



POLYGLOT

Polyglot Summer 1999

Physical Activity Campaign - how you can help

Multicultural Communication is supporting Phase IIb of the Physical Activity Campaign during March and April this year. As a way of celebrating the International Year of Older Persons, this phase of the campaign is aimed at men and women over 55.

Our target groups are Arabic, Cantonese, Greek, Italian, Macedonian, Mandarin, Portuguese, Spanish, Turkish and Vietnamese speakers.

The campaign will focus on:

- Community talks - these will be provided directly to the target groups
- Ethnic radio using radio ads as well as interviews with bi-lingual speakers
- Compiling and disseminating a NESB physical activity list, a detailed list of available ethno-specific physical activi-

ties (eg ethnic dancing or exercise classes with bilingual fitness leaders). These will be added to the list already collated in Phase II.

We need your help in two ways:

1. Let us know if you're in touch with target groups who have members aged 55 plus - we can then arrange for bilingual workers to give short talks, and to supply materials such as a list of NESB physical activities, and giveaways such as T-shirts and caps.
2. By contributing to our NESB physical activity list. Let us know of any groups or services providing physical activities for specific language groups.

For more information contact Michael Camit (02) 9382 8138.

Changes to the Team at Multicultural Communication

Milica Mihajlovic (nee Stanojev)

Milica worked with our Service for just on 12 months and assisted in the many projects undertaken by us during 1998. She recently married and has left us to travel with her husband for an extended period of time.

Barbara Tink

Barbara worked with us for most of 1998 and established and maintained our Library. She has moved on to a full-time position outside of the health system.

We thank them both for their past services and wish them well.

Alicia Lai

Alicia is a Master of Public Health student on placement from the UNSW. She is assisting Wendy Harris with the development of the cervical screening media campaign to encourage Spanish speaking women to have pap tests. Her major project, to complete her degree, will focus on evaluating an aspect of this campaign.

Report on Physical Activity Campaign Phase II now available

This campaign targeted men and women of NESB aged 35 to 55 and included the following strategies:

- Distribution of existing multilingual materials
- Use of ethnic radio ads supported by radio interviews with bilingual workers, quizzes and radio promotions
- Media releases on physical activity in English and relevant languages for the ethnic press

Our campaign report is now available from Multicultural Communication, together with our contact list of NESB physical activities.

Physical activity resources are also available in Arabic, Armenian, Assyrian, Bosnian, Chinese, Croatian, English, Filipino, French, Greek, Hindi, Indonesian, Italian, Japanese, Khmer, Korean, Lao, Macedonian, Maltese, Polish, Persian, Portuguese, Punjabi, Russian, Samoan, Serbian, Thai, Tongan, Turkish and Vietnamese.

Kidsafe Phone Survey

Multicultural Communication is undertaking a survey on behalf of Kidsafe about child pedestrian and child bicycle safety. The survey will measure the knowledge of child safety among parents and carers of children aged between 4-12 years. Phone interviews will be conducted throughout February with Arabic, Mandarin and Vietnamese speaking families.

Results from our Translation Survey

Thanks to a great response from all Area Health Services, we now know that 84 new multilingual resources were completed during the 1997-98 financial year. With the exception of two audio cassettes and two projects related to specific research, all were in the form of printed material.

The resources cover a broad range of issues, many of which could be very useful to health professionals across the State. Among the most popular topics were health services, pregnancy and post natal, mental health, rehabilitation and infant health.

In addition, there are 36 projects in the pipeline or awaiting funding.

In cases where resources are being duplicated, Clarita Norman has written to the authors concerned. This will enable them to contact people working on similar projects, if they wish.

Altogether, we had 112 responses about priority issues for translation projects for 1999-2000, and the most frequently suggested topics were health services, pregnancy, post natal and infant health, and heart health. Details of the findings will be published separately - keep reading *Polyglot* for more information.



