# Translation Toolkit

**T**he following step-by-step document is guidance for MDPH staff involved with translating materials.

The Office of Public Health Strategy and Communications (OPHSC) is committed to ensuring quality for the Department's translated materials. All translation projects must be undertaken in consultation with the OPHSC. Please contact OPHSC **prior to final approval of the English document** to ensure that materials are translation-ready.

## Introduction

In Massachusetts, almost one in five individuals five years and older speaks a language other than English at home (18.2%, Census 2000). Of these, 41% speak English less than very well. To ensure that public health messages are accessible to populations with limited English proficiency, the Department of Public Health translates program materials into multiple languages. The following document describes a process for translating materials. It builds on translation guidance developed by the former Office of Refugee and Immigrant Health (ORIH) and a subsequent version by the former Office of Multicultural Health.

The field of translation has changed since the last revision of the ORIH translation guidance. Where once the best practice was to do a "back-to-English" translation, today promising practices emphasize a conceptual translation to ensure that messages are culturally and linguistically appropriate. This document, developed by the OPHSC, incorporates these new approaches. Although internet-based translation services are available, OPHSC does not recommend their use for public health documents in general, and for Department of Public Health documents specifically.

This Translation Toolkit is comprised of the following six tools, developed by OPHSC to assist you through the translation process:

1. **Foreign Language Guide:** Provides specific resources for identifying the appropriate language for translation, and they provide information on the top six languages spoken in MA and their population.
2. **Translation Guidelines:** Provide guidance on how to translate a DPH document.
3. **Translation Request Worksheet:** To be completed before contracting with a translator. Once completed, this document provides you with the necessary information for talking with the translator about your project.
4. **Translation Checklist:** Ensures that all the steps of the translation are completed.
5. **Translation Quality Assurance Form:** For reviewers to use when providing feedback on the quality of the translated document. It is a useful tool when having to negotiate discrepancies with the translator. OPHSC keeps performance records of its contracted vendors.
6. **In-House Translation Review:** Provides guidance for peers reviewing translations, as well as for staff requesting the reviews. Forward this one-page document to the reviewer along with the translation, the English original, and the OPHSC Translation Quality Assurance Form. OPHSC has glossaries of terms in Spanish, Portuguese, and French commonly used by DPH programs. When appropriate, refer reviewers to these glossaries, which can be found at: **www.mass.gov/dph/healthequity**.

Translation Toolkit

# Foreign Language Guide

**T**he purpose of this section is to help you identify the appropriate language(s) to translate your written materials into, so that you can communicate most effectively with people who prefer languages other than English.

This document provides information on the top six languages spoken in MA, and is a general reference. Therefore, it cannot adequately characterize any population and the differences within it. Please use it in combination with other data specific to the group or population you are trying to reach.

For a step-by-step guide on the overall translation process, see the document entitled "Translation Toolkit."

## First Language is Not English (FLNE) Report

Information on public school students for whom English is not their first language and those who have Limited English Proficiency (LEP). Go to: **www.mass.gov/dph/healthequity** and click on "Data and Statistics." Top ten languages are:

>Spanish
>Portuguese
>Chinese
>Haitian Creole
>Vietnamese
>Khmer
>Cape Verdean
>Russian
>Arabic
>Korean

## Interpreter Services in MA Acute Care Hospitals

A DPH report documenting the interpreter services provided at 72 MA hospitals during the Federal Fiscal Year 2007. Hospital interpreter services data are good indicators of populations that lack sufficient English proficiency and need language access services. These populations are likely to have a need for written translations of health information. Go to: **www.mass.gov/dph/healthequity**, click on "Interpreter Services," then click on "Interpreter Services in Massachusetts Acute Care Hospitals." Top ten languages are:

>Spanish
>Portuguese
>Russian
>Chinese
>Haitian Creole
>Cape Verdean
>Vietnamese
>Arabic
>American Sign Language
>Albanian

## Modern Language Association Language Map Data Center

Maps and tables based on the 2000 US Census and 2005 American Community Survey. Go to: **www.mla.org/map_data&dcwindow=same** and choose from the drop-down menus. Top ten languages in MA are:

>Spanish
>Portuguese
>Chinese
>French
>French Creole
>Italian
>Vietnamese
>Russian
>Greek
>Khmer

## Birth Registry

When mothers give birth in a MA hospital, they are asked the language in which they prefer to read or discuss health-related materials. Contact the Registry of Vital Records and Statistics at 617-740-2620 for more information. For the period of 2006-2008 the top ten languages were:

- English
- Spanish
- Portuguese
- Other (aggregate of all languages except English, Spanish, and Portuguese)
- Haitian Creole
- Mandarin
- Vietnamese
- Arabic
- Russian
- Cantonese
- Cambodian

## Surveillance and Program-Specific Data

Programs with a disease-specific focus may use surveillance, enrollment, and hospital discharge data to identify patient demographics.

