

## Turn out the light on Tanning Booths

Many young people think that going to a tanning booth makes them look better and may protect them from problems when they actually go into the sun while on vacation. We now know that using tanning booths is dangerous to young people.

Over one million cases of skin cancer occur each year. In 2009, there were 68,000 cases of malignant melanoma. The remainders of these cases were basal cell and squamous cell carcinoma. Melanoma is the most dangerous, and in 2009, there were 8650 deaths from melanoma. Ultraviolet radiation is the foremost cause of all skin cancer. It causes genetic mutation which interferes with the skin's ability to repair itself. Cumulative lifetime sun exposure appears to be related to squamous and basal cell as well as melanoma. However repetitive blistering sunburns repeatedly appears to be a major risk for melanoma.

Ultraviolet exposure from tanning beds is now classified as a human carcinogen and increases risk of melanoma by 75% if the tanning booth is used before age 35.

People at risk include those with fair skin, those with a large number of moles, and those with positive family history of melanoma. But even focusing on those risks, does not eliminate the chance of skin cancer in people. All are encouraged to limit sun exposure especially between 10am and 3:00pm. **Use hats, sunglasses and protective clothing and sunscreen.** If you have a skin lesion that has changed in the last six months or which is irritated or bleeding and does not heal, see your doctor right away. Remember, if you catch a potentially serious lesion early enough it can be very protective against a death from melanoma.

And if you have a desire for a tan, remember that using a tanning booth, especially under the age of 35 is a dangerous act.

The following excerpts are copied from an article entitled "Skin Cancer Module: Practice Exercises," published by the CDC.

### Wavelengths of UV Radiation

UV rays have wavelengths shorter than visible light. There are three types of UV rays. They are grouped by wavelength from longest to shortest: UVA, UVB, and UVC.

#### UVA

UVA is ultraviolet radiation with wavelengths from 320-400 nm. It passes right through the Earth's ozone layer. UVA can cause early aging of the skin.

#### UVB

UVB is ultraviolet radiation with wavelengths of 280-320nm. It does not go as deeply into the skin as UVA does. UVB causes skin cancer. It might also be involved with cataracts. (Cataracts are a clouding of the lens of the eye that can lead to blindness.) The ozone layer absorbs most of the sun's UVB, but even then the small amount of UVB rays can do substantial damage. Also, with the possibility of the thinning of the ozone layer, more UVB rays might result in more damage.

#### UVC

UVC is ultraviolet radiation with wavelengths shorter than 280 nm. It is also dangerous to people. But it is completely absorbed by the Earth's ozone layer.

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OVER ONE MILLION CASES OF SKIN CANCER OCCUR EACH YEAR. IN 2009, THERE WERE 68,000 CASES OF MALIGNANT MELANOMA.



## Turn out the light on Tanning Booths continued from page 1

### The UV Index

The National Weather Service and the Environmental Protection Agency (EPA) developed the UV Index. The UV Index is meant to help people understand and protect themselves from the harmful effects of UV rays. The UV Index forecasts daily the intensity of the sun's rays when it is at its highest. (This is called "solar noon.")

The UV Index ranges from 0 to 15. It tells how much ultraviolet radiation reaches the Earth's surface over the one-hour period around noon. Index numbers are low when the sun is low in the sky and when it is overcast. The Index is higher when the sun is high in the sky and during clear or partly cloudy conditions.

The UV Index is based on several things:

- latitude
- elevation
- day of year
- time of day
- total ozone in the atmosphere
- predicted cloud conditions

Each of these factors affects either:

1. how far rays must travel from the sun to a given point on Earth; or
2. how much ultraviolet radiation is absorbed, transmitted, or scattered on its way from the sun to the Earth.

### Latitude and Season Change UV Index

Changes in latitude and day of year alter the distance between the sun and a person on Earth. The UV Index is higher closer to the equator and during the summer months. Thus June would have the highest UV Index for the Northern Hemisphere, but the lowest for the Southern Hemisphere.

The Climate Prediction Center tracks and predicts the UV Index throughout the year in various cities in the United States. Go to their site: [http://www.cpc.ncep.noaa.gov/products/stratosphere/uv\\_index/uv\\_meanmax.html](http://www.cpc.ncep.noaa.gov/products/stratosphere/uv_index/uv_meanmax.html)

### Other Dangers of UV Rays

Skin cancer is the most dangerous and deadly risk of UV radiation. But it is not the only one. Other risks include:

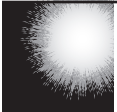
- sunburn
- premature (early) wrinkling and sagging of skin
- sun sensitivity [how sensitive (burn) ones' skin is to the sun]
- immune system depression (This can put you at greater risk of getting sick.)
- eye damage

Tanning without burning can still damage skin tissue and cause premature aging of the skin (wrinkling, sagging, uneven texture and coloring). All sources of UV rays can cause damage, not just natural ones.

Most tanning beds have more UVA than UVB rays. But they can still damage your skin. UVA rays go deeper into the skin. They are the rays that cause premature aging of the skin.



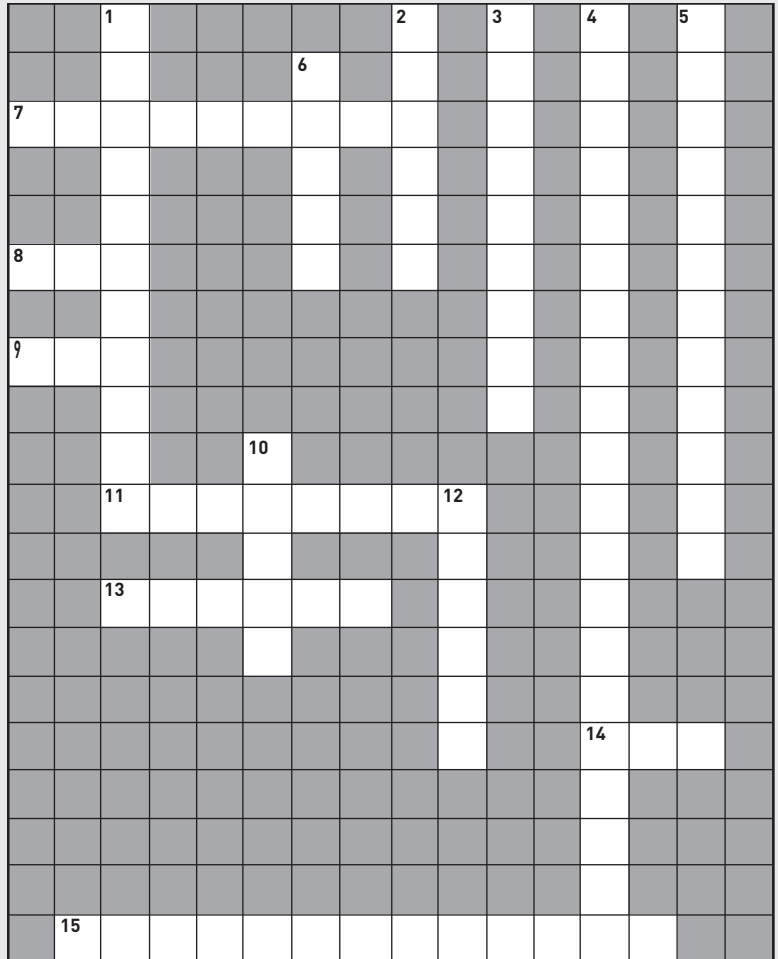
AFTER READING THE  
COMMUNICATOR EXPRESS, TEST  
YOUR KNOWLEDGE BY COMPLET-  
ING OUR CCCS CROSSWORD.



## Skin Cancer Vocabulary

- Melanoma** A skin tumor that is malignant (cancerous).
- Carcinoma** A medical term for a malignant tumor.
- UV Index** An index used to predict the daily forecast of the expected risk to an individual due to overexposure to the sun and is measured on a scale from 1 to 11+. The lower the number, the lesser the risk of overexposure.
- Asymmetry** This pertains to a mole that when it is divided perfectly in half, one side appears different than the other.
- Basal cell** A type of skin cancer that is common in Caucasians, usually occurring on the head or neck, but does not usually spread to other parts of the body.
- Squamous cell** A type of skin cancer that may appear as a bump or as a red patch. This type of cancer is treatable and has a high cure rate, especially when it has not spread to other organs.
- Dermatologist** A doctor that specializes in treating the skin and skin conditions, and its diseases.
- Benign tumor** A tumor that is not considered to be cancerous.
- Pathologist** A pathologist is a doctor who studies the cause and development of disease.
- Actinic Keratosis** A pre-cancerous growth found on the skin.

