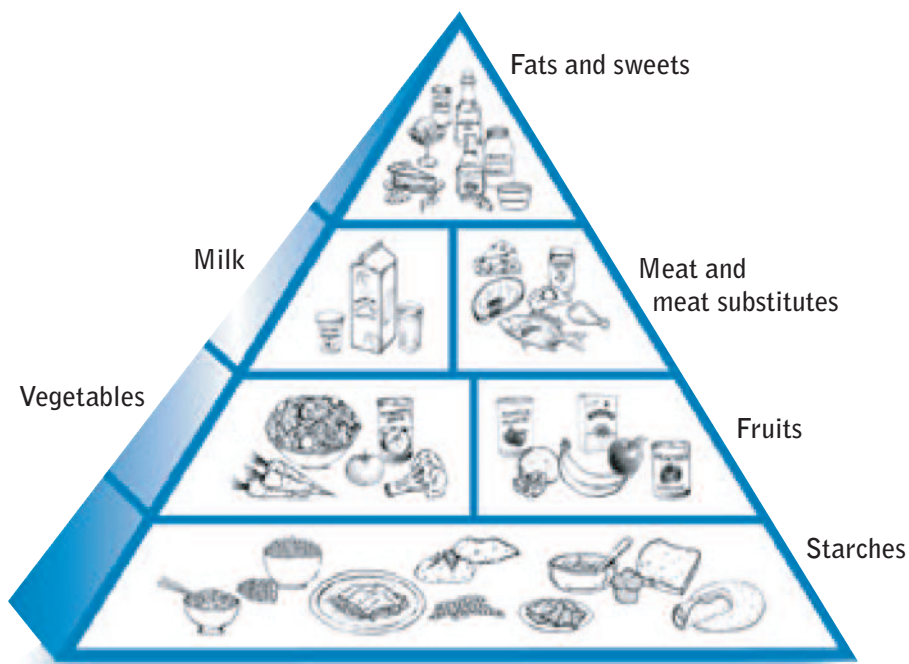
- whole grain breads
- whole grain cereals
- rice (brown rice is healthier than white rice)
- pretzels
- pastas
- grains (for example barley, quinoa, wild rice)
- starchy vegetables such as corn or potatoes

According to the NDIC, whole grain starches are considered healthier because they provide more vitamins, minerals and fiber. Eating fewer fried and high fat starches is recommended. Healthier snack options are fat-free popcorn, pretzels and baked versions of snack foods like tortilla chips or potato chips.

Vegetables are low in carbohydrates and provide vitamins, minerals, and fiber. Vegetables can be more appealing by adding low-fat or fat-free salad dressing, steaming vegetables in low-fat broth, or by putting a little vinegar or lemon juice on them. Some examples of vegetables are:

- lettuce
- greens
- broccoli
- celery

CONTINUED ON PAGE 3



From National Diabetes Information Clearinghouse (NDIC)
www.diabetes.niddk.nih.gov

- vegetable juice
- tomatoes
- spinach
- green beans
- peppers
- carrots
- chilies

Fruit is another suggested food item on the pyramid as whole fruits are filling and can be a good source of fiber. They also provide healthy carbohydrates, vitamins, and minerals. Some examples of fruits are:

- apples
- oranges
- strawberries
- watermelon
- dried fruit
- peaches
- grapefruit
- mango
- bananas
- raisins

Dairy products provide protein, calcium, vitamins, and minerals. Drinking skim/fat-free or low-fat (1%) milk, eating low-fat or fat-free yogurt and using low-fat plain yogurt as a substitute for sour cream are also recommended.

Meat and meat substitutes provide protein, vitamins and minerals. When purchasing meat, buy cuts of meat with only a little fat, trim any extra fat, and eat small amounts each day. For example, eat chicken or turkey without the skin, cook meat and meat substitutes with low-fat ideas such as broiling, grilling, roasting, steaming and microwaving. Adding vinegar, lemon juice, herbs or spices to meat increases flavor without adding fat, as does cooking with cooking spray or a non-stick pan. Limit fried food, nuts and

peanut butter since these food items are high in fat. Some of the items found in the meat and meat substitute group are:

- beef
- turkey
- lamb
- pork
- poultry
- peanut butter
- fish
- canned tuna
- eggs
- tofu
- cheese

Last but not least on the diabetic food pyramid are fats and sweets. NDIC recommends limiting foods from this area of the food pyramid because they have very little or no nutritional value and carry a lot of calories. Also, sweets are high in carbohydrates. Some fats contain saturated fats, trans fats, and cholesterol which are not healthy.