## Refugee Resettlement Program

Refugees from selected countries and regions are admitted to the US yearly. The Refugee and Immigrant Health Program has arrival information. Upon request, data can be provided at the regional or city level. Go to **www.mass.gov/dph/cdc/rhip/wwwrihp.htm**, click on "Programs" and then "Refugee and Immigrant Health Program."

## Race, Ethnicity and Language (REL) Data Collection

DPH has adopted regulations for the collection of race, ethnicity, and language information, requiring hospitals in Massachusetts to submit detailed data on all patients in order to more fully describe them. The goals are to assess health disparities and more effectively target programs. Gradually, community based health centers and DPH programs are adapting the proposed REL collection tool, which eventually will enable us to identify specific languages and detailed ethnicity backgrounds for the populations we serve.

## The Massachusetts Community Health Information Profile (MassCHIP)

Free, online access to MA health and social indicators, as well as demographic information from a variety of sources. Community-level data are available. Go to **http://masschip.state.ma.us/default.asp**.

# Spanish

## "Background

The Royal Academy of the Spanish Language has worked to maintain the uniformity of the language, at least in its formal written form, by deciding what constitutes "standard" Spanish. With more than 20 countries using Spanish as their primary language, having uniform, mutually understandable writing is challenging. To add complexity, consider that in these countries language has evolved independently for more than five hundred years. It is no surprise, then, that what might be standard, everyday Spanish in one country may not have equal meaning or affect in another. "

## Written Spanish: Neutral Spanish, Regional Variations, and Spanglish

When developing public health messages for an English-speaking audience, we tend to favor informal language, everyday speech, and even colloquialisms. This poses a challenge to translators. The best way to ensure uniformity in Spanish is to avoid regionalisms, slang, idiomatic expressions, and most of the techniques we favor when writing our English language materials.

In the interest of clarity, it is preferable to use a less standard word in a translation, or in extreme cases even Spanglish, than it is to risk hindering our audience's understanding of the message due to increasing the literacy level or using regional variations.

When buying translation services, or developing Spanish language materials, "US Spanish" should be requested. However, all translations should undergo a review by native Spanish speakers from different countries. For those working with medium-size and large translation firms, ask specifically for US-based translators. Translation agencies tend to outsource their services abroad, therefore increasing the chances that your Spanish translation may have lots of regional flavor.

## Regional Variations and Education Level

We should recognize that our target audience's main barrier to understanding our messages is actually literacy itself, not regional variations or word choice. In MA, 46% of Hispanic adults have a literacy level below basic.[4] Therefore, we should use plain language when writing all of our materials, especially if they are going to be translated.

## Spanish Speakers in Massachusetts

Spanish is the second most commonly spoken language in our state.[5] Speakers come from a variety of countries, educational backgrounds, and have varying degrees of acculturation. The census collects Hispanic or Latino race in four categories: Mexican, Puerto Rican, Cuban, and other. You may consult the U.S. Census Bureau to find out the geographic distribution of Hispanic or Latino race in MA. However, other information suggests that the primary Spanish-speaking groups are the following:

- **Dominicans and Puerto Ricans,** who account for the majority of the Spanish-speaking population statewide.

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[4] 2003 State Assessment of Adult Literacy and 2003 National Assessment of Adult Literacy.
[5] According to the 2005 American Community Survey, 7% of Massachusetts residents five years and older speak Spanish.

- **Central Americans,** represented primarily by Salvadorans, Guatemalans, Hondurans, and Costa Ricans.

- **South Americans,** primarily Colombians but also Venezuelans, Peruvians, and Ecuadorians.

- **Indigenous groups.** It is worth mentioning that the population of indigenous groups from Central and South American countries residing in MA has been growing steadily in recent years. The Southeastern (Fall River, Brockton, New Bedford, and Taunton) and Northeastern (Milford) regions are said to be home to these groups. There is indication that these are speakers of Quiche and Quechua, and that they may not be proficient in Spanish.

### Geographic Distribution in Massachusetts

According to MA Department of Elementary and Secondary Education data, the 10 school districts with the highest number of Spanish-speaking students in public schools during the 2008-2009 school year (in descending order) were Boston, Lawrence, Worcester, Springfield, Lynn, Chelsea, Holyoke, Lowell, New Bedford, and Revere.

