

Translation is not enough

Cultural adaptation of health communication materials



A five-step guide

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Introduction

This guide introduces an innovative five-step, stakeholder-based approach to adapting health communication materials. It describes how countries can take any health communication material, produced in English or other languages) and create adapted products which reflect national or local realities, needs and assets without losing the scientific correctness, core concepts and messages of the original version.

Translation alone is not enough. End-user utility is key. Country-based users of internationally-produced health communication resources need to be able to read, understand and apply the translated materials within their own contexts. Too often however, little or no attention is given to end-user comprehensibility and the cultural appropriateness of even well translated materials. Valuable health communication materials that have been shown to effectively inform, motivate, guide and support health interventions in their countries of origin can get 'lost in translation'.

Multi-country health communication material translation projects usually devote too little time and resources to assessing the specific information needs and assets of different national audiences. End-users tend to be the passive recipients of translated products and have little or no input into the cultural adaptation of these materials to national and local contexts. Formative researchⁱ, aimed at involving relevant stakeholders, is not routinely included in the planning, development, dissemination and evaluation of translation

project processes. A variety of useful approaches to gathering end-users' insights and process inputs have been described by health promoters, social marketers, behavioural communicators and others. Few, however, have been systematically tested and applied to the adaptation of internationally developed (and translated) health communication materials in different contexts. No internationally acknowledged adaptation standards have been agreed to date.

The five-step methodology presented here has been developed, tested and evaluated through a series of ECDC projects with public health practitioners, agencies and associations in seven European Union (EU) countries. These pilot projects focussed on translating and adapting the first version of an ECDC communication action guide for healthcare providers entitled 'Let's talk about protection' [1]. While this methodology was developed for specific communicable disease-related materials (the guide focuses on increasing childhood vaccination uptake), it can be applied to any communication or training resource in public health and other sectors.

This guide is divided into two parts. Part 1 describes the five steps of the stakeholder-based approach. Part 2 describes lessons learned from applying this approach in ECDC-supported projects to pilot and adapt the guide in Bulgaria, Croatia, Czech Republic, Estonia, Greece, Hungary and Romania.

ⁱ Formative research involves testing assumptions through dialogue and conversation with potential end-users. This is a key step in creating and assessing the potential effectiveness of communication plans, materials and initiatives. It is used to assess baseline knowledge, attitudes, preferences and behaviour among relevant audiences (e.g. the general public or professionals). It uses different techniques, such as focus groups and interviews, in developing effective messages and choosing appropriate channels of delivery and materials.



Part 1 Methodology

This five-step, stakeholder-based approach to adaptation and translation is built on social marketing and adaptation principles described in ECDC's 'Social marketing guide for public health programme managers and practitioners' [2,3] and in the EU 'Guidelines on developing adaptation strategies'. The approach calls for the active engagement of potential end-users and other stakeholders throughout the process to ensure quality, comprehension, contextual and cultural appropriateness and applicability of any adapted health communication materials. The five steps are:

- 
1. Careful selection of materials and process coordinators
- 
2. Early review by content and linguistic experts
- 
3. Translation and quality check
- 
4. Comprehension testing
- 
5. Proofreading, design, networking and evaluation

These five steps can usefully be applied to any and all communication materials, from hand-outs for patients to extensive professional guidance. It is important to perform all five steps, as each addresses a different aspect of stakeholder-based adaptation and provides for a consistent, reproducible and comparable adaptation mechanism. Multinational quality-of-life research studies use a similar approach to comprehension testing to ensure comparability of national language surveys and interviews [4]. Depending on the size and complexity of the communication materials to be adapted these steps can be structured to suit resources and time. The questions posed under each step serve as a quick action checklist for process coordinators. Answering these questions can help ensure that key issues related to end-user involvement are considered and addressed (or acknowledged when not addressed). Process coordinators can make use of their professional networks: for example, by asking colleagues to review and comment on documents.



Step 1

Careful selection of materials and process coordinators

Before embarking on an adaptation and translation project, it is important to carefully select the product(s) and people to guide and support the process. Selected products (e.g. internationally-developed health communication guidance or materials) should have ideally been produced by independent entities (i.e. not unduly influenced by economic or political interests), be evidence-based, tested in other similar contexts and evaluated. All sources of funding support for the selected documents should be transparently acknowledgedⁱ. The materials selected for adaptation should bridge a gap in (or complement) existing national guidance and/or training resources for a given issue.

The people involved in the adaptation process should have experience of the topic, language skills, professional knowledge, passion, networks and time availability to lead, manage, perform and evaluate all adaptation tasks (see Box 1, 2 and 3).

Step 1

Key questions to guide selection of materials for adaptation and translation

- Has this material been shown to effectively inform, motivate, guide and support (public health) interventions in its country of origin?
- Are the materials evidence-based?
- Will this material add value to current or projected priority health system/practitioner/user challenges in the country/locality/institution?
- Would the material, once adapted, fill a gap in existing available national information resources?
- What do key stakeholders, including representative potential end-users, think about the materials?
- Will the projected benefits outweigh the costs of adaptation?
- Are the materials copyright free?
- Can a coordinator be identified with the characteristics listed in Box 1?
- Are local content, linguistic and behavioural experts available to implement the required tasks? (see Box 3)

ⁱ **A note of caution:** Many public health agencies report cuts in research and development budgets as a consequence of the current financial crisis and subsequent health reforms. As a result they may consider adapting health communication materials produced by other organisations which may, in turn, have specific interests. Even with full disclosure and transparency, the possible effects of using commercially produced and/or branded materials need to be considered.

