

Getting Started with Translations in Health Care

Purpose:

To improve translations, thereby enhancing written communication with patients whose primary language is not English. Whether working with translators directly or through project managers from translation vendors, this introductory guide offers general advice for health care organizations on the overall translation process, as well as how to best begin developing the core organizational capacities needed to manage the typical translation project.



NEED: Since 2000, the segment of the U.S. population that speaks a language other than English has increased by more than 8 million, bringing the total to nearly 55 million. Forty-four percent of this group, or 24 million, has a limited understanding of English (United States Census Bureau, 2006). Nationally, one in five (19.7 percent) say they speak a language other than English at home, compared to 17.9 percent in 2000. These numbers are important because clear communication is a cornerstone of patient safety and quality health care. Unfortunately, many health care organizations lack the training and resources needed to overcome the increasing language barriers. As a result, many patients are at greater risk of adverse events (Cohen, Rivara, Marcuse, Mchillips, & Davis, 2005).

WHO SHOULD USE THESE TOOLS: The *Toolkit* is meant for translation requesters – individuals (or departments or organizations) responsible for initiating translations of health care text of all types whether they work directly with translators or through translation vendors.

Bilinguals speak two languages fluently, but are not necessarily good at moving information between the two, especially in writing. And experience shows that many people described as bilingual overestimate their communication skills altogether.

– Translation: Getting it Right, ATA 2003

How to Use This Tool:

Section 1: Translation Involves More Than Words

Start by reading Section 1, which summarizes the findings and conclusions of *Hablamos Juntos* research on translations in health care settings across the U.S. This research identified specific organizational barriers to quality translation.

Section 2: The Translation Process

In Section 2, general guidance on how to overcome many of the organizational barriers described in the previous section are reviewed. Here you will find ideas about what to expect in the translation process, why you should evaluate your need for translation vendors and how to work with a translator, whether part of a translation vendor or independently.

Section 3: Tools for Driving and Defining Quality

Section 3 will introduce you to two of the other key tools available in this series: the *Translation Brief* and the *Translation Quality Assessment Tool*.



The deeper question then becomes: Are there any special, underlying issues that cause difficulty in translating the reviewed health care text?

Section 1: Translation Involves More Than Words

The demand for health information is rising, in part because consumers are taking a more active role in their health care. Written information available in English can be a valuable communication tool for teaching and reinforcing a verbal message given as part of hospital stays or health care visits, or to explain health coverage options and benefits or more generally, health education and promotion. However, they are only useful if the patient is able to read and understand the information, otherwise it becomes an expensive waste of resources (Mumford, 1997).

Unlike the business sector which frequently turns to translations as a way to enter new markets, health care organizations are motivated by federal, state and industry mandates to translate all vital health materials. When compliance rather than communication is the driving force, the basic goal of health translation projects often is to create an equivalent or mirror image of an English original (*source text*); placing an overriding emphasis on translations (*target text*) that remain faithful to the English original. Generally lacking knowledge about the complexity of producing a translation, health requesters tend to conceptualize translation projects as simply a word-by-word replacement operation, which leads to a belief that any bilingual person should be able to create a translation. The idea that words acquire meaning in their cultural context or that a source text (intentionally designed for an English-speaking audience) may not meet the information needs of a target language audience is rarely considered.

Therein lies the challenge: every language is a unique, purposeful set of visual, auditory or tactile symbols of communication expressing underlying cultural practices, values and beliefs. The conventions and text elements (e.g., title, tone, voice) for each language are dictated by cultural norms associated with the underlying communicative purpose. Translators need to take into account the rules of grammar, writing conventions and idioms or forms of expression typical to each language while recreating intended meaning in a source text. The translation process involves creating a new text in a target language by interpreting the meaning of information found in a source text. The objective is to communicate the same information or “the closest natural equivalent of the source language message, firstly with respect to meaning and secondly with respect to style” (Nida, 1959, p. 11).

Translation Projects Require a Partnership Between Requesters and Translators

Based on our analysis of the most common errors in health care translations, translation quality can be improved if requesters develop two basic skills: (1) understanding of the translation process and why word-for-word equivalence in translation contributes to poor quality, and (2) being able to assess an English original and to specify the requirements for a translated text.

The *Translation Brief* is a tool that can help sharpen both of these skills. Beyond this, health care organizations need more effective means of assessing translation quality. The *Translation Quality Assessment Tool (TQA Tool)* offers an alternative to the current practice of back translations, or back-to-English translations, which, as a measure of quality, is inherently flawed - again because it is based on a word-for-word translation rather than a meaning-for-meaning translation.