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**Background**
Portuguese is spoken in Portugal (including the islands of Azores, Madeira and Porto Santo), Brazil, Angola, Mozambique, Guinea-Bissau, São Tomé and Príncipe, Cape Verde, East Timor, and Macau. In that vast area, the standard written language is very uniform, with small differences in spelling and grammatical structure. Educated Portuguese speakers usually have no difficulty understanding each other's writing (except when regional vocabulary is used). As for the spoken language, differences are more significant.[1]

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**Written Portuguese: Brazilian vs. European**
Rather than developing or translating materials in one or both variations of the language, programs should study the target population and decide the base variety of Portuguese to use. Materials should always undergo a review process that includes native speakers—preferably from different Portuguese-speaking countries—to ensure appropriate usage. For example, if a program is developing materials targeted for women of reproductive age statewide, it is preferable to translate into Brazilian Portuguese, because Brazilian immigrants tend to be younger in age. Particular vocabulary that is not common to other Portuguese-speaking countries can be corrected by either adding a second word or replacing the Brazilian term with alternative words or phrases that reflect a more universal type of Portuguese.

**Portuguese Speakers in Massachusetts**
Portuguese is the third most commonly spoken language in our state.[2] Speakers can be grouped in three broad categories.

- **Brazilians** account for the majority of recent arrivals and tend to be younger adults (46% ages 20-34; 24% ages 35-44[3]).

- **European Portuguese** speakers (Portugal, Azores, and Madeira) belong to a previous migration period, with its majority of Portuguese-only speakers now older adults and senior citizens. Having been established in the state longer, European Portuguese speakers are more likely to be acculturated and to have US-born adult children.

- **Cape Verdeans** speak a Creole dialect, but the official language of the country is Portuguese. Individuals who are literate will most likely speak Portuguese. For those who did not attend school in Cape Verde, as was often the case with women, Portuguese may not be a meaningful means of communication. Due to reporting often as "Portuguese," Cape Verdeans in MA might be undercounted.

**Geographic Distribution in Massachusetts**
According to MA Department of Elementary and Secondary Education data, the 10 school districts with the highest number of Portuguese-

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[1] Adapted from Modern Portuguese, a Reference Grammar. Mário A. Perini, Yale University Press, 2002.
[2] According to the 2005 American Community Survey, 3.54% of Massachusetts residents five years and older speak Portuguese. According to the same source, English and Spanish make up the first and second most commonly spoken languages, respectively.
[3] U.S. Census Bureau, 2000.

# Portuguese

speaking students in public schools during the 2008-2009 school year (in descending order) were Fall River, Framingham, New Bedford, Everett, Somerville, Marlborough, Lowell, Boston, Milford, and Malden.

According to the 2000 census, Brazilians are concentrated in three major areas:
- Boston and the North Shore – comprising principally Allston/Brighton, Somerville, Medford, Everett, Malden, Chelsea, and East Boston.
- Metro West – Marlborough, Framingham, and Milford.
- South Shore, Cape Cod, and The Islands – Barnstable, Yarmouth, Martha's Vineyard, and Nantucket.

European Portuguese are concentrated mainly in the Cambridge, Fall River, and New Bedford areas.

Cape Verdeans are concentrated in the Boston area (Dorchester, Roxbury, Quincy, Mattapan, and Randolph and an onset in Somerville/Cambridge), Brockton, Taunton, Fall River, New Bedford, and Cape Cod.

# Chinese [6]

**Background**
There are nine main dialect groups in spoken Chinese, of which Mandarin and Cantonese are the biggest. Most of these dialects are not mutually understood; a Cantonese speaker and a Hakka speaker will not necessarily understand one another easily. Mandarin is the official spoken language of the People's Republic of China – it is taught in schools and strongly encouraged by the Chinese government. Most educated mainland Chinese speak Mandarin, even those whose native tongue is a different dialect.

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## Written Chinese: Traditional Vs. Simplified
The most confusing thing about Chinese translation is that spoken Chinese dialects do not correspond directly with writing systems.

There are two main Chinese writing systems in use today: Traditional Chinese and Simplified Chinese. The Traditional script was in common use everywhere in the Chinese-speaking world until the 1950s, and is still used in Taiwan, Hong Kong, and many other places outside mainland China.

Simplified Chinese is the official writing system of the People's Republic of China. It was introduced by the government in the mid-1950s as part of an effort to increase literacy. In 1956 the Chinese government published the *Scheme for Simplifying Chinese Characters*, and over the next two decades the system was refined. The result was that over 2,000 commonly used characters were made less complicated.

