Hablamos Juntos
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NON-ENGLISH MATERIALS ISSUE BRIEF

DEVELOPING BETTER NON-ENGLISH MATERIALS: UNDERSTANDING THE LIMITS OF TRANSLATION

Introduction

Individuals with limited English proficiency (LEP) seeking health care in the United States confront two major challenges: a language barrier and scant knowledge of the complex U.S. health system. Understanding written information is essential in order for patients to successfully negotiate the system. However, many "vital" health materials include words and concepts—including medical jargon and terms unique to the American health system—that challenge even those patients who speak English as their primary language. Language, culture and health literacy all affect the extent to which text is understood by patients. These features, together with health care terminology and the nature of language, make translation highly challenging. Thus, the production of non-English materials (those written in languages other than English) is typically a struggle for health care organizations, even in the face of federal laws that require health care organizations to translate "*vital*" documents.[1]

Gap Analysis

The ten Hablamos Juntos demonstration sites were asked to identify "gaps" between materials available and those needed, and were then asked to use this information to set priorities for material development and to determine how to produce new materials.

Materials were rated on a scale of 1 to 5, using criteria related to content, design and ease of reading. Materials rated between 4 and 5 in were collected.

Content Analysis included:
- *Grammar and lexis (words and word combinations);*
- *Writing style (short sentences, conveys one key concept per sentence); and*
- *Spelling, and simple and correct punctuation.*

Design format included:
- *Illustrations, colors, graphics;*
- *Spacing of text and visual presentation; and*
- *Stereotypes and ease of reading.*

Although they are crucial for LEP patients, translated materials pose many challenges for health care providers. Developing useful Spanish materials is a primary objective for the Hablamos Juntos demonstration sites. Hablamos Juntos' work in this area began with a simple premise: by collecting best practice examples of translated text, the ten Hablamos Juntos demonstration sites could benefit from the good work and investments in translations made by others. As part of this effort, the demonstration sites conducted a *Gap Analysis* to identify examples of well-translated materials that could be replicated by other sites. In health care, the most frequently translated documents are those designed to help health care organizations meet defined objectives, such as complying with legal requirements, performing administrative tasks or giving patients specific instructions. Unfortunately, the samples of translated text that the *Gap Analysis* yielded were found to be of poor quality, with no samples recommended for replication.

This brief highlights lessons learned by the ten Hablamos Juntos demonstration sites about the barriers faced by health care organizations in producing useful translated text, and in evaluating those products for quality. Overall, it was found that health care organizations have broad misconceptions about the translation process, and lack effective methods to evaluate translated

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text. Misguided standards—such as using "back-to-English" translation to check quality—may actually contribute to poor translation[2]. These difficulties make it challenging for organizations to produce useful non-English text. Health care organizations can improve performance in this area by developing systems to identify and produce non-English text, and by building capacity to make decisions about non-English text. In addition, specialized training programs are needed for translators who work primarily with health translations. Many translators also need to improve basic writing proficiency in their native languages.

Why Translating Materials is Challenging

Clear communication between patients and their doctors is essential in order for patients to receive safe, high quality health care. Written materials are a heavily relied upon tool for facilitating communication between providers and their patients. The problem with "written communication is that it takes place between writers and readers patients who are not in contact with one another, and therefore have no opportunity for interactive clarification regarding the meaning and intent of the written materials."[3]

Translated text has the additional responsibility of conveying information across language, culture and health literacy differences. Some scholars of translation suggest that the intermix of language and culture makes creation of equivalent text in two languages enormously challenging, if not impossible. Because the meaning of words is socially constructed, the same combination of words in two different languages may not produce the same meaning. Rigorous rethinking and reworking of text may be needed to develop translations that retain their original meaning. However, the original meaning may not always transcend cultural and language differences, so the content of original materials also needs close examination for fit with non-English audiences.

Health Literacy

Definition - "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."[4]

Some researchers suggest that in the U.S., health literacy is often difficult without English literacy—or the ability to read, write, and speak English.

