

Facilitating Access to Translated Resources – A case study

Jeff Langdon

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This paper is about the development and operation of the Health Translations Directory by the Department of Human Services over the past few years.

I'm Jeff Langdon, Manager of the Web Communications Unit in the Health Branch of the Department which is also responsible for the Better Health Channel - Victoria's consumer health web site.

Today I will be talking about the development of the HTD, the role it plays within CALD communities and the challenges faced during its development and promotion.

Much of this development work was conducted by Kathryn Danylak and Carlo Campora from Feb 2003 to Feb 2004. Subsequently, Marcus Webb was employed through 2005 in a communications role. These resources were available through VOMA funding

I gave a paper at the first Open Road conference in 2000 in which the learnings of the Better Health Channel around multilingual web publishing were discussed. The URL below allows access to that presentation and to the report I'll refer to.

As mentioned, the Better Health Channel is Victoria's consumer health information website. It was launched in May 1999 as part of the then Victorian Gov't Channels program designed to deliver Government information through consumer-centric sites rather than organisation-centric Departmental sites.

Rather ambitiously the site was established to provide multilingual usage. This was the heady days of the late nineties when the Internet was going to solve all mankind's problems and bring peace on earth!

The eight most used community languages were chosen (other than Arabic which was seen as too much of a technical challenge for the time). This is of course different from the most needed community languages - hence a number of the newly arrived communities weren't provided for.

The technology of the site was advanced for the time. The multilingual content was loaded as text rather than image/PDF format. This is a great advantage in terms of accessibility and discoverability of the content but presented many technical challenges around the capabilities of the operating systems and browsers used by the user.

As you can imagine, running essentially nine parallel web sites was rather expensive. So much so that the translations we undertook only eventually covered the taxonomy and the higher level of content. The end results were still in English. So the pathway to the content was multilingual but the content itself was in English.

This was solely due to resource restraints.

The text based technical problems and the fact that we were physically unable to handle the weight of translations led us to commission Cultural Partners P/L in 2000 to provide us a way forward.

Their recommendations after extensive research and consultation can be found in the aforementioned report. They suggested some better technical solutions, some extra languages to incorporate, and the size of the budget increase necessary to achieve these outcomes!

But also, interestingly, they noticed that what CALD Internet usage was being done at the time was largely through intermediaries.

Ultimately the lack of any new funding killed the multilingual experiment on the Better Health Channel and by May 2003 we had discontinued support for the eight community languages.

But a seed had been planted about the fact that CALD communities wanted the content in their own language but could live with English only navigation to that language through the use of an intermediary - the opposite to what we had been providing on the Better Health Channel.

Also, we didn't have enough resources to translate our own material. So what else was there "out there"?

The Department approached VOMA through its language services strategy for support to create a directory of all known translated health information.

Funding was provided in 2003 to allow two staff to be employed and work on this project.

Essentially, the Directory is an online resource that provides links to resources translated by government departments, funded agencies and peak health bodies, enabling people working with CALD communities to easily find translated health information.

Importantly, the Directory is not responsible for developing any translated material itself.

Like a library catalogue, it is a search tool that provides a way of finding information that has been developed by other organisations. This contrasts with other websites, such as the Better Health Channel, or the NSW Health Multicultural Communications Website, which develop and support their own content.

Before discussing some of the issues around our experience it might be useful to conduct a quick tour of the site.

This is the front page of the Directory. The Directory has recently migrated into the broader Health.vic area, which has required some small design changes that some of you may have noticed.

On the left hand side are some navigation features which I will go through in a moment. The body text provides information relating to what the site does, where the information comes from – the Directory grounds its authority by identifying clearly as a government website - who it is useful for, and how to use it.

But, as you can see, the Directory presents upfront and simply as a search engine.

Enter keywords or select a language or do both, press search.

If someone was wanting to be a bit more specific in their search parameters, they can use the advanced search function on the left hand navigation bar.

The results are simply presented. We've chosen to present the results according to the jurisdiction of the host body as our primary constituency is the Victorian CALD intermediary.

When a particular resource is chosen the following page appears. This has lots of information about the resource including links to the English and translated versions, the owner and a link to their website, etc.

Although the vast majority of the links are to existing resources online at the host's website, there are some links that simply provide an address or phone number which allows access to hard copy resources that are not available electronically.

Advanced search gives the additional search options of Category and Organisation. Again, you can enter information in one or more of the boxes. Language, Category and Organisation are all defined fields that have been catalogued and are presented in drop down menus. This has the double function of controlling searches (reducing entry error) as well as revealing to users what other information is on the site.

It is also possible to access lists of the information listed under Category and Language in the navigation bar on the left.

Here we can see how the information is grouped according to category - abuse, Dