

## National Minority Health Month

Source: [National Minority Health Month](#)



April is National Minority Health Month (NMHM), a time to raise awareness about the importance of improving the health of racial and ethnic minority communities and reducing health disparities.

By raising awareness about these disparities and promoting efforts to improve health equity, National Minority Health Month can help to reduce the burden of chronic disease and improve overall health outcomes for minority populations. It is also an opportunity to promote cultural competency and understanding among healthcare providers and to encourage the development of policies and programs that address the root causes of health disparities.

The observance was initially just a week-long, but it was extended to a month-long observance in 2002 to allow for greater outreach and education efforts.

### Celebrated every year in April, National Minority Health Month:

- Builds awareness about the disproportionate burden of premature death and illness in people from racial and ethnic minority groups.
- Encourages action through health education, early detection and control of disease complications.

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### April 2026 Calendar

*Physical Wellness Month*  
*World Autism Month*

- 1 – Holy Wednesday (Christianity)
- 1 – Passover (Judaism)
- 2 – Theravada New Year (Buddhism)
- 5 – Easter (Christianity)
- 7 – World Health Day (International)
- 10 – Day of Silence (US)
- 11 – Global Day to End Child Sexual Abuse
- 11 – National Parkinson's Day (US)
- 13 – Martyrdom of Imam Sadeq (Iran)
- 15 – National ASL Day (US)
- 15 – Tax Day (US)
- 25 – World Veterinary Day
- 26 – Mother Father Deaf Day (US)

## Language Deprivation - A Preventable Disability

Source: [Language Deprivation - A Preventable Disability](#)

Language is the foundation for all communication and learning. For children who are Deaf or Hard of Hearing, access to language during early development and schooling years is critical. Without access to the language of their environment, they risk experiencing language deprivation, which is a preventable condition caused by living in a language-impooverished environment during the critical period of language development.

Language deprivation is a disability created by subjecting a child to a language-impooverished environment during the critical period of language development and/or during schooling years.

Deaf people are the only group in the world that struggles with language deprivation. No other group experiences the predictive and pervasive gap in foundational language that impacts all areas of life.

Language deprivation is not an inevitable part of deafness. It is easy to assume that language deprivation is a natural byproduct of deafness. But Deaf children of Deaf adults who have full access to language from birth develop in ways that are comparable to their hearing peers. Deaf children born into hearing families that prioritizes language access in all areas of the child's life exhibit decreased risk of language deprivation, regardless of the communication modality the family chooses. Risk for developing language deprivation increases when children do not have consistent access to a complete language, whether signed or spoken, early and continuously.

Unfortunately, many children spend years in environments that focus on teaching them to listen and develop speaking skills without ensuring they have full language access directly and incidentally. Learning to use their hearing and to use spoken language is important, but not at the expense of developing a foundational language. Learning to listen and use spoken language can take years of training and intense focus. During this time, children often miss out on incidental learning and natural communication. This gap can lead to language deprivation, which affects every area of life and is difficult to overcome later.

Language deprivation is a disability that is utterly preventable.

How can families and professionals know if a child is at risk for language deprivation? Two free screening tools have been created to help identify whether a Deaf or Hard of Hearing child may be at risk of developing language deprivation. These tools are based on 30 years of experience in Deaf Education and are designed for early detection so families and educators can take action to mitigate risk for language deprivation.



## Research: Why Medical AI Translation Validation Should be Different

Source: [Research: Why Medical AI Translation Validation Should be Different](#)

According to a 2024 report by the American Medical Association (AMA), translation has become the most familiar AI use case for physicians. Between 2023 and 2024 alone, there was a 30% surge in the number of doctors who had either adopted or planned to implement these tools. For a physician trying to clear a discharge backlog, the allure of instant translation is understandable.

However, the Stanford University authors of a paper published in February 2026 argue that while for high-resource languages like Spanish, models like GPT-4o have performed remarkably well, for digitally underrepresented languages like Haitian-Creole, the technology begins to fracture in healthcare settings.

The researchers highlight growing issues created by rapid AI translation adoption in healthcare settings across the US and a widening gap in standardized validation criteria and methods to ensure patient safety. To address this disconnect, they are proposing a different way to validate translation output from the perspective of patient risk.

### Proposed Validation Methodology

The appropriate metric for AI translation quality in healthcare is patient comprehension and safety, not merely linguistic accuracy,” argue the researchers. They posit that a translation can be grammatically and linguistically perfect yet still fail clinically if it uses vocabulary that is too complex for the patient’s health literacy or misses important cultural context.

