





# 1. Introduction



Almost one in five people in the United States speaks a language other than English at home, and a significant number of these residents have limited proficiency in English. Quality translation of English materials into different languages is essential in order to provide equal access to culturally and linguistically appropriate health information.

Translations are a health equity issue. Limited-English proficient (LEP) populations are often underserved, more vulnerable and disproportionately impacted by every day diseases and during emergencies. In emergencies, populations who cannot access English-language media and information face significant barriers and challenges in accessing response and recovery services.

Nationally there is recognition of the importance of translations. Standard 7 of the nationally-recognized standards for culturally and linguistically appropriate services (CLAS) states, *“Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.”*

Providing communities with translated materials is one tactic – and a very important one – of a comprehensive strategy to effectively reach all populations. Bi-lingual staff and community health workers, interpreters, outreach through ethnic media, and partnerships with community-based organizations are all additional tactics to serve populations with limited proficiency in English.

## Translation Guide Overview

**MOST HEALTH DEPARTMENTS DO NOT HAVE STANDARDS AND GUIDELINES FOR TRANSLATIONS,** which can hamper the efforts to develop translations in a timely manner and of consistent high-quality. Furthermore, translation can be overwhelming, costly and time consuming when there are no systems in place guiding the process. Worst of all, a poor translation will not meet the linguistic and information needs of the target community.

For these reasons, Public Health – Seattle & King County Advanced Practice Center has put together this translation guide to help health departments develop high-quality translations that build on local best practices and lessons learned.

Whether your local health department is doing a small number of translations or working on a system and policy, this guide provides instructions on steps that need to be taken at all phases of the translation process, especially before starting to translate. As a starting point, health departments should do an internal assessment of current translation practices and assess the linguistic needs of their local communities. This guide provides information on how to carry out these steps, in addition to assuring quality throughout the translation process – from choosing materials to translate to distributing the materials.



# 2. Common Translation Terminology

## Colloquialism:

An utterance belonging to ordinary, everyday speech characteristic of informal, spoken language. Colloquialisms are often short-lived, fad sayings. These sayings are **not** easily translated and should be avoided whenever possible.

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## Cultural Competency:

A set of behaviors, attributes and policies enabling an agency (or individual) to function effectively and appropriately in diverse cultural interactions and settings. Creating culturally competent materials requires respect for individuals and cultural differences, and the use of appropriate language, messages, and images that are relevant to the specific community.

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## Desktop Publishing:

The process of taking existing English electronic files, in programs such as Adobe InDesign, Photoshop, Quark Xpress, etc., and replacing the English text with the foreign language text in such a manner that the original layout is maintained.

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## Dialect:

A variety of a language used by people from a particular geographic area. For example: Mexican Spanish vs. Puerto Rican Spanish.

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## Interpretation:

Interpretation is the oral conversion of a spoken message from one language to another, preserving the intent and meaning of the original message.

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## Limited English Proficiency (LEP):

A person with limited English proficiency (LEP) includes persons with limited ability to speak, read, write or fully understand English.

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## Localization:

The process of adapting a product for a specific language or culture so that it seems natural to that particular region. Localization considers language, culture, customs and characteristics of the target locale and involves changes to vocabulary usage, keyboard input method and layout, date, time, name, address and monetary formats.

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## Project Management (PM):

Project management (PM) is the systematic planning, organization and controlling of allocated resources in order to meet project cost, time and performance objectives. PM is typically a process of performing focused, non-repetitive, time-sensitive, project-specific activities.

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## Source Language:

The language from which translation occurs. Most often the source language will be English.

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## Translation:

Translation is the conversion of written communications from one language (source language) to another (target language) in a written form. An accurate translation is one that conveys the intent and essential meaning of the original text.

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## Target Audience:

The audience to which the translated document is intended for.

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## Target Language:

The language to which translation occurs. For example: If you are translating an English document into Vietnamese, your target language is Vietnamese.

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# 3. Getting Started

## a. Assessment

It is important to complete an internal and external assessment of current translation practices, systems and policies. The internal assessment helps local health departments identify needs and barriers, as well as capacity for translation. The external assessment helps local health departments identify best practices to fit local needs.