Examples of fats:

- butter
- cream cheese
- margarine
- olives
- mayonnaise
- salad dressing
- avocado
- cream cheese
- oil
- bacon

Examples of sweets:

- cake
- doughnuts
- ice cream
- cookies
- candy
- syrup

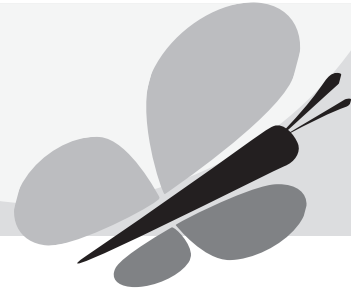
Diabetics should always check with a healthcare provider before beginning or making any changes in your diet. They should also learn how to accurately read a food label so they know what foods are healthy choices. If fasting is necessary to follow holy day requirements, diabetics should ALWAYS check with a healthcare provider and get as much information as possible. There are several websites with helpful tips on how to safely manage diabetes during fasting for holy days.

Managing diabetes is not an easy task because it is a complex disease, and there is frequently new or developing information on how to best treat it. That is why working with a knowledgeable physician, nutritionist and diabetic educator is essential for maintaining good health.

VOCABULARY CONTINUED ON PAGE 5

Disclaimer: *The information provided above is intended for informational purposes only and not as a recommendation for diagnosis, treatment or lifestyle changes. Any questions regarding diabetes, food intake or changes in eating, etc. should be referred to a licensed healthcare provider.*

The information has been gathered, summarized, or copied from the Center for Diseases Control (www.cdc.gov) and the National Diabetes Information Clearinghouse (NDIC) (diabetes.niddk.nih.gov).



CONTINUED FROM PAGE 3

DIABETES VOCABULARY

1. **abnormal** Deviating from the normal or average
2. **insulin** A hormone made by the pancreas which helps the body use glucose for energy. It controls the amount of sugar in the blood.
3. **glucose** A form of sugar that is the body's main source of energy.
4. **Type 1** Previously referred to as insulin-dependent diabetes mellitus or juvenile-onset diabetes. It develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose.
5. **Type 2** Previously referred to as non-insulin dependent diabetes mellitus or adult onset and usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce insulin.
6. **Gestational Diabetes** A form of glucose intolerance that is diagnosed in some women during pregnancy.
7. **protein** A molecule made up of amino acids that are needed for the body to function properly.
8. **epidemic** The occurrence of more of cases of disease than would normally be expected in specific place or group of people over a given period of time.
9. **pancreas** The pancreas makes pancreatic juices and hormones, including insulin. The pancreatic juices are enzymes that help digest food in the small intestine.
10. **hypoglycemia** Low blood sugar.

*The information on Diabetes Mellitus information was summarized, copied and found on the following websites: From National Diabetes Information Clearinghouse (NDIC) www.diabetes.niddk.nih.gov and the www.cdc.gov, as well as the CCCS training manual *Introduction to The Art of Medical Interpretation: A training in Basic Interpreting Skills for Bilingual Workers*, c. 2005 by CCCS, Inc., Woburn.*

D MANAGING

DIABETES IS NOT AN EASY TASK BECAUSE IT IS A COMPLEX DISEASE, AND THERE IS FREQUENTLY NEW OR DEVELOPING INFORMATION ON HOW TO BEST TREAT IT. THAT IS WHY WORKING WITH A KNOWLEDGEABLE PHYSICIAN, NUTRITIONIST AND DIABETIC EDUCATOR IS ESSENTIAL FOR MAINTAINING GOOD HEALTH.