Instead, they advocate a tiered validation system that prioritizes functional patient comprehension (i.e., answering the question: “After reading these discharge instructions, can the patient correctly identify safe behaviors?”).

This validation system is a risk-stratified framework that would establish a “Universal Patient Comprehension Standard,” a benchmark that shifts the focus from word-for-word accuracy to a requirement of “non-inferiority” compared to certified human translation.



This means specifically proving that the patient comprehension rates achieved using the AI translation tool are not lower than those achieved with professional human translators (which is the current standard): basically, that AI translation tools must demonstrate that they do not meaningfully diminish a patient's ability to understand medical instructions.

The thresholds for a successful output should also be particularly stringent for high-stakes scenarios, such as life-threatening medication protocols, where any margin of error could prove fatal.

Instead of conducting baseline research for validation purposes, argue the researchers, healthcare institutions would focus their resources on rigorous ongoing monitoring to ensure that the AI translation performance remains stable over time, especially for well-documented language pair performance (as in the example of Spanish using GPT4o).

The researchers reserve a more rigorous standard validation pathway for novel AI applications, high-risk use cases, and digitally underrepresented languages. For these scenarios, independent entities would be required to conduct prospective validation studies to prove a given AI translation tool meets safety standards before it can be deployed clinically.

“The appropriate metric for AI translation quality in healthcare is patient comprehension and safety, not merely linguistic accuracy.” — Anyaegbuna et al.

To ensure transparency and prevent the selective reporting of favorable data, they further recommend for all such studies to be registered in a public database modeled after ClinicalTrials.gov.

This centralized approach ensures that even smaller community and rural hospitals can implement these tools with confidence, benefiting from verified data without the burden of conducting their own specialized research.

The researchers also state that evidence-informed policy frameworks are essential to transform AI from a potential liability into a safe, scalable solution for language access. This is “not merely an academic exercise—it is an urgent matter of health equity and patient safety.”

## New Staff Profile: Dhuha Matrood



Dhuha joined our Medical Interpreting team recently as the new Arabic interpreter. Dhuha's journey in interpretation began in 2014 in Baghdad, Iraq. She started her career as a personal assistant, interpreter, and translator for the Head of Mission at the Embassy of the Philippines in Iraq. During this time, she had the unique opportunity to attend diplomatic meetings and official events with the Iraqi Ministry of Foreign Affairs, Iraqi government officials, and representatives from various diplomatic missions. These experiences introduced her to the powerful role language plays in fostering understanding between people, cultures, and nations.

In 2018, Dhuha continued her professional path by joining the NATO Mission in Iraq. There, she served as a liaison officer, cultural advisor, translator, and interpreter. She provided interpretation for senior military leaders, including four-star generals, the Secretary General of NATO, and the Chief of Staff of NATO during high-level meetings with Iraqi officials such as the President of the Republic of Iraq. Beyond her interpreting duties, she also offered cultural orientation and training to newly assigned NATO advisors in Baghdad, helping them navigate Iraqi traditions and social norms. This experience reinforced her belief that communication is not only about language, but also about respect, empathy, and cultural understanding.

Two years ago, Dhuha moved to the United States to begin a new chapter in her life. Starting over was not easy, but she carried with her valuable experience, determination, and a deep passion for helping people connect through communication. In March 2025, she joined Language World Services as a medical interpreter, supporting patients and healthcare providers during some of the most important and vulnerable moments in their lives.

Outside of work, Dhuha enjoys dancing, listening to music, gardening, cooking, and exploring new cuisines—activities that bring balance and joy to her life. She considers her family her greatest achievement and takes immense pride in being the mother of three boys, guiding them to grow into kind, strong, and respectful men. Dhuha also takes pride in pursuing her academic and professional goals while raising her family. She earned a Bachelor's degree in English Literature and Linguistics in 2013, and in 2021 she shifted her academic focus to Biotechnology, graduating at the top of her class. She is currently continuing her studies as a graduate student at the University of Florida, specializing in Medical Microbiology.

Among her many accomplishments, joining UC Davis stands out as one of her proudest. Though some once told her that joining such a respected institution would be impossible, her persistence, hard work, and faith in her abilities made it a reality. Her success at UC Davis serves as a testament to how determination can open doors that once seemed out of reach. Welcome to the UC Davis Health family, Dhuha!