## Choosing Traditional or Simplified Chinese
Simplified characters are used in mainland China, Singapore, and Malaysia. Traditional Chinese characters are used in Hong Kong, Taiwan, Macau and in most overseas Chinese communities. This means that a Cantonese speaker from Canton, China and a Cantonese speaker from Taipei, Taiwan might be able to understand each other in a spoken conversation, but would not be able to communicate in writing because each uses a different system. Often people who grew up with Traditional Chinese can figure out (with varying levels of difficulty) Simplified characters, but people who learned Simplified as a child will not understand Traditional Chinese without some study.

Although the writing systems can be used by speakers of different dialects, word choices and the meanings of characters can differ based on the dialect. Depending on where your translation will be used, you may need to adapt your document. Different Chinese-speaking audiences have different vocabularies, as language variations continue to develop over time. Units of measurement, currencies, local demographics, brand names, and different governmental structures must be taken into account.

## Chinese in Massachusetts
As is the case with most overseas Chinese communities, the predominant writing system uses Traditional characters.

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[6] Most of the information on this sheet was provided by Cetra, Inc.

According to the 2005-2006 FLNE Report, Cantonese was the most commonly spoken dialect of Chinese in MA public schools. Mandarin was the second most frequently encountered dialect, followed by the Taiwan, Fukien, and Shanghai dialects.

According to Birth Registry data, between 1999 and 2005 Mandarin was more commonly spoken by mothers giving birth in Massachusetts than Cantonese or any other Chinese dialect. This information may suggest that Mandarin is the emerging Chinese dialect in the Commonwealth.

Data on preferred writing systems are not available.

**Geographic Distribution in Massachusetts**
According to MA Department of Elementary and Secondary Education, the 10 school districts with the highest aggregate number of Chinese-speaking students in public schools during the 2008-2009 school year (in descending order) were Boston, Quincy, Newton, Malden, Lexington, Brookline, Winchester, Westford, Acton, and Shrewsbury.

# Haitian Creole [7]

> **Background**
> Massachusetts is home to thousands of Haitians. The two official languages of Haiti are French and Haitian Creole. All Haitians speak Haitian Creole, while only a small portion of the population can be considered fully bilingual in French and Haitian Creole. Traditionally, the two languages served different functions, with Haitian Creole being the informal, everyday language of all the people, regardless of social class, and French being the language of formal situations: schools, newspapers, the law and the courts, etc.

## Literacy

Haiti's education system was reformed in 1978. One major change was the use of Haitian Creole as the language of instruction in the first four grades. Until then, all grades were taught in French. According to the 1982 census in Haiti, more than 60% of the adult population was illiterate. More recent data (2003-2008) show a 62% adult literacy rate.[8]

The low literacy rates combined with several other factors – such as the formal introduction of Haitian Creole in schools as of 1978 – has at times resulted in conflicting language preference among Haitians. While the use of Creole is popular for oral communication, its written form may not be meaningful for those formally educated in French, or for people who do not have regular contact with written Creole.

## Choosing to Translate Written Documents into Haitian Creole or French

A series of focus groups sponsored by the MDPH in 2007 found that Haitians in the Metropolitan Boston area prefer to receive their written health information in Creole, not French. The focus groups further reported that whenever possible, bilingual formats should be used. The language pairs for bilingual documents should be Creole and French or Creole and English.

Video and audio formats have shown to be successful media to communicate health information to the Haitian population.

## Geographic Distribution in Massachusetts

According to MA Department of Elementary and Secondary Education, the 10 school districts with the highest aggregate number of Haitian Creole-speaking students in public schools during the 2008-2009 school year (in descending order) were Boston, Brockton, Randolph, Everett, Malden, Cambridge, Somerville, Medford, Waltham, and Lynn.

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[7] Most information on this sheet comes from "The Haitians, Their History and Culture," by Michele Burtoff Civan, Refugee Service Center, Center for Applied Linguistics (1994).
[8] http://www.unicef.org/infobycountry/haiti_statistics.html#67. Accessed June 2, 2010.

# Vietnamese

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## Background

The Vietnamese have been in Massachusetts for decades. Different waves of refugees settled in the Commonwealth during the '70s, '80s and early '90s, and, more recently, as immigrants. As a result, the Vietnamese community in MA is diverse in terms of age, educational background, degree of acculturation, etc.

