



RHODE ISLAND DEPARTMENT OF HEALTH

PROCEDURES FOR THE TRANSLATION OF DOCUMENTS

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I. INTRODUCTION AND ACKNOWLEDGMENTS

Over 300 different languages are spoken in the U.S., and nearly 47 million people (almost 18 percent of the nation's population) speak a language other than English at home (1). In Rhode Island, approximately 39% of Hispanics over the age of 5 speak a language other than English in their homes (usually Spanish). Today, 20% of the state population is a racial or ethnic minority. From 1990 to 2000, Rhode Island's minority population increased by 77% while the White (non-Hispanic) population decreased by 3%.

Studies have shown that without language assistance services such as medical interpreting and translation of written health information materials, the quality of health care for such Limited English Proficient (LEP) consumers suffers. Numerous studies have also found that inadequate language services can negatively affect access to and quality of health care and may lead to serious health consequences.

These changing demographics, the increase in the nation's language diversity, as well as the growing concerns about racial, ethnic, and language disparities in health and health care have increased the need for effective and efficient models of providing language services to individuals who are LEP.

Legal and Policy Framework in Implementing Language Services.

The issue of access to language services has increasingly garnered national attention and had lead to the development of legal and policy frameworks that support access to language services such as:

Title VI of the 1964 Civil Rights Act. The legal basis for a patient's right to language access has existed for some time. Title VI of the Civil Rights Act of 1964 states, No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Executive Order 13166. In August 2000, President Clinton reiterated this policy by issuing Executive Order (EO) 13166, *Improving Access to Services for Persons with Limited English Proficiency*, which applied to all federal agencies, not just those focused on health. The EO required each federal agency to develop policies for ensuring linguistic access within their own agencies (U.S. Department of Justice 2000).

National Standards for Culturally and Linguistically Appropriate Services (CLAS). Developed by DHHS Office of Minority Health and endorsed by the office of Civil Rights, CLAS Standards are primarily directed at health care organizations. There are 14 standards, of which standards 4, 5, 6, and 7 refer to provision of language access services and are mandates for all recipients of federal funds. (See Appendix A.)

To ensure compliance with federal law and regulation, and to address the priority of the Rhode Island Department of Health (HEALTH) to eliminate health disparities, HEALTH has developed this translation manual to help its programs implement effective communication strategies with the limited English proficiency (LEP) community, thereby increasing their access to healthcare education.

The following guidelines and procedures have been developed to provide a framework: (1) from which all written translations by HEALTH staff must be performed and (2) to be utilized when contracting with outside vendors for the development of written translations. The goal is to assist programs in attaining high quality products while achieving consistency among all translations. In addition, these procedures are intended to assist HEALTH with its responsibility to expediently communicate with all Rhode Islanders in the event of significant emerging threats to the public's health. For quality control purposes, the goal is to have all translations reviewed prior to their release.

These guidelines were revised by Rhode Island Department of Health CLAS Workgroup

II. FACTORS TO CONSIDER FOR REQUESTING A TRANSLATION

The program shall work with the Center for Public Health Communication (CPHC) to coordinate all translations. A translation coordinator within CPHC will act as the liaison between programs and translators/reviewers. Based on the request, length of the document, and internal resource availability, the translation coordinator will determine whether an internal translator can do the job or whether it will be sent out to an MPA vendor. Programs must ensure that translation costs are included in their yearly budgets. Considerations for document translation:

1. Time

- ICS Emergency Translations: When the Department is in Incident Command mode (ICS), the ICS Communication Branch Director will be in charge of ensuring translation of documents. The Department has a special PO set up with a company for emergency translations.
- Time Sensitive: The translation coordinator shall be contacted as early as possible to ensure sufficient time for translation and review. The program shall alert the translation coordinator of time constraints in order to ensure that the translation will be completed on time. Most MPA Translations vendors offer rush services, but they cost more. Please note that layout and production of materials will require additional time.
- Non Time Sensitive: The translation coordinator shall be contacted at least one month in advance to ensure sufficient time for translation and review. Please note that layout and production of materials will require additional time.