## CCCS Crossword-August



### ACROSS

- 7. liquid protection
- 8. golden like
- 9. radiation that can cause skin cancer
- 11. a type of skin cancer
- 13. fat in the blood stream
- 14. Sexually Transmitted Infection
- 15. Type of lipid

### DOWN

- 1. coffin-like hot spot (2 words-plural)
- 2. not cancerous
- 3. fat that is solid at room temperature
- 4. narrowing of the small blood vessels (3 words)
- 5. not symmetrical
- 6. place of choice for tanning
- 10. Texas conference
- 12. drug to lower cholesterol

Created by CrosswordPuzzlesGames.com  
Answers to the crossword are found on the last page.



Dear Interpreters and colleagues:

## PRESIDENT'S CORNER

In our profession we are so good about keeping our professional promises, being on time, being accurate and complete, asking for clarification if there is ambiguity in the message to be conveyed, keeping the same register, using the first person, not staying alone with a patient and more ... ,but often we forget about taking care of ourselves as people.

In the past ten years I have put on lots of weight, eating less but eating irregularly and looking forward to comfort food when I've had a stressful day at work. One day last week I was driving home late at night, when I heard on NPR a segment on the increase of money spent on the Non- Tax weekend held recently in Massachusetts. I heard one of the commentators state that perhaps people felt that they had saved so much money and were so good in the past two years, that although right now they have no money they felt that they deserved to go on a shopping spree! Unfortunately if this is true, it creates a problem for those who really cannot afford the extra expense.

Wow, these were powerful words to me as I connected the dots, not the money piece, but my eating habits instead. I was leaving work late, way after dinner time because I was trying to keep my promises at work; not having eaten all day; only drinking lots of water for the kidney stones and feeling that I could have a nice slice of a lemon cake for dessert way passed regular eating hours!

Although we love our work, and many times on a daily basis we make sacrifices for others, we have to remember to look after ourselves because we are not immune to developing

severe health problems.

The nature of our jobs have changed. In the past, it was easy to organize our schedules a week in advance, ensuring that we could get enough cases to support ourselves and our families. Now, we are seeing new tendencies in the entire health care system in the USA as we are all trying to become more patient centered. As a result, many times patients can call in to the doctor and be seen on that same day.

Interpreters, if you are willing to take last minute assignments be ready for the fact that you may not get back home for your regularly scheduled meals. With this in mind, it may be a good idea to carry with you a variety of healthy foods and lots of water.

Try not to eat and drive, but rather look for a few minutes to sit and eat in peace. Instead of purchasing your meals consider packing them. Food prepared at restaurants and cafeterias are often loaded with carbs and sugars which fill you up, and may give you a boost of energy, but soon afterwards bring you down, makes you feel tired and opens up new cravings for unhealthy foods.

The stress of the emotional ups and downs of the information we convey as interpreters can also impact you and your mood and your well being. Make sure that you allot some time at the beginning, middle or end of the day to do the necessary things to keep you in good physical, and emotional shape. Walking, reading and crochet are my avenues of decompressing. Find out about yours and make sure that you follow through with them!

Find out about your BMI by looking into <http://www.cdc.gov/obesity> and search for the Body Mass Index calculator. According to the CDC web page:

Ask yourself:

- Has my activity level changed?
- Am I eating more than usual? You may find it helpful to keep a food diary for a few days to make you more aware of your eating choices.

If you notice any changes in your eating habits or with your weight, you may want to check with your provider and ask for their advice. If our BMI is too high then we may start to experience serious health problems.

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## TAHIT Symposium August 13-14, 2010 Texas House Bill 233

- **If your BMI is less than 18.5**, it falls within the "underweight" range.
- **If your BMI is 18.5 to 24.9**, it falls within the "normal" or Healthy Weight range.
- **If your BMI is 25.0 to 29.9**, it falls within the "overweight" range.
- **If your BMI is 30.0 or higher**, it falls within the "obese" range.

