

Health Disparities in the United States and the Role of the Interpreter

What are Health Disparities?

Health disparities are gaps in the health status between minorities and non-minorities in the United States. Low-income Americans and ethnic and racial minorities experience higher rates of disease, have reduced access to care and are offered fewer treatment options than their higher income and non-minority counterparts. Recent studies have shown that despite the steady improvements in the overall health of people of the United States, racial and ethnic minorities experience a lower quality of health services, are less likely to receive routine medical procedures and have higher rates of morbidity and mortality than non-minorities. These disparities in care are especially concerning since the United States spends more money on healthcare than any other country in the world.

Low-income populations and communities of color disproportionately experience worse health and safety outcomes across a broad spectrum of illnesses, injuries, and treatments. Racial and ethnic minorities in particular have high rates of obesity, heart disease, cancer, diabetes, asthma, tuberculosis, AIDS and autoimmune diseases like lupus and scleroderma. They also experience shorter life expectancy and higher rates of infant mortality and low birth weight.

What are the causes of health disparities?

There are many organizations and individuals that are investigating and researching the causes of health disparities; some of the largest and most well known are the World Health

Organization (WHO), the Institute of Medicine (IOM) and the National Institute of Health (NIH). General consensus exists among these three groups that social determinants have the largest core impact on these disparities. Social determinants of health are the conditions in which people are born, grow up, live, work and age. These conditions are influenced by the distribution of wealth, education level, race, social and health policy, living situation and neighborhood, and ultimately the stress related to all of those conditions. When elements of racism, poverty, and problematic community environments come together, greater overall threats to health develop and have as much impact on our health as our genes, behavior and even our medical care. However, equal access to high quality, preventative healthcare and the same medical tests, procedures and treatment also have an impact on people's overall health.

Which ethnic and minority groups are impacted?

Significant research is being conducted all the time on health issues among different minority populations in the United States. In this section we will outline some of the major findings within three minority groups: African-Americans, Asian-Americans and Hispanic/Latino-Americans.

African-Americans account for 13% of the US population according to the 2000 U.S. Census. Research and data reveal the following health conditions and disparities:

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- African-American women at every socioeconomic level have higher rates of pre-term birth and infant mortality than white women who haven't finished high school, or black women who have immigrated here from other countries. Data is leading researchers to believe that the chronic stress of being exposed to lifelong racism is impacting the body's ability to carry and deliver healthy babies (www.unnaturalcauses.org).
- Research in 2001 shows that the death rate from diabetes is twice as high for African-Americans as it is for whites. (Department of Health & Human Services & the CDC)
- Vaccination coverage for older adults, age 65 and older, is significantly unbalanced for African-Americans versus their white counterparts: over 70% of whites and only a little over 50% of blacks receive flu vaccines and 60% of whites compared to 36% of blacks receive the pneumococcal (pneumonia) vaccine (Department of Health & Human Services & the CDC).
- African-Americans have a death rate from heart disease that is 30% higher than whites (Department of Health & Human Services & the CDC).

The Asian-American and Pacific Islander (AAPI) population accounts for 4.2% of the population of the United States according to the 2000 census and data reveals the following disparities:

- Mental Health: AAPI girls have the highest suicide rate for females between the ages of 15 and 24, and 30% of Asian-American girls in grades 5 through 12 reported symptoms of depression. (Georgetown University, 2002).
- Certain kinds of cancer have a disparate prevalence in Vietnamese-Americans. Between 1988 and 1992, the rate of cervical cancer in Vietnamese-American women was five times higher than the rate for non-Hispanic white women. Vietnamese-American men have a 10 times higher incident rate of liver and intrahepatic bile duct cancer than that of non-Hispanic white men (Department of Health & Human Services & the CDC).
- Annually, 5,000 deaths are caused by Hepatitis B Virus-induced liver failure. AAPI's account for approximately 50% of HBV infections and 50% of deaths caused by HBV-induced liver failure (Moritsugu et al., 2002).

Hispanic/Latino-Americans represent 13.3% of the United States population according to the 2000 US Census and experience the following disparities in health conditions:

- Cancer and Hispanic women: While Hispanic women have lower rates of breast cancer compared with non-Hispanic white women or African-American women, only 38% of

Hispanic women aged 40 and older have regular screening mammograms (Intercultural Cancer Council, 2001), and the data shows that breast cancer is often diagnosed at a later stage for this population (National Women's Health Information Center, 2003; American Cancer Society, 2003). Overall, the death rate from cervical cancer is 40% higher among Hispanic-American women than among non-Hispanic white women. (American Cancer Society, 2003; National Women's Health Information Center, 2003).

