

Health communication for non-English speaking audiences: More than just translation

22nd Annual IHA Health Literacy Conference

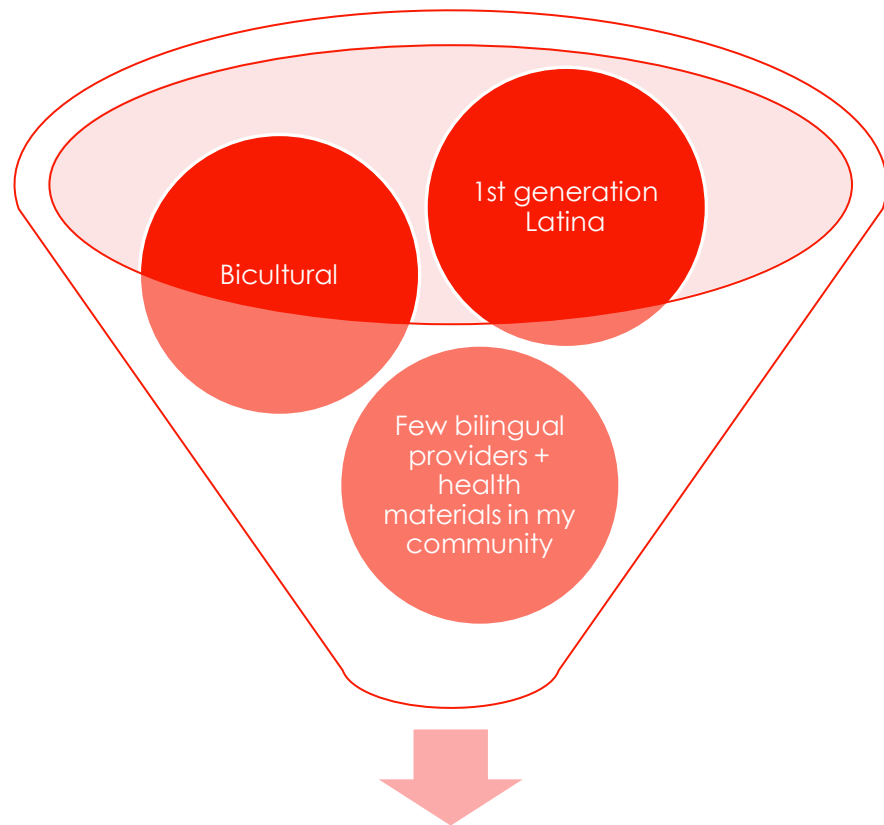
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Agenda

Today's discussion

- Brief bio and introduction
- Go beyond translation and embracing transcreation
- Dive into health literacy and health fluency
- Reframe health communication approaches
- Discuss how diversity, equity, & inclusion (DEI) frameworks connect to health communication efforts
- Connect the dots and concluding thoughts



Career in public health

Professional journey

- My background is rooted in health education, advocacy, and research and has fueled a passion for leveraging intersectional approaches and thinking.
- I began my career through the national service program AmeriCorps and since then have explored different avenues in public health, including academic research at Columbia University Medical Center and perinatal health education at March of Dimes.
- Throughout my career, I have observed chronic disinvestment in culturally appropriate health information, and noted the ways it impacts individual and community health. This, along with my lived experience, has shaped so much of my work.
- Currently: Sr. Director of Consumer Health at March of Dimes and a 2nd year PhD student at the CUNY Graduate School of Public Health and Health Policy in New York City.

Transcreation vs. Translation

According to Wells et al. (2013), “[in] transcreated materials, the text is not merely translated into another language, but reconstructed to meet the health literacy and informational needs of the target audience.”

The term **transcreation** is widely known in marketing, however this approach has been shown to have great value in health education. For example:

- Results from an RCT showed that audiovisual tools that prioritized transcreation effectively increased knowledge about clinical trials among Hispanic cancer patients.
- One study describes the misperceptions about folic acid among samples of Mexican women who reported that “the use of the term “acid”...was an illegal substance similar to LSD.” (Quinn et al., 2006). Researchers, explored different approaches, such as swapping for the term “B vitamin” and defining what folic acid is to dismantle misunderstanding in this group

Where they got it right...



NYC Dept. of Sanitation
*Restrictions on the Distribution of Plastic Straws,
Splash Sticks, and Stirrers*



Moffit Cancer Center
Forever Free© Self-Help

Where they struggled to get it right...