Requesters hold the key to quality translations that are useful to patients when they understand the translation process and actively work to orient translators to the purpose and use of a source text. Even well trained translators, those with subject knowledge similar to those of the source text's author and advanced language and writing skills, can also be a source of poor-quality translations when they lack full comprehension of how text is used—the communicative purpose it was designed to achieve and how a target reader encounters the text. With a detailed understanding of the purpose and use of a source text and specific instructions to guide translator decisions in navigating language and cultural differences, skilled translators can recreate **intended** meaning.

In the end, requesters cannot delegate their responsibility to convey health information across language and culture to translators removed from these communicative events. Although in many cases translation vendors can relieve the burden of requesters working in unfamiliar territory, our work has shown quality results are not consistent from text to text despite elaborate review processes. Requesters need to provide written instructions to convey a detailed understanding about how a source text is used and its communicative purpose to guide translators in re-creating or approximating intended meaning correctly. In this way, requesters and translators can work together to improve translation quality.

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Section 2: The Translation Process

Use the recommendations in this section to develop the knowledge and organizational infrastructure required to produce quality translations of health care information. In addition to this highly-abbreviated primer on translation, readers will want to refer to other resources, such as those available from the American Translators Association or quality assurance processes specified by international organizations such as ASTM International or the International Organization for Standardization (ISO).

Another broader class of translation obstacles involves logistical or organizational issues. For example, many health care groups have no established means of prioritizing translation projects or have no established processes for selecting translators and providing instructions on how to review or approve drafts of translated materials, much less on how to perform a system-wide review of translation needs (e.g., assessing language preferences of their non-English speaking patient populations, their health information needs and translated materials available). In many cases, there is no centralized responsibility for translations. Individual departments are responsible for commissioning translations with no clear sense of organizational priorities, decision-making processes, budgets or quality control.

These basic problems are not exclusive to health care, but attention to translation and quality of production is more advanced in other fields, including law, business, marketing and literature (although, perhaps one can argue that the consequences of mistranslation may not be as dire in some of these other areas). Many of the potential sources of error can be addressed by paying closer attention to the mechanics of the translation process, such as translator selection, specification of translation requirements, project management, prioritization, budgeting and translation quality assessment. Since many health care organizations, especially smaller ones, are still struggling with these technical know-how requirements for translation vendors, a number of tips for improving this basic process are summarized in Section 2.

The Steps and Players in the Translation Project

The translation process begins with a *source text* in the original language and results in the creation of a *target text* in another language. The aim is to produce a translation product that corresponds to the source text, according to the criteria agreed upon in advance.

There are many ways to organize the translation project, and each organization will use a combination of processes and personnel that makes sense for each project, its timeline, and available in-house capabilities and budget.

At a minimum, the four basic phases involved in translation projects include the following:

1. Needs Assessment Phase

Key Players:

- › Requester (department or service needing the translation)
- › Project manager (requester or lead on the project)

Key Steps:

- › Generating or receiving a request for the translation of a specific English text
- › Assessing the reason behind the request, the content and intended audience, and the quality of the source text
- › Asking: *Is translation the best strategy? Will our communicative objective be met?* (and, if not, proposing alternatives)



2. Specification Phase

Key Players:

- › Requester
- › Project manager
- › Experts on the subject, target culture and/or language and those dispensing the source text

Key Steps:

- › Determining the specific requirements of the job (e.g., language, audience, format, adaptations, timelines)
- › Analyzing the communicative objectives, understanding the purpose and use of a text and specifying the translation requirements (e.g., medium of delivery, conducting audience reviews if required, adaptation needed, tools and reference texts to be used)
- › Preparing written instructions and translation priorities (e.g., the *Translation Brief*)

3. Production Phase

Key Players:

- › Project manager
- › Translators
- › Editors
- › Graphic designers
- › Other essential team members (e.g., proofreaders, terminologists, software engineers)

Key Steps:

- › Evaluating the source text and agreeing upon project specifications
- › Choosing the translation vendor or translator/editor/consultant needed for the job
- › Reviewing the translation brief to ensure translator understanding and to develop project specifications

- › Translating from source to target text
- › Commissioning assessment of translation quality using the *Translation Quality Assessment Tool*
- › Designing graphics, layout, type of document
- › Depending on the text purpose or content, conducting audience reviews of the translation with intended user group
- › Verification and sign-off

4. Post Translation Phase

Key Players:

- › Project manager
- › User departments

Key Steps:

- › Learning from past experience and developing process improvement review procedures to evaluate satisfaction and effectiveness of translated materials.