DIABETES AND NUTRITIONAL INFORMATION QUIZ

STUDENT NAME

LANGUAGE

DATE

ADDRESS

PHONE

FAX

E-MAIL

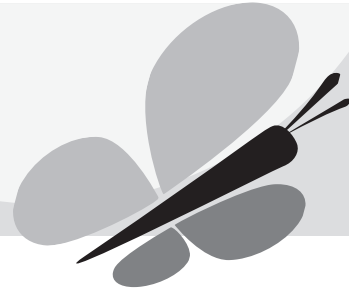
Mark each statement "True" or "False."

- | | | |
|--|----------------------------|-----------------------------|
| 1. Diabetes mellitus is a tumor. | <input type="radio"/> True | <input type="radio"/> False |
| 2. Type 1 diabetes was referred to as non-insulin dependent. | <input type="radio"/> True | <input type="radio"/> False |
| 3. Type 2 diabetes was referred to as non-insulin dependent. | <input type="radio"/> True | <input type="radio"/> False |
| 4. Gestational diabetes is a form of glucose intolerance that is diagnosed in some women during pregnancy. | <input type="radio"/> True | <input type="radio"/> False |
| 5. Hypoglycemia is when the blood sugar is too low. | <input type="radio"/> True | <input type="radio"/> False |
| 6. Diabetes does not allow the body to produce or use insulin leading to high blood glucose, or sugar, levels in the blood. | <input type="radio"/> True | <input type="radio"/> False |
| 7. When insulin rises, the pancreas gradually loses its ability to produce insulin. | <input type="radio"/> True | <input type="radio"/> False |
| 8. Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, glucose metabolism, physical inactivity and race and ethnicity. | <input type="radio"/> True | <input type="radio"/> False |
| 9. There are other types of diabetes such as heart disease and cholesterol. | <input type="radio"/> True | <input type="radio"/> False |
| 10. Some fats contain saturated fats, trans fats, and cholesterol which are healthy. | <input type="radio"/> True | <input type="radio"/> False |

Circle the item or items that best fits the statement:

11. Examples of fats are:
- | | |
|--------------|----------|
| a. ice cream | b. cake |
| c. avocado | d. syrup |
12. The following items are found at the top of the food pyramid.
- | | |
|---------|----------|
| a. fish | b. pie |
| c. tofu | d. bread |

NOTE: Get your CCCS Continuing Education Points by e-mailing your answers to mdepaula@cccsorg.com or faxing them to 781-729-1217.



INTERPRETERS' CORNER:

European Day of Languages and Translation Day:

In October 2008, the Communicator Express wrote an article about national recognition of the European Day of Language and Translation Day which is now commonly recognized as International Translation Day. Organizations throughout the United States have begun to recognize this very important day by celebrating interpreters and translators working in the field in various ways such as awards, recognitions, conferences, celebrating various themes, etc.

The history of Translators day refers to St. Jerome, the bible translator. The Roman Catholic Church recognizes St. Jerome as the patron saint of translators, librarians, and encyclopedists. Each year on September 30th, many interpreters and translators celebrate St. Jerome's Day. The International Federation of Translators (FIT) was established in 1953, in 1991 initiated the idea of an International Translation Day, and has since encouraged and promoted International Translation day.

Language is a complex structure of speech formation and today it is estimated that there are over 6,909 "living languages" in the world. The recognition of languages throughout the world signifies a move towards understanding and recognizing how language and culture has evolved. The complex structure of language only serves to highlight the incredible challenges interpreters and translators face in their work daily.

CCCS is proud to recognize professional interpreters and translators in the celebration of such an important day for

the commitment of interpreters and translators in the field and to the communities they serve. Thank you for the work that you do every day.

Interpreter of the Month

CCCS is proud to recognize Neomisía Modesto as Interpreter of the Month for her continued professionalism and commitment in her medical interpreting work. Everyone at CCCS wishes Neomisía continued success in her work.

The Green Interpreter:

Once a month CCCS offers tips to help you make green living changes at home and at work. The key to reducing our impact on the environment is to remember these four basic in order:

- **Reduce** – reduce your consumption of disposable goods by decreasing your purchases of items you don't necessarily need or use often;
- **Reuse** – cut back on single use items, for instance bring your own shopping bags to the supermarket, reuse zipper storage bags and paper bags and instead of discarding scrap paper, use the other side to print on;
- **Recycle** – use your town's recycling options, papers, plastics, batteries, electronics, clothes and ink cartridges are just a few of the things that can be recycled;
- **Re-buy** – buying new is great but there may be used items that are in good condition such as books, clothes, appliances, products made from recycled materials, etc.