Box 1

Process coordinator characteristics

- Experience in health communication and promotion practice.
- Experience in public health programme/project management, including managing budgets and reporting.
- Experience in formative research, especially qualitative research (e.g. focus groups).
- Extensive knowledge of the specific content area of materials to be adapted.
- Knowledge of experts in relevant fields for the project (e.g. epidemiology, health promotion, behaviour change, public health, social marketing, vulnerable groups, civil society organisations, healthcare provider associations, media organisations, specialist translators of medical documents, etc.)
- Well-placed in or connected to a national public health institute or a university.
- Self-motivated and committed to team work.
- Excellent communication skills.
- Excellent knowledge of the source language of the materials to be adapted and translated.
- Strong advocate of the content issue.

Box 2

Process coordinator tasks

- Managing the overall project (including a project budget) at national level.
- Engaging/recruiting key stakeholders needed to fulfil the tasks described in each of the activity steps (described below) including:
 - relevant experts to review, adapt and integrate existing data and materials into the original document ('source document');
 - translators to identify difficult concepts and clarify them with expert input before starting the translation work; translate source document;
 - behavioural communication experts to do comprehension testing (interviews/focus groups);
 - experts to layout and design the materials.
- Collecting national materials, logos, pictures and graphics to integrate into source documents.
- Documenting evaluation of process and outcomes of the project.



Step 2

Early review by content and linguistic experts

Before starting the translation, the materials need to be reviewed by local content and linguistic experts (see Box 3). This early review aims to ensure that culturally and technically inappropriate recommendations within the materials are removed and challenging issues, concepts and terms identified and explained before translation (see Box 4 – Contextualisation). Importantly, existing national materials and guidance, where relevant and available (given copyright and other considerations), can be integrated into the document. For example, in the case study presented in Part 2 of this document, national vaccination schedules were incorporated into a communication action guide on immunisation. Wherever possible national data, examples, research and references (e.g. publications and websites) should be used to enhance source documents, texts and recommendations, particularly in relation to clinical and community interventions. This can help make content more recognisable to end-users (mainstreaming) and ensure consistency with other existing (potentially competing) materials. Making such additions and deletions early on ensures that translation activities are more efficient.

Box 3

Content and linguistic experts: recommended characteristics

Content experts

- well-known in their country in fields relevant to source document;
- with a positive attitude towards the issue discussed;
- capable and willing to review the source document and select the relevant parts to be translated;
- able to do some re-writing and identify relevant national information resources (e.g. vaccination schedules).

Linguistic expertsⁱ

- familiar with health and behaviour topics;
- with a positive attitude towards the issue discussed;
- familiar with language and conceptual skills of potential end-users.

Box 4

Contextualisation

The linguistic expert examines contextualisation (linguistic review of the original/source document) before starting the translation.

Some idiomatic words or expressions in one language may be difficult to render directly in another language: they often need to be interpreted and adapted to the national context to convey their intended meaning.

Contextualisation is important because:

- conceptual equivalence is the key to accurately conveying the intended message;
- awkward, non-idiomatic, unnatural and poorly translated concepts may confuse the reader and convey an incomplete/incorrect message; and
- an easy-to-translate text will result in the message being conveyed more effectively.

The linguistic expert reviews the document, with the help of someone familiar with the intent of the original/source. In the process, the expert will create a list of difficult concepts including definitions/ explanations and alternative ways to convey the original concepts, so as to help translators in their task.

Before starting the translation, the process coordinators should ask the questions below.

Step 2

Key questions for the process coordinators

- Is the source document relevant and compatible with national/local practice and end-user standards?
- Are terms and concepts translatable and understandable?
- Are there national data and/or materials that should be integrated into the document – e.g. national vaccination schedule?
- Are there relevant national language websites that should be referenced?

ⁱ The linguistic expert can also be the person who translates the source document. If this is the case, they will need to focus on identifying the linguistic issues first before starting the actual translation work.



Step 3 Translation and quality check

» a. Translation

Emphasis here is placed on the need for a conceptually equivalent (not literal) translation of the reviewed and culturally adapted source documents. Having one translator (see Box 5 and 6) translate the whole source document helps to ensure consistency. Multiple translators will often select different words with similar, but not necessarily equivalent, meanings and interpret concepts inconsistently. This can confuse readers and will require additional work to harmonise versions.

Box 5 Translator – recommended characteristics

- A native speaker of the relevant target language, fluent in the language of the source document.
- Familiar with the designated health and behaviour topics and positive about the issues being addressedⁱ.

Box 6 Recommended guidance for the translator

The translator should avoid long sentences with many sub clauses and adjust the level of language to the end-users being addressed. The use of jargon, colloquialisms, idioms or vernacular terms should be avoided and medical language should only be used when specifically addressing healthcare providers.

ⁱ Translator attitudes and beliefs shape the tone of translations.

Step 3 Key questions for the process coordinator to ask

- Is the translation a conceptual equivalent (not just a literal translation)? This requires interpretation of 'hard-to-understand' concepts and terms.
- Is the language used appropriate for the proposed end-users?
- Have translators avoided jargon, colloquialisms, idioms, and vernacular terms?