Develop procedures for:

- › Tracking outcomes and user (patient and staff) satisfaction with the final product
- › Identifying lessons learned during the translation project (e.g., cultural and language nuances related to how information needs to be conveyed, form and structure of text and translator performance)
- › Documenting lessons learned through each translation project and developing style guides and glossaries to inform future projects

Key Questions in Planning a Translation Project

Although every situation or project may have different needs, a number of questions seem to be perennial among organizations embarking on a new translation. Six of these commonly asked questions are cited here along with guidance on how to best address them.

1. Should we hire a translation vendor or develop internal capacity?

The answer to this key “make or buy” decision depends entirely on the organization. Whether an organization elects to work with a translation vendor that handles a project from start to finish or must rely on bilingual staff due to limited resources, careful and realistic consideration must be given to the immediate requirement of a specific project as well as overall capabilities to meet the communication needs of patients unable to read English materials. Translation resources need to be considered in the context of an organization’s overall responsibilities. Poorly translated materials serve no one and translating a few texts may be of limited value in providing safe, high-quality health care.

Types of Foreign-Language Speakers

Native Speakers:

People who grow up speaking the language of their society obtain most of their education in that language and conduct most of their life-work in that language. In essence, it is their dominant language; the one in which they feel most comfortable speaking and/or writing.

Heritage Speakers:

People who learn an ethnic language at home as children but who are raised in a country that has a different dominant language (e.g., children of Spanish-speaking immigrants who are born and raised in the U.S. and learn Spanish at home but are taught in an English-medium school). Typically, heritage speakers have little or no formal education in their ethnic language. Often, their second language (e.g., English) becomes their dominant language, and they demonstrate variable degrees of language ability in their heritage language. Heritage speakers can range from English-dominant individuals with no reading and writing ability in the heritage language to those with some limited reading and writing skills in their heritage language (Valdés et al., 2000).

Requesters should evaluate their immediate and long-term needs and consider this question both in terms of a particular project –the type, size and resources needed for the project in question – and future translation needs (ongoing or sporadic). In deciding whether to build a team or rely on translation vendors, an organization must have the internal capacity to initiate, oversee and direct translation projects including preparing translation briefs. Some complex projects may also require software with special output formats, graphic design elements or language fonts and dictionaries in the languages needed. Practices to ensure adherence or development of publication standards, guidelines or style guides, and methods to enable timely distribution of available translation resources also need to be adopted.

2. Can any bilingual person do a translation?

Translator skill and translation experience affect translation quality. Even though translators work in their native language, being bilingual does not guarantee fluency or translation skills, just as high school writing skills are insufficient to produce company newsletters, annual reports or marketing materials (Aparicio & Durban, 2003, p.22). Formal writing proficiency and the ability to organize language on the composition level (textual competence) is required of translators and, unfortunately, the only way to acquire textual competence in any language is through formal education. Bilinguals who are heritage speakers may not have formal language education in their heritage language and may not use the proper forms of grammar or sentence structures that an educated native speaker would use.

In our testing to validate the *Translation Quality Assessment Tool*, we found bilinguals were the least able to make the fine distinctions required to assess the quality of a translation. Therefore, resist the temptation to rely on a bilingual person who is not experienced in translation or without formal target language studies to translate, edit or proofread a translation. That said, bilinguals can play an important role in critiquing translations for target reader reaction and understanding, as well as provide feedback on whether a text achieves its communicative intent.

3. Can I use computer software programs to translate?

Translation software is designed to do different things. Translations produced using a computer, (“machine translations,” sometimes referred to by the abbreviation MT) automatically substitute words from one language into another. These “machine translations,” like the word-for-word translation approach discussed earlier, produce overly literal translations that distort how language is used and can be hard to read and understand. Without the help of a good editor (human translator), computer translations are of limited use so they should **never** be distributed to patients. However, there are

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useful computer-assisted translation (CAT) tools, Translation Memory tools (TM) and terminology management systems. TM software develops a type of database by collecting and storing text segments (phrases, sentences, whole paragraphs or blocks of text) in a source language and its translation in one or more target languages. TM software can speed up translation by producing rough translations that translators can use to begin projects, while terminology management systems can develop a database to help maintain consistency. These memory tools are typically used in conjunction with other software: CAT, a word processing program, terminology management systems and multilingual dictionaries.