New Catalogue

Negotiations are also underway to produce a comprehensive catalogue of translated material which combines the contents of the Health Columns catalogue, the Health Translation catalogue and the SWSAHS catalogue. This new catalogue will be available on the Internet and Intranet, as well as in hard copy, and the electronic version will be updated automatically each time a new entry is produced.

Multicultural Communication will negotiate with all the owners/producers of new translations to have copies of both the English and the translated versions on file, and will seek their agreement to having their material listed in the new catalogue.

Review of Multicultural Communication's services

Multicultural Communication is coming to the end of its first three year funding cycle and the Management Committee has commissioned an independent organisation to review the service.

This review will examine the output of the service against its performance contract, by examining its documents, as well as interviewing staff and stakeholders. It is anticipated that the process will be completed by the end of March, and a report with recommendations will be forwarded to Branches within the NSW Health Department which fund the service.

Child Protection Workshop planned for March

During our statewide consultations in 1998 to find out what kind of multilingual information health workers needed, the issue of child protection came up a number of times.

As this is such a sensitive topic, Multicultural Communication will hold a full day workshop in April to bring together workers in the child protection field with an interest in ethnic communities. We want to explore the issue further and establish what kind of information is needed (ie which aspects of child protection) and in which languages.

Our invitation list will include people from the health system, DOCS and the police, as well as non-government agencies, both ethno-specific and mainstream. If you're interested in this issue and would like to attend, call us with your contact details.

Look out for these new resources

- **Multilingual information now available on CD ROM.**

A CD ROM which contains all translated publications (over 98 HTS publications) formerly available from the Better Health Centre has been produced and distributed by Health Public Affairs, NSW Health Department to Area Multicultural and Health Promotion Co-ordinators and Public Affairs Officers. Areas can make further copies, if required. All these publications are also available on the Multicultural Communication Website and can be read or printed with Adobe Acrobat (a free computer program). If you are not familiar with this system ask the Systems Administrator in your work place to download and install Adobe Acrobat on your computer. Make sure that you complete sample prints before the System Administrator leaves your desk!!!! If you still have problems, call Wolf Sverak at Multicultural Communication on 9382 8149.

The Better Health Centre will inform callers from within the health system that Area Health Services now distribute the translations and BHC staff will provide contact details for the appropriate Coordinator. The BHC will provide single copies of translations to callers not within the health system.



- **Checking Checklist - Seven Steps When Checking Translations**

This is a new publication from Multicultural Communication and will be available in March this year. For more information, contact Terry Chesher on (02)9382 8104.

- **Newborn Screening: Test to Protect Your Baby**

This new publication (publication number – HPA 980140) is being translated into Arabic, Chinese, Indonesian, Japanese, Khmer, Korean, Serbian, Turkish and Vietnamese. It will be available from Areas, from Multicultural Coordinators, Health Promotion Coordinators or Health Public Affairs Officers or from the Multicultural Communication website <http://mhcs.health.nsw.gov.au>.

Report on the 1998 Smoke Alarm Program

Called *Smoke Alarms Wake You Up If There is a Fire*, this program targeted the Arabic, Chinese and Vietnamese communities.

A total of 3,433 smoke alarms were sold to the three communities.

Results of the program were presented and workshopped at the NSW Injury Prevention AHS Network and Training Days held on 18 to 19 November at the Swiss Grand Hotel, Bondi Beach.

A final report and research paper on the program are now available from Multicultural Communication, along with campaign materials such as TV ads and demonstration tapes in the target languages, posters and fridge magnets. For more information, contact Michael Camit on (02) 9382 8138

What our health columns said

November

- The “emergency” pill - an option to prevent unwanted pregnancy
- Preventable accidents often a cause of spinal injury
- Helping children with concentration problems
- Understanding food allergies
- Why are men less healthy than women?

December

- Making sense of depression
- A parents’ guide to holiday safety.

