

Removing Language Barriers: Communications Tune Up Webinar series

JUSTIN WILLS: Hello, and welcome to the MAXIMUS Communications Tune Up Webinar Series. This is Justin Wills for MAXIMUS. Thank you all for attending today's Webinar entitled "Removing Barriers to Language - Reaching Your Spanish-Speaking Audience", which is the fifth in our series.

But first, some quick housekeeping, if you have any questions, please type them directly into the questions box in the tool bar at the side of your screen, and we'll answer them at the end of the presentation.

We'll also be sending out a link to the slides and for the recording of today's presentation to all attendees after the Webinar. Our presenters today from the MAXIMUS Center for Health Literacy are Mercedes Blanco and Victoria Williams.

Mercedes Blanco is the Director in the Translation Services Group, which specializes in eliminating barriers that can exist between client and consumer. She leads a team of translators who convert and adapt materials for readers with limited literacy and creates plain language print and Web materials. She specializes in editing Web sites' materials to make them easy to read and understand.

Victoria assists Mercedes in the daily coordination of translation projects from start to finish. This includes selecting the appropriate translator for each project, monitoring and tracking the translation process to ensure on-time delivery, and reviewing the materials translated to ensure that they meet the clients' requirements, such as literacy level, technical and industry vocabulary, as well as cultural and ethics factors related to the target population.

And now, I'll turn it over to Mercedes and Victoria.

MERCEDES BLANCO: Thank you, Justin. Why are we focusing on the Spanish population today? The topics that we'll discuss today can be applied to any language, but since the most prevalent minority language in the US is Spanish, we'll focus on this population.

If people can't read a document or Web site, they probably will not act upon information being presented to them. So, translating gets your message across to clients and consumer who speak a different language.

You translate because the audience is entitled. They need it or they wanted it. But they are not proficient English reader. And you translate because you want as many people as possible to see your content, regardless of what language they speak or read.

Remember that most health-related source documents are written at a 10th grade level or above. Translation makes communication possible among people who read or write a different language and have different culture or heritage.

Translated documents can improve the health literacy of new immigrants and others who are not familiar with our healthcare system. People with limit English proficiency have a higher likelihood of facing communication difficulty in a healthcare.

Let's do a little bit of history here. In September 1968, the Congress authorized President Lyndon Johnson to proclaim National Hispanic Heritage Week on the week of September 15th.

The observance was expanded in 1989 by Congress to a month-long celebration from September 15th to October 15th, to celebrate the culture and tradition of those who traced their roots to Spain, Mexico, and the Spanish-speaking nations of Central America, South America, and the Caribbean.

In 2012, the Hispanic population in United States was 58 million. People of Hispanic origin are the nation's largest ethnic and racial minority. Hispanics comprise--sorry--17 percent of the nation's total population.

Hispanic--Hispanics that come to the US from different countries share the same language, but don't share all the same traditions and values. There are subcultures within the Hispanic population, but some of the characteristics and values that they do share are, for example, pride in culture, love of Hispanic music, religion, and a family-centric focus.

For example, Hispanics often want family members to learn the bad news instead himself or herself. Another trait, and I learned this from my [unintelligible], is that Hispanics always pictures of family in their healthcare-related material.

It is longer to say whatever you want to say in Spanish. Cultural, Hispanics start a conversation by chatting more and explaining. This is cultural. We don't go directly to the point. We ask a question or state a fact. We explain the previous thoughts.

In this example, this person needs to say that he's going to the store. But he expands the conversation by explaining that the family member is coming to his house, and he will need to buy something. Then he states the fact. He's going to the store.

This is very common trait of Hispanic culture. I still read an e-mail two or three times before sending it to make sure that I am going directly to the point, and not always I accomplish it.

Victoria will talk about some demographics now.

VICTORIA WILLIAMS: So, how many people really need translated information? It's hard to know. But a look at how our country's demographics have changed over the last few years suggest that millions may benefit from translation.

The number of people with limited English proficiency is growing every day. And so is the need for accurate translated information about health services.

Here's a quick look at how the demographics are changing and the numbers have grown. As you can see in this chart, between 2000 and 2010, the Hispanic population grew by 43 percent, rising from 35.3 million in 2000 to 50.5 million in 2010.