4. How do I estimate a fair price for a translation?

Translation prices vary greatly. Projects involving complicated text, rare or inherently difficult-to-translate languages or rush schedules will cost more. Prices are calculated by the word, by the page or by the hour. An additional hourly fee is sometimes charged for translations that require special features, like cultural adaptation. Keep in mind that high prices, source- and target-language competence and translator certification do not guarantee good translation quality. Working in partnership with skilled language professionals provides the framework for achieving a translation that meets your needs. Learning to work with a translator or translation vendor who has a record of high performance and building an on-going relationship so that you do not need to start from square one with each translation project can save your organization money in the long run.

5. How long should a translation take?

There is no set answer to this question. Assuming typical development, editing and proofreading, in-house review and approval processes, a translation will usually take less time than it took to create the original source document. A well-prepared translation brief that helps focus and orient the translator to the project will make for a faster turnaround. The length of the text, its content and complexity and how well the translation requirements match the translator's skills, experience and familiarity with the subject matter are all variables that affect how long a translation will take. Extra time may be needed if software compatibility is not anticipated, if new text or information requirements are added midway through the project or if the translation needs to be vetted or reviewed by content and/or language experts, a review panel, field-tested with the target audience and so on. For some source texts, using a translation brief to create a new text for the intended purpose, designed specifically for the target audience, may actually take less time.

While establishing a realistic timeframe, keep in mind that a rush translation or incomplete or poorly-prepared translation brief may actually sacrifice quality and usually incur extra cost. Some translators will accept a rush job only with an additional fee because of the extra effort that is involved.

6. Do we need special software?

Most word processing programs such as Microsoft Office can handle diacritical marks typical of many foreign languages: characters such as (ñ) umlaut (ë) and grave (è). Non-Roman alphabets will require special software. Computer platforms and their operating systems, software applications (newer versus older versions), and user preferences influence how one works with diacritics, accents and other characters. Without the appropriate software, these special characters may be dropped or converted to something different. This is particularly critical for document transfer between translators, requesters, graphic designers (back and forth during quality review, layout and approval) and production printers. In many cases, missing one of these characters will change the meaning of the word or even the sentence. Thus, translated texts may need to be converted to PDF files or picture files, requiring cutting and pasting during layout and design.

Even when time and effort have been invested to produce a good translation, many errors can occur in the production stage. These can be avoided by: a) developing standards for desktop publishing software and experience working with foreign languages for translation vendors, graphic designers and commercial printing companies; b) establishing procedures for transferring and manipulating translated text and graphic elements, such as the lines and boxes often used in forms and other instructional materials; and c) using a proofreader to approve pre-production copy (formerly referred to as typeset copy).



Selecting a Translator

Anyone with a primary school education can write, but it takes special talent and language knowledge to be a good writer. The same is true of a translator. Some of the characteristics of a good translator include:

- › Having formal education in translation – having experience translating in the health care industry and with similar translation projects is ideal, but not essential to quality health care translations
- › Being a good writer in the target language (most often, the target language is the translator's native language)
- › Being fully fluent in the source language (near-native proficiency)
- › Being familiar with the culture and diversity of the target audience
- › Being familiar with colloquial expressions and language varieties

The American Translators Association (ATA) offers professional certification for translators who pass a test in a specific language pair (e.g., English and Spanish), but this alone does not assure translation competency for your translation project. Membership in professional associations like the ATA, its local chapters or international groups can be another indicator of professionalism and translation experience. But not all languages pairs are certified by ATA, and there are no special certifications for editors and reviewers of translations.

Not all individuals who exhibit language proficiency have the ability to choose an equivalent expression in the target language that both fully conveys and best matches the meaning intended in the source language for the audience and purpose of the translation (translation competence is sometimes referred to as congruity judgment) (ASTM International F-2575-06, n.d.).

The translation candidate's resume should explicitly cite all certifications as well as specific skills, specializations, commitment to professional development and self-improvement. Better indicators of competence are years of experience in health care translation, samples of previous work and relevant references. Individual translators often develop areas of expertise in an industry (e.g., health care, immigration, business, law) and in text types (e.g., medical-legal, technical/scientific, instruction manuals, and consumer-oriented information). This expertise is gained through years of specialized work resulting in valuable special competencies and familiarity with terminology.