2. Volume

- Large: Documents of large volume shall be allotted more time for translation and review. Large documents are anything over a page or 250 words. Due to constraints with internal capacity, all large documents will be sent out to an MPA translation vendor. Programs must budget for this.
- Small: Documents of small volume take less time to translate and may be done in-house or externally, depending on the availability of internal resources.

3. Type of translation

- Superficial/Technical Translations: Technical, word for word translations (e.g. consent forms), may not require a meeting with the translator. A phone conversation instructing them about the goals of the project is recommended.
- Deep Meaning Translations: A meeting with the translator is required to discuss what the message conveyed should be and how to best communicate that message to the target language population.

4. Legal Considerations

If there are any legal considerations for the document being translated, please make sure you contact HEALTH's Office of Legal Affairs before you proceed with translation process.

5. Conceptual Translation

One important aspect of translation is not replacing each word in English with a comparable word in another language, but rather to use conceptual translation. By utilizing conceptual translation, the translators will assess the original document in English and determine whether a translated version can achieve the same purpose and convey the message in a culturally relevant way.

III. STEPS IN THE TRANSLATION PROCESS

1. Program identifies translation need

Is the document currently translated into the language identified?

Check trusted websites for a document that is already translated and appropriate to use for HEALTH's purposes (See Appendix B).

- Visit websites of other states or of funding agencies.
- Next, you may need to seek advice to see whether the document is culturally appropriate and literacy level of the document is written for a sixth grade level.

If the document **does exist** in the language you need to be translated:

- Work with the translation coordinator to identify at least two internal reviewers and a community representative to review the document and look for accuracy in translation and cultural content. If this is not possible, the translation coordinator may need to work with you to select an outside vendor to review the document. The cost of document review should be less than the actual translation.

If the document **does not exist**, proceed with the translation process.

2. Program **completes a Translation Request Form and contacts translation coordinator** (see Appendix C)

- Work with the translation coordinator to determine whether the job can be done internally or to select a vendor from the MPA list. For a list of vendors go to www.purchasing.ri.gov/RIVIP/MPAAwards.asp?MPANumber=54&MPADesc=Interpreting+Services. A review of translation vendor services was conducted by HEALTH in late 2007. For a copy of the results, contact the translation coordinator.
- Jobs over 250 words will automatically be sent out to an MPA and an account number will be required. The Program will also need to complete a PO if the work is to go to a vendor.
- The program shall provide in writing the target audience and key health messages to be conveyed.
- The program shall provide the English version of the document.
- The goal is to have materials translated for people who read at (or below) the sixth grade level, unless there is a need for an alternative reading level.

3. **Translation coordinator contacts the translators and/or reviewers**

- If using internal staff, the translation coordinator will contact their supervisor(s) to request assistance. As needed, the translation coordinator will provide information about MPA translation vendors if there is no internal capacity to translate a given document (because of time constraints, work loads, language, size of document etc.). He/she will also get an estimate for the work.

4. **All parties establish deadlines allowing adequate time for review by another individual proficient in the language of interest**

- Programs must allow at least one month for translation/review process.

5. **Program and coordinator meet with translator if necessary**

- Discuss target audience, key health messages, desired reading level, and established translated terms from the Department's *Glossary of Terms* (Appendix D), and provide samples of previous translations.
6. **Following translation, translation coordinator facilitates review of the work**
 - If there is at least one person in the Department who is proficient in the language, that person may do the review. If there is no one available who is proficient in the target language, then the translation shall be reviewed by an outside source before approving payment to the translator.
 - The reviewer shall speak with the translator to discuss any concerns or changes with the translation.
 - In the event of a disagreement between a translator and a reviewer regarding the use of a word or phraseology, a discussion with the program person shall take place in order to decide the appropriate word/phraseology to be used.
 7. **Program pre-tests translations with target audience and makes revisions as necessary with translation coordinator.**
 8. **If you have questions about printing your translated document, call the CPHC at x3998.**