The rise in Hispanic population accounted for more than half of the 27.3 million increase in the total US population. By 2010, Hispanics comprised 16 percent of the total US population of 308.7 million.

Without translation, readers of other languages might depend on intermediaries such as friends, family members, and community-based organizations to help them learn about and navigate the healthcare system.

Also, chances are great that they did not have a comparable healthcare system or perhaps any healthcare system in the country of origin. So, everything will likely be new to them, that they'll be highly dependent on others for a while. And this will lead to less privacy.

So, translation bridges the gap to some extent, especially when the translator takes into consideration the audience's likely reading level and previous experience. As Mercedes said, remember that most health-related source documents are written at the 10th grade level or above.

Many adults, including many immigrants, are not well educated. So, information translated at that level is not easily understood by them. So, is translation the process of finding an equivalent word in the target language for each word in the original document? No.

Often, there are no precise equivalents for English words, phrases, or concepts. So, it rarely makes sense to translate word for word. If you do, the translation is apt to very awkwardly worded.

And beware of using computer software to translate. You will get a literal translation. Have you ever read, instructions that have been translated to English from another language? Then you know just what I mean.

Now Mercedes is going to discuss some common problems in translations.

MERCEDES BLANCO: Some of the common problems with translations are word for word, or literal, translation, literacy level inappropriate or too high, use of false cognates, grammatical errors, misspellings, accents, and punctuation mark missing or used incorrectly, lack of cultural appropriateness.

Now let's take a look at each of them in [unintelligible]. So, if it's not a good idea to translate word for word, what can the translator do? The translator can adapt the content for his or her audience.

In an adapted translation, the translator reads the document carefully to understand its contents, and then writes information using common words to express the concepts, ones the translator knows are familiar to the target audience.

The translator also writes at reading level appropriate for the audience. The result should be a translator--translation, I'm sorry--that is complete and natural but not literal or word for word.

In adaptation, it is a translator's responsibility to read and understand the source text and then translate using vocabulary and a writing style that members of the target audience are likely to understand.

Because of the geographic variability and many subcultures of Hispanics, translators must know their audience and adapt the content to their cultural mores, as well as to their likely reading skills.

Let's talk about tone now. Tone is the implied attitude of the writer towards the subject and the audience. Tone is established by the translator's choice of words and its phrasing.

If the translator cares about his or her audience, wants to persuade it, educate it, and provide important information, then the translator chooses his or her words accordingly.

The tone might be friendly and encouraging if the document asks readers to learn new information or enroll in a health insurance plan. Or the tone might be somber and authoritative if it is a legal document whose content provides laws or regulation.

So, how can I find a translator who can adapt? Look for a translator who is a very good writer and knows about the field he or she will be writing about. Look for one who knows the target audience well and who understand that the audience may include new immigrants who may have had limited education in their country of origin.

The translator should be aware of cultural nuances and should be able to create meaningful examples and identify appropriate images that speak to the audience.

A: Another common problem that Mercedes mentioned earlier is the literacy level of the readers. here's a breakdown by country of origin of the literacy levels for the different Spanish-speaking populations in the US.

For those not familiar with level one and level two literacy level skills, level one is a basic level. People on this level read and understand simple printed paragraphs, write simple letters, and count and recognize figures from one to a thousand.

Now level two is the middle level. People on this level read and comprehend stories, songs, directions, instructions, and simple parts of newspapers, write simple notes and letters, and demonstrate proficiency in adding and subtracting.

The solution to address health literacy is to use plain language. You should require your translator to adapt and write in plain language, using common words, short sentences, and other strategies to improve the document's readability.

And again, look for a translator who understands the importance of tone. A friendly or positive tone goes a long way to helping individuals who are not proficient in English understand translated materials.

Your translator should be a native speaker of the language of translation. He or she must understand that although the target audience speaks the same language, there may be local differences about the ways in which readers understand certain ideas.

Because language evolve wherever they're used, the correct usage of the word or phrase in one country or area might be incorrect in another. A word may be offensive here but not there or even have completely different meanings in each place.

So, as Mercedes said, as a practical matter, it is critical for the translator you hire to share the culture of the community you serve. Usually, the best translators translate into their mother language.