Developing non-English materials is further challenging because of the different types of text used in health care organizations. Commonly translated types of text include consent forms and other official notices (e.g. advanced directives, privacy rights), administrative forms (admissions instructions, patient history, explanation of health coverage and benefits), patient instructions, and information about tests and medical procedures. So-called *sender-oriented* text is designed to help meet administrative and legal requirements of a health care visit (to collect or give information), while *receiver-oriented* text supports patient-provider communication, and is designed to enable the patient to participate in his/her care.[5] While both of these types of text represent different challenges for translators, *receiver-oriented* text is often the most difficult to translate because the interface with cultural knowledge and social context is greater. Patient education information covers a wide range of health conditions (e.g.: baby bottle syndrome, post-partum depression, asthma, diabetes, etc.). To be effective, the information must be relevant to the target audience and the suggested actions must be plausible. Meeting these requirements is a challenge for those creating text in English, and is even more of a challenge for translators creating English-equivalent materials. Translators are confined to what has been written for the original audience, often resulting in translated materials that are not useful or effective.

Although health organizations are motivated to develop non-English materials, little organizational support has been developed to enable this to happen effectively. Policies, procedures and funding for these activities are not well defined. In nearly all of the organizations that worked with Hablamos Juntos demonstration sites, systems to identify and prioritize development of non-English text did not exist. Procedures for commissioning and reviewing new translations for quality also did not exist, nor were there designated decision-makers for this process.

As a consequence when translated materials are needed, each department within the organization developed their own approach and quality review standards. More often, doctors, nurses, interpreters or administrators need to champion a project in order to get non-English materials developed. Not surprising, demonstrations sites discovered many translated materials existed (known only to the user departments) and the quality varied widely.

Learning from Common Translation Errors

Hablamos Juntos demonstration sites identified, through the *Gap Analysis*, eighty-seven documents as candidates for other demonstrations to replicate; documents the demonstrations rated as being highly satisfactory. This sample was read by doctorate-level, Spanish language specialists to assure quality before recommending them for replication. Many of these texts were word-for-word rather than meaning-for-meaning translations, causing the specialist to find them cumbersome to read. The word-for-word translations also caused the intended meanings of these documents to be unclear without the use of the English originals as a point of reference. After the English versions were collected, a system for classifying errors was developed and error patterns were studied in order to learn ways in which more useful Spanish materials could be developed.

Language Errors Occur When Translations Retain the Original Language Structure – Mark Twain provides an example of English in German language structure

"I am indeed the truest friend of the German language–and not only now, but from long since–yes, before twenty years already….I would only some changes effect. I would only the language method–the luxurious, elaborate construction compress, the eternal parenthesis suppress, do away with, annihilate; the introduction of more than thirteen subjects in one sentence forbid; the verb so far to the front pull that one it without a telescope discover can. With one word, my gentlemen, I would your beloved language simply so that, my gentlemen, when you her for prayer need, One her yonder-up understands.

… I might gladly the separable verb also a little bit reform. I might none do let what Schiller did: he has the whole history of the Thirty Years' War between the two members of a separate verb inpushed. That has even German itself aroused, and one has Schiller the permission refused the History of the Hundred Years' War to compose –God be it thanked! After all these reforms establish be will, will the German language the noblest and the prettiest on the world be".[6]

Mark Twain

The documents that were studied had translation errors relating to both the use of the text (situational features) as well as the actual text itself; the micro features of language. The high number of language errors indicated a wide variation in language proficiency among translators. Poor language skills appear in translations as poor grammar, incorrect spelling and inaccurate use of vocabulary, and use of words not typical in the target language. The translation samples that were reviewed had a high number of incorrect words and false cognates which resulted in problems with accuracy of information. Cognates are pairs of words that look alike and have similar meanings; false cognates are pairs of words that look similar but their meanings are very different. Poor translations are also sometimes the result of poor quality English originals.

Situational Features

The function, use and desired outcome for a document provide a framework for its design and content. These situational features are woven into the text in subtle but important ways. How a text is used may differ with non-English patients. For example text designed to reinforce instructions from clinical staff may not be used the same way; the goals for the materials may also be different because of the language barriers. Since English originals serve as the basis for a translation, situational errors occur when the features that frame the original text are not known by the translator, and are therefore not considered in the translation.