According to Research done by National Institute for Occupational Safety and Health (NIOSH) [www.ajph.org/cgi/content/full/97/3/428](http://www.ajph.org/cgi/content/full/97/3/428), the possibility of developing the following health problems increases when one is considered to be overweight or obese:

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- Hypertension (high blood pressure)
- Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
- Stroke
- Liver and Gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- Gynecological problems (abnormal menses, infertility)

To learn more about becoming healthier, look into literature from Michelle Obama's Obesity Campaign called "Let's Move."

I hope that this information is helpful to you, because we care about you! We are good about taking care of everyone, so together let's create a balance in our lives.

Warmest regards,  
Zarita

The Texas Association of Healthcare Interpreters and Translators (TAHIT) held its 4th annual Training Symposium on August 13 and 14th in Houston, Texas. TAHIT, an interpreter and translator organization in Texas was formed on July 31, 2004 as a collaborative effort to support and address qualifications for healthcare interpreters and translators and to provide them with educational training through outreach and educational programs. The TAHIT mission is to "promote language access within healthcare by facilitating training, education and communication between government, provider and individual stakeholder."

On June 19, 2009, Texas Governor Rick Perry signed into law Texas House Bill 233. This bill was to "address effective communication within healthcare for the 6.8 million Texas residents that speak a language other than English at home." As a result, a committee was set up to develop qualifications standards for healthcare interpreters in Texas. This committee is known as the Advisory Committee on Qualifications for Health Care Translators and Interpreters, is already in full force, with Esther Diaz as chair. Ms. Diaz is a TAHIT Board Member and also a Board Member of the NCIHC (National Council on Interpreters in Healthcare).

With its mission of providing a very important service for interpreters and translators in Texas, the TAHIT Symposium continues to offer interpreters, trainers, hospital administrators and providers an opportunity to share, learn, and gain experience through its symposiums. The Symposium hosted a variety of educational workshops that provided information on interpreter certification among other topics. Two of the featured presentations were: "Understanding Laws and Regulations," and "The ROI of Language Assistance: It Pays to Communicate in Your Patient's Language." Attending the Symposium were presenters from all over the United States, bringing with them their insights as they came from varied backgrounds and cultures. Some of the languages represented were: ASL, Polish, Portuguese, Arabic, Japanese, German, Spanish, Urdu, and Hindi.

CCCS, Inc. was one of the supporters at this year's TAHIT Symposium as well as several well known national exhibitors and sponsors. One very interesting exhibitor at the 2010 TAHIT Symposium, was Ms. Troyce L. McClinton, a recruiter from Parkland Hospital. Ms. McClinton was offering career opportunities to professional medical interpreters as Language Assistants in the Patient Relations Department. This is a wonderful and welcome sight for interpreters to be acknowledged as professionals and to know that there are career advancement opportunities for trained professional interpreters.

We look forward to next year's TAHIT event which will be held in the Dallas/Fort Worth area.





*ask*

Dr. Lane

**What is the difference between good and bad cholesterol?**

The measurable fats in the blood stream are called lipids. If lipids are elevated in the blood, the condition is called hyperlipidemia. Hyperlipidemia is one of several factors which increase the risk of coronary artery disease. Lipids alone do not mix with water and they need to be joined to a kind of molecule which will help them be dispersed evenly in blood, which is mostly water. The lipids are joined with proteins, and called lipoproteins. There are three kinds, Total cholesterol, LDL cholesterol (Bad cholesterol), and HDL, the so called good cholesterol.

There is another lipid called Triglyceride which when elevated can also be a risk factor for atherosclerosis, but more research has been done on cholesterol and so we will concentrate on the cholesterol at this moment.

Total Cholesterol is a lipid that can be easily measured at any time with or without fasting. A Total Cholesterol less than 200 mg/dl is normal and of little risk. A Total Cholesterol between 200-239 mg/dl is borderline high and a Total Cholesterol greater than or

equal to 240mg /dl is felt to be high. To screen a patient for hyperlipidemia, doctors will order a Total Cholesterol test. Doctors will order more testing of lipoproteins when the Total Cholesterol is 200-239 mg/dl (borderline high) and there are other risk factors, or if the Total Cholesterol is greater than 240 mg/dl regardless of whether there are other risks.

