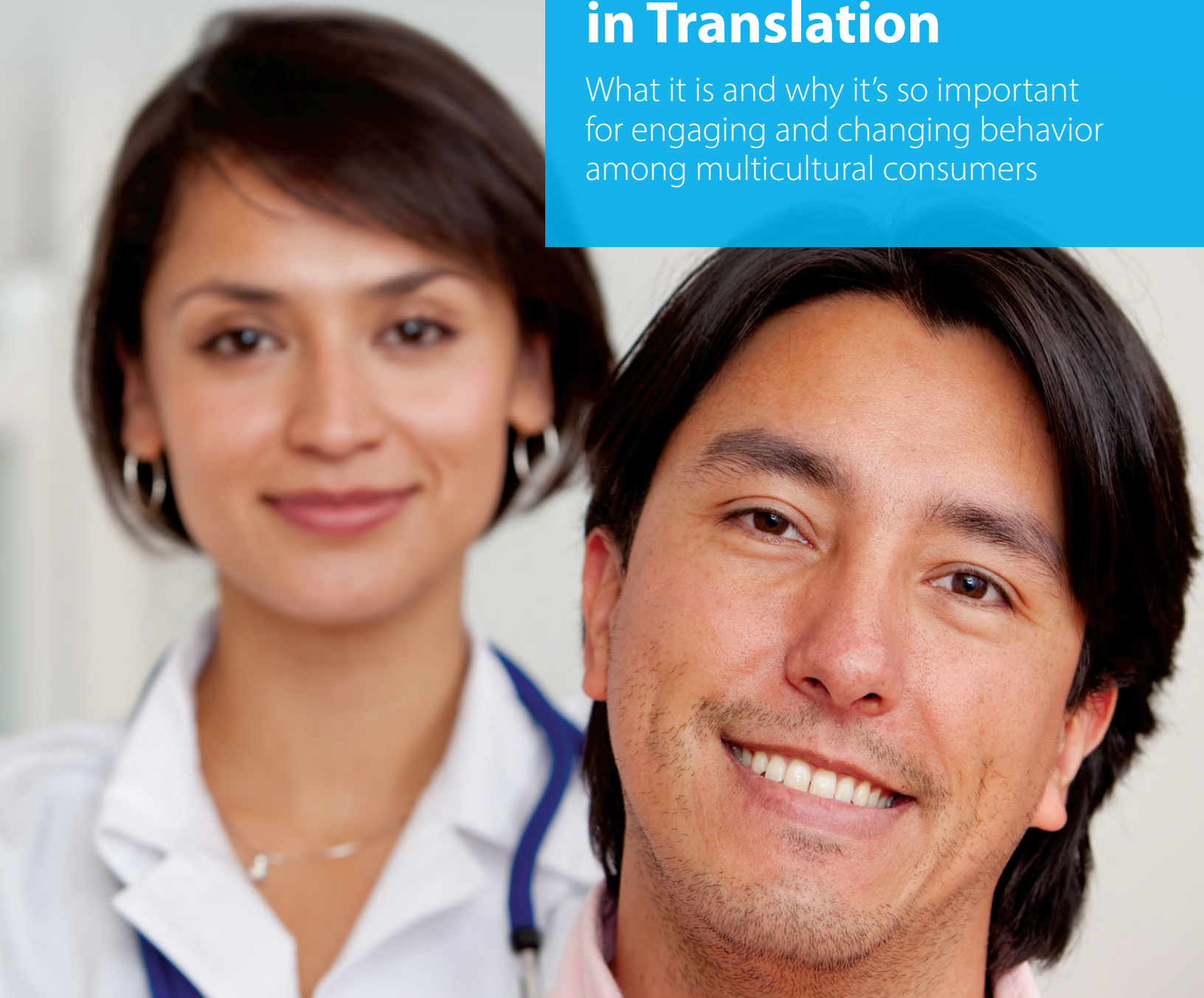




The Importance of Cultural Adaptation in Translation

What it is and why it's so important for engaging and changing behavior among multicultural consumers



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Translation - Cultural Adaptation - Localization - Culturalization

For healthcare organizations seeking to engage fast growing multicultural markets, there is strong scientific evidence that using the same English language materials with all consumers simply doesn't work. The ability to effectively market and communicate to diverse groups is not just the "right thing to do", it is a business necessity in today's competitive healthcare market place.

Without these capabilities: health plan members switch to competitors; RFPs are lost; disease management participants drop out; consumers stop taking medications and patients fail to show up at hospitals. And in 2010, both JCHCO and ARQH include compliance with the Culturally - and Linguistically-Appropriate Standards (CLAS) as an official part of their scoring.