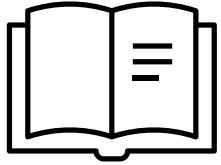


- March for Babies is a signature fundraising event at March of Dimes.
- The tag line was developed from an “English first” lens and did not translate well into Spanish.
- There was a missed opportunity to engage with audiences whose primary language is not English. Events are often an opportunity to disseminate health information and touch communities that may not otherwise be aware of the full catalog of programs and educational offerings.

- (8) Me he sentido triste o **desgraciada**
Sí, la mayor parte del tiempo
Sí, bastante a menudo
No con mucha frecuencia
No, en ningún momento

Edinburgh Postnatal Depression Scale (EPDS)
Widely utilized to screen for postpartum depression

- The Spanish version of the scale was developed in Barcelona, Spain (Garcia- Esteve et al., 2003), and then validated in Mexico (Alvarado-Esquivel et al., 2006).
- The word “**desgraciada**” has different meanings in Spanish including, unfortunate, unpleasant, despicable, and unwise.
- Definitions listed in the Bilingual Dictionary of Mexican Spanish include terms that are derogatory and insulting.



Health literacy

Key points

- Data from the National Assessment of Adult Literacy states that only 12% of U.S. adults have proficient health literacy. This assessment was conducted in 2003.
- The Program for the International Assessment of Adult Competencies (PIAAC) was administered three times (2012, 2014, and 2017). These data are considered the most current assessment of “adult skills in literacy, numeracy, and problem solving in technology-rich environments.” (National Center for Education Statistics)
 - 19% of U.S. adults performed at the lowest levels of literacy
 - 29% of U.S. adults performed at the lowest levels if numeracy
 - 24% of U.S. adults performed at the lowest levels of digital problem solving



Health fluency

Key points

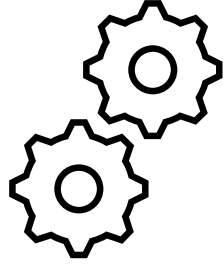
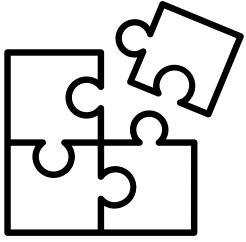
- Healthy People 2030 goal: **Improve health communication**
- Healthy People 2030 objective: **Increase the proportion of adults whose health care provider checked their understanding — HC/HIT-01**
- Individuals who are not able to understand health information face challenges when it comes to making decisions about their health and health care. (Okuhara et al., 2018)
- The US Department of Health and Human Services proposed redefining the term health literacy, but this can have negative implications.



Health literacy & Health fluency: A beautiful partnership

Meeting in the middle

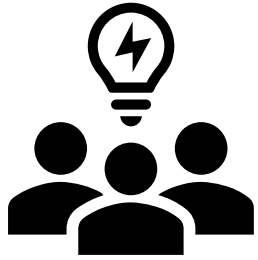
- Ancker et al. (2018) suggest adapting the term **health information fluency** to the lexicon. Defined as: “the effective use of health information by those who need it.”
- “Effective dissemination of health information requires a focus on both those who communicate information and those who seek information.” (Ancker et al., 2019)
- Approaches to health communication and health education may require multiple steps and considerations, but there are many positive implications.



Diversity, equity, and inclusion (DEI)

Integrating DEI in health education efforts

- Healthy People 2030 adopted two definitions for health literacy: personal health literacy and organizational health literacy.
- Organizational health literacy ---> Social Determinant of Health.
 - “One aspect of being a health-literate organization is meeting the needs of populations with a range of health literacy levels. By ensuring that everyone, regardless of their abilities, can make use of health information and services, health-literate organizations advance health equity.” (Healthy People 2030)
- I argue that organizational health literacy should be part of DEI efforts. Organizations that are truly committed to being diverse, equitable, and inclusive will apply this to all facets.



Final thoughts

Connecting the dots

Organizations have committed to improving DEI, yet health information offerings are not always created in an equitable, diverse, or inclusive manner.

Folks with limited English proficiency continue to have struggle with accessing important information, and health materials are created without fully considering health fluency, cultural nuances, or generational customs.

- **Ethnic groups are not monoliths.** A shared language does not mean an equal understanding of information.
- **Embrace a multiprong approach.** Shortcuts, and disinvestment, only creates more work. So does working in silos!
- **Spark a paradigm shift.** Advocate for health fluency to be considered as part of health literacy standards.
- **Approach your DEI team.** DEI statements often focus on what the organization is doing to ensure a diverse workforce, but this framework can certainly be expanded on.

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Thank you!