The next level of screening demands that the patient be fasting for 8-12 hours before the test. Then they test the LDL lipoproteins, HDL lipoproteins and triglycerides. The LDL is normal when it is less than 100mg/dl. The HDL is normal when it is greater than 60mg/dl. The LDL is called the bad cholesterol because it takes cholesterol from the liver and deposits it into the peripheral arteries. This then increases the plaque that forms in those arteries. The more LDL, the more cholesterol deposited. HDL is called the good cholesterol because it removes cholesterol from the peripheral arteries and brings it to the liver to be digested. Thus, higher amounts of HDL promotes good health.

You can bring down your Total Cholesterol and your LDL by decreasing saturated fat in your diet and by losing weight. Sometimes you can bring down those lipids significantly, by just losing five pounds.

You must also diminish your saturated fat. Saturated fat, is a fat that is solid at room temperature. It is found in hamburgers and steaks and other red meats. Unsaturated fat, fat that is liquid at room temperature should also be minimized because it is high in calories, but some unsaturated fat, such as olive oil can even bring down Total Cholesterol and LDL Cholesterol.

Your HDL can also be improved with aerobic exercise. (Walking 15-30 minutes every other day is a great start to this exercise requirement.)

Doctors now feel that if they can identify patients with high lipids, and if those patients have other risks (diabetes, smoking, high blood pressure, family history of coronary artery disease at a young age [55 for men and 60 for women] or if the patient already has a arterial disease like coronary artery disease, carotid artery blockage, pain in legs while walking called claudication and/or a stroke), then these patients should be treated with medicines to lower their cholesterol.

The chief type of medicine that is used is called a statin. Statins not only lower cholesterol and LDL but fight inflammation that contributes to worsening of plaque in arteries. Statins can cause muscle aches and other side effects and you should discuss with your doctor if your risks require that you take a medicine and whether the statin class of medicine is right for you.

Meanwhile maximizing the good cholesterol by aerobic exercise, and by decreasing the bad cholesterol through a low fat diet, are strategies that will help promote good arterial health.

<b>CHOLESTEROL MEASURES</b>			
	<b>Normal</b>	<b>Borderline</b>	<b>High</b>
Total Cholesterol	less than 200mg/dl	200-239mg/dl	240mg/dl
LDL Cholesterol	less than 100mg/dl	130-159mg/dl	160mg/dl and above
HDL Cholesterol	greater than 60mg/dl is ideal		

## INTERPRETER'S CORNER

### Thank you Ms. Wilson-Stronks, The Joint Commission!

We at Cross Cultural Communication Systems, Inc. (CCCS, Inc.) would like to extend our best wishes and a warm thank you to Amy Wilson-Stronks of The Joint Commission as she embarks on a new phase in her career. As Project Director for the Division of Standards and Survey Methods, Ms. Wilson-Stronks was the principal investigator and co-author of the report "Hospitals, Language and Culture: A Snapshot of the Nation and Findings" which was released in March 2007.

Prior to her joining The Joint Commission, Ms. Wilson-Stronks continuously worked to improve health services for diverse populations which include the elderly, the mentally ill, and HIV/AIDS patients. Presently, she serves in an advisory capacity for various language access organizations.

Ms. Wilson-Stronks' strong collaborative effort along with many stakeholders in the health field, led to improvements in patient safety, and more effective communication between LEP patients and their providers. These advancements have had a direct impact on hospital language access programs throughout the country. She has also directed The Joint Commission's work in the assessment and evaluation of accreditation standards for "culturally and linguistically appropriate services," and at the same time developed a comprehensive training program for surveyors.

We at CCCS, Inc. have been enriched by her many contributions. Although she is leaving her position with The Joint Commission and embarking on a new path in her career, we have no doubt that she will continue to make an impact in the patient safety, language access and health equity fields.