By this, I mean their first language or their native language, because it is the language in which they were raised and the one with which they have the most intimate relationship.

There are exceptions to this rule. On rare occasions, you can find an extraordinary translator who is equally fluent in both the source and the target languages. Even when the target audience speaks and reads the language into which the document will be translated, there may be local differences about how ideas are expressed.

For example, Spanish speakers in different countries use different words for bus. In Argentina, people say omnibus or colectivo. In Mexico, people say camion. In Venezuela, they say ponceta or autobus. And in Puerto Rico, they say wawa.

So, this is why it's very important to know the audience country of origin.

MERCEDES BLANCO: First of all, remember that your translator is a writer with a style of his or her own. If you are sending multiple materials for translations, and they are all related to the same topic or program, they should ideally be translated by the same person.

That way, the writing style will be consist, and the reader would not be distracted by a different style of different choices of words. If you cannot use the translator, at least try to use the same reviewer.

Another common problem is the use of false cognates, also called false friends. They are words which are similar in two languages, in this case English and Spanish, often deriving from a common origin, mostly Greek or Roman, and having followed a [unintelligible] evolutionary path through the years, thus acquire divergent meanings.

You will see many Spanish speakers talking about the word *qualifica* for the word *qualified*. The Spanish word *qualifica* means grade, as in a paper. You will hear this word only in the US because of the transformation of the language. The correct word you see in Spain is *ser elegible*.

Okay. This example shows us omission of articles, misspellings, translation word by word. I made some corrections in red to show the many problems that translations have. And bottom line, it was word by word, so it would be very difficult for the reader to understand.

VICTORIA WILLIAMS: And the last problem in translations has to do with cultural appropriateness. As I said before, there are differences in levels of education in Hispanic countries. For instance, in some countries, there's a higher level of education. So, people understand and use terms such as *ginecólogo* for *gynecologist*.

However, in other countries, many people would not understand this term. Instead, they might use [foreign language spoken], which means the doctor of women.

The translator should pay close attention to the education level of keys for her audience.

And be sure that the images fit and are culturally appropriate, too. Here's an example of a Spanish language postcard with an image that doesn't fit.

A more typical Hispanic looking grandmother and child would be appropriate.

Next, think about the formatting of your translated document. If you are planning to translate a document into other languages, you should let your designer know before he or she starts the design process.

This way, she can design a document with enough space to accommodate the translated text.

Here's an example. Take note of the fact that different languages require different amounts of space to express the same idea. Translators call this text expansion.

In order to avoid crowding the page by forcing another language into the same space as the original, again, talk to the designer and plan ahead for more space when it's necessary.

MERCEDES BLANCO: In summary, make your expectations clear. Write a short list of what you expect in a translation before your translator begins.

The translation should be properly adapted by country, region, or subculture. No grammatical punctuation or spelling errors.

Written at approximately at a fifth grade level. Has examples that are appropriate to the material and to the audience, has images that speak to the audience, and has friendly encouraging tone.

If you are concerned about the quality of your program's translations and you, yourself, can do an assessment because you don't speak or write the language, what's happening in many cases, there is one finally thing you can do that will tell you and your translator if they are doing a good job.

It will also give you and your translator guidelines for improvement.

Field test to get feedback on the translation to include program participants to do the testing and watch them and ask questions; decide to see if the document communicates key messages in a reasonable amount of time.

Listen to what participant says about the translator word choice, sentence structures, and tone. And discuss those comments with your translator.

We hope this help you to feel more confident about choosing a translator and monitoring translations so you can tell your audience better.

If anyone has any questions or comment, Justin will be facilitating the question and answer session. Thank you and have a good afternoon.

JUSTIN WILLS: Yes. Thank you, Mercedes and Victoria, for that interesting information. It's all very good stuff, of course.

And, again, we have a few questions already in the queue.

Anyone else can be entering some in.

As a reminder, we'll be e-mailing a link to the slides and webinar recording to all attendees this afternoon.

And, while we get some of those questions queued up, here's Mercedes and Victoria again with some more Center for Health Literacy information.

MERCEDES BLANCO: For copies of one or more of this manual, reviewed by the Center for Health Literacy, send an e-mail to healthliteracy@maximus.com.