IV. RESPONSIBILITIES OF THE CENTER FOR PUBLIC HEALTH COMMUNICATION

1. The CPHC will maintain a listing of available translation vendors in the MPA and obtain feedback from the programs that may have used those.
2. The CPHC will maintain a glossary of standard terms, including acceptable translated terms for the Department, programs, and others. Updates to this glossary shall be provided by each program. The translation coordinator will coordinate updates.
3. The CPHC will maintain a list of translators and reviewers and the language(s) they are proficient in. The translation coordinator will coordinate updates to this list.
4. The CPHC will maintain a tracking log of all translations and reviews in process.

V. GUIDELINES AND RESPONSIBILITIES OF HEALTH TRANSLATORS AND MPA TRANSLATIONS VENDORS

1. Translators shall have a comprehensive knowledge (proficiency) of the language used in the translation.
2. Translators shall have a basic knowledge of health terminology/concepts.
3. Translators shall present samples of translation work to HEALTH in order to demonstrate their ability and expertise in both the source language and the target language of the translation.
4. Translators shall refer to the glossary of standard terms maintained by the CPHC prior to completing translations.
5. The goal is to have materials translated for people who read at (or below) the sixth grade level, unless a need for an alternative reading level is demonstrated.
6. Whenever possible, the same translator shall translate the requested products from a single program.
7. Translations shall incorporate words, phraseology, and/or meanings that are understandable across the various dialects of the particular language.
8. Translations shall use words, phraseology, and/or meanings that fit with the culture rather than word for word translations. The translator shall have an understanding of "untranslatable words"

which represent source language concepts for which a comparable word or phrase does not exist in the target language.

9. All translations shall be created in the standard word processing software used at the Department of Health, or as specified by the program, and when appropriate, the font will also be included on the disc/CD. The translator shall also specify which computer software package they are using for translations. If layout or design is part of the translation job, HEALTH's graphic standards must be followed. The standards can be accessed by HEALTH staff at <http://healthgis2/website/graphics/index.htm> and the standards can be shared with outside vendors, as needed, on CD.
10. All final translations shall be labeled (at the bottom) with the translator's name, date, and the language the document is translated into.

VI. CODE OF ETHICS FOR TRANSLATORS

All translators and reviewers shall abide to the following code of ethics when performing translations:

- Accuracy
- Completeness
- Conveying Cultural Frameworks
- Professionalism

Source: Best Practice Recommendations for Hospital Based Interpretation Services
Core Skills and Core Knowledge Sections, page 24.

VII. GUIDELINES AND RESPONSIBILITIES OF HEALTH REVIEWERS AND MPA VENDORS REVIEWING TRANSLATIONS

1. Reviewers shall be proficient in the language used in the translation and should have a basic knowledge of health terminology and concepts. Language proficiency shall be determined by peer review.
2. As appropriate, reviewers shall represent different cultures and nationalities. Whenever possible, the same reviewer shall review the multiple requested products from a single program.
3. Reviewers shall refer to the glossary of standard terms maintained by the CPHC.
4. The individual reviewing a translation shall be looking for accuracy between the message conveyed in the source language and what is written in the target language.
5. Messages shall be reviewed for cultural appropriateness.
6. Spelling, grammar, syntax, and sentence structure shall be reviewed for mistakes and/or misrepresentation of the intended message.
7. All translations shall include the names of the reviewers.

APPENDICES

Appendix A: CLAS Standards

Appendix B: Web Resources for Translated Documents

Appendix C: Translation Request Form

Appendix D: Glossary of Terms

Appendix A: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

The collective set of CLAS mandates, guidelines, and recommendations issued by the HHS Office of Minority Health intended to inform, guide and facilitate required and recommended practices related to culturally and linguistic appropriate health services. Mandated standards are italicized.