Another suggestion is to consider e-billing, paying bills online or over the phone, and opting out of receiving unwanted flyers and catalogs. When at home, think about ways to reduce use of utilities and electronics, limit water use,

and keep heat and thermostat at levels that are comfortable rather than extreme. Consider a water filter at home and fill your water bottle rather than using disposable water bottles.

Remember, green living can help reduce waste and help save money as well.

Adapted from EverydayHealth.com

Interpreter Certification News

October, 2009, was a very busy and important month for interpreters nationally. After many years of work in the field, two certification processes were launched in October. One of the non-profit certification initiatives is *The Certification Commission for Healthcare Interpreters (CCHI)* finalizing the formation of its certification initiative. Recognizing the need for a national certification for professional interpreters, CCHI gathered experts in the field who are voluntarily contributing their expertise and time to ensure a formal and valid certification process. For more information, visit the CCHI website at: <http://www.healthcareinterpretercertification.org/>

Another certification initiative which has also been in process is that of the International Medical Interpreters Association (IMIA) and Language Line. A National Board of Certification for Medical Interpreters was officially launched at their 2009 IMIA annual Conference in Boston. The National Board of Certification for Medical Interpreters was also initiated as a non-profit certification entity. For more information visit their website at www.certifiedmedicalinterpreters.org.

CCCS 2010 TRAINING SCHEDULE

FUNDAMENTALS OF LEGAL INTERPRETATION

Winter 2010: (Woburn, MA)

Sundays, April 11th to June 27th, 9:00am - 3:15pm

Fall 2010: (Woburn, MA)

Sundays, September 12th to December 12th,
9:00am - 2:00pm

Note: No classes on October 10th and November 28th.

THE ART OF MEDICAL INTERPRETATION – 60-HOUR CERTIFICATE PROGRAM – MASSACHUSETTS

Intensive Winter 2010: (Woburn, MA)

January 21st to 23rd and 25th to 29th, 9:00am - 5:00pm

AMI 1 Spring 2010: (Woburn, MA)

Tuesdays, February 9th to May 25th, 6:00pm - 10:00pm
Class Orientation on Thursday February 4th, 6:00pm or
February 9th, 4:30 pm

AMI 2 Spring 2010: (Woburn, MA)

Thursdays, February 18th to June 3rd, 6:00pm - 10:00pm
Class orientation on Thursday February 4th or February
18th, 4:30pm

AMI 1 Summer 2010: (Woburn, MA)

Tuesdays and Thursdays, July 6th to August 24th,
6:00pm - 10:00pm.
First day orientation starts at 4:30pm on July 6th.

AMI 1 Fall 2010: (Woburn, MA)

Tuesdays, September 7th to December 14th,
6:00pm - 10:00pm
Class orientation on September 2nd, 6:00PM or
September 7th, 4:30pm

AMI 2 Fall 2010: (Woburn, MA)

Thursdays, September 16th to December 20th,
6:00pm - 10:00pm
Class orientation on September 2nd, 6pm or
September 16th, 4:30 pm.

*Note: There will be class on Monday November 22nd and on
December 20th due to holidays that fall on Thursdays.*

INTERPRETING IN MENTAL HEALTH SETTINGS – A 40-HOUR WORKSHOP SERIES

Spring 2010: (Woburn, MA)

March 22nd to March 26th, 12:00pm - 8:30 pm.
One week Intensive

Fall 2010: (Woburn, MA)

Mondays and Wednesdays
September 27th to November 1st, 6:00pm - 10:00pm

ADVANCED ENGLISH SKILLS FOR INTERPRETERS – A 40 HOUR WORKSHOP

Winter 2010: (Woburn, MA)

Sundays, January 24th to March 14th, 9:00am - 2:30 pm

THE ART OF MEDICAL INTERPRETATION 60-HOUR CERTIFICATE PROGRAM – NEW HAMPSHIRE

AMI 3 Spring 2010: (Nashua, NH)