This assessment should include the following elements:

### Internal

- Languages: What target languages are programs currently translating into?
- Types of documents: What types of documents are being translated?
- Reasons for deciding to translate: Why are documents translated?
- Barriers and challenges: What are some of the barriers and challenges to doing translations? What would help make translation of documents easier?
- Who is translating: Are translations being completed by internal bilingual staff, professional translators or interpreters?
- Quality assurance: How are programs checking the quality of completed translations?
- Budget: What kind of budget do programs have for translation?
- Access to translated documents: Where are completed translations stored? Do all employees and the public have access to these documents?

### External

Examine the following guides:

- *Translation policy and manual*, Public Health – Seattle & King County: [www.kingcounty.gov/health/translation](http://www.kingcounty.gov/health/translation)
- *Practical solutions for effective translated health information*, Robert Wood Johnson Foundation: [www.rwjf.org/pr/product.jsp?id=39591](http://www.rwjf.org/pr/product.jsp?id=39591)
- *Translation: Getting it right*, American Translators Association: [www.atanet.org/docs/Getting\\_it\\_right.pdf](http://www.atanet.org/docs/Getting_it_right.pdf)

## Public Health - Seattle & King County SAMPLE ASSESSMENT

To assist Public Health – Seattle & King County in the development of its translation policy, a Translation Workgroup did an internal and external assessment.



### External assessment:

The workgroup contacted more than a dozen local and national health agencies and organizations to assess best practices and policies. Agencies contacted included: Miami Dade Health Department, New York City Department of Health and Mental Hygiene, Boston Health Department, Washington State Department of Health, Cook County Health Department, Santa Clara Health Department, Multnomah Health Department, Los Angeles Health Department, University of Washington Medical Center, Harborview Medical Center, Seattle Children’s Hospital, Group Health Cooperative, and the City of Seattle.

### Internal assessment:

The workgroup distributed a survey to a large number of staff members to get a better sense of the department’s current practices and identify any barriers to creating high-quality translated materials.

## b. Identification of Local Language Needs

When putting the time and resources into creating high-quality translated documents, it is important for health departments to translate into the languages appropriate for local communities. Language needs of limited English proficiency, or LEP, communities vary from one part of the country to another, so local data help identify language needs of a particular area.

### *Finding language data specific to your community*

- 1. US Census Bureau data/American Community Survey:** The best data source for identification of LEP communities is, “Languages spoken at home by ability to speak English.”

*Limitations:* Some languages are grouped by continent or region of origin. To find out what language(s) within these groupings are spoken in your community, you will need to look at other sources of information.

- 2. Health interpretation requests:** You may have access to data on interpretation requests in your community. You can look into a number of different sources for these data including public health clinics, community clinics, WIC and hospitals.

*Limitations:* The data identified by interpretation requests only include those populations being served, and it may not be reflective of your entire local language needs.

- 3. District Court interpretation requests:** You can request these data from your local district court.

*Limitations:* These data only include language needs of defendants requesting interpretation services in the district court. Therefore, it may not be reflective of your entire community’s language needs.

- 4. Schools:** Your local school districts may track the “language spoken at home” of all enrolled students. There are two data sets you may be able to request for your local school district(s): the languages of ELL (English language learners) students, and the languages spoken at home of all enrolled students.

*Limitations:* The ELL language data are limited to only students currently enrolled in ELL classes. The English proficiency of ELL graduates varies greatly. They may or may not be proficient enough to understand important health information in English. The student enrollment data may be incomplete and may not be reflective of all LEP communities, and the data do not reflect English proficiency.

### *How to identify your primary languages*

Now that you have collected all your local language data, use the data to identify the primary languages spoken in your community. These primary languages are especially useful when deciding the languages to translate into. During emergencies, this list of languages will be an essential guide to quickly translating emergency information.

There is no one data set that will give you a complete picture of your LEP communities, and you should consider different data sources to get the most complete understanding of these communities. See Public Health – Seattle & King County’s Primary Languages for an example of how one local health jurisdiction identified primary LEP languages in its area.

## Public Health - Seattle & King County PRIMARY LANGUAGES

Primary languages are languages other than English spoken by the largest number of King County residents, based upon data from the 2006 American Community Survey, US Census Bureau. King County WIC interpretation requests (2005, 2007), and Public Health Clinic visits (2006–2007).