January

- Why children need immunisation
- How to help your doctor help you

February

- Successful treatment for impotence
- Is the baby too hot or too cold?
- It’s good thinking to start with breakfast
- Good health for your eyes

Change to contact details for the Better Health Centre

Mail address:

Better Health Centre
Locked Mail Bag 5003
Gladesville NSW 2111

Street address

Old Gladesville Hospital Site
Punt Road
Gladesville NSW 2111

Telephone 02 9816 0452

Fax: 02 9816 0492





Seven Steps: Part 1:

Guidelines for health staff checking translations¹

Multicultural Communication has produced these guidelines for checking translation work, to assist health staff in ensuring the quality of written translated health information. Part 1 of these guidelines is for health staff, where we discuss the process and rationale for checking health translations, and suggest steps to follow for anyone organising and costing a checking project. Part 2 is for checkers and outlines seven steps to follow when checkers are asked to review and report on a translation.

Health information written in English for the public should be clearly expressed in language that can be generally understood, and the same applies for information translated into other languages. For all translation projects intended to reach a wide audience, we recommend that health staff ask a qualified translator to check the quality of the translation. Translation is a complex process and even the best translator can inadvertently make mistakes, especially working to tight deadlines, or if the original English is unclear. Checking may add to project costs in the short term but in the long term often saves money, as any mistakes found can be corrected before funds have been spent on printing and distribution. It can also be used to ensure that a text, and any illustrations, are clearly laid out and appropriately presented to match the needs of the intended readers.

If the original English text was written in a medical register (in language at a level used by health professionals when discussing medical matters with each other), it will be translated into medical language. If checkers find that a translated text is written in medical jargon which will not be familiar to people who speak the other language, they can bring it to the attention of the project coordinator. In these circumstances it may well be that the English will need to be revised (then retranslated) to ensure it is understandable to average readers.

What do we mean by checking?

Checking involves review by a qualified translator of a translation for the accurate, appropriate transfer of meaning from one language to another. It involves a lot more than just proofreading for spelling, accents (diacritics) and punctuation. The task of the checker is to check that the meaning of all that the author wrote in English has been clearly conveyed by the original translator in the other language in the same register (level of language), and to report any translation errors that they consider must be corrected.

¹ **Seven Steps** is the second in a series of translation guidelines developed by Multicultural Communication. Also available is **Guidelines for health staff producing multilingual resources** with advice on how to handle a translation project. Copies from Multicultural Communication or you can download from this website.

What is the checker's role?

- to check that the meaning is clear, not to make changes just to alter the translator's style.
- to check for overall accuracy - whether all the information in the English is included in the translation
- to identify any mistranslations – whether there are serious mistakes which distort or cloud the meaning of any part of the text, or any inappropriate omissions or additions
- to find and correct any grammatical or typographical errors
- to provide a short report, typewritten in English, with explanations in English, of comments and corrections (with examples in other language as needed)
- if requested, to comment on the presentation of the text and illustrations in the language version: whether it is appropriate, or is of a different quality from the English version.
- to alert the project coordinator to anything which may be culturally unacceptable, or may even cause offence, and to suggest how it could be expressed more appropriately for the readership.

What is the project coordinator's role?

To supervise the checking process, contact checkers, negotiate tasks to be done, follow up on corrections suggested, negotiate fees and arrange payments.

Steps to follow at the start of the project:

- establish whether the translation is available on paper only, or in an electronic format (word processing file, pdf, etc). If so, obtain the file and eventually details of software and hardware used by the translator in each language
- decide exactly what you want the checker to check (e.g. content only, or presentation as well, or any illustrations)
- decide what further steps you will take once you have the checker's report
- do you have funds set aside to pay for changes, retranslation or retypesetting?²
- will you ask the checker to discuss corrections with the translator?
- if the translation is on paper, will you ask the checker or the original translator to retype?
- if in an electronic format, that can easily be amended (e.g. word processing file), will you ask the checker or the original translator to make changes?
- count the number of words in the English text on which the translation is based (this is the usual basis on which fees are calculated for translation, checking, retranslating and typesetting)
- identify who wrote the English and how they can be contacted if necessary
- find out whether the translator was asked to leave some terms or titles in English
- calculate the checking fee per language (varies among agencies)
- factor in possible costs of retranslation or new typesetting or formatting
- locate checkers: contact a professional translator for each language – asking if they have the National Accreditation Authority for Translators and Interpreters