Language Errors

Overall, many of the samples of translated text did not account for differences in language structure. Many of these errors seem to come from efforts by the translator to remain faithful to the English original, and from the inability of the translator to discern when imposing faithfulness to English violated the rules of the target language. Translated text frequently took on the English language structure, resulting in text that was difficult to read. Mark Twain's example illustrates this point with an English translation of a speech he gave in German.

Interestingly, this pattern of text taking on the English language structure was often more prominent in the latter half of a translated text. This could potentially be the result of a translator starting the process with the intention of translating meaning-for-meaning, but then slowly switching to a word-for-word translation as a result of fatigue or an approaching deadline.

Poor quality translations also reflect weak knowledge of grammar and language rules, as well as poor writing and spelling skills of the translator. In some cases, spelling errors may be due to the lack of foreign language software; special characters such as tilde (ñ), umlaut (ë), grave (è) may be dropped or converted to something different.

Vocabulary Errors

The use of words that are unfamiliar in the target language, and the incorrect usage of vocabulary are common problems in translations. Health care materials often include technical terms to convey administrative, legal and medical information. Vocabulary errors occur when there is no Spanish equivalent for an English term, or when an incorrect word is used. In the sample of translated documents, many health terms were translated inconsistently, using a variety of terms that may or may not reflect the intended meaning. *Health plan, health maintenance organization* and many of the terms related to *health insurance* and *managed care* are examples of terms with uses unique to the American health system. The use of incorrect words, false cognates or other terms that do not convey the intended meaning of a particular piece of text, may be the result of translators who have either weak language skills or limited time for research. Additionally, the Spanish audience in the U.S. represents many Spanish language varieties. With few resources available that cross-reference Spanish language varieties for a health environment, translators are challenged to find terminology that transcends the different countries of origin of the many Spanish communities in the United States. The absence of a standardized vocabulary for translations contributes to inconsistency in how key terms and concepts are translated, thus increasing the challenge for readers of translated text. In research conducted by the National Program Office, Advanced Directives was translated ten different ways: Directiva anticipada, Directiva médica en avance, Directiva de salud, Directiva por anticipado, Directriz anticipada, Orden por adelantado, Instrucción anticipada, Instrucciones para la atención de la salud, Plan de atención anticipada, and Instrucción médica en avance. None of these terms are common in Spanish speaking countries.

Poor Quality English Text

English language source materials are sometimes not well written to begin with, making them a poor starting point for communicating with LEP populations. Poor English writing was common in the sample of written materials reviewed through the *Gap Analysis*. These samples included extensive use of the passive voice, as well as phrases that contained multiple or vague meanings and complex vocabulary and concepts, all of which present comprehension challenges even for well-educated English speakers.[7] Also common in written health materials are the extensive use of acronyms, combined use of numerals and letters, and the use of compounding and complex nouns, and synonyms (and pseudo-synonyms). Complex legal documents are also often poorly written. Translating health materials does not correct these faults; it only piles on additional errors involving word usage, syntax and tone. Wide knowledge gaps and barriers to mainstream channels through which English-speakers learn about the health system further limit the LEP population's ability to understand translations derived from poor English sources.

Developing Practical Solutions

Through the *Gap Analysis*, Hablamos Juntos demonstrations gained insights about practical steps that can be taken to improve the production of non-English text. All demonstrations developed inventories of translated materials, and began collecting records of how translations were developed and used. As a result of these efforts, policies designating oversight responsibility and procedures for requesting translated text were developed. Two of the demonstrations created centralized repositories on their intranets to provide organization-wide access to their translated text. Others adopted the review and approval mechanisms used to develop English materials, for the development of non-English materials.