We want to thank her for her tireless efforts with the LEP population, hospitals and language access organizations, and we want to wish her the very best in her new endeavors. If you wish to contact Amy, please email her at [alwstronks@gmail.com](mailto:alwstronks@gmail.com)

### Tragedy in Pakistan

We all are deeply saddened by the events that have recently taken place in Pakistan. According to some reports there are an estimated 4 million people who find themselves homeless and more than 1500 have died. These monsoon rains have been the worst in this populous country's history and has left more than 1/5 of it underwater. Millions have been left without food and potable drinking water. Also, just imagine the long lasting economic toll that this will have on this region. Many are looking for ways to help and no doubt you are included in that group. We encourage all to participate in any way that they can. For those that would like to make a donation, the IMIA on their website has organized a list of organizations that are offering relief to those that are living in the affected areas. They also have set up an international disaster relief database to inform relief organizations of professional interpreters who are willing to volunteer their services as medical interpreters.

To enter that database go to  
<http://www.imiaweb.org/basic/disaster-relief.asp> .

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## INTERPRETER'S CORNER

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### Interpreter's Award of Excellence-Livie Gelin

It is with great pleasure that CCCS, Inc. would like to honor Livie Gelin with the award of excellence. This award is given to the interpreter that displays excellence in their dealings with others and for their superior linguistic skills. Upon hearing that she was selected for this award Livie offered these comments.



"To me it is not a job but rather a pleasure, to be able to help someone understand the language being spoken, because I know it can be scary if you cannot understand what is going on around you due to a language barrier. I feel very humbled to be chosen as interpreter of the month. It's rewarding to work with people like Deb, Danny, Karla, Amy, Linda, Amanda, and Zarita and I love you guys very much."

### Interpreter Resource

We just wanted to remind our interpreters of a few details. First of all, we want to thank the interpreters for all their support and for completing the quizzes. If you have missed some of the quizzes please send us an email so that we can send it out to you. As a reminder, interpreters can get paid for completing up to 8 quizzes in a calendar year.

Secondly, we would like to remind our interpreters that according to federal requirements, both freelance and per diem employees cannot work more than 40 hours in any given work week. Please review the per diem contract under Compensation, Expenses and Payment. Thank you for your cooperation in this regard.

Lastly, we are excited to let you know that the dates for our Annual Safety Seminar are fast approaching. This seminar will be held on 3 different dates making it easy for all of our interpreters to attend. This seminar will help hospitals meet the standards for credentialing. Interpreters may attend online or in person at our Woburn office on the following dates:

November 17 2010 @ 5pm

January 13, 2011 @ 5pm

May 19, 2010 @ 5pm

More information on the seminar details and how to attend will be released on a later date.





## STI Services

Can a minor be treated for a sexually transmitted infection without their parents consent? Much depends on their age and the state that they live in. Also, what role does the provider play in this controversial topic. Please take a look at this newly released report published by the Guttmacher Institute.

We would like to thank The Guttmacher Institute for kindly given us the permission to reprint the following article.

## Minors' Access to STI Services

**BACKGROUND:** Over the past 30 years, states have expanded minors' authority to consent to health care, including care related to sexual activity. All 50 states and the District of Columbia allow most minors to consent to testing and treatment for sexually transmitted infections (STIs), and many explicitly include testing and treatment of HIV. Many states, however, allow physicians to inform parents that the minor is seeking or receiving STI services when they deem it in the best interests of the minor.

### HIGHLIGHTS:

- All 50 states and the District of Columbia explicitly allow minors to consent to STI services, although 11 states require that a minor be of a certain age (generally 12 or 14) before being allowed to consent.
- 31 states explicitly include HIV testing and treatment in the package of STI services to which minors may consent.
- 18 states allow physicians to inform a minor's parents that he or she is seeking or receiving STI services; however, with the exception of 1 state that requires parental notification in the case of a positive HIV test, no state requires that physicians notify parents.

### FOR MORE INFORMATION:

For information on state legislative and policy activity click on Guttmacher's Monthly State Update and for state level information and data on reproductive health issues, click on Guttmacher's State Center.

Gold RB, Unintended consequences: how insurance processes inadvertently abrogate patient confidentiality, *Guttmacher Policy Review*, 2009, 12(4):12-16.