**Tier 2** – The following six languages are of moderate frequency, between 1 and 4 interpretation requests per day, or 2006 American Community Survey data estimates more than 8,000 people in King County speak English “less than very well.”

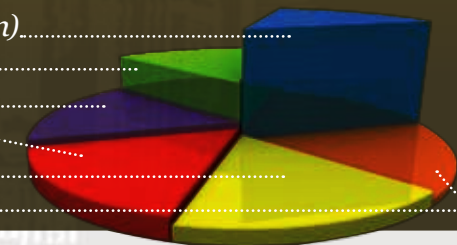
*Amharic, Punjabi, Arabic, Korean, Khmer, Tagalog*

**Tier 1** – The following are the top six languages spoken in King County. These languages appeared at the highest frequency in available data — between 5 and 315 interpretation requests per day from WIC or Public Health clinics, or more than 15,000 people in King County speak English “less than very well.” Availability of clear, consistent data allows these languages to be ranked.

**Tier 3** – The following eight languages are of low frequency between .9 and .4 interpretation requests per day (8–20 per month), or 2006 American Community Survey estimates more than 5,000 people speak English “less than very well.”

*Oromo, French (West Africa), Bosnian, Tigrigna, Portuguese (Brazil), Laotian, Farsi, Hmong*

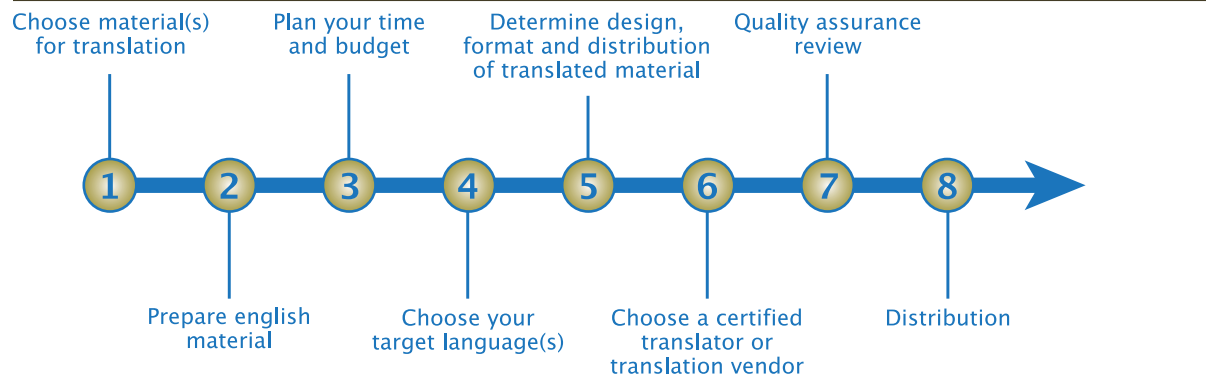
1. Spanish (Latin American).....
2. Vietnamese.....
3. Russian.....
4. Somali.....
5. Chinese (Traditional).....
6. Ukrainian.....



# 4. Translation Step by Step

This section guides you through the important steps in a translation project to create high-quality materials for your LEP communities.

## TRANSLATION PROCESS



### a. Choosing & Preparing Materials

#### **Choose the material(s) best suited for translation**

The following criteria can help your local health department decide whether or not a material is a good candidate for translations. Answering “yes” to the following criteria is a good indication that you should translate the material.

- **Preparing for an emergency:** What materials, such as signage and fact sheets, can be prepared before an emergency?
- **Responding to an emergency:** Is it an emergency situation? Is this a critical message that needs to be disseminated to the entire community or to a specific language group?
- **Critical message:** Do you have an important or critical message you need to deliver to all residents?
- **Availability:** Is a translated version of this material not available from other outlets? Check to see if other local health departments already have this material available in other languages.

- **Emergency:** Is it an emergency situation? Is this a critical message that needs to be disseminated to the entire community or to a specific language group?
- **Literacy level:** Is the target audience literate and do they typically receive messages in written format? In some cases, audiovisual materials may be preferred.
- **Consistency and longevity:** Will the content be consistent over a long period of time? Messages that change frequently may be less suited for translation, when compared to longer-lasting messages.

#### **Translation policy**

Some health departments may choose to create a translation policy to promote and assure that certain materials get translated. See Public Health – Seattle & King County’s sample translation policy below or go to [www.kingcounty.gov/health/translation](http://www.kingcounty.gov/health/translation).