But figuring out how you can make your communications, marketing or health programs resonate better with multilingual consumers can be confusing. Common questions and concerns include:

- ⊗ What are the real differences among translation, localization and cultural adaptation? *Do I really need to culturally adapt everything?*
- ⊗ I know there were sub-groups even within the same language group (e.g. Mexican-and Cuban-Americans). *Do I have to culturally adapt for each of these groups?*
- ⊗ What is the process for cultural-adaptation? *How do I figure out what needs to be translated and what should be culturally-adapted?*
- ⊗ What is the right cost-benefit balance? *How can I get the maximum impact for the lowest financial investment?*
- ⊗ How am I going to keep all of these versions in-sync and up-to-date with my English material? *What about the new content management system I just bought?*

The goal of this white paper is to provide a practical guide to cultural adaptation for healthcare. The insights and best practices included in this paper draw on both the scientific literature as well as HolaDoctor's ten years of experience providing translation, cultural adaptation and cultural optimization services to some of the country's largest and most prestigious healthcare institutions.



We briefly define the key terms below.



Original Text: In the U.S., this material is originally developed in English. It's most commonly done for the general market.

Translation: The conversion of original text into another language. High quality translations are never literal translations, but give priority to the meaning and intention of the original text (MDH, 2000).

Cultural Adaptation: Is the process of adjusting health messages to the intended audience by incorporating their cultural heritage, language, and ethnicity. It is about finding cultural equivalents (e.g. words, examples, pictures) so that information is accurate, but more relevant and understandable to the different cultural audience (CAMH, 2007).

Cultural Adaptation – Original Language: English-language material can be culturally-adapted in English for second and third generation immigrants and, as described below, is also a key step in the cultural adaptation process.

Localization: Some people use localization interchangeably with cultural adaptation. Localization is more frequently used in relation to preparing technical documents, software or websites for other countries.

Cultural Optimization: This is the development of content or material directly for the target culturally group.

Cultural Validation: This is the testing of culturally-adapted/translated material with the intended audience prior to widespread dissemination.

THE SCIENTIFIC EVIDENCE

Recent articles of studies on alcoholism (Field et al, 2015), breast cancer (Meneses et al, 2015), stroke (Gardois et al, 2014), depression (Ramos et al, 2014), weight loss (Corsino et al, 2012), and diabetes (Marrera et al, 2012; Osuna et al, 2011) have each documented the importance of culturally-tailoring messages and processes for effective behavior change. A detailed analysis of the scientific literature is outside the scope of this white paper, but the key concepts common to all of these are below..

Cultural adaptation and translation of content are integral, yet not the only required elements for the delivery of culturally competent interventions and positive health outcomes among multiethnic populations. Kreuter et al. (2003) have presented a conceptual framework that categorizes strategies to promote cultural competence in program development into five areas: peripheral, evidential, linguistic, constituent-involving and socio-cultural. A brief description and examples of each of these is presented in Table 1.

Category	Description and Goals	Examples
Peripheral	Enhances receptivity and acceptance of program and materials	Colors, images, slogans that reflect the target group
Evidential	Facts and evidence on the health topic specific to the target group	Hispanics have twice the prevalence of diabetes as non-Hispanic whites
Linguistic	Aimed at increasing accessibility and understanding of materials	Translation of materials into another language
Constituent-Involving	Enhancing the understanding and “buy-in” of program	Includes lay and professionals from target community
Socio-cultural	Incorporate cultural values, beliefs, characteristics	Hispanics believe diabetes is caused by XYZ

Table 1. Strategies to Promote Cultural Competence in Health Program Development (after Kreuter et al., 2003).

Although the challenge of offering cultural competence healthcare interventions, and therefore the scientific literature is complex, the practical conclusions are fairly simple:

- A** English-language, non-culturally adapted health information is ineffective among multilingual, multicultural consumers,
- B** Translated versions of these materials is better, but
- C** Culturally-adapting information to specific ethnic groups has a significantly higher engagement and
- D** Culturally-optimized content is the best. That is, content that has been developed from scratch, specifically for a target ethnic or culturally group.