Centralize Responsibility

Health care organizations can make a significant difference in their written materials by clearly defining responsibility for the development of non-English materials, and by centralizing requests and developing procedures for materials production. One advantage of centralized responsibility is that it leads to more informed decisions regarding the development of translated materials, and also leads to increased experience in working with, and hiring of qualified translators. Also, over time it enables individuals responsible to develop the skills needed to effectively assess translation quality. Additionally, centralized responsibility allows organizations to develop, and then follow, a standard set of procedures for the development of translations from English documents. Organizations that do not centralize responsibility may find that translation requests are duplicated, wasting valuable resources.

Prepare Instructions for Translators

Providing translators with instructions for preparing non-English text may save thousands of poorly spent health care dollars. Developing useful non-English materials requires a joint effort between translators and health organizations. To improve the results of translations, health organizations can adopt the practice of preparing instructions for translators, and then work together with the translators to identify ways in which the original English text may need to be modified for each new non-English audience. By understanding the purpose and use of the English original, a translator can find ways to convey the same meaning and accomplish the same outcomes with the intended audience of the translated text without having to maintain the English language structure. A critical look at the English original can stimulate questions about the relevance of the content for a non-English audience, and can also help to identify where clarity and quality of the original writing may need improvement.

The translation brief is a tool to examine three basic questions which should guide the translation of a document:

1. What is the function of the English text and the context in which it is used?
2. Is the current use of the original material appropriate for the new target audience, or should it be altered?
3. What are the situational features associated with the use of the materials with the target audience?

The answers to these questions should serve as a base of instructions for a translation. Further, when combined with a critical analysis of the text in relation to the two audiences (the original English audience and the new target audience) the translation brief can help deepen understanding of what is required of the translation. The process of preparing a translation brief, with a critical analysis of the two audiences, leads to clarity about the communication needs of the non-English audience and improved understanding of the language and cultural differences a translation would need to overcome. Evaluating the results of a critical analysis provides health organizations with an opportunity to weigh the prospects of a translation against other alternatives, such as creating materials from scratch, using alternatives to written communication (e.g.: audio, video, etc). Instructions for developing a translation brief, in conjunction with a critical analysis,will be available soon on the Hablamos Juntos Website.

Three Important Next Steps

In health care, translators are expected to convert carefully planned and developed English materials into a different language, while preserving all of the intentions of the source materials to produce "culturally and linguistically appropriate materials for (LEP) patients."[8] Urgency, finding a "good" translator, cost and turnaround time, together with the single-minded goal of producing an English equivalent text, places unrealistic expectations on the translation process. Translator knowledge about the target audience's culture and language is insufficient to overcome translation errors that can occur when a translator is not familiar with the content or subject and does not know how a text will be used. Even quality translations may not be useful to LEP populations if the materials are not relevant to them or their experience in a health setting. Health care organizations can improve the usefulness and quality of non-English text by considering the information needs of non-English audiences, the cultural context of English text, and the ways in which language barriers can affect a patient's health care experience. Translators should be given instructions for adapting materials for non-English audiences. Knowledge acquired by the health organization about the LEP patient population they serve should be used to determine whether written communication is the best medium for conveying information to that particular audience. Adopting new practices and preparing thoughtful instructions to guide translators can lead to better non-English materials, but there are still several obstacles faced by health care organizations in improving patient-provider communication. Health care organizations will still need to evaluate the quality of non-English materials, and accessible measures for this evaluation need to be developed. Translators still need training, and standardized conventions need to be established to assist them with the technical aspects of developing non-English health text. And finally, translation standards and practices that promote adherence to the English original need to be replaced with a more realistic understanding of the limitations and factors impinging on the translation process.

1. Develop Methods To Certify Quality Of Non-English Materials.

Translation will continue to be the most common method of producing non-English materials. Thus, more effective means of assessing the quality of a translated text need to be developed. The challenge begins with the lack of a basis from which to develop an approach to translation quality assessment. A number of definitions of quality are found in the literature. These definitions support one of two approaches: one in which quality is viewed as a by-product of the process used to develop a translation; and another which argues that quality is defined by assessing the *attributes* of a translated text. The most promising and practical approaches are those adopted in Australia and Canada. Both countries base quality assessments on a linguistic analysis of the text; similar to the analysis conducted by the Hablamos Juntos National Program Office on the sample text collected through the *Gap Analysis*. This approach assumes that equivalence between the original text and a translation can only be determined inter-textually; comparing one text with another. Quality review then considers the formal aspects of a text, as well as the relationship between texts. A standardized evaluation tool developed for the United States would offer health organizations guidance and resources for assessing the adequacy of translated material, and would contribute to assessing the competence of translators.