## Public Health - Seattle & King County EXAMPLE TRANSLATION POLICY

Public Health –Seattle & King County’s Translation Policy provides guidance on which documents **must** be translated.

1. A document must be translated into a target language when the target audience is a specific community or group with limited English proficiency.
2. A document must be translated into at least Spanish when:
  - It is Health Education Material. and
  - The target audience is residents throughout King County. and
  - It is less than 450 words.
3. A document must be translated into a language when:
  - It is Health Education Material. and
  - The target audience is residents in a neighborhood or city. and
  - 5% or more of this neighborhood or city’s population speaks the language. (See language maps at the end of this guide) and
  - It is less than 450 words.



## c. Defining Your Target Audience & Choosing Appropriate Design, Format & Delivery



### **Target audience**

Describe desired target audience as narrowly and clearly as possible. Identify primary audiences (people to whom messages are targeted) and secondary audiences (gatekeepers and others in the community with a stake in your project).

### **Key points to think about when defining your target audience:**

- **Language:** Even within languages there are different dialects. It is important to be as specific as possible when describing the dialect of your target audience (e.g., Mexican Spanish).
- **Literacy level in target language:** As a general rule you should aim for a fifth grade reading level. It is important to write your English version in the appropriate reading level for your target audience **before** having it translated. A well-trained translator can assess the reading level of the original text and translate accordingly.
- **Other information** that could shape messaging includes cultural issues and demographic information, such as age and health status.

Depending on your target audience and the message you are trying to deliver, you may need to go back to the original English document and make changes to the content or literacy level. Similarly, if you are translating one English material into several languages, you may have to create several English versions for each language depending on the needs of each community.

### **Design, format, & delivery**

What formats and media (e.g., brochure, poster, radio spot, busboard, cabtop) are the best ways to deliver your message? Try to think creatively about this. The following elements will help you to design material(s) that meets the needs of your target audience.

- Design your material so it is appropriate for your target audience. Make sure your design is culturally competent. Use images that reflect the community, and when possible use a medium that includes pictorial messaging since the literacy level of LEP groups can vary greatly.
- Make sure you leave room for text expansion. Many target languages can expand your text space by up to 30%.

- For ease of identification, it is important that all translated documents include a small tag line in the header or footer of your material(s). For example, you can include the name of the document in English, the language, and the date translated.

## d. Choosing High-Quality Translators or Translation Vendors

### **Qualifications**

Local health departments can use internal staff or go to an outside company to do translations, but regardless of whether translations are done in-house or externally, all translators should have the following qualifications:

- Ability to provide localized translations.
- Be native speaker(s) of target language(s).
- Be certified by the American Translators Association and have a minimum of five years experience in translations. Some states may also have their own translation certification.
- Health translation specialization and/or prior work experience in health field with knowledge of health terminology.

### **Quality assurance review**

A team of at least two certified translators should complete all translations. The first translator will complete the initial translation, and the second will proofread. Any discrepancies should be worked out between the two translators before the final material is completed.

It is highly recommended that this quality assurance process is built-in to all translations. Most quality translation vendors will have a built-in quality assurance process that engages at least two native-speaking, certified translators (the translator and the proofreader).

### **In emergencies**

*For emergency purposes, health departments should contract with both local translation vendors and vendors that are out of the local area. In case of a local disaster or emergency it is important that you have a translation vendor that is outside of your area and therefore not affected by a local event. Vendors outside of the area will likely be in a better position to perform rush translations on emergency information.*





# 5. Distribution

## **Ethnic media**

Is your target audience a specific ethnic group? If so, are ethnic media an appropriate strategy for your messaging? Check with local ethnic media to see what formats of materials they are able to accept. (e.g., InDesign, Word, Publisher). Remember that costs for advertising vary significantly from one media group to another. For some LEP groups, ethnic media are excellent for reaching target audiences. It is important to research the local and most appropriate ethnic media outlets. Make sure you include ethnic media outreach during emergencies as another effective way to reach LEP populations.

## **Community partners**

If you have established relationships with community partners who serve your target audience, they are an excellent resource to help you distribute your materials. Ask your community partners what format is best for them. For example, do they want your material(s) in electronic files or hard copies? For effective outreach it is critical to establish relationships with community partners before an emergency. You can also set up a network to disseminate translated information.