» b. Quality check

This is a key step to ensure that no misunderstandings or mistranslations have occurred during the translation processⁱⁱ. Based on the length of the document, budget, available human resources and deadlines this step can be performed in different ways. The process coordinator can arrange for a quality check of the translation. This step is very important as it will ensure that end-users receive a conceptually accurate local language version of document. Conceptual errors that go unnoticed can undermine the accuracy and utility of the final product. This step is especially important for regional sponsors and creators of source documents as it is the only way they can directly check the quality of translation.

» c. Review of translation by an independent reviewer

If time and resources allow, the translated documents should be carefully reviewed with a 'fresh eye'. This person can be an in-country expert that understands source language, topic, concepts and intended end-users of the adapted materials and has not been directly involved in the translation process. This expert can then give feedback to the process coordinator on words and concepts that may need to be reviewed, clarified or changed.

ⁱⁱ Such quality checks are the only way in which sponsoring organisations, whose staff may not understand the language of the adapted document, can ensure that concepts have been accurately translated.



Step 4 Comprehension testing

The aim of comprehension testing is to know if the adapted and translated materials are clear and understandable to the end-user group(s) for whom they are tailored. There are a variety of approaches to comprehension testing including focus groups, stakeholder discussions, in-depth and/or 'intercept' interviews (such as catching people in the hallway), consensus processes (for example Delphi studies) and the use of internet-based panels of respondents. Focus groups, for example, selected in such a way as to be representative of a specific end-user group can be convened to elicit specific feedback about content (e.g. messages) and design issues (e.g. pictures and graphics). Based on feedback from these focus groups, final modifications can be made to the adapted translations.

Step 4 Key questions for the process coordinator to ask

- Who are the end-users of the adapted documents?
- What are the inclusion/exclusion criteria for participating in comprehension testing?
- What approach will work best in gathering feedback from end-user groups given project resources and time available?
- How many end-user groups should be included in the testing to ensure reliability and validity of results?
- What approach to qualitative data analysis will be used?

» a. Process tasks related to setting-up focus groups and interviews

Process coordinators will need to:

- Recruit and orient interviewers to conduct face-to-face interviews and/or a moderator (see Box 7) to run a focus group following a pre-established interview guide and instructions (see Annex A4.5).
- Ensure that any ethical review requirements (see below) related to comprehension testing are met.
- Develop inclusion/exclusion criteria for participation in focus groups/interviews.
- Arrange for recruitment of end-user representatives for interviews and/or focus groups that will review and critique parts or all of the adapted documents.
- Ensure that relevant demographic data is collected from all participants.

The number of focus groups and corresponding participants or semi-structured interviews to test the adapted materials may vary, depending on the nature of the materials under review. Expert advice should be sought on numbers needed to ensure reliable results. In some cases the materials may need to be given to participants to read one week before the focus group or interviews.

Box 7 Recommended characteristics for focus group moderators

- Be unobtrusive.
- Encourage participants to interact with one another.
- Possess a curiosity about the topic and the participants.
- Remain completely non-authoritarian and non-judgemental.
- Respect the participants.
- Carefully and subtly guide the conversation back on target.
- Maintain group enthusiasm and interest for the topic.
- Have adequate background knowledge on the topic.
- Use silence well.
- Know when to wrap up the questioning and move on to the next issue, but not prematurely.

» b. Analysis and reporting

Process coordinators and focus group moderators and/or interviewers agree on an approach to qualitative data analysis. Many approaches are described [5] (e.g. summary notes based on transcripts with specific recommendations for deletions, additions and changes in the communication materials). Based on the findings and recommendations of comprehension testing, process coordinators will produce final documents for proofreading by each of the end-user groups following discussions with the support team.

» c. Ethical permission and confidentiality

Most countries require ethical approvals for any studies involving patients, parents and children. Time needs to be allocated during project design and planning for such reviews. These are generally done by ethical committees based in academic centres. All results from the comprehension testing focus groups and or interview are to be treated confidentially. Summary reports should not identify respondents by name or other personal information.



Step 5

Proofreading, design, networking and evaluation

Final documents should be proofread, 'packaged' and delivered in an appropriate format and through channels (e.g. internet based, television, journals, etc.) normally used by end-users. Insights into this can be gathered during the comprehension testing step.

» a. Proofreading

Proofreading also provides a final quality check of the adapted documents after inclusion of any changes from Step 4 – Comprehension testing.

Two readings need to be done: the first on the final Word (or other word processor software) document in order to easily modify and amend text; the second after the text has been placed into a design format (Step 5). At this stage it is desirable not to make many text changes but just to identify any layout issues, as the document will most probably circulate in PDF format.

The process coordinator will select native speakers of the country language to carry out the proofreading (see Box 8) to ensure that there are no spelling, grammar or typographical mistakes in the translation.

Step 5

Key questions for the process coordinator to ask in relation to proofreading

- Do the translation and the original correspond in the different parts of the text?
- Is there internal consistency within the translation? (If a given phrase is used several times in the original document, it should be translated the same way each time).
- Is the typography (bold, italics, underline) identical to the original?

Box 8

Proof-readers: recommended characteristics

- Proof-readers have an excellent knowledge of and fluency in the language into which the materials have been adapted.
- Proof-readers MUST NOT have read the document before.

» b. Design

The final designed product, including pictures, should reflect local realities and be recognisable and consistent with imagery appropriate to the end-user population.