Chesson HW et al., The estimated direct medical cost of sexually transmitted diseases among American youth, 2000, *Perspectives on Sexual and Reproductive Health*, 2004, 36(1):11-19.

Weinstock H, Berman S and Cates, Jr. W, Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000, *Perspectives on Sexual and Reproductive Health*, 2004, 36(1):6-10.

Boonstra H and Nash E, Minors and the right to consent to health care, *The Guttmacher Report on Public Policy*, 2000, 3(4):4-8.

The Alan Guttmacher Institute (AGI), *Sex and America's Teenagers*, New York: AGI, 1994.

Donovan P, *Our Daughters' Decisions: The Conflict in State Law on Abortion and Other Issues*, New York: AGI, 1992.

Guttmacher Institute, Minors' access to STI services, State Policies in Brief, New York: Guttmacher Institute, 2010, <[http://www.guttmacher.org/statecenter/spibs/spib\\_MASS.pdf](http://www.guttmacher.org/statecenter/spibs/spib_MASS.pdf)>, accessed 8/20/2010.

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## MINORS' ACCESS TO STI SERVICES

STATE	MINORS MAY CONSENT TO STI SERVICES	CONSENT TO HIV TESTING AND TREATMENT INCLUDED	PHYSICIAN MAY BUT IS NOT REQUIRED TO INFORM PARENTS
Alabama	12 years	X	X
Alaska	X		
Arizona	X		
Arkansas	X	X	
California	12 years	X	
Colorado	X	X*	
Connecticut	X†	X	
Delaware	12 years	X	X
Dist. of Columbia	X		
Florida	X	X	
Georgia	X		X
Hawaii	14 years		X
Idaho	14 years	X	
Illinois	12 years	X	X
Indiana	X		
Iowa	X	X‡	
Kansas	X		X
Kentucky	X	X	X
Louisiana	X		X
Maine	X		X
Maryland	X		X
Massachusetts	XΩΦ		
Michigan	X	X	X
Minnesota	X		X
Mississippi	X	XΨ	
Missouri	X		X
Montana	X	X	X
Nebraska	X		
Nevada	X	X	
New Hampshire	14 years		
New Jersey	X	13 years	X
New Mexico	X	XΨ	
New York	X	XΨ	
North Carolina	X	X	
North Dakota	14 years	X	
Ohio	X	XΨ	
Oklahoma	X	X	X
Oregon	X	X	
Pennsylvania	X	X	
Rhode Island	X	X	
South Carolina	16 years or mature minor	X	
South Dakota	X		
Tennessee	X	X	
Texas	X	X	X
Utah	X		
Vermont	12 years	XΨ	
Virginia	X	X	
Washington	14 years	X	
West Virginia	X		
Wisconsin	X		
Wyoming	X	X	
<b>TOTAL</b>	<b>50 + DC</b>	<b>31</b>	<b>18</b>

\* Physician may inform parents of minor's decision to consent to HIV/AIDS services if the minor is younger than 16.

† Physician must report a positive test result if the minor is younger than 12.

‡ A parent must be notified of a positive HIV test result.

Ω The state funds a statewide program that gives minors access to STI services.

Φ Parent must be notified if the minor's health or life is at risk.

Ψ Does not include right to consent to HIV/AIDS treatment.



## CCCS will be presenting at the following Conferences:

Zarita Araujo-Lane, LICSW, President and Owner will be presenting at the following conferences:

- **Language Coaches: The Missing Link for Excellence in Interpreter Training**  
2010 International Medical Interpreters Conference (IMIA)  
*Ensuring Patient Safety for Language Minority Patients - A New Standard of Care -*  
September 3-5, 2010  
The Joseph B. Martin Conference Center at Harvard Medical School  
Boston, Massachusetts USA  
[www.imiaweb.org/conferences/2010conference.asp](http://www.imiaweb.org/conferences/2010conference.asp)
- **“The Burned Heart”**  
DiversityRx Conference Staff  
Plan to attend the Seventh National Conference on Quality Health Care for Culturally Diverse Populations  
Renaissance Baltimore Harborplace Hotel  
October 18-21, 2010  
[www.diversityRxConference.org](http://www.diversityRxConference.org)
- **Language Coaches: The Missing Link for Excellence in Interpreter Training**  
American Translators Association (ATA)  
51st Annual Conference  
Hyatt Regency  
Denver, Colorado  
October 27-30, 2010  
<http://www.atanet.org/conf/2010/index.htm>