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### Language Variation
Vietnamese has traditionally been divided into three dialect regions: North, Central, and South. These dialect regions differ mostly in their sound systems, but also in vocabulary (including basic vocabulary, non-basic vocabulary, and grammatical words) and grammar.[10]

### Translating Written Documents into Vietnamese
Here are a few things to consider when translating into Vietnamese:

- Some translation companies send their translation jobs abroad. Similar to other immigrant groups, there is a difference between how language is used in Vietnam and how it is used by Vietnamese immigrants in the US. Vietnamese literacy levels between refugees or early settlement immigrants may be different from that of the newly arrived. Make clear to the company that your audience is Vietnamese readers living in the US and, as such, neutral, standard terms should be used. Whenever possible, request a US-based translator. Make sure to use simple explanatory terms and not high level terminology.
- Always have your translations reviewed internally or by end-users. When possible, the translation must be reviewed by more than one person.
- Vietnamese script uses the Latin alphabet with an extensive and complex combination of diacriticals over and below vowels. Therefore, most computers won't readily display it. Always have PDFs of your final documents and ask translators to provide you with the fonts they used. Also, ask to have the document completed using the UNICODE font type.
- Video and audio formats have shown to be successful media to communicate health information to the Vietnamese population.

### Geographic Distribution in Massachusetts
According to MA Department of Elementary and Secondary Education, the 10 school districts with the highest aggregate number of Vietnamese-speaking students in public schools during the 2008-2009 school year (in descending order) were Boston, Worcester, Quincy, Randolph, Malden, Springfield, Everett, Lowell, Lynn, and Lawrence.

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[10] http://en.wikipedia.org/wiki/Vietnamese_language. Accessed June 3, 2010.

# Khmer / Cambodian

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**Background**
The city of Lowell alone is home to more than 25,000 Cambodians. Lowell, Massachusetts has the second largest Cambodian population in the US. Many immigrated to the region during the late 1970s/early 1980s resettlements, fleeing from political persecution and genocide.

## Literacy

According to the CIA World Factbook the literacy rate in Cambodia is 73.6%.[9] Other sources cite much lower rates. Adult literacy rates for males are considerably higher than those for females. One of the most alarming facts about literacy in Cambodia is that rates have remained unchanged for many years.

## Translating Written Documents into Khmer

Here are a few things to consider when translating into Khmer:

- Some translation companies send their translation jobs abroad. However, there are differences between how language is used in Cambodia and how it is used by Cambodian immigrants in the US. Literacy between refugees or early settlement immigrants is different from that of the newly arrived. Therefore, whenever possible, request a US-based translator. Make sure to use simple explanatory terms and not high level terminology
- There are significant differences in how language is used by different age groups. Academic language is often more difficult to understand than lay terms or the everyday language used in the community. Therefore, make sure the target audience is clearly defined to the translator, including age group.
- Always have your translations reviewed internally or by end-users. When possible, the translation must be reviewed by more than one person.
- Khmer script (abugida) is complex and most computers won't readily display it. Always have PDFs of your final documents and ask translators to provide you with the fonts they used. Also, ask to have the document completed using the UNICODE font type.
- Video and audio formats have shown to be successful media to communicate health information to the Cambodian population.

## Geographic Distribution in Massachusetts

According to MA Department of Elementary and Secondary Education, the 10 school districts with the highest aggregate number of Khmer-speaking students in public schools during the 2008-2009 school year (in descending order) were Lowell, Lynn, Fall River, Lawrence, Revere, Attleboro, Worcester, Boston, Chelsea, and Easthampton.

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[9] https://www.cia.gov/library/publications/the-world-factbook/geos/cb.html. Accessed on 04/26/2010.
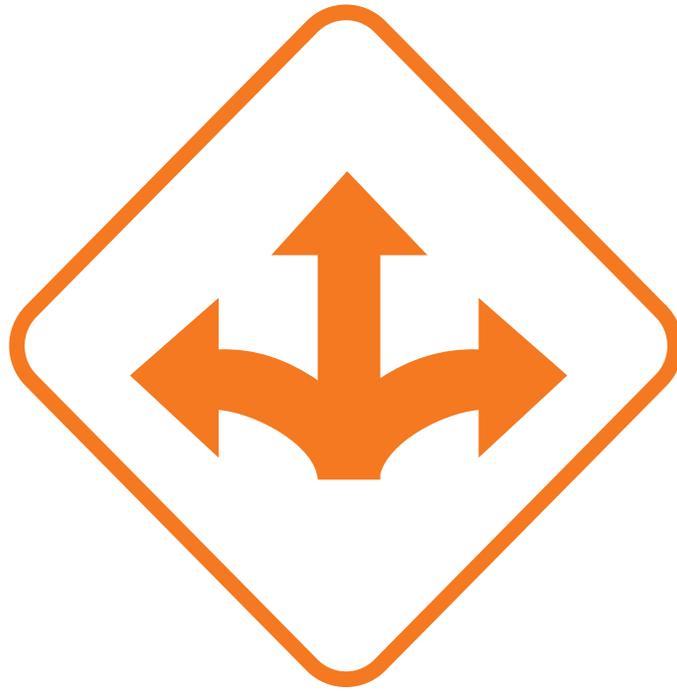
# Translation Guidelines

**T**he OPHSC coordinates the translation of written materials department-wide. If your program is in the process of developing health education materials, or has developed materials that need to be translated, please read the following guidelines.

For questions or technical assistance, contact the Office of Public Health Strategy and Communications.

Office of Public Health Strategy and Communications
Revised October 2010

## Translation Guidelines

The OPHSC's translation guidelines are specific to health-related documents. The process can be divided into three broad steps. They are:

1. **Preparing materials.** The English text is evaluated for readability, clarity and cultural appropriateness. A translator is chosen.
2. **Translation.** The initial translation is performed.
3. **Revision/Editing.** The translation is given to a second translator for revision, and then is field tested with the target audience. In the past, the department's efforts to ensure quality translation included a 'back-to-English' translation. However, experience suggests that back translation is ineffective.

### How the Office of Public Health Strategy and Communications Can Help

OPHSC can assist you throughout the translation process to:
- Include language in your Scope of Services to assure translation cost is incorporated in your project.
- Ensure correct reading level, appropriate cultural content, and translatability of the English document.
- Identify appropriate languages for translating your document.
- Develop a translation budget.
- Identify a competent and high quality translator from the state-wide vendor list.

### General Recommendations
- **OPHSC recommends that translation costs be included when planning or developing health education materials.** If you are working with a marketing agency for the creation of your materials, OPHSC will help you develop an appropriate Scope of Services that includes translation and review.
- OPHSC recommends that a conceptual translation be used for health education materials, as opposed to a word-for-word, sentence-by-sentence translation. This method allows the translator to select from a variety of ways to express the message to the target audience. The use of a non-literal methodology conveys the intended message in a more culturally relevant way than the use of literal or a word-for-word translation.
- Use two translators – one for the initial translation and the second to review and edit the translation, checking for accuracy, tone, and appropriateness. The translators should be from different sources: either translation agencies or independent translators. **Utilize the services of paid professional translators only.**
- Whenever possible and appropriate, you should have your English materials field-tested prior to getting them translated. Translated materials, too, should be tested. A simple way of doing this is by working with community providers, community residents, and/or DPH staff. They can review your documents and provide valuable input. Utilize OPHSC's in-house translation review guidelines when working with peer reviewers. OPHSC can help you plan this process.

## Translation Guidelines

**Steps in the Translation Process**

1. Prior to the assignment of work to a translator:

   a. **Materials Review:** Program staff should carefully review the document to be translated to ensure:
      - Appropriate reading level for the target population.
      - The language is simple and clear.
      - Messages and illustrations are culturally appropriate.
      - Document is appropriately formatted for accessibility, as recommended by the Healthy Aging & Health and Disability Unit. For more information contact them at 617-624-5070.
      - Document prints clearly in black and white if it will be posted on the internet for public download.
      - If contact information is listed, program must have capacity to interface with people who are LEP. In most cases, having Telephonic Interpreter Services solves the issue. The availability of such services should be listed on your materials.
      - Available space for the translated text (text may increase or decrease depending on the target language for translation).
      - The document to be translated has been finalized.

   b. **Contracting with a Translator/Agency:** The OPHSC maintains a list of individual translators and translation agencies from which program staff should make their selection. This is the list of vendors under OSD contract PRF30, Foreign Language Interpretation (In-Person) and Translation Services. PRF30 is due to expire in 2011, when it will be replaced by contract PRF48. A complete list of languages and maximum rates can be found on **http://www.comm-pass.com**. Paid translators are responsible and therefore liable for their work. If you use unpaid peer translators, and a translation problem arises in the future, no one can be held accountable for those problems. Therefore, it is important that translations be performed by an individual or through an agency under this vendor list.

   c. **Budget & Timeline:** The OPHSC can help you determine an appropriate budget for the translation project. Current state approved contract rates may vary, but are anywhere between $0.18 and $0.50 per translated word depending on the target language. Similar rates are charged to review/edit. Additional costs for desktop publishing and formatting may be charged. Program staff should request a detailed, itemized estimate in writing from the translator/agency including turnaround time, per word price, formatting, editing, implementation of peer review edits, and project management fees **prior** to contracting with a translator. Program staff should develop a realistic timetable for the completion of a translation, including time for review and revisions.

## Translation Guidelines

Please note: to ensure a quality translation, you should have it proofread/edited by a second translator. To reiterate, the second translator reviews and/or edits the translation checking for accuracy, tone, and appropriateness.

- When working with a translation agency, ensure that editing by a second translator is provided and that this cost is included in the price estimate.
- When working with an independent translator, be mindful that the cost for a second translator/editor needs to be included in the budget.

2. **At the time of assignment of work to a translator:**

a. **Selecting Translators:** Once you've chosen a translator/agency, program staff should discuss the following with the translators: the purpose of the material, the appropriate reading level of the target population, key health messages, and terminology specific to the message. The translator needs to be encouraged to ask questions, because the quality of the translation is dependent upon the translator's understanding of the English document. If English materials were created by a marketing company, a contact person from the company and a phone number need to be identified for the translator to contact should he/she have any questions about the English document.

3. **After receiving the initial translation:**

a. The second translator will check style, grammar, accuracy, and comprehension of the messages. The second translator will also review the literacy level of the translation. During the review process, the following must be noted:

- Back-to-English translation is not a good quality assurance practice for DPH materials. The literacy level of a translation cannot be assessed by analyzing a back translation.
- Translator's footnotes may be used to explain difficult concepts. They should be used judiciously, as they can interfere with readability.
- Program contact information should disclaim the availability of Telephonic Interpreter Services (TIS). For example, "Assistance in other languages is available" should suffice. Contact the OPHSC for assistance with TIS.
- When listing other resources, place a disclaimer to inform readers that some of the options to communicate with the listed resources may only be available in English.

b. If discrepancies occur between the first translation and the revisions done by the second translator/agency, please contact the OPHSC. To maintain consistency from one translation to another, OPHSC has glossaries of terms commonly used in Spanish, Portuguese, and French by DPH programs. You can find these glossaries at: **www.mass.gov/dph/healthequity**.

## Translation Guidelines

c.  The finalized copy of the translated document must indicate (in English) the language in which it is written, so that the translation can be identified easily by distributors and DPH staff. The date or version number should also be indicated.

d.  Always keep backup copies of all translations. Ask your translator/translation agency to provide you with the final translation files on a CD. When your materials go to the printer, you will usually need to provide any design files, as well as the foreign fonts used in the translation. If your materials will be posted on a state Website, you will be asked to provide additional, accessible formats for all documents. For instance, if your final document is a PDF, you will have to provide a text-only Word or RTF document for visually impaired readers who use screen reader software.

# Translation Request Worksheet

## Contact and Fiscal Information

1. Date:
2. Program:

3. Bureau:
4. Contact Person:

5. Phone:
6. E-mail:

7. Project Title:

8. Deadline:
9. Marketing Agency or Subcontractor:

10. Have funds been identified for this project?:
    ☐ Yes   ☐ No

## Project Information

11. In addition to translation, will you need any of the following?:
    ☐ Formatting
    ☐ Printing
    ☐ Other:

12. What format will be used to deliver the message?:
    ☐ Brochure
    ☐ Fact Sheet
    ☐ Poster
    ☐ Radio/TV Ad
    ☐ Other:

13. Languages to translate into (select all that apply by holding down CTRL):

    ☐ Other:

## Audience

14. Who are your primary and secondary audiences? Please identify the following: gender, age group, ethnicity, race, country of origin, literacy level, etc:

15. What is the critical message you are trying to convey? Please list at least three main points you're trying to make?

16. Have these materials been pre-tested with the target audience?
    ☐ Yes   ☐ No

17. Which cities/regions are your materials going to be used in?

18. What is the context in which your materials will be presented to the audience?
    ☐ Face-to-face (health care professionals to patient, peers, family members)
    ☐ Group delivery (worksite or classroom)
    ☐ Mass media (radio, television, magazines, direct mail, billboards, newspapers)
    ☐ Community (libraries, employers, schools, malls, health fairs, local government agencies)

# Translation Checklist ✓

## Preparing to do Translations:

☐ 1. Contact the **Office of Public Health Strategy and Communications (OPHSC) at** for technical assistance and to obtain a list of qualified translators/agencies. All translation projects must be undertaken in consultation with the OPHSC.

## Steps in the Translation Process:

☐ 1. Determine target audience, their language, ethnicity, reading level, and other factors. Refer to the Foreign Language Guide in the Translation Toolkit.

☐ 2. Develop a list of key health messages the document will convey.

☐ 3. Contact the OPHSC to coordinate development of materials.

☐ 4. Work with individuals from the identified language/ethnic group to ensure materials are appropriate.

☐ 5. Choose potential translators form the state wide contract.

☐ 6. Complete Translation Request Worksheet.

☐ 7. Obtain an itemized estimate in writing from the translator/agency to establish per word cost, turnaround time and project management fees, and to document any special instructions prior to assigning the project to the translator.

☐ 8. Develop a budget and time-line for translation completion.

☐ 9. Make arrangements to ensure translation will be proofread/edited by a second translator, either by requesting this service from the translation agency when obtaining a cost estimate or, if working with an individual translator, by selecting a second translator to perform proofreading/editing services.

☐ 10. Review key messages and technical terms with the translator and go over translation process.

☐ 11. Field-test the first draft of the translation with community providers, community residents, and/or DPH staff. When performing peer reviews, forward the In-house Translation Review Guidelines and Quality Assurance Form to the reviewer, along with the translation and the English originals.

☐ 12. Negotiate any changes or discrepancies, if needed, by utilizing DPH's glossaries at **www.mass.gov/dph/healthequity** or by contacting the OPHSC.

☐ 13. Make sure that the final translation document includes a reference, in English, to the document title and the language into which it has been translated. This will allow DPH staff and distributors to identify the language for distribution purposes.

☐ 14. Have final typeset copy proofread by translator before the document is printed.

☐ 15. Make a backup copy of final translation, design files, and fonts – especially foreign language fonts. Be sure to have alternative, accessible formats (e.g. PDF, .doc) for all documents that will be posted online.

# Translation Quality Assurance Form

Date:

Project Title:

Agency/Translator's Name:

Edited/Proofread By:

Languages (select all that apply by holding down CTRL):

How would you rate this translation overall?:

☐ Excellent
☐ Good
☐ Average
☐ Below Average
☐ Unacceptable                              ☐ Other:

## Please Check Off the Appropriate Box for Each:

| STATEMENTS | STRONGLY AGREE | AGREE | NOT SURE | DISAGREE | STRONGLY DISAGREE |
|---|---|---|---|---|---|
| **Loyalty:** I read both the translated and English texts and I understand the same message from both documents. | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Accuracy:** I read the translated text and I get more information or different information than reading the English text. | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Register:** I find the language in the translated text more difficult to read/ understand than the English. | ☐ | ☐ | ☐ | ☐ | ☐ |
| **False Cognates:** I read the translated text and think I would not understand it as well if I didn't know English. | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Appropriateness for Cultutre/ Audience:** The translated message sounds offensive or inappropriate to me. | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Grammar and Style:** The translated text has grammatical mistakes, punctuation errors and format problems. | ☐ | ☐ | ☐ | ☐ | ☐ |

Recommendations/Comments:

# In-House Translation Review A+

Employees reviewing translations and those requesting internal reviews should follow these guidelines to ensure quality and to record translation vendor performance.

Please forward to your internal reviewer: the translated documents, a copy of the English originals, these guidelines, and the OPHSC Translation Quality Assurance form.

- **Peer reviewers should focus on two areas: errors and context barriers.** The reviewer's task is to correct mistakes and to point out contextual barriers by offering constructive feedback and suggestions for improvement. Reviewers should not concentrate on style. Ask yourself: is this really an issue or is it a matter of taste?
- **Peer reviewers should be native speakers.** Please consider regional differences of the language. For example, Spanish varies greatly among countries and regions. Before deciding that a word or expression is incorrect, double check to make sure that word is in fact incorrect and not a word that sounds foreign only because you are not accustomed to using it. Remember that our US audience comprises a variety of speakers from different countries and regions. Therefore, we must make a conscious effort at including those variations in our translations.
- **Observe language level.** Most materials are written in a low reading level (below 8th grade). Make sure the translation maintains the same tone and reading level as the original, as long as this is not inappropriate or offensive for your audience. Look for words and phrases that our US immigrant population may not understand because of literacy issues.
- **Use the track changes and commenting tool to annotate your changes.** Click on the "tools" menu and choose "track changes". If your computer doesn't have the capacity for certain alphabets and characters, contact the OPHSC for assistance. If you are reviewing PDF documents, Adobe complete has commenting tools. If you do not have the full version of Adobe, print out the documents and hand mark them clearly. Most translators/translation agencies accept hand written comments as long as they are legible.
- **Maintain consistency.** The OPHSC keeps glossaries of terms in Spanish, Portuguese, and French commonly used by DPH programs. Visit: **www.mass.gov/dph/healthequity**. The OPHSC has dictionaries and reference materials.
- **Footnotes.** You may suggest the use of a translator's footnote to clarify difficult concepts.
- **If you have many concerns or extensive comments,** write them down and contact the translator/translation agency to discuss them further.

For questions or technical assistance, contact the Office of Public Health Strategy and Communications.