The process coordinator will collect high resolution pictures (with a minimum of 300DPI) required for sharp reproduction in hard copy publications (otherwise the printing quality is very poor). Select/obtain pictures at an early stage and, if possible, obtain permission to use them in all media and all countries in perpetuity. An example of a photograph consent form is provided (see annexes).

Step 5 (continued)

Key questions for the process coordinator to ask

- Has authorisation been obtained for the use of pictures and graphics in all media?
- What is the preferred layout and which are the preferred channels for end user information of this type?
- How can expert and user contacts created during the development phase be best used for dissemination and evaluation?
- What type of evaluation should be used? (see Box 9)

» c. Dissemination through networks

It is highly desirable for local experts and end-users that have been engaged in the development and review processes to be involved in developing and implementing a dissemination plan. Using their personal and professional networks (with different agencies, associations, decision makers and opinion leaders), they can help raise awareness of the materials and advocate for their use in contextually-relevant environments (e.g. continuing professional education programmes, schools, community centres, association meetings, etc.)

» d. Evaluation

Use of the final adapted products should be monitored and evaluated (see Box 9) and adjustments made in the product based on feedback received. Findings reported in peer-reviewed literature can assist others in their adaptation processes and help to set standards in this area.

Box 9**Evaluation – Outline of quantitative and qualitative methodsⁱ****Measuring perceptions and attitudes**

- A survey can help to understand the current level of awareness about the relevant issue. Consider conducting a survey at the beginning and another after the material has been implemented, in order to evaluate the level to which awareness has been raised on the issue in focus.
- A control group survey is an optimal way to test if a material has been effective. For example, we may compare two districts: one with intervention and one without. An analysis can then be undertaken after a specific period of time, to establish whether there have been any benefits in the area where the material was distributed.

Capacity development results

- Increased awareness of the diseases in end-user population.

Effectiveness of communication activities

- Number of materials purchased/distributed/downloaded.
- Health communication programme recognition.
- Reputational impact for the organising authority.
- Direct feedback received from users.
- Number of participants at related events and information sessions.

Disease related results

- Increase in uptake of behaviour promoted.
- Decrease in disease related incidence.

It is important to note that while deliverables are relevant, changing attitudes and behaviour is a long-term process which needs to be conducted consistently and regularly, focusing on sustainable results. Therefore, the development of indicators needs to take into account a long-term perspective.

ⁱ This box does not aim to be comprehensive but is an outline of some possible approaches.

Conclusions

This guide introduces a new stakeholder-based approach to adaptation and translation of health communication materials. This approach ensures that any health communication materials (in English or other languages) that effectively inform, motivate, guide and support health interventions in their countries of origin are not 'lost in translation'. The approach is built on specific project experience obtained by ECDC in seven EU countries adapting and translating 'Let's talk about protection'. It identifies simple and efficient ways in which countries can take health communication ma-

terials and create unique, 'adapted' products which reflect their contextual realities, without losing the scientific correctness and core concepts in the original version.

As with all adapted documents, needs change over time. Readers are encouraged to utilise this approach, analyse, evaluate and report on their results to help ECDC develop a repository of adaptation experience. This in turn will help identify the most useful approaches for end-users.



Part 2 Key findings and practical tips

This section draws on a case study related to the ECDC supported adaptation and translation of the first version of 'Let's talk about protection – A communication action guide for healthcare providers'. The materials comprised a guide and a related flipbook – a set of slides to support healthcare providers in their conversations with different groups of people [1]. In this section we provide some practical tips on applying the stakeholder-based adaptation methodology described in Part 1.

The ECDC experience in applying this approach points to benefits far beyond the creation of useful guides, information sheets and training materials. Importantly, this approach 'breaks new ground' and incorporates action learning [6], a process whereby people work and learn together by tackling real issues and reflect-

ing on their actions to define the project's approach. In such action learning, participants acquire knowledge through action and practice rather than through traditional instructions.

In the case study described here, the action learning was based on a common task: adapting a document originally written in English (the source document being the guide and related flipbook). This source document served as a prototype which allowed country teams to get a proper 'feel' for the desired end product and to suggest changes and modifications. According to countries' feedback on the adaptation process, the development framework provided a trajectory for a broader learning journey that had a positive impact on public health capacity-building and ways of working in each of the countries involved.

Case study

'Let's talk about protection' guide and flipbook

Between 2013 and 2015, ECDC supported projects in Bulgaria, Croatia, Czech Republic, Estonia, Greece, Hungary and Romania for the adaptation and translation of the first version of 'Let's talk about protection – A communication action guide for healthcare providers' (guide and related flipbook) [1].

The guide and flipbook were developed to provide practical peer-reviewed advice and an evidence-based guide on ways to increase childhood vaccination uptake for healthcare providers in immunisation servicesⁱ, in particular measles vaccination. Advice and suggestions for action came from parents, social marketing practitionersⁱⁱ, health promotion campaigners and other health service and public health experts. The advice aimed to help healthcare providers gain insights into the behaviour and choices of various stakeholders and identify ways to better address concerns and obstacles to vaccination uptake. The guide and flipbook were developed using a formative research and consultation

process that involved a variety of countries and stakeholder groups (e.g. health professionals, health authorities, non-governmental advocates, beneficiaries (including parents and grandparents, representatives of 'hard-to-reach' populations (such as Roma), communicators and social marketing practitioners). The end product – the guide – was originally published in English in 2013 along with a flipbook for country use and adaptation. The first version of the guide and flipbook have now been updated.