Standard 1 – Culturally Competent Health Care (guideline)

Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language

Standard 2 – Staff diversity (guideline)

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representatives of the demographic characteristics of the service area

Standard 3 – Staff education and training (guideline)

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4 – Qualified language assistance services (mandate)

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5 – Notices to patients/consumers of the right to language assistance services (mandate)

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6 – Qualifications for bilingual and interpreter services (mandate)

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7 – Translated materials (mandate)

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.

Standard 8 – Organizational framework for cultural competence (guideline)

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9 – Organizational self -assessment (guideline and recommendation)

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence related measures into their internal audits, performance improvement programs, patient satisfaction assessments and outcomes-based evaluations.

Standard 10 – Collection of data on individual patients/consumers (guideline)

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11 – Collection of data on communities (guideline)

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12 – Community partnerships for CLAS (guideline)

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13 – Complaint and grievance resolution (guideline)

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14 – Information for the public (recommendation)

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

Appendix B: On-Line Health Information Resources in Other Languages

Following are some websites that can be used to enhance or expand educational, outreach or research efforts of the Department of Health.

Before utilizing information found on these websites, remember to check if you need permission to duplicate materials. Please keep any authorizations/permissions you receive.

BROAD RANGE OF INFORMATION

<http://www.cdc.gov/Other/languages/>

Center for Disease Control and Prevention (CDC) has a variety of credible health information.

<http://medlineplus.gov/esp/>

Medline Plus is a service of the US National Library of Medicine and The National Institute of Health (NIH). Medline Plus provides information on several health topics in Spanish.

http://www.ethnomed.org/ethnomed/patient_ed/

Ethnomed provides a variety of health education materials.

http://www.doh.wa.gov/translated_materials.htm.

The Washington Department of Health provides information about drinking water, food safety, emergency preparedness, salmonella, tobacco control, Women, Infants, and Children (WIC) program and West Nile Virus

DIABETES

<http://ndep.nih.gov/diabetes/pubs/catalog.htm#PubsPop>

The National Diabetes Education Program (NDEP) provides education on diabetes

IMMUNIZATION

<http://www.immunize.org/catg.d/noneng.htm>

The Immunization Action Coalition (IAC) provides educational information (clinical and non-clinical) in a multitude of languages. Vaccine Information Statements (VIS) are also available to download.

REFUGEE HEALTH

<http://www.refugees.org/hltoolkit>

Health educational brochures are available in Arabic, Bosnian, Burmese, English, Farsi (Persian), French, Haitian Creole, Hmong, Karen, Kirundi, Russian, Somali, Spanish, Swahili and Vietnamese.

WOMEN'S HEALTH

<http://www.4woman.gov/espanol/temas/>

The National Women's Health Information Center provides information about a variety of women's health topics in Spanish.

<http://www.apanet.org/~fdala>.

Asian Pacific Islanders Women's Health provides information on mammograms and pap smears in a number of Asian and Southeast Asian languages.



Appendix C: Rhode Island Department of Health Translation Request Form

Contact Ext. 222-5981

Date: _____

Your Name: _____ Extension: _____ Program: _____

Service Requested: Translation () Review () Both ()

Language Requested: _____

Have you verified if this document is already available in the desired language? Yes ____ No ____

If yes, what is the source and name of the translated document?

Type of Translation Requested: Health Education () Legal () For Website ()

Other () Explain: _____

Estimated Reading Level of Original Document: _____

Target Audience: _____

Key Health Message (s): _____

Anticipated Date of Completion: _____

According to the document, the translator will provide the program with the number of hours or days necessary to complete the task. (Requests must be placed at least four weeks in advance).

FOR CPHC USE ONLY

| | NAME | DATE RECEIVED | DATE COMPLETED |
|-----------------|------|---------------|----------------|
| Translator | | | |
| Reviewer | | | |
| Program Contact | | | N/A |