



**Hablamos
Juntos**
We speak together.

IT'S MORE THAN WORDS:

DEVELOPING USEFUL HEALTH CARE MATERIALS FOR SPANISH-SPEAKING PATIENTS

Imagine a non-English speaking patient who may have chicken pox looking up the words “chicken” and “pox” in a Spanish/English dictionary—or someone with liver spots trying to understand what spots on his liver have to do with the brown patches on his arm. Countless common English phrases—including many medical terms—take on a whole new meaning when they are translated into another language.

Translation is about much more than replacing a set of words in one language with a set of words in another. It is a communication activity that must convey the intended meaning, not simply the words. The culture and communication style of Spanish speakers differs from those of native English speakers and can affect their understanding of materials originally written for an English-speaking audience.

Doctors often rely on written materials to supplement their diagnosis or relay other important information to their patients. Complex health information written in English can be difficult even for English-speaking patients to understand fully. For non-English speaking patients, a lack of well-translated written materials can lead to misunderstandings and inadequate follow up or treatment. This is a major problem for the country's increasing Spanish-speaking patient base. Latinos are the largest ethnic minority in the U.S. and are expected to continue growing rapidly.

Hablamos Juntos (We Speak Together), a national program of The Robert Wood Johnson Foundation, is working to address this challenge by forging connections between health care providers and the rapidly growing Latino market. Hablamos Juntos is investing \$10 million in 10 demonstration sites around the country. The 10 sites will work to improve health care for Latino patients by breaking down the language barriers that can compromise the overall quality of care and limit people's access to health care services.

This work will include developing Spanish-language materials that are useful to the patient, affordable for the provider, and able to communicate successfully what doctors need their patients to know.

Demonstration sites will enhance direct patient/provider interactions by creating better health information materials for Spanish-speaking patients. In addition to print materials, sites will explore the effectiveness of other communication tools, such as videos or computer kiosks to give patients the critical health information they need in a format that works best for them.

Demonstration sites will follow a three-step approach:

First, conduct an internal audit of health care materials and decide which will be most useful to Spanish-speaking patients and what the priority order is for translating or creating these materials. This audit will assess whether the health information will survive direct translation from the English version and make sense in Spanish, or if materials need to be created in Spanish from the start to accurately convey the appropriate information. Informed by these audits, the ten demonstration sites will develop policies and procedures for multi-lingual material development that other providers can adopt in their own organizations.

Second, develop useful Spanish materials. This may mean directly translating English versions into Spanish versions, but some materials and concepts simply cannot be translated meaningfully from English to Spanish. In addition, some materials that may be important for Spanish-speakers may not even exist in English. Demonstration sites will develop materials that best communicate across cultural backgrounds, education levels, and different communication styles. For example, the demonstration site at the University of North Texas Health Science at Fort Worth School of Public Health (UNTHSC) will use health writers to create educational materials in Spanish, including ones that explain the risks and benefits of medical procedures. They will also translate forms used to collect patient information to help Spanish-speaking patients communicate their symptoms and needs to their health care providers.

Materials developed by Hablamos Juntos grantees will also be available to all health care facilities to use or adapt. For example, Molina Health Plan and Neighborhood Health Plan of Rhode Island will collaborate with the federal Centers for Medicare and Medicaid Services (CMS) to identify the requirements of federal and state Medicaid agencies for translated materials and to develop Spanish language versions that can be used by others.

Third, evaluate new products. To determine the effectiveness of their new products, the demonstration sites will use the Spanish Language Materials Evaluation Tool provided by Hablamos Juntos. This tool will help them measure the usability and cultural appropriateness of the new materials. The tool will offer suggestions that can help materials be more relevant to Latino populations.

Hablamos Juntos's work in this area will help develop a common understanding, currently lacking in the health care field, of what constitutes effective Spanish language health materials.

By the end of the demonstration period, Hablamos Juntos and its demonstration sites will have developed a much more sophisticated, effective, and affordable way for health care organizations to provide medically important information to their Latino patients. The results will include practical steps that can easily be adopted by other health care facilities throughout the country to improve the quality of care for Spanish-speaking patients.

For more information, log on to www.hablamosjuntos.org