The guide and flipbook became source documents for a series of adaptation projects at country level which aimed to provide customised products for EU Member States and gain insight into more effective approaches to adaptation.

Lessons learned from these projects are presented here as 'tips' related to each of the five steps of the adaptation process.

ⁱ The term healthcare providers as used here includes all those involved in vaccination programmes, including doctors, nurses, pharmacists, public and community health workers and mediators (e.g. Roma health mediators).

ⁱⁱ Experts in behavioural communication and change.



Step 1 Careful selection of materials and process coordinators

» a. Materials

Tip 1 Select credible materials from reliable sources that can help bridge gaps in national resources, reduce some research and development needs and enhance public health capacity and networking.

Local champions in the national coordinating agencies involved with the guide and flipbook adaptation projects selected these communication materials for a variety of practical and contextual reasons outlined below.

- Materials were developed and offered 'free of charge' by ECDC, an EU agency with a reputation for offering excellent evidence-based, scientific opinions and scientific and technical assistance.
- They had personal experience of working with ECDC and had built up a relationship of trust with the agency over a period of time.
- The project offered an opportunity to participate in a European-level public health capacity development project with ECDC.
- There was a lack of national funding for public health research and capacity development programmes.
- The materials were perceived to bridge a gap in resources currently available on vaccination uptake.
- There had been recent measles outbreaks in their countries.
- They had recently experienced negative press coverage in relation to vaccines in their countries.
- There had been demands from practitioners and authorities for enhanced communication training for healthcare providers as a result of growing vaccination hesitancy.
- Anti-vaccination activists had recently been strengthening their presence in the health communication arena.
- They had concerns about how to maintain their historically high vaccination coverage rates.

» b. Process coordinator(s)

Tip 2 Select coordinators who are motivated and well connected with the types of stakeholders who can both support the adaptation development process and assist in the dissemination and use of the final products.

Local champions in the country coordinating agencies were selected as process coordinators for a variety of reasons, including:

- personal interest and enthusiasm for the project;
- good local networks to recruit qualified experts and engage stakeholders;
- clear vision about how and where to use the adapted materials;
- availability to commit to time-consuming tasks;
- excellent communication and language skills;
- demonstration of management skills (setting time-tables, producing quality deliverables, recruiting and managing people and tasks).

» c. Management tips

Tip 3 A standardised file naming system helps track multiple files over the course of the adaptation and translation process and facilitates management.

Involving multiple stakeholders and expert reviewers can be a complex process. Clear process guidelines (e.g. a standardised file naming system) can improve internal communication, save time and avoid confusion.

Tip 4 Deadlines are important, but unrealistic deadlines can compromise quality and cause further delays.

Unrealistic deadlines set in some of the guide/flipbook adaptation projects led to the skipping of steps such as clarifying concepts at the start. This caused significant delays later in the process when the mistranslated concepts were detected during the quality review phase and required extensive revisions.



Step 2

Early review by content and linguistic experts

» a. Selecting content and linguistic experts

Tip 5 Strategic selection of content and linguistic experts can contribute significantly to project networking capacities and influence subsequent dissemination strategies.

Local champions in the country coordinating agencies were selected as content and linguistic experts for a variety of reasons, including:

- experience of working in relevant national agencies providing public health, healthcare and/or vaccination services;
- excellent communication and language skills;
- capacity to work in a team with the process coordinator and identify all the stakeholders required for the project;
- extensive network of contacts in relevant agencies and associations and among decision-makers and opinion leaders that could support the dissemination and use of the guide.

» b. Content expert review checklist

Tip 6 The content review process can serve as a stimulus to experts creating new country-specific graphics, photos and information resources that can be used to support not only the adapted documents but other communication materials.

The content experts selected for the guide and flipbook adaptation projects had a broad knowledge of the topic they were asked to review, and performed the following tasks:

- assess relevance and compatibility of the original health communication materials with standard practice and supplies in their respective country;
- identify sections or graphics that need to be removed, adjusted or replaced and explain why;
- identify existing national materials that could be used to supplement and/or replace regional graphs and charts (e.g. national schedules, websites, videos, etc.);
- customise data included in the original materials and create some new graphics to include in national adapted materials;
- drop content/photos that are not country-relevant or are culturally sensitive;
- identify new photos for use in the guide from existing sources or customise photos.

In some cases the internationally developed materials provide a graphic that, when adapted, may prove to be quite useful in other national communication activities – for example, a chart showing reduction in morbidity and mortality from vaccine preventable diseases over the last fifty years.

» c. Linguistic expert review checklist

Tip 7 Early concept clarification can speed translation process and result in higher quality products.

Undertaking a linguistic review before beginning translation emerged as an important aspect of the guide/flipbook adaptation projects. This worked best when the linguistic expert was not the translator. The linguistic expert reviewer focused on the identification of challenging concepts and clarified them with content experts in order to find the best solutions/alternatives for the translation (see 'List of difficult concepts' example in the annexes).



Step 3 Translation and quality check

» a. Selection of translation procedure

Tip 8 Only one in-country translator, who is a native speaker of the relevant target language and fluent in the language of the source document, does the translation work in order to ensure consistency throughout the adaptation process.

In some circumstances process coordinators or content experts divided the materials up and/or translated parts of the material themselves. This created inconsistencies between the different parts of the translated documents, increasing the workload for the process coordinator who had to review the translations in order to harmonise the language.

» b. Selection of quality check procedure

Tip 9 A quality check should always be included in the adaptation process.