- In the Northeast, Hispanic/Latinos have a death rate from Asthma that is more than twice the rate for non-Hispanic whites (Department of Health & Human Services & the CDC).
- Recent Latino immigrants are healthier than the average American, but after living in the United States for five years or more their health outcomes become significantly worse (www.unnaturalcauses.org).
- Diabetes is twice as common in Mexican American and Puerto Rican adults as in non-Hispanic whites. The prevalence of diabetes in Cuban Americans is lower, but still higher than that of non-Hispanic whites (www.kidney.org).

What can be done to reduce disparities?

Many health equity advocacy groups have made recommendations for reducing healthcare disparities. IOM makes recommendations targeted at policy, payment structures, patient education, provider education and data and research. Included in these general areas are methods for improving access to care, structuring payment systems that ensure an adequate supply of services to minority patients and limit provider incentives that may promote disparities, and collecting data on health care access and utilization by patients' race, ethnicity, socioeconomic status and primary language. The website developed by the U.S. Department of Health & Human Services, www.healthreform.gov, encourages better access to quality health care by expanding insurance coverage, increasing the percentage of minorities who have an established primary care provider and improving access to routine and preventative care.

However, since much of the research indicates that social determinants are the root cause of many health disparities, addressing the health care system alone will not provide a lasting solution to these disparities. There has been a 30-year increase in life expectancy since 1900, but only about five years of this increase is actually attributable to medical care interventions. Even in countries with universal health coverage, people with lower socioeconomic status have poorer health outcomes. According to the Prevention Institute, there are two significant

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reasons for this. One is that medical care typically treats one person at a time as illnesses arise, and that does not reduce the incidence or severity of diseases among entire groups of people. The other is that medical interventions usually occur after the onset of the illness and since many of our most widespread chronic diseases have no cure, the intervention does not actually reduce the occurrence of the disease. This is why preventative care is so important, so we can stop the illness from starting in the first place.

Clearly we will have to look deeper at how to impact the social determinants of health, like poverty, education and racism, in order to reduce and eliminate health disparities. Since many of these issues are deep rooted, and many people are not even aware of their own biases in these areas, it will take many years and very hard work to bring about lasting change.

What is the role of the interpreter in reducing disparities?

So, given the complicated nature of this issue, what can an interpreter do to make a difference? There are many ways interpreters can have an impact on reducing disparities. By following the accepted standards of practice for the interpreting field and by strict adherence to the code of ethics, through their professionalism, interpreters are reducing the biases which providers may unknowingly have against certain minority populations. By serving as a conduit, the interpreter improves the quality of provider-patient communication, allowing for patients to have their health issues better understood, and their questions answered in a more understandable way. By being a clarifier, interpreters ensure accurate meaning of the message by asking the provider to "break it down" if they realize the vocabulary is at too high a register ; this too positively impacts the communication and also patients' ability to make well informed decisions about their care. A simple action like an interpreter making a courtesy call to patients confirming their appointments may make a difference in whether a patient keeps the appointment for the mammogram that saves her life, or continues to get the recommended preventative care for a chronic disease. Finally, the interpreter as culture broker is another important role that can help reduce disparities. While it is not always appropriate to act in that capacity, when the interpreter becomes aware of possible misunderstandings in the communication between patient and provider due to different cultural frameworks, first asking permission, and then offering a comment that may help the provider further explore an issue with a patient to get better



HEALTH DISPARITIES ARE GAPS IN THE HEALTH STATUS BETWEEN MINORITIES AND NON-MINORITIES IN THE UNITED STATES. LOW-INCOME AMERICANS AND ETHNIC AND RACIAL MINORITIES EXPERIENCE HIGHER RATES OF DISEASE, HAVE REDUCED ACCESS TO CARE AND ARE OFFERED FEWER TREATMENT OPTIONS THAN THEIR HIGHER INCOME AND NON-MINORITY COUNTERPARTS.

understanding, is a critical part of ensuring high quality care for the patient. One way of doing this is to say something like, "It may not be the case in this particular situation, but in my experience this (answer, type of reaction, etc.) is common among members of (identify the ethnic community) and it may help if you check in with the patient on this issue."