Saturdays, February 27th to May 15th, 9:00am - 3:00pm

Intensive Summer 2010: (Nashua, NH)

June 14th to 19th, 21st and 22nd,
9:00pm - 5:00pm

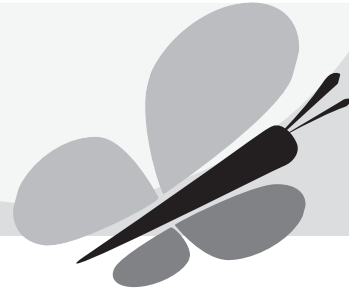
AMI 3 Fall 2010: (Nashua, NH)

Saturdays, September 18th to December 11th,
9:00am - 3:00pm

Training the Trainer A 40-hr workshop

Summer 2010:
(Nashua, NH)
June 24-26,
28 and 29th,
9:00am - 5:30 pm





THE NEW HAMPSHIRE CORNER

Diversity Task Force Meeting (DTF):

The Office of Minority Health Diversity Task Force under the New Hampshire Department of Health and Human Services held a meeting on September 30, 2009. The purpose of this meeting was to assess and re-evaluate the long-standing task force in order to strengthen partnerships, streamline resources and refocus the mobilization of communities through strategic collaborations, awareness and advocacy. Members had an opportunity to assess and evaluate the DTF programming and help set the course for 2010 year through feedback surveys and a brainstorming meeting. The DTF is looking to "improve the internal and external communications and partnerships." New strategic partnerships, structures and an action-driven framework will ensure our meetings and subcommittees work towards outcomes in health equity, access and eliminating health disparities in diverse NH communities.

As a follow-up the DTF fact sheet, meeting minutes, and feedback survey results were disseminated for input into this process.

To join or for more information on the NH DTF meetings, new subcommittees, and survey results please contact:

Marianne Rechy
Office of Minority Health
NH Department of Health and Human Services
(E) Marianne.Rechy@dhs.state.nh.us

Foundation for Healthy Communities:

In the September 2009 issue of The Foundation for Healthy Communities, the following article was included highlighting New Hampshire's cultural and language diversity strategies which were a topic discussed in the New Hampshire Hospital Association and Foundation for Healthy Communities annual meeting.

Annual meeting program highlights cultural diversity.

The foundation's work on cultural awareness and medical interpretation issues was featured at this year's NH Hospital Association and Foundation for Healthy Communities annual meeting. Responding to New Hampshire's ever growing population of Limited English Proficient and deaf and hard of hearing residents, foundation project director Rebecca Sky works closely with many of the state's hospitals which are trying to ensure that interpretation or culture are not barriers to high quality patient care.

Attendees are the breakfast meeting hosted by the Northern New England Chapter of the American College of Healthcare Executives, heard from leaders in three local hospitals which are using specific strategies to communicate with patients who have distinct cultural and language interpretation needs.

Representatives from Wentworth-Douglass Hospital, Elliot Hospital and Concord Hospital shared their experiences in serving the diverse populations in their communities.

For more information contact Rebecca Sky at rsky@healthynh.com www.healthynh.com

The above article was reprinted with the permission of Rebecca Sky Foundation for Healthy Communities from the article "Annual meeting program highlights cultural diversity" in their September 2009, Vol. 3, Issues 5 newsletter.



Cross Cultural Communication Systems, Inc.

PO Box 2308, Woburn, MA 01888 | **p:** 781-729-3736 | **f:** 781-729-1217
New Hampshire Regional Office: PO Box 733, Nashua, NH 03060 | **p:** 1-888-678-CCCS | **f:** 603-386-6655
cccsinc@cccsorg.com | www.cccsorg.com | CCCS Inc. is a SOMWBA and DBE-certified business | Copyright 2009 CCCS

Active since 1996, CCCS is a recognized authority on cultural-linguistic services, providing consultation, interpretation, translation and training services to healthcare, educational, legal and business institutions nationwide. CCCS is licensed by the New Hampshire Postsecondary Education Commission as a private, postsecondary career school.