This step was carried out with independent expert reviewers in most of the guide/flipbook adaptation projects, due to anticipated cost and time constraints. In all cases this resulted in delays in the process as the 'independent expert' review proved to be difficult, time-consuming and costly.



Step 4 Comprehension testing

Tip 10 Start comprehension testing preparation early. Recruitment of interviewers and moderators, as well as interviewees and focus group participants, takes time. In some cases an ethical review committee may be needed.

In the guide/flipbook adaptation projects, the comprehension testing step proved to be one of the more difficult steps in the adaptation process. In some cases the selected interviewers and focus group moderators needed additional training in this area.

Tip 11 All data should be anonymous and participants assured that their personal data and the information they provide will remain confidential.

All results from the comprehension testing focus groups and/or interviews must be treated confidentially. Summary reports must not identify respondents by name and information given by them must only be used to adjust materials reviewed so that these better suit the needs of end-users.



Step 5 Proofreading, design, networking and evaluation

» a. Proofreading

Tip 12 Careful proofreading should be done while the document is still in Word (or other word processing software) in order to easily amend the text. Once the document is put into design software it will be more difficult to make changes and at this stage there should only be minor layout issues remaining.

» b. Design

Tip 13 Collect photos early. Obtain broad consent for usage. Make sure that graphics, logos and photos are high-resolution/good quality for printing.

Identification and consent for photographs proved to be a challenge in the guide/flipbook adaptation projects. The adapted materials can be packaged on the basis of a pre-designed template similar to the design of the original materials. Alternatively, an in-country designer can create a different, more country-specific design for use, provided that process coordinators have obtained permission.

Tip 14 It is preferable to identify national/local designers to create national versions of print-ready files.

In the guide/flipbook adaptation projects, regional designers had difficulties working with the Cyrillic

alphabet and correcting texts in languages they did not speak. Difficulties were also encountered with the availability of language fonts and design software in the various countries.

» c. Networking

Applying the adaptation methodology in the guide/flipbook projects created unique opportunities for the coordinating agencies to reach out to NGOs, professional associations, disease experts and community health services. These various stakeholders have helped champion the use of the materials in their associations, training programmes and community networks.

Tip 15 Use the adaptation methodology to enhance in-country networking which, in turn, will facilitate the distribution of the adapted materials.

» d. Budgeting, resourcing and funding

The adaptation and translation of health communication materials will need a budget to carry out the methodology described above.

Tip 16 Externalities can influence funding. Be opportunistic.

Countries that had recently experienced an outbreak expressed an interest in the guide and flipbook, not only by actively supporting the adaptation and translation, but also by investing funds for the printing and dissemination of copies for general practitioners (GPs) and other practitioners. Materials were also used in the postgraduate training of healthcare providers. Moreover, country support for the development and dissemination of these material grew during and after completion of the adaptation projects in relation to new measles outbreaks and growing concerns about increasingly active anti-vaccination groups.

» e. Evaluation of the process, utility and impact

The guide/flipbook adaptation projects all performed a qualitative review of the process. Process coordinators filled out a questionnaire to identify the strengths and weaknesses of each activity step and made recommendations to improve the process. These qualitative reviews contributed to the simplification of the adaptation process presented hereⁱ.

A utility and impact study was carried out in relation to the guide and flipbook in Bulgaria in 2013–2014 (see Box 10)

Box 10 **Bulgarian utility and impact evaluation** **2013–2014**

The introduction and use of the Bulgarian version of the guide and flipbook was found to enhance the role of health mediators as educators, resource persons and intermediaries in relation to vaccination issues in each of the three study communities. This was acknowledged by healthcare providers, who displayed the materials but had little time to use them directly. Recommendations call for the initiative to be scaled up and rolled out to a broader group of health mediators before following-up with a post-intervention study of Roma households in 12 months.

ⁱ Changes included the initiation of a face-to-face orientation, a reduction in the number of action steps and elimination of most of the templates which were replaced with the Word track changes tool. Design work was moved to national level.



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Annexes

Examples of templates, grids and reporting forms

Examples of templates, grids and reporting forms that could support implementation, management and monitoring activities related to the adaptation process are presented in this section. These are grouped according to the relevant steps. All of these tools were developed

and used in the ECDC-supported adaptation and translation processes for the first version of 'Let's talk about protection – Communication action guide for health-care providers' (and related flipbook).



Step 1 Careful selection of materials and process coordinators



No specific template was used in this step.

Step 2 Early review grids by content and linguistic experts



» a. Example of content review grid

Let's talk about protection

Preparation for adaptation

Focus on content relevance and concepts

General comments

Country

Language

Expert reviewers

ID (Row number(s))	Content/language	Explanation of difficulty	Suggestion for alternatives (optional)

Add all necessary rows

» b. Example of grid for difficult translation concepts

Row number	Term/ concept	Type of problem	Concept elaboration	Possible alternatives (to facilitate translation)
327	Health literacy		Health literacy refers to a person's capacity to obtain health information, process it and act upon it. Health literacy skills include basic reading, writing, numeracy and the ability to communicate and question. Health literacy also requires functional abilities to recognise risk, sort through conflicting information, make health-related decisions, navigate often complex health systems and 'speak up' for change when health system, community and governmental policies and structures do not adequately serve needs. People's health literacy shapes their health behaviour and choices—and ultimately their health and well-being.	Ability to obtain, understand health information and act accordingly to improve your own health

Step 3 Translation and quality check

No specific template was used in this step.