## **Web**

Are you posting translated materials to your local health department's website? If so, remember to post your materials in PDF format to assure readability by all users. Also, if possible, label your material in both English and in the language of the target audience. Your material may be accessed by English speakers who want to provide the material to their clients or it may be accessed by LEP community members who need the title in their own language to understand it.

# 6. Resources

## a. Online Resources

### **Public Health – Seattle King County**

[www.kingcounty.gov/healthservices/health/languages.aspx](http://www.kingcounty.gov/healthservices/health/languages.aspx)

Public Health – Seattle & King County offers translated materials in multiple languages available for download.

### **Consumer Health Information in Many Languages Resources**

[nlnm.gov/outreach/consumer/multi.html](http://nlnm.gov/outreach/consumer/multi.html)

The National Library of Medicine's list of websites offering health information in multiple languages.

### **The Cross Cultural Health Program**

[www.xculture.org/](http://www.xculture.org/)

Cross Cultural Health Program provides cultural competency and training materials, links to national programs, and a resource library. The “Voices of the Communities” profiles deepen the discussion by providing information from a specific community. This program developed these profiles to provide a forum for underserved communities to interact with the health care community. The profiles were written by or in consultation with members of the profiled community. [www.xculture.org/Publications.php](http://www.xculture.org/Publications.php)

### **CulturedMed**

[culturedmed.binghamton.edu/index.php/home](http://culturedmed.binghamton.edu/index.php/home)

Health materials in languages other than English.

### **EthnoMed**

[ethnomed.org/](http://ethnomed.org/)

Information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants to the United States. Patient education resources are available in several languages.

### **Health Information Translations**

[healthinfotranslations.com/index.php](http://healthinfotranslations.com/index.php)

Offers a large collection of patient education materials on several topics and in many languages.

### **Healthy Roads Media**

[www.healthyroadsmedia.org](http://www.healthyroadsmedia.org)

Healthy Roads Media provides a range of health topics translated into 17 languages and in a number of formats.

## b. Translation Request Form

### ***SAMPLE TRANSLATION REQUEST FORM***

**Name:** Jane Doe                      **Job Title:** Program Manager

**Email:** jane.doe@kingcounty.gov      **Phone:** 555-0000

**1. Document Title:** MRSA Fact Sheet      **Billing info:** Project 6538

#### **2. Target language(s)**

- Spanish (Latin American)     Vietnamese     Russian     Somali  
 Chinese (Traditional)     Ukrainian     Amharic     Punjabi  
 Arabic     Korean     Other(s):

#### **3. Who is your target audience?**

Residents of King County, Washington State, low literacy (5th grade reading level) for all languages.

#### **4. Do you have specific requirements for your translator? Do you need a localized translation?**

Translator from King County/Washington State with health translation experience or preferably background in communicable disease.

#### **5. Design: How will your program use the translation?**

- Hotline Script                       Newspaper Advertisement                       Flyer  
 Radio Advertisement                       Educational Brochure                       Fact Sheet  
 Web Content                       Other

#### **6. Desktop Publishing Services: Check specific format you would like your translation delivered in.**

- Same as English Version     PDF     InDesign     Publisher     Word  
 PowerPoint                       Other

#### **7. Technical terms/idiomatic expressions or colloquialisms:**

**Word/phrase:** MRSA

**Definition:** MRSA refers to types of staph infections that are resistant to an antibiotic called methicillin and related antibiotics.

**Notes:** Spanish document: Translate both the full name and the acronym, include English acronym in parenthesis.

Chinese/Vietnamese: Translate only full name, do **not** translate acronym, include English acronym in parenthesis.

#### **8. Rush Service Needed? No      Date Needed:**

**9. Additional information:** Please use Spanish Public Health logo for Spanish document. Use English logo for Vietnamese and Chinese documents. Both logos are attached.

# Acknowledgments

*Developed by Public Health – Seattle & King County Advanced Practice Center.*



Funding provided by Cooperative Agreement Number U50/CCU302718 Award Number 1H75TP000309-01 from the Centers for Disease Control and Prevention (CDC) to the National Association of County & City Health Officials (NACCHO). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC or NACCHO.