"Studies have documented that language barriers lead to a decreased likelihood of follow-up appointments being made after a visit to an emergency department; a higher rate of resource utilization for diagnostic tests; less satisfaction with medical care when seen in the emergency department or by primary care physicians; a decreased likelihood of having had a health care visit, mental health visit, or influenza vaccination⁶; decreased explanation of adverse effects; decreased compliance with medications; an increased incidence of medical errors during hospitalizations; and a decreased likelihood of receiving all preventive health visits in the first year of life." (Archive of Pediatric Adolescent Medicine, 2006) This research summarizes nicely the importance of the role of the interpreter in reducing the health disparities experienced by ethnic minorities.

Disclaimer: This information is for the purpose of providing a general overview of health disparities. Additional data and research findings can be found at the websites used as sources which are listed below:

Sources:

- <http://www.unnaturalcauses.org/>
- <http://archpedi.ama-assn.org/>
- <http://erc.msh.org/>
- <http://www.preventioninstitute.org/healthdis.html>
- <http://www.healthreform.gov/>
- <http://www.kidney.org>
- <http://www.who.int/en/>
- <http://www.nih.gov/>
- <http://www.iom.edu/>

The continuing education quiz and credits that accompany this article will be provided to all active CCCS interpreters. All other individuals and organizations may have access to the continuing education materials by subscription. Please contact Betsy Burtis at bburtis@cccsorg.com or at 781-729-3736, ext. 108 for more information.



VOCABULARY

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Health Disparities	Gaps in the health status between minorities and non-minorities in the United States
Social Determinants of Health	The economic and social conditions under which people live which determine their health status
Morbidity	A diseased state, disability, or poor health due to any cause
Mortality	The condition of being susceptible to death
Race	A local geographic or global human population distinguished as a more or less distinct group by genetically transmitted physical characteristics
Ethnicity	A shared heritage that may be based upon common ancestry, history, kinship, religion, language, shared territory, nationality or physical appearance
Socioeconomic status	Determined by family income, parental education level, parental occupation, and social status in the community
Conduit	Being a communication bridge from patient to provider
Clarifier	Interpreter who recognizes that there is a potential misunderstanding with the conversion of a word from one language to the other, due to linguistic and cultural challenges and asks that the provider or patient "breaksdown" or explains meaning
Culture Broker	Someone who helps educate the patient or provider about cultural differences so there is full understanding on both sides

INTERPRETER'S CORNER

Greetings from Interpreter Resource & Q.A Department

We would like to express our appreciation for all of our valued interpreters! 2009 was a year filled with many changes introduced by CCCS in order to comply with state and federal laws and regulations. Your continued dedication and high level of professionalism has contributed to our past success. Your continued involvement makes our company what it is and we are very grateful. We are very excited about the staffing changes here at CCCS which have allowed us to be the first interpreter service provider in the Commonwealth of Massachusetts to bring all of their interpreters on board as per diem employees. Starting in 2010 per diem employees shall be paid bi-weekly for services rendered.

We are aware that some of the changes have been met with mixed emotions by some of our interpreters. We are hopeful that you shall continue to work with us throughout the New Year as a valued team member. CCCS shall continue to provide educational and financial opportunities through the CCCS Communicator Express and Quiz program to all of our interpreters. We are also working on behalf of our per diem interpreters to acquire continuing education credits from interpreter associations. Per Diem interpreters shall also be eligible for discounts on all applicable CCCS trainings and classes

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provided to interpreters.

CCCS was founded by Zarita Araujo-Lane in 1996 and is proudly one of the top ten Interpreting and Training agencies in the country. With hard working staff and all of the interpreters' continued support we will grow and be more successful in the future! It Takes A Team To Build A Future!

Please review all of the materials supplied to you with the recent package mailed from CCCS in the last week of December of 2009. We request that the forms supplied be completed and returned to CCCS as soon as possible. This is required to ensure that there shall be no interruption in payments made to per diem interpreters.

Thank you!

Amanda Duross & Gail Marinaccio

A Note from the Dispatch Department

Now that you are getting paid on a biweekly basis, please try to get your Service Verification Forms in as soon as possible after the completion of your assignments. This will help us make sure you get paid accurately in a timely fashion.

Thanks!

Debbie Eccles, Daniel DeOliveira and Karla Rebello



PRESIDENT'S CORNER

CCCS has had a challenging month both personally and professionally. We were very saddened by the recent loss of a dear interpreter to a brain tumor and then last week we were so worried for our Haitian interpreter community, their families and their friends. Our hearts are still aching for Haiti and its entire people! In the midst of these tragedies, we were attempting to transition our interpreter employment model to per diem status which required lots of administrative work and coordination.