## Conferences 2010

**Tennessee Association of Professional Interpreters and Translators (TAPIT)**  
2010 Annual Conference  
September 10-12, 2010. - Scarritt-Bennett Conference Center, Nashville, Tenn.  
For more info, visit [www.tapit.org](http://www.tapit.org)

**Upper Midwest Translators & Interpreters Assn. (UMTIA)**  
2010 Annual Conference  
Saturday September 25, 2010  
Century College  
East Campus, White Bear Lake, MN  
For more info, visit [www.umtia.org](http://www.umtia.org)

**American Literary Translators Association (ALTA)**  
2010 Annual Conference  
October 20-23, 2010  
The Philadelphia Marriott Hotel, Philadelphia, PA  
For more info, visit [www.utdallas.edu/alta](http://www.utdallas.edu/alta)

## Upcoming Trainings

**The Art of Medical Interpretation-60 hour course**  
*Woburn, MA*  
September 7, 2010-October 26, 2010 (Tuesdays and Thursdays 6:00pm-10:00pm)  
November 8-13, 15, 16, 2010 (Daily 9am-5:00pm)

*Nashua, NH*  
September 25, 2010-December 18, 2010 (Saturdays 9:00am-3:00pm)

**The Fundamentals of Legal Interpretation**  
*Woburn, MA*  
September 12, 2010-December 12, 2010 (Sundays 9:00am-2:00pm)

For more information please call 781-497-5066





**NH Corner**

The MIAB will be holding its next meeting on September 24th at the Manchester Health Department, located at 1528 Elm Street in Manchester, NH. The meeting is scheduled for 10:00am until 12:00pm and is open to the public. Health Equity will be the main topic. As outlined on the Foundation for Healthy Communities (healthyNH.com) website, The Medical Interpretation Advisory Board (MIAB) "is a coalition of health care providers, social service agencies, and advocacy organizations. The vision of this group is to increase access to, and the quality of healthcare services for limited English proficient (LEP) and deaf and hard of hearing (D/HH) patients in New Hampshire via medical interpretation."

On October 7th and 8th the Casey Family Services will be holding their seventh annual diversity conference. This year's theme is "Diversity Journey 2010: Different Paths, Shared Destiny." This conference will be held at the Radisson Hotel and Center of New Hampshire Conference Center in Manchester, NH. "Casey Family Services is the direct service agency of the Annie E. Casey Foundation. Casey helps children thrive in safe, nurturing, and strong families." For more information and details please visit the website [www.caseyfamilyservices.org](http://www.caseyfamilyservices.org) or call 1-800-417-7375.



ON AUGUST 16, 2010 A LETTER FROM THE ASSISTANT ATTORNEY GENERAL'S DESK WAS SENT TO THE CHIEF JUSTICE/STATE COURT ADMINISTRATOR. THIS IMPORTANT DOCUMENT OUTLINES THE NEED FOR ALL COURTS TO COMPLY WITH TITLE VI. THIS DOCUMENT CAN BE VIEWED BY GOING TO THE LINK BELOW. LOOK FOR THIS NEWSLETTER TO COMMENT FURTHER ON THIS TOPIC IN UPCOMING EDITIONS.

[HTTP://WWW.LEP.GOV/FINAL\\_COURTS\\_LTR\\_081610.PDF](http://www.lep.gov/final_courts_ltr_081610.pdf)

- Answers to the CCCS Crossword-August**
- Across**
- 7. SUNSCREEN
  - 8. TAN
  - 9. UVB
  - 11. SQUAMOUS
  - 13. LIPIDS
  - 14. STI
  - 15. TRIGLYCERIDES
- Down**
- 1. TANNING BED
  - 2. BENIGN
  - 3. SATURATED
  - 4. CORONARY HEART DISEASE
  - 5. ASYMMETRICAL
  - 6. BEACH
  - 10. TAHITI
  - 12. STATIN



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