² The original translator should accept responsibility for mistakes and should not charge for retyping corrections. But if you ask the checker to retype and lay out part or all of the text because of a translator's errors, you should be prepared to pay the checker for the extra work.

accreditation at the professional level (former Level 3) **into** the language(s) concerned

- agree with the checker on procedures to follow (see Seven Steps below), fees and timetable
- establish that the checker is available to discuss proposed changes with the original translator and ask the checker for a contact telephone number
- if checkers prefer to remain anonymous they should inform the project coordinator **before the work begins**
- confirm details in writing: details of the job, fee to be paid, deadlines and associated conditions
- contact the original translator to discuss the checker's report

Multicultural Communication can advise on suitable translators and recommended fees or can manage the whole project. Contact Multicultural Communication, email mhcs@sesahs.nsw.gov.au or Tel. (02) 9382 7516 if you have comments or would like further information.

Acknowledgments and References

- Thanks to the Multicultural Communication Multilingual Information Sub-Committee, SWSAHS Health Translation Unit and the CSAHS Health Care Interpreter Service for comments and advice.
- Do-it-yourself Guidelines 1995 NSW Health Translation Service, NSW Health Department
- Translated Materials in Health Care –
- Demonstration Project 1998 Vancouver Foundation and Partner Agencies

Seven Steps: Part 2:

GUIDELINES FOR CHECKERS REVIEWING TRANSLATIONS

Multicultural Communication has produced this checklist for checkers to follow when reviewing a translation on a health-related topic. The task of the checker is to check that the translator has accurately transferred into the other language, in the same register, the meaning of all that the author wrote in English, and to report on any shortcomings of the translation. Health information should be understandable to the general public, and if you find that a translated text reads like medical information that the public would not understand you should bring this to the attention of the project coordinator. It is not your role to change the level of language (register) or the translator's style.

Before you accept a checking assignment, it is important to agree on exactly what you are being asked to do, and the fee to be paid for the checking work. If at any stage you think that extra work is required, such as retranslation or extra typesetting or layout, inform the project coordinator and agree on any extra payment, before you do the work, to avoid any misunderstanding.

If, after you start checking, you find the translation is of a very low standard, contact your project coordinator immediately, for instructions on whether you should complete the checking.

The project coordinator will usually contact the original translator to discuss your report, so please provide a contact telephone number, and make yourself available to discuss proposed changes with the project coordinator, or with the original translator, depending on the circumstances. If you prefer not to talk to the translator, or to remain anonymous, you must inform the project coordinator at the beginning.

Following is a standard procedure for checkers to follow, consisting of seven steps. The first stage (Steps 1 – 3) involves careful perusal of the full text in the other language and then a meticulous comparison with the original English. The second stage (Steps 4 – 7) entails preparing a brief report in which details of your suggested corrections are provided. Both the English and language version should contain clearly marked details of errors or proposed corrections.

An example of how to prepare your report is provided at the end of this document.

Step 1:

Firstly, **do not read the English version.** (put it aside to read later). **Read the translation** right through to assess the quality and suitability of the language version. By reading only the language version at first, you should gain a general impression of the ideas expressed in the other language, without your judgment being affected by what the English version says.

Step 2:

As you read, **make a mental note** of where you have to pause to “get the meaning”, or if any part of the translation is not possible to comprehend.