At work we shared many tears and then we regrouped and refocused. We decided that even in situations where one has no control, we as human beings, friends, colleagues and immigrants can in fact do something to help heal the pain and feelings of loss. So we decided to call interpreters and friends personally and offer our help by being good listeners and sharing some stories of hope about the Haitian people and their incredible resiliency. Haiti was the first country that freed itself from slavery and many Haitians volunteered to fight for the North during our civil war.

I have been very touched by several books written by an incredible young Haitian woman writer Edwidge Danticat. Although her books are about Haiti, as a Portuguese woman living under a fascist dictatorship during my teenage years, I

INDIVIDUAL AND COLLECTIVE PAIN CAN BE TRANSFORMED INTO ACTION AND HOPE. ONE WAY IS BY DONATING AND VOLUNTEERING TO ASSIST WITH THE AID EFFORTS FOR HAITI, BUT ALSO BY ASSURING THAT ALL VOICES ARE ACCURATELY HEARD AND RESPECTED THROUGH YOUR INTERPRETATION WORK.

could relate to the themes presented in her books and stories. The pain caused by political betrayal and the persecution of my dear family and friends is now the fuel that keeps coming to me when I am about to give up on my passion in providing cultural linguistic on site services to our immigrant population.

It is in fact, you the interpreters, our wonderful staff members and our customers and patients who through a kindly e-mail or phone call keep the energy going by sharing appreciation for the humanity shown in the work we do!

Individual and collective pain can be transformed into action and hope. One way is by donating and volunteering to assist with the aid efforts for Haiti, but also by assuring that all voices are accurately heard and respected through your interpretation work.

CCCS is one of the first local language companies to have invited all interpreters to join us as per diem employees so that they can be better protected professionally. We are now auditing all our interpreter files so that we can raise the bar one more degree and we want to thank you for responding so quickly to us.

Together we can make the world better and raise a village of great professional interpreters!

Thank you!



INTERPRETER RECOGNITION AWARDS

Thanks to an effort spearheaded by Daniel De Oliveira, who is always a passionate advocate for the interpreters, and in conjunction with the Dispatch Department and the Interpreter Resource Department, the Interpreter of the Month program is getting a facelift for 2010! Beginning in January 2010, we will be awarding the "Interpreter Recognition Award" on a bi-monthly basis, and we will be soliciting nominations from all our clients and the CCCS staff.

This is just one small way we can recognize the excellent work and commitment of our interpreters. They work ceaselessly for our clients and the patients to ensure quality communication for all and we want to thank them by celebrating their many successes!

We have created some criteria to highlight the qualities we know our clients and the CCCS staff value in the work our interpreters do:

1. Quality Interpreting Skills

Evidence of expertise:

1. frequent requests from providers for this person
2. positive feedback from clients on interpreter's performance in the areas of interpretation, ethics, medical terminology
3. noted by QA reviewer observation in the field
4. no interpreter-caused Critical Incidents in the past 6 months

2. Team Spirit

Evidence of Expertise:

1. frequently takes assignments at the last minute
2. shows flexibility with assignments and locations
3. calls with updates or information that help the staff do a better job
4. remains positive even in stressful situations
5. in general makes CCCS look good with clients
6. excellent interpersonal communication skills with internal staff

3. Quality of Administrative Work

Evidence of Expertise:

1. gets Service Verification Forms in on time
2. personnel file is current & complete (up to date with certificates, immunizations, etc.)

4. Commitment to Professional Development

Evidence of Expertise:

1. attends at least two professional development sessions per year (must submit certificate or program for inclusion in file)
2. submits completed Communicator Express quizzes

If you know of a great interpreter who meets these criteria, send a nomination to cccs@cccsorg.com with "Interpreter Recognition" in the subject line, or send us a note to Interpreter Recognition, CCCS, P O Box 2308, Woburn, MA 01888-0508. We will soon have a way to submit your nominations on our web site – we'll let you know when!



BEGINNING IN JANUARY 2010, WE
WILL BE AWARDING THE
"INTERPRETER RECOGNITION
AWARD" ON A BI-MONTHLY BASIS,
AND WE WILL BE SOLICITING
NOMINATIONS FROM ALL OUR
CLIENTS AND THE CCCS STAFF.

NH CORNER



Cross Cultural Communication Institute, the only licensed post-secondary interpreter training career school in New Hampshire, begins the new year of classes in our Nashua location in February, 2010.