You have to save the date for the Center for Health Literacy Plain Talk in Complex Times 2015. It will be in March 12 and 13, in Arlington, Virginia.

To get the latest updates, send an e-mail to plaintalkconf@maximus.com.

JUSTIN WILLS: All right. So, now, for a few questions.

First was just to clarify, you referenced a cognate and that's a word that has a similar origin; is that right, one of y'all?

MERCEDES BLANCO: Yes. it's called also false friends. Why false friends? Because at least you pronounce in the same way. Many times, you write in the same way, but the meanings are different. Why? Because those words have travel for many years or for many, uh--through many countries and they get a different, sense. They get a different meaning.

VICTORIA WILLIAMS: Right. I gotcha.

MERCEDES BLANCO: That's why I gave that example.

The other example of that, many of the things that or the ways that I talk about are mostly used in United States. Why? Because in United States, all the languages try to, evolve.

So, you will see, for example--in the example that I brought about [foreign language spoken], the word application, the real word is [foreign language spoken]. But, this is a false friend. It's called--many people call it [foreign language spoken].

Here, many people will understand, but if you are in another country, they will not understand.

JUSTIN WILLS: I gotcha.

Similarly, there was a couple questions asking then if you're kind of translating for general Spanish or you know you have a few different varieties of, Latins receiving this, you know, how do you know what the most global--how do you know which dialect to kind of choose or master version?

MERCEDES BLANCO: Well, there's a thing we do when we receive a request for a translation. We ask the client who are the--what is the country of origin or the possible region?

So, after that, we talk to our translator, we ask the most appropriate person.

For example, a while ago, they ask us for a translation for Florida. Florida, you know that there are different people from different countries. But, in this specific case, when I talk to the client, he asked me for a translator who writes in Colombian. The language is the same, of course, but you know that they have more reason that are different.

So, I check, I look for a couple of translators who are--who were originally from Colombia. I asked them for, different samples and we chose the one that was closer not only to Colombia, but also to the other, countries of origin of the people who live in Florida.

And what else do, well, the main thing is what I said at the end. they ask for somebody who speaks, in Spanish but the origin is Mexico. We look for that person. They translate. But, if you have a little bit of money or you're with advice to field test, you can do field testing, showing the translation to different people who are involved in the program.

Let's say that you don't have money. So, what you can do is go to a community organization and, ask for several people who speaking Spanish, sit down with them and ask them the minimal questions that what do you think the people will understand this? do you think it's good reading? do you have another choice of words that we could put?

And many times, we put the same words that originally the translator wrote, but in parenthesis, we put the suggestion from the field testing.

JUSTIN WILLS: I gotcha. That sounds like a good practice.

So, similarly, there's a few other questions kind of along those lines of, how you know that your translator is using the right standards? And then also on the starting point, is it the writer's job or the translator's job to make the adjustment of the literacy level, for example?

MERCEDES BLANCO: Well, what's happened is yes, it should be ideal that the writer, the source document, let's say, English, that person writes in the correct level or, they use a plain language.

But, let's say that you get, a little material and it's not that plain. Well, if your translator and it's yours, your responsibility to get the original document, read it, and talk to--sit down with your translator or talk by telephone and say, listen, this, is specific, document, has some high word level.

So, listen, I want you to adapt. I want you to lower the, level of the document and adapt.

And, from there, you go ahead--if it's Spanish, in my case, I don't have a problem. But, if it is another language and we go field testing, we talk very simply to the person who is reading it. Please, let me know not only if you would understand, but think of people who have a lower level than you.

And many times, they say yes, I understand, but I know that my neighbor wouldn't. And regarding, getting your translator, you have to give samples, you have, to receive many samples and discuss with other people who know the language.

And, you can ask for qualifications, you can ask for how long have this person been working in this specific topic because the topic is very important.

Your translator not only has to be a good writer, he has to know very well the topic of the translation.

I don't know if I answered everything.

JUSTIN WILLIS: I'm sure you did.

The, yeah, I think so.

To know that your translator is approaching this in the ways you suggest, you can ask if they have the sort of plain language approach and less literal?

MERCEDES BLANCO: Well, the plain language approach is mainly adaption. If he or she translate word for word, it will never be plain language because it's very awkward [unintelligible].