Step 4 Comprehension testing



» a. Invitation letter- examples: healthcare provider and parent

Dear Health Provider (Insert name),

Thank you for agreeing to be [part of an expert focus group] or [interviewed] for this [insert name of supporting organisation]-supported research project which is adapting [insert name /title of materials to be adapted] for our use here in [insert name of country]. The project is being carried out by [insert name of organisation/s] in collaboration with [insert name of organisation/s]. Your involvement in this project is very important. Your knowledge- and experience-based opinions and advice on the content of this guide will help make it more relevant and useful. We look forward [to your participation in the expert focus group] or [to interviewing you] on (date/ time) at (name of institute and address).

We will be asking for your opinions on two project communication resources – a healthcare provider guide and a set of information slides to be used by healthcare providers like yourselves to support your conversations with different groups of people; including parents/grandparents, poorly-reached populations such as Roma and immigrants and media/communicators. Copies of these communication resources are attached for your review before the [expert focus group] or [interview].

The guide provides practical, peer-reviewed advice and evidence-based guidance for healthcare providers involved with immunisation services on ways to increase childhood vaccination uptake. We are interested in obtaining your general opinion of whether it is understandable and useful. Is there anything that you think does not belong there? Are there other issues/topics/materials you know of that should be included?

For the support slides we would like your opinion on the relevance of each slide for the three different groups for whom they will be customised. Is the information clear? Is it relevant? What should be added or deleted?

All views expressed will be considered to be confidential. Everyone contributing to the research will be acknowledged (with their permission) in the published version of the guide.

Please contact xxx with any questions.

Yours sincerely,

Dear (Parent/member of a poorly-reached population group/media [Insert name]),

Thank you for agreeing to be part of this childhood vaccine information project being carried out by [insert name of organisation/s]. We look forward [to your participation in our special focus group] or [to interviewing you] on (date/ time) at (name of institute and address).

This project is adapting recently developed EU childhood vaccination communication materials for use by our doctors and nurses in [insert name of country]. The communication materials are intended to help them better explain the benefits and risks of childhood vaccination and answer questions from people like yourselves. Your involvement in this project is very important. We need your opinion and advice on whether the communication materials are understandable and useful.

We attach a copy of the information support materials we want you to review. This includes a set of information slides and a list of messages.

For the information slides, we want to know if you think the language used is clear. Is the information helpful? Are there slides that should be deleted? Are there topics you would like more information about?

We also want your advice about some messages that were developed by people like yourself, in different EU countries, for doctors and nurses. The messages are intended to help healthcare providers strengthen their vaccine-related communications. We want to know if you agree with these messages. Should any be deleted or others added?

You will have a chance to share your views during our special (parents, poorly-reached population groups or communicators) meeting. All opinions and views will be kept confidential.

Please contact xxx with any questions.

Yours sincerely,

» b. Conducting focus groups and interviews – Introducing the project (an example)

Project introduction

The documents that you will be reviewing have been commissioned by [insert name of organisation/s and brief description of what it does] and developed in several stages. Initially, the documents were written in [insert language] and reflected information collected through focus groups and/interviews with different stakeholder groups in several parts of [insert country/continent]. These groups of vaccination experts, parents, representatives of Roma and other poorly-served communities, communicators and journalists all offered advice on how healthcare providers could enhance vaccination uptake. This advice was put together in a guide with some supporting materials that

were written in [insert language]. These documents were then reviewed by national experts here in [insert country], adapted to fit our national context and then translated. Some parts have been translated directly while others have been replaced or modified to be culturally appropriate. The purpose of this group discussion is to help us understand if the translated version of this document is clear and appropriate for people like yourselves with whom it will be used. We want your feedback on these vaccination-related information materials and for you to suggest adjustments, where necessary. The documents will then be modified and finalised according to your suggestions.

Emphasise:

- Ask for permission for recording and mention this is only for analysis purposes and will fully respect confidentiality.
- Confidentiality including any audio recording and any subsequent reports.
- The participant's right not to answer questions you might ask.
- The participant's right to leave the focus group or study at any time.
- That there are no right or wrong answers, we are looking for participant's thoughts and opinions.

Remind participants that:

- The role of the facilitator/interviewer is to ask questions and listen.
- The focus group will last for approximately two hours.

Ask if there are any other questions before starting.

» c. Inclusion/exclusion criteria

Let's talk about protection

Design of the focus groups

(Participants should be unknown to one another, if possible.)

An incentive can be given to the participants to cover transportation expenses and babysitting, if needed.)

PARENTS/GRANDPARENTS

Inclusion criteria	Exclusion criteria
Language: native speakers of the target language	Having a background in the health field (nursing, biology, medicine, pharmacy etc.)
Gender: mainly female	Having a negative attitude towards vaccinations (Scoring ≤ 5 in a 10 point scale from unfavourable to very favourable)
Age: mixed from 20 to 65	
Education: mixed, mainly primary and secondary school	
Having one or more children/grandchildren from three months to five years (mixed for children's age and number of children)	

» d. Demographic screening (data) forms to conduct focus groups with four end-user groups

Let's talk about protection

Screening form – Healthcare providers' focus group

To be filled in at the time of recruitment

- Sex: Male Female
- Age:
- Nationality:
- Educational qualification
- Specialty or specialisation (if any)
- Practise location
- Job title
- Years of work experience
- On a scale of 0–10, with 0 being 'very unfavourable to measles vaccination' and 10 'very favourable to measles vaccinations', where would you place yourself? (Please tick one)

