Methodology for Translation of PRAPARE into non-English Languages
April 2019

Purpose of PRAPARE Assessment Tool Translation

Since nearly 1 in 4 health center patients are best served in a language other than English (UDS, 2016), the PRAPARE team engaged in a process to translate the PRAPARE tool into non-English languages to extend accessibility to all vulnerable populations. The purpose of this document is to provide context for users of PRAPARE about the methodology utilized for translating the English PRAPARE tool into non-English languages. Further questions can be addressed to prapare@nachc.org.

PRAPARE Translation Methodology

1. **Language Selection:** We first conducted an environmental scan on the most common languages requested across health centers in the field as well as data on the most common languages for vulnerable populations nationwide. These data were used to make decisions on final selection of languages for translation.
2. **Selection of Translation Vendor:** The translation vendor was chosen based on qualifications as well as history working with the three PRAPARE partner organizations and health center members to ensure experience and appropriateness of translations for vulnerable populations. Other considerations included the breadth of language capability of the vendor to facilitate uniformity and feasibility of translation. All translators were ATA certified, graduates of translation schools with BA or MA degrees, and members of official translation and localization organizations. Additionally, all translators possessed the following industry experience:
   a. Possessed at least three years of full-time professional translation experience
   b. Completed a university degree or equivalent industry experience.
   c. Possessed accreditation by at least one related professional organization, such as the ATA, Federal and District Courts, State Department, the United Nations, or professional translation organizations in their native country
3. *Translation*: For each language, the PRAPARE assessment tool was translated, edited, and proofread by three different professionally vetted, and trained linguists through the Translation Vendor.
4. **Community Review**: Once the PRAPARE tool translation was completed by the vendor, the PRAPARE team worked with health center or health center association staff to complete a review of the vendor translations to validate the acceptability and applicability of the translation to community health center or vulnerable patient populations. Community translators rated the translations based on a "Multilingual Rating Form" below developed by the PRAPARE team and were asked to make suggestions to improve the translations. Primary review consisted of domains of Accuracy, Cultural Appropriateness, and Ease of Understanding. Staff rated these domains on a scale of one to five ("completely disagree" to "completely agree"). The PRAPARE Staff also asked community translators to review the translation using a similar rating form with their patients where possible.
5. **Revision/Editing and Finalization**: After receiving the community reviews, PRAPARE staff considered the translations to be adequate if the translations received community review scores of 13 or higher, denoting a mean score that was higher than "agree" for each of the three review domains. If the

primary review ratings totaled 12 or less, the PRAPARE team asked the Translation Vendor to re-review the translation and community suggestions for improvement. A master table was developed to track all reviews. The Translation Vendor worked with their translators to make revisions based on the community reviews and returned a second revision of the translations to the PRAPARE team. The second version of the translations were then sent back to the community reviewers who conducted another round of review and ratings. Using the previous process, if the translations were rated an average of 13 or higher, then the PRAPARE team evaluated the translation to be adequate. In some cases, the communities suggested further revisions, which were subsequently made, reviewed by other community staff, and judged to be adequate once the translation was given a rating of 13 or higher.

6. **Additional Field Testing**: The PRAPARE team considers the development of the tool translations as an iterative process. Even though these translated versions have been validated and vetted by professionals and native speakers, they still may not work in every community. We therefore are interested in hearing further feedback from the field about the appropriateness and validity of the translations. If health centers have administered the tool with their patients, we would appreciate hearing feedback by completing this brief survey about your ratings and suggestions from your clinic experiences with the translated tools. Our hope is that these efforts can help bring the translated tools to scale and that we can share your best practices and lessons learned from users' initial experiences.

Acknowledgements

The National PRAPARE Team would like to thank all the community reviewers for their their valuable collaboration in the review of the PRAPARE translations and for their dedication to improving the lives of vulnerable limited English proficient populations across the nation.

Multilingual Evaluation of PRAPARE

Instructions:

1. Please read through the entire PRAPARE tool objectively, keeping in mind the priority population.
2. Evaluate the PRAPARE tool based on the accuracy and appropriateness of the linguistic translation, cultural appropriateness (see definition below) of the information, and the overall content of the material.
3. The definition of culturally appropriate is as follows:
   "Culturally appropriate refers to an unbiased attitude and organizational policy that values cultural diversity in the population served; reflects an understanding of diverse attitudes, beliefs, behaviors, practices, and communication patterns that could be attributed to race, ethnicity, religion, socioeconomic status, historical and social context, physical or mental ability, age, gender, sexual orientation, or generations and acculturation status; and awareness that cultural differences may affect health and the effectiveness of health care delivery; and knowledge of disease prevalence in specific cultural populations, whether defined by race, ethnicity, socioeconomic status, physical or mental ability, gender, sexual orientation, age, disability, or habits."[1]
4. OPTIONAL: Test the PRAPARE tool on 3-5 patients. See the sample questions to ask patients on page 2 of this form.
5. Complete sections I and II on the evaluation form.
6. Please return your survey with completed evaluation and translated PRAPARE tool with any suggestions using MS Word track changes function within 30 days of receipt**.**

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[1] "Healthy People 2010 Objectives", Office of Disease Prevention and Health Promotion, 200 Independence Avenue, SW, Washington, DC.

I. EVALUATOR INFORMATION:

Name:	Date of Review:
Language:	

II: EVALUATION:

Completely Disagree= 1   Do Not Agree=2   Neutral=3   Agree=4   Completely Agree = 5

Please rate the translated PRAPARE tool for the following areas:

	Evaluation	**Score (1-5)**	**Comments**
TRANSLATION	The translation is: a. accurate b. culturally appropriate c. easy to understand	a. ____ b. ____ c. ____	
PATIENT EXPERIENCE (OPTIONAL)	From the patient perspective, the translation is: a. accurate b. culturally appropriate c. easy to understand	a. ____ b. ____ c. ____	

ADDITIONAL COMMENTS:

Thank You!

Cognitive Interview of PRAPARE Tool

Helpful Questions to Ask Patients:

1. Do you understand what the questions are asking of you?
2. Did you understand all of the answer choices?
3. Was the question easy for you to answer?
4. Would you answer this question on a registration form at this health center?
5. Do these questions allow you to tell us about your current health risks?
6. Do you think this information is important for your health center staff to know about you?

Helpful Questions to Consider for Staff Administering the PRAPARE Tool:

1. Did you need to repeat any part of the question to the patient?
2. Did the patient ask for clarification or qualify his/her answer?
3. In general, how attentive was the patient in answering these questions?
4. How much difficulty do you think the patient had in understanding most of the questions?