2. Develop Standardized Conventions For Health Text

Conventions for health text and newly recognized vocabulary are needed to promote consistency in materials developed. Spanish speakers in the United States represent populations from 21 countries where the language has evolved independently; fueling national and regional differences. The transition of immigrants to English results in heritage speakers, who learn their native language at home rather than in school. Regional language differences and heritage language retention create a complex environment for translators to navigate. Vocabulary errors in a translation often occur when translators independently create English equivalents for terms that have no Spanish counterpart. These new terms and unrecognized uses of Spanish proliferate to fill a void, contributing to the problem of poorly translated text.

3. Establish Translator Training Programs

Finally, the absence of formal and systematic translator training contributes to high variability in translator skill. In a review of educational programs for translators, Colina (2003) found that translation is taught in a mentor-apprentice fashion by practicing translators, based on intuition and anecdotal experience.[9] Even in universities, where translation experts are in charge of instruction, there are no common methods or pedagogical principles behind the training of translators. Colina contends that the need for teacher training and research-based methods of teaching translation is "particularly acute in the United States." In health care, topic-specific knowledge is important for quality translations. Training programs for translators can begin to fill the gap between language specialists and health care organizations in need of translated text. Over time, training programs will produce a group of highly trained language specialists with knowledge of the health care environment, and the concepts and vocabulary used in health text.

About Hablamos Juntos

Hablamos Juntos (Spanish for "We Speak Together") is a project funded by the Robert Wood Johnson Foundation and administered by UCSF Fresno, Center for Medical Education & Research, to develop affordable models for language access. The ten demonstration sites funded under Hablamos Juntos included health plans, hospital systems, nonprofit community organizations and educational institutions. To learn more visit: ***http://www.hablamosjuntos.org***

Email: info@hablamosjuntos.org | Telephone: (559) 499-6424 | Fax: (559) 499-6693

Endnotes

1 68 Federal Registry at 47319

2 Based on Hablamos Juntos' analysis of errors, back-translation may actually *introduce* errors in translation because it rewards text that purposefully imitates the structure of English.

3 Downing and Bogoslaw (2003). *Effective Patient-Provider Communication across Language Barriers: A Focus on Methods of Translation.* (http://hablamosjuntos.org/word_docs/BRUCEHJ_Translation_Final_Feb03.doc)

4 HHS, National Institutes of Health, National Library of Medicine (NLM) (2000). In: Seiden, C.R.; Zorn, M; Ratzan, S; et al.; eds. *Health Literacy*, January 1990-1999. NLM Pub. No. CBM 2000-1. Bethesda, MD: NLM, February vi.

5 Downing, Bruce T., Ph.D., and Laurence H. Bogoslaw, Ph.D. (April 2003) *Translation as a Strategy for Effective Communication with Patients and Clients: A How-To Guide.* The Robert Wood Johnson Foundation – Hablamos Juntos. The concepts of *sender-oriented* and receiver oriented text are explained. p.3

6 Mark Twain's own translation of a speech he delivered in flawless German to the Vienna Press Club (1994). Found in The Language Instinct, How the Mind Creates Language; Steven Pinker p.51.

7 Institute of Medicine (2004). Health Literacy: A Prescription to End Confusion. Editors L. Nielsen-Bohlman, A. M. Panzer, D. A. Kindig, Committee on Health Literacy.

8 U.S. Department of Health and Human Services–Office of Minority Health (2001). National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report, March.

9 Colina, Sonia (2003). Translation Teaching from Research to the Classroom: A Handbook for Teachers. New York: McGraw-Hill. p.3.