Whether a freelance or agency-based translator, ATA-certified or not, the project requirements need to be clear and matched with a translator's experience. For example, he/she may not need to be an expert on national or state laws governing advanced directives, but he/she does need to understand the significance and uses of these specialized forms. Some projects may require content to be adapted for a more specific target audience of non-native readers in terms of culture (e.g., language, values, behaviors, beliefs and conventions related to measurements, dates and time concepts), literacy ability and less familiarity with the U.S. health care system. In some cases, a translator or writer can anticipate and make the adaptations needed for text to be useful to the target audience; in others, special expertise may be required. In either case knowledge of the translation field or process is an essential requirement for producing culturally-sensitive materials. However, not all translators have the skills or the experience required for this type of

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rewriting. Unless requested, many translators will deliver a straight translation of the source text without considering cultural adaptation.

Finally, the search for a good translator must encompass the candidate's personal attributes, such as a good work ethic, reliability, a desire to keep up to date and good computer, communications and research skills. Although when working with translation vendors the translator and the requester rarely meet, requesters should ask to see the credentials of the person who will actually be translating your project as well as require translation vendor staff to review the translation brief with you in detail to ensure the translator and others who participate in the translation know what has been requested. Without clear written instructions, each participant in the production chain can develop their own view of the project goals.

Questions To Ask When Selecting a Translator

Although there are many benefits of working through translation vendors, high quality translations are not assured. Our research shows the same wide variation in quality among translations produced by highly-regarded translation vendors. Knowing the background of the translator who will be translating your source document is important, even if many others are involved in the review process. Like the seamstress, working with cloth once cut is much more difficult than starting a project with the whole cloth.

Whether working directly with a translator or through a translation vendor, it is important to know several key things about the translator of your text:

- › Do they have formal education in translation? Do they have ATA or other certification – although not available for many languages?
- › Do they have health clients? Are health clients the ones they have worked with the longest?
- › How do they ensure their translations are accurate and understandable?
- › Do they have sample translations similar to the project in question?
- › Do they have someone review their work? If not, how do they have their work checked?
- › What translation tools are they familiar with and consider appropriate for your particular project?

Additional Preparations for the Translation Process

In addition to logistical and organizational preparations for the translation process, requesters can develop several valuable resources to assist, including:

Models or Precedents

Requester organizations should consider an audit of similar projects already translated to learn from previous experience or to provide models for comparison. Also develop sample archetypes or model translation briefs from information gathered while examining the

source text. Work with translators to identify conventional markers of text type, pragmatic indicators of function that tell how a text is used and the underlying assumptions embedded in the text, and then incorporate these into a translation brief template for these text types. This will help make subsequent translation instructions easier to prepare.

Style Guides and Glossaries

The absence of a standardized vocabulary for translating in the health care industry adds greatly to the inconsistency and inaccuracy often seen in translations. To avoid these and related difficulties, each organization should ideally create its own:

- › Standardized glossary of commonly used words, standard phrases and descriptions used in various health care texts.
- › Conventions and guides for translating the company name, business titles, proper names, frequently used acronyms and abbreviations, etc.
- › Conventions and practices for translating medical terms and health care nomenclature (e.g., “managed care”, “health care provider”) in easy-to-read translations for readers with varying literacy and familiarity with health care environments. For example, an adopted standard might say that English terms will be used once, defined and given a common replacement in the target language. Then the replacement term will be used throughout.

Organizations may also benefit from having a glossary in English and the target language(s) that replace medical terms with equivalents in commonly-used terms (e.g., lay terminology), giving due consideration to the health literacy limitations of their patients. Using memory tools and other types of terminology management programs may also help. These glossaries can then be shared with translators.

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Section 3: Tools for Driving and Defining Quality Translation

Using the *Translation Brief* to Drive the Whole Process

A *Translation Brief* is a simple tool for improving the process and the product of a translation, which in turn improves the quality of health care communication. It can be used to define the specifications of a translation, making useful non-English materials the end goal instead of English equivalent translations that will not work. Seeking English equivalent translations negates the natural differences between cultures and languages. For this reason, translators need to work hard to create approximates of an English source text within a requester's specified requirements.