Very unfavourable 0 1 2 3 4 5 6 7 8 9 10 Very favourable

» e. **Focus group/interview guides for different end-user groups – example: healthcare provider**

Let's talk about protection

Focus group/interview guide – General considerations

Approach

The focus group should be carried out in a room of a suitable size (not too large, not too small). The participants should sit around a table if possible. The discussion should take place as much as possible in a friendly and relaxed way. The moderator will ask open-ended questions as naturally as possible, following the flow of the conversation. S/he should be unobtrusive, encourage the participants to interact with one another, listen carefully and subtly guide the conversation back on target. S/he could be helped by an assistant moderator/observer who should be operating the tape recorder, taking comprehensive notes and making summaries if requested. Although not always possible, the participants should not know each other. A simple template grid will be provided to summarise the results of the process. The focus group session should not last more than two hours.

Conducting a focus group

The following is intended to be an example of how the facilitator will conduct the focus group/interviews, and can be adapted as necessary.

Moderator(s)'s Introduction

- Introduce moderator(s)
- Provide short overview of the aim of the discussion (see in this annex point b of step 4 the example on project introduction and the issues to emphasise)

After this introduction, the questions for each of the other end-user groups will differ. Here are some suggestions:

Healthcare providers

Please deliver a copy of guide and flipbook to the healthcare providers at least one week before the interview/focus group date.

After the general introduction

- Begin audio-recording
- Ask each participant to speak declaring his/her name and saying something about his/her work experience.

(15 minutes)

Document review

Suggest beginning the discussion by focussing on the main document, the 'Communication action guide for healthcare providers', and following on with the flipbook document later.

What's your general impression about the main document, the guide for healthcare providers? (Probes: How it is structured, the kind of language used (terminology), its usefulness, etc.)

As you know the main document is made up of the following parts (describe structure of document/sections briefly, then ask participants for feedback regarding the different parts of the document. The first version of the guide was in two parts, and therefore the questions asked here seek to analyse both parts). PART I includes four sections. Each of them summarises the suggestions of different stakeholders to the healthcare providers in order to make their communication more effective.

Let's start analysing **PART I**, section by section.

For **each section** ask the participants the following questions:

- What do you think about section (number of the section) (style, terminology, content?)
- Is there anything missing? What?
- Is there anything that does not belong there?
- What can be done to improve it (in terms of style, terminology, content)?

(25 minutes)

PART II provides support materials for conversations with stakeholders. Some of these materials have been replaced or adapted to (country).

For each section ask the following questions:

- What do you think about the materials provided in section (number of section) (usefulness, completeness, clearness...)?
- Are you aware of any other materials that could be inserted into this section? Which ones?

Make a summary if possible.

(25 minutes)

Flipbook

The flipbook was designed to help healthcare providers to discuss vaccination with each of the end-user groups. It works as a flip-chart, like this (show it). Remind them that there are three end-user groups: parents and grandparents, hard-to-reach populations, and media/communicators.

- What do you think about the flipbook document (completeness, clearness, relevance to the country of text, graphs and photos)?
- For each end-user group ask if the slides would be helpful or not?
- Which should be left in and which deleted? Why?
- How should the material be packaged for each end-user group?

(40 minutes)

Summarise the suggestions concerning the flipbook document.

(5 minutes)

Thank the participants.

» f. Focus group/interview feedback grid

Let's talk about protection

Results of the focus group/interview – healthcare providers

Country

Language

General comments on PART I (about the entire part, discussion, participants etc.):

Please add an additional grid for each section.

PART I

Section n. X General comments:

Rows Number(s)	Country version Participants' comments (both positive and negative)	Suggested changes (from the participants)	Team comments and suggestions

When referring to tables, graphs and pictures, please indicate the page number and describe the object.

PART II

General comments on PART II (the entire section, discussion, participants, etc.):

Section n. X General comments:

Rows Number(s)	Country version Participants' comments (both positive and negative)	Suggested changes (from the participants)	Team comments and suggestions

In case of tables, graphs and pictures, please indicate the page number and describe the object.

Step 5 Proofreading, design, networking and evaluation



»a. Proofreading grid

LET'S TALK ABOUT PROTECTION

1st proofreading grid

Country	Language

Please check:

The correspondence between translation and original for the agreed part; internal consistency within the translation (if a given phrase is used several times in the original document, it should be translated the same way each time); typography (bold, italics, underlined text) identical to the original; spelling; grammar; punctuation.

First proofreading of the text when still in Word (or other word processor software)

Row number	Original English	Country version	Change suggested	Explanation for change (in English)



» b. Photograph attribution and consent form

Photo permission form

Attribution

All photographs will be attributed to a photographer or agency.

Please indicate how you would like the photo acknowledged.

Name

Agency

Consent for use

I hereby acknowledge that I am over 18 years. I grant a non-exclusiveⁱ, no-cost, worldwide, transferrable, irrevocable license authorising [insert name/s of the organisation/s] and others acting on its behalf, to publish, use, duplicate, disclose, exhibit and display the photograph (copy attached) in any publication and other presentation materials. This includes reproduction in print publications, electronic distribution via the web, CD ROM, or other electronic media, broadcast via audio and video recording and/or foreign translations, promotion, and publicity.

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Signed

Date

Print Name

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