But, if you, ask them to adapt, meaning they will receive it, they will live it, they will call me and they will say, Mercedes, what is exactly what you want here? I don't understand this original document. This is something that you should encourage your translator.

Ask me as many questions about the original as possible. So, then you will say you have to adapt and you will not be able to use a word that exceeds fifth grade level, for example.

JUSTIN WILLIS: I see. Thanks, Mercedes.

We have, several more questions and we'll try to, get through some of those. If we don't, let me assure you that, Mercedes and Victoria will have these list of questions and some they may, choose to reply more directly after the presentation.

MERCEDES BLANCO: Sure.

JUSTIN WILLIS: So, regarding in your presentation, you mentioned you had the, statistics about of--the percentages of Hispanics reading levels.

MERCEDES BLANCO: Mm-hmm.

JUSTIN WILLIS: And for example, it said on the level one, 51 percent of Puerto Ricans and level two is 59 percent. can you explain how that's calculated or what the difference is between those?

MERCEDES BLANCO: Sure. Victoria?

VICTORIA WILLIAMS: Sure. the different levels, as I explain, they mean different things.

So, a level one person, um--let me see. Basically, the levels determine the--how much they can understand or read in a language.

A level one person is a person that reads at a level one, this is at a basic level so they can read and understand simple printed paragraphs, write simple letters, and count and recognize figures from one to 1,000.

Now, a level two is a middle level and these people can read and comprehend stories, songs, directions, instructions, and simple parts of newspapers.

And they must have a proficiency in adding and subtracting.

So, that's the difference between a level one and a level two.

So usually, there tends to be more people that, are at a level one than a level two because l--with any language first, you comprehend before you are able to speak and write the new language.

MERCEDES BLANCO: And one thing important is that we did not come up with this. The Center for Literacy have, of the United States had made those tallies.

So--but, first, now, every year, they issue a new one and in 2015, at the end of the year, we live through another, um--other figures regarding this.

This is not something that we have been researching or we came up with. This is the Center for Literacy in the whole country.

JUSTIN WILLS: I see. I think because, uh--the confusion was just that these percentages, when combined, were more than 100 percent. But, you're saying for each column, let's say, 51 percent at this level out of 100 and the other is 56 percent out of 100--.

MERCEDES BLANCO: --Exactly--.

JUSTIN WILLS: --At the other level. Okay.

MERCEDES BLANCO: I'm sorry we didn't explain correctly.

JUSTIN WILLS: Okay. Well, let's see.

Well, the slides will be available again later, as I said. I'm kind of perusing through these questions still.

Would you--some of this philosophy, the same that would apply for live translation through an interpreter?

MERCEDES BLANCO: Well, it's not translation; it's interpreting. interpreting is spoken and translation is written.

When you are going to use an interpreter, you have to plan ahead of time a couple of hours with your interpreter what you will do.

It's the same that we have been talking. You will ask interpreter, listen very careful for what they have to say about plain language, what they have to say about, translating literally, et cetera.

Why? Because the interpreter will be your voice with the participant. So, yes--the answer is yes, you have to dedicate one or two hours sitting with the interpreter. But it depends on the money you have.

So, you will sit with interpreter and we'll go over everything that you have asked the translator. So, it's true that he will, interpret whatever you are saying, but he has a background. The background is very important.

JUSTIN WILLS: I see. Okay.

Well, I think, that covers the gist.

Again, if you have specific questions that didn't get answered or that you don't get, perhaps this afternoon, then you could always write, to the centerforhealthliteracy@maximus.com.

So, we'd like to thank everyone for attending today's webinar and also to our presenters, again, Mercedes Blanco and Victoria Williams.

And, so that wraps up our communications tune-up webinar series.

And we--.

MERCEDES BLANCO: --Thank you for everything.

JUSTIN WILLS: Sure.

And we at the MAXIMUS Center for Health Literacy truly enjoyed, creating this series and hope you are now better equipped to make complicated information easier to read and understand.

If you'd like to visit the slide--revisit these slides and recordings for this and previous webinars, you can find them at maximus.com/webinars.

So, we thank you. Have a nice weekend and goodbye.

MERCEDES BLANCO: Thank you.