It is wise to invest time and resources in preparing a *Translation Brief* at the beginning of a translation project in order to define specifications and to build the capacity necessary to work with translators. As will be discussed in Tool #3, translation instructions or the *Translation Brief* can be useful in assessing and communicating the factors that will guide translation decisions. It can be used to flag micro-level translation hurdles as well as deeper cultural issues or assumptions that may prevent a quality translation.

Assessing the Quality of Translations

An efficient and proven method of scrutinizing the quality of health care translations has yet to be developed. Researchers and practitioners agree that divergent definitions of quality and a lack of consensus hinder progress in this area. The entire evidence base for translation quality is, in fact, poor, and that is why the recommendations in this guide are more consensus-based than evidence-based. Nevertheless, the need to determine if a translation is good or bad remains. Much of this information on quality assessment has been gathered into *Hablamos Juntos* Tools #6 and #7, but some of the essential conclusions are summarized here.

Translators are expected to convert carefully planned health materials developed for an English audience into a different language and still preserve all of the intentions of the source document. The problem is that inexperienced requesters rely on untrained or inexperienced translators, and both operate on the assumption that the text should replicate the English original by focusing on translating the words written on a page, rather than recreating the meaning. The result is that many translations are word-for-word translations that retain English language structure but lose the intended meaning, thus making them difficult for the target audience to understand. In sum, the current situation is that both parties enter into translation agreements with unwarranted assumptions, and translations of variable quality are the result.

In today's health care market, current approaches for assessing the quality of translations have limited success and applicability, essentially because the translation process is so poorly understood by those who need or "purchase" translations (whether externally through a translation vendor or internally via staff time).

Assessing the quality of translation products is a challenge for most health requesters.

Assessing the quality of a translation is a challenge for most health requesters. Many simply have translation products read by native or bilingual staff (the most convenient way) and expect these readers to discern quality without defined constructs. Others pay additional fees or incorporate this aspect of the process into agreements with translation vendors, requiring back-translations into English; in essence, this produces two texts, neither of which assures a quality translation product. Instead, requesters must be more actively engaged in defining the specification that will enable skilled translators to produce meaning-for-meaning translations. The *Hablamos Juntos More Than Words Toolkit Series* is aimed at encouraging exactly this kind of proactive planning and capacity building.

As outlined in this tool, the most important factors shaping translation quality involve:

- › Understanding the translation process and the limitations of word-for-word translations;
- › Preparing translation instructions or a translation brief to guide translators at the onset of a project;
- › Carefully choosing the proper translation team; and
- › Checking the quality of the source document.

Tools #3 and #4 focus on the *Translation Brief*, a vehicle for capturing the intended meaning of a source text, the context in which it is used, and its cultural assumptions, expressions and vocabulary that are embedded in the source text. In this way, the requester is actively involved in directing the degree to which a translation can depart from the source text to create a target text that readers can understand. It also gives requesters an opportunity to make clear what content is not negotiable as well as to guide translators in altering the text so that it will be meaningful to target readers.

Tool #5 provides instruction for using the *Translation Quality Assessment (TQA) Tool* to assess the quality of completed translations. Although there is still little consensus on what constitutes a quality translation in health care, the *TQA Tool* offers health care organizations a reliable prototype tool that can assess the quality of non-English materials. It goes beyond assessing the process used in translating a text to determining how well the final target text actually achieves the communicative goal of the English original.

This Guide was Produced by *Hablamos Juntos*

Since 2001, *Hablamos Juntos* (“We Speak Together”), a Robert Wood Johnson Foundation-funded national initiative, has been studying language barriers in health care for patients who speak or understand little or no English. In our years of work, the fundamental lesson that we have learned is that communicating across languages and cultures involves more than words. It requires recognition that the meaning of ideas and words is conveyed and extracted through the cultural lens of the interlocutors and that this can be vastly different in cross-cultural communication. Attention to these differences is essential for effective communication, whether in writing through translation or spoken through interpreters.

The *Hablamos Juntos More Than Words Toolkit Series* brings together lessons learned from demonstration projects, eight years of working with nationally-recognized health care leaders and language experts and original research on translation quality. It has been made possible through the contributions of many around the country, including language academicians, researchers, practicing interpreters and translators and health professionals dedicated to providing safe and quality health care to our diverse nation. Among those requiring special mention for the production of Tool 1 are Aracely Rosales, Paul Courter, Sonia Colina and several translators and language professionals who reviewed and commented on earlier drafts.

For more information about *Hablamos Juntos* or to download the entire *More Than Words Toolkit Series*, visit www.HablamosJuntos.org.

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