Step 3:

Now **read the English version** right through, and compare the translation with the English. If you think the translation is not a high enough standard to be published as health information for members of the public, please inform the project coordinator immediately to discuss whether you should continue the checking process.

Step 4

Does the translated document convey the same meaning as the original English? Does it contain all, and only, the essential messages that were in the English original, and is it easy to follow? Are medical terms accurately translated into language that will be understood by the intended reader? Would the readers of the translated version, who only speak the other language, understand everything and be comfortable with the way it is expressed? **Comment in your report** (see Step 6).

Are there any mis-translations, additions or omissions, or unclear messages? Are there any serious mistakes which distort or cloud the meaning of any part of the text? **Identify and mark any significant inaccuracies** and write on your copy of the translation what you think it should say in your language. Also include brief explanatory comments in your report (see Step 6).

Use the following symbols as you mark the language version.

Mistranslations

On the language version use wavy underlining to **indicate any single words or phrases which you consider have been mistranslated**, or where you consider the meaning is not clear. If there are several items, mark the section with a vertical wavy line in the margin

On the English version, use the same wavy underlining to **indicate the corresponding words or phrases** that you marked in the language version as mistranslated.

Omissions

If there is information that was in the English text but which the translator has unjustifiably left out in the target language:

- **indicate in the language version** with ^ at the beginning and end ^ of where information (words or concepts) has been left out
- **indicate** if any headings or punctuation have been left out and provide details in your report
- **underline** on the English version the words or sections which the translator omitted to translate, and write 'omitted' in the margin.

Additions

If any extra information has been added that was not in the English original **indicate** with + and + at beginning and end of what has been added and give details in your report.

Grammatical, punctuation and typographical errors

Please **indicate and correct** any grammatical errors, incorrect gender usage, mistakes in spelling, punctuation, script, accents, incorrect or inconsistent capitalisation, or hyphenation

- **Underline** with a straight line any grammatical mistakes, or incorrect word order
- **Indicate** any missing punctuation or accents
- **Put a slash through** spelling or typing mistakes [/] and correct in margin.

Step 5

Are there any problems with general presentation, format and layout, font size, spacing or alignment of text? Proofread carefully to make sure that all dates and times are correct, also the format of postal addresses, codes etc., that titles and headings (including any in English) are consistent and complete. It is important to check that any English words or information included in the translated text have been spelt and inserted correctly. If there are mistakes please make corrections on your copy and provide details in your report.

Step 6: First part of checker's report: general comments

Start your typewritten report in English (see example at end) with general comments in one or two paragraphs on the quality of the translation. In these paragraphs say whether you think the translation is satisfactory overall. Comment, for example, if it has been translated "word for word" in a way that makes the meaning unclear. If you feel that the way the English original was written has led to problems for the translator, please make this clear. Remember that the project coordinator may not speak the language concerned, and is relying on you to explain why you consider the translation unsatisfactory.

Suitability of language: Are the forms of address and genders used appropriate to the language concerned? If in your opinion there is anything in the translation which may not be culturally appropriate, or may offend some readers, please explain in your report.

Step 7: Second part of checker's report: essential corrections recommended

Please provide comments and back-translations where needed (see example below).

Go through the corrections that you marked on the language and English versions in Step 4 and **give each correction a number** in the margin (in order, one for each correction). **Insert the same numbers to correspond** on the English version.

Provide your comments as shown in the table below:

- | | |
|-----------|---|
| column 1: | include the number of the correction concerned |
| column 2: | type in the relevant English word or phrase, |
| column 3: | include back-translation into English of the relevant word, phrase or passage |
| column 4 | provide comments to explain the nature of the mistake |

Example of report

Title of document:
General comments

Example

marked on text	English source text (word or phrase)	Back-translation into English of what was translated	comments (type of mistake and why correction needed).
1	If asthma occurs suddenly and severely	Since asthma occurs suddenly	mis-translation
2	...like catching a cold or flu	0	omitted
3	AND SO ON...		