THE ART OF MEDICAL INTERPRETATION 60-Hour Certificate Program

Session: AMI 3 Spring 2010

Dates: Saturdays from February 27th to May 15th

Time: 9:00 am to 3:00 pm

Session: AMI Intensive Summer 2010

Dates: June 14 to 19th and June 21 to 22

Time: 9:00 am to 5:00 pm

Session: AMI 3 Fall 2010

Dates: Saturdays from September 18th to December 11th

Time: 9:00 am to 3:00 pm

TRAIN THE TRAINER 40-Hour Workshop

Session: Summer 2010

Dates: June 24 to 26 and June 28 to 29

Time: 9:00 am to 5:30 pm

For more information contact Mariana dePaula at mdepaula@cccsorg.com or at 888-678-CCCS, ext. 111.

The New Hampshire Diversity Task Force will be holding a special meeting on January 25, 2010 at the NH Department of Health and Human Services, Tom Fox Chapel Room, Main Building, Governor Gallen State Office Park, 105 Pleasant Street, Concord, NH.

The meeting will take place from 10:00 a.m. to 12:00 noon. The DTF is seeking representation for the DTF subcommittees being formed. RSVP by January 15, 2010 to Isabelle Blanchette at 603-27108557 (NH Relay) 7-1-1 or by e-mail to: iiblanchette@dhhs.state.nh.us.

The New Hampshire **Medical Interpretation Advisory Board** meeting will be held on Friday, January 29th, 10:00 a.m. to 12:00 at the Manchester Health Department, 1528 Elm Street. The MIAB will be addressing how to move forward on the broad social issues of health equity and how to take part in the planning process of the new State Plan on Health. For more information contact Rebecca Sky, Cultural Diversity Project Director at rsky@healthynh.com.





Professional Development Opportunities for Interpreters:

CCCS CLASSES AND WORKSHOPS:

The Art of Medical Interpretation

60-hour Certificate Program

Our signature training program, newly expanded to include more role plays and practice opportunities!

Sessions at both Woburn and Nashua locations starting in February, June, July and September

Fundamentals of Legal Interpretation

60-hour program

The class that prepares interpreters for working in court settings

Sessions in Woburn location starting in April and September

Interpreting in Mental Health Settings

40-hour workshop

A specialized workshop focusing on the topics unique to mental health settings,

including DSM IV diagnoses, substance abuse, the role of the interpreter in mental status examinations.

Sessions in Woburn location starting in March and September

Train the Trainer

40-hour workshop

Interested in starting your own interpreter training program? Here's how! Lessons and tools for training interpreters from the Art of Medical Interpretation: Third Edition manual.

Session in Nashua location starting in June

Simultaneous Interpretation Workshop

7-hour workshop

Perfect for trained interpreters looking to enhance their skills and explore opportunities to interpret in new settings like courts, conferences, and hearings.

Sessions in Woburn location starting in March and May

Communicator Express Continuing Education Quizzes

Get continuing education credit for reading the main article in the monthly Communicator Express and completing a post-quiz. All CCCS active interpreters will receive the monthly newsletter and quiz at no charge. Others interested in this opportunity may purchase a Communicator Express Quiz subscription. Subscribers will receive a continuing education certificate after returning the completed quiz and scoring at least 80%. To purchase the quiz one month at a time the cost is \$5 per quiz, or purchase an annual subscription for \$50.

UPCOMING CONFERENCES FOR FEBRUARY & MARCH:

Medical Interpreter Network of Georgia (MING) Winter Forum

2/13/2010

Location / contact info / details:

at Saint Joseph's Hospital, Atlanta, GA
<http://www.mingweb.org/>
info@mingweb.org

ATA – Spanish Language Division, Mid-Year Conference

3/4/2010 - 3/5/2010

Location / contact info / details:

at Manchester Grand Hyatt San Diego, San Diego, CA
www.atanet.org
ata@atanet.org

California Healthcare Interpreting Association (CHIA) 2010 Annual Education Conference

3/18/2010 - 3/20/2010

Location / contact info / details:

at Westin South Coast Plaza, Costa Mesa, CA
www.chiaonline.org
dschinske@chiaonline.org

Northeast Conference on the Teaching of Foreign Languages

3/25/2010 - 3/27/2010

Location / contact info / details:

at the New York Marriott Marquis Hotel, Broadway, New York City
<http://www2.dickinson.edu/prorg/nectfl/co nf2010.htm>
nectfl@dickinson.edu



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