

April is National Minority Health Month

For the observance this year, the HHS Office of Minority Health will join our partners in raising awareness about the important role an active lifestyle plays in keeping us healthy. The theme for the 2019 observance is Active & Healthy, which will allow OMH and minority health advocates throughout the nation to emphasize the health benefits of incorporating even small amounts of moderate-to-vigorous physical activity into our schedules. Physical activity promotes health and reduces the risk of chronic diseases and other conditions that are more common or severe among racial and ethnic minority groups.

Recognizing that health is the key to progress and equity in all other things, Dr. Booker T. Washington proposed the observance of “National Negro Health Week” in April 1915. He called on local health departments, schools, churches, businesses, professional associations, and the most influential organizations in the African-American community to “pull together” and “unite... in one great National Health Movement.” That observance grew into what is today a month-long initiative to advance health equity across the country on behalf of all racial and ethnic minorities.

What is Health Equity? Health equity is when everyone has the opportunity to be as healthy as possible.

What Are Health Disparities? Health disparities are differences in health outcomes and their causes among groups of people. For example, African American children are more likely to die from asthma compared to non-Hispanic white children. Reducing health disparities creates better health for all Americans.

Source: www.cdc.gov

Why is Health Equity

Important? Health is central to human happiness and well-being and is affected by where people live, learn, work, and play. According to the World Health Organization, health also makes an important contribution to economic progress.

Physical activity is one of the best things people can do to improve their health. Yet, too few Americans get the recommended amount of physical activity. Only 1 in 4 adults and 1 in 5 high school students fully meet physical activity guidelines for aerobic and muscle-strengthening activities. These numbers are even lower among adults in some racial and ethnic minority populations.

Physical activity promotes health and reduces the risk of chronic diseases and other conditions that are often more common and more severe among racial and ethnic minority groups. Physical activity also fosters normal growth and development in children, improves mental health, and can make people feel better, function better, and sleep better.



Active & Healthy | April 2019

April 2019 Calendar

National Autism Awareness Month

National Minority Health Month

- 1 – April Fool's Day (International)
- 2 – World Autism Day
- 7 – World Health Day
- 7-13 – National Public Health Week
- 14 – Vaisakhi (Sikhism)
- 15-19 – National Occupational Health Nursing Week
- 19 – Theravada New Year (Buddhism)
- 20-27 – Passover (Judaism)
- 21 – Easter (Western Christianity)
- 22 – International Earth Day
- 25 – National Take Our Daughters and Sons to Work Day
- 28 – Easter (Eastern Christianity)

Confidentiality Across Cultures

by Cynthia Roat “Healthcare Interpreting in Small Bites”
(continued from the previous issue)

It is a sign of respect to show up in support of those enjoying or suffering through life’s ups and downs. The recipient of this support does not seem to be the least concerned that everyone know the particulars of what’s going on in their life. Instead I have experienced (in my own family too) almost a sense of obligation (again from respect/social courtesy) to receive all the well-wishers and allow them even a brief visit to offer congratulations, best wishes, sympathy, prayers, etc.” - Maria Carr, personal correspondence, November 29, 2005 (reproduced with permission).

So in Maria’s point of view, her Spanish-speaking patients may seem confused by the concern about keeping everything secret because telling appropriate people so that those people can be supportive is considered a kindness. I found a similar point of view when training Hmong interpreters in Montana. These interpreters happened to be clan leaders in their communities. When we discussed the requirements to maintain confidentiality, they were chagrined. It was their role in the community, they explained, to let people know what was happening to the patient so that the community could offer the appropriate support. The patient could not tell anyone, as that would be considered immodest. It was the clan leader’s role to do so. In their eyes, the restriction to keep everything confidential was cruel and isolated the patient from his/her support systems. Russian Pentecostal interpreters in this same training insisted that confidentiality was unnecessary in their interpreting because nobody in their community had anything they would want kept secret from each other. Interestingly enough, the one non-Pentecostal Russian interpreter in town told me that she was often specifically requested expressly because the patient wanted to discuss something with the doctor that he or she knew would be criticized in the community. Indeed, it is not unusual for patients in small cultural communities to choose to use telephonic interpreters for particular medical visits specifically because those interpreters, commonly situated outside the geographic community, cannot share any information with the local community. Perhaps these patients welcome sharing information about health problems, for which there will be community support, but prefer confidentiality when the problem is one that carries a social stigma.

What can we conclude from all this, then? We need to start by realizing that the word “confidentiality” is not understood the same by all who hear it. As interpreters, we need to understand and apply confidentiality as it is understood and applied by the health care team, of which we are a part. When we mention it to patients, however, we may need to explain more fully what we mean, or use a paraphrase to describe the concept. Differing cultures will lead to differing expectations among patients about what this word means. By explaining more clearly, we can both clarify what we mean in the moment and avoid culturally based confusions later on. And that’s not something that should be kept secret by any of us.



New Staff Profile: Maria Pastorini-Call

Maria Pastorini-Call is the new addition to the Spanish-language team at UC Davis Health. She was born in Montevideo, Uruguay and lived there until she was fifteen years old when she moved to Salt Lake City, Utah with her family. She graduated high school and started working at a small clinic while attending college. Maria became a staff Medical Interpreter for Intermountain Health Care in 2004, and has worked there until 2018 when she moved to Sacramento. Her favorite part of working in the medical interpreting field is the opportunity to experience the diversity, learning and growing along with the stories of life and miracles one gets to see while helping patients from all different countries and backgrounds.

Maria has three children, a husband, and a Saint Bernard dog. She is passionate about her family, sharing her Uruguayan/American culture, Latin dancing, karaoke, nature, and food. She is grateful and excited to be a part of the big and diverse team at UC Davis Health Medical Interpreting Services. She is already learning new things and getting a lot of walking done on our big campus.

We are glad to have you onboard, Maria!