HITTING THE MARK WITH HEALTHCARE COMMUNICATIONS AND MARKETING

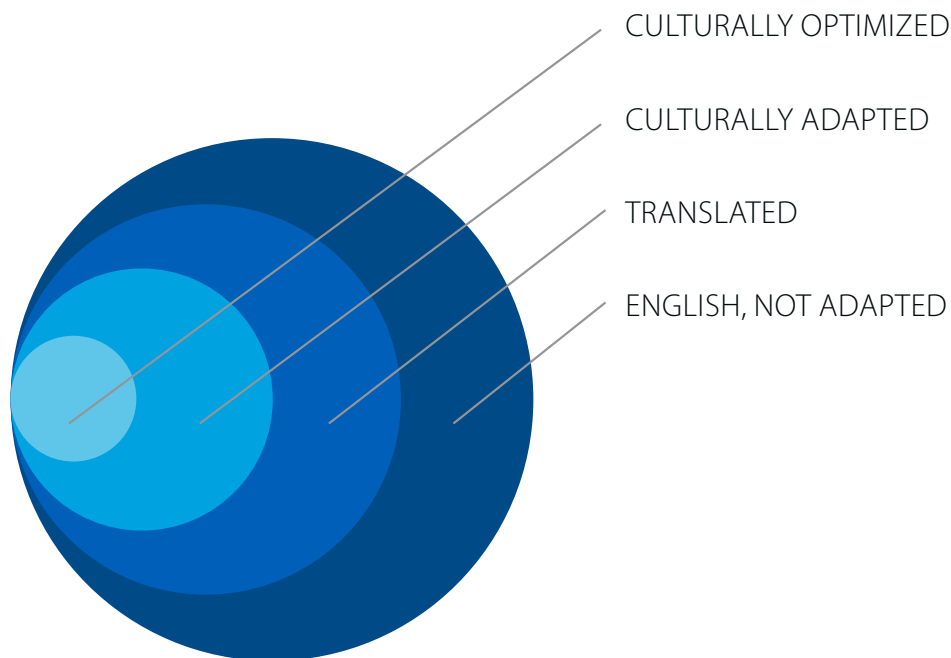


Figure 1 presents a graphical representation of how to “hit the mark” with healthcare communications for diverse populations.

At HolaDoctor, we examine content for cultural adaptation across four specific domains:

Language: Is the reading level too high, technical or complex. Are there phrases? Note that this is not translation, yet.

Graphics and Look & Feel: Are there opportunities for pictures and graphics that more closely reflect the target audience?

Facts and Examples: Places to insert or replace facts about the target cultural group and more relevant examples of, for example, foods, recipes, and activities.

Beliefs and Values: Is the article, content or program targeting a health condition for which there are strong cultural beliefs or values?

THE CULTURAL ADAPTATION PROCESS

At HolaDoctor, we have worked to make the potential complex process of cultural adaptation easy and affordable. Here's how we do it, in five steps:



- 1 Content Review and Client Alignment
- 2 Cultural Adaptation Analysis
- 3 Cultural Adaptation of English Text
- 4 Translation
- 5 Cultural Validation and Medical Review

These five steps are described in detail below.

1 - Content Review and Client Alignment

The first step in the process is making sure that we have a deep understanding of the client/partner's existing content or program, future goals related to multicultural markets, available budget, and timelines.

Taking these factors into account, and consultation with the client, we do an initial screen of the content that is to be translated/culturally adapted. The goal of this step is to do a high level assessment of how much material there is and which should be translated, cultural adapted or left as original text. This review will also include discussions of how the content will be managed, both during the initial translation/cultural adaptation as well as, and even more importantly, with up-dates going forward.

Example: A hospital may want a Spanish and Chinese version of their website, but not have the budget to convert the whole thing. An initial assessment will identify priority areas for translation (e.g. maps to hospital), culturally adapted (e.g. dietary guidance for diabetics) and those that should be left as is (e.g. financial statements).

Deliverable(s): A detailed proposal and work plan with budget and time line.

2 - Cultural Adaptation Analysis

The next step is to conduct an in-depth analysis of the sub-set of articles that could benefit from cultural adaptation.



Deliverable: The Cultural Adaptation Analysis produces a color-coded and prioritized document detailing opportunities for cultural adaptation. The client is able to review these recommendations, often along with internal diversity or disparities staff, and elect to go ahead with some or all of suggestions

3 - Cultural Adaptation of English Text

Once the areas of cultural adaptation are agreed upon, the content provider or content adaptation service provider develops a culturally-adapted version of the English text.

Deliverable: Culturally-adapted version of English text, as well as agreed upon modifications to graphics and look & feel.

4 - Translation of Culturally-Adapted Text

The culturally-adapted version of the English text and materials is sent to translation and production. The translation process should be the same, high-quality translation process used for standard, non-culturally-modified material. Best practices for translation of healthcare content is presented in a separate white paper (Schroeder et al, forthcoming).

5 - Cultural Validation and Medical Review

The final step in the process is validation of the new, culturally appropriate materials with a small sample of the target audience. If the material is highly technical, this may also include review by ethnically native medical professionals to assure that the materials remain technically accurate while capturing the cultural nuances that will make it more effective.

MANAGING THE CULTURALLY-ADAPTATION PROCESS AND UP-DATES

One of the justifiable concerns with culturally adapting content is managing the cultural adaptation process and up-dates. Especially in the health and medical field, the original English language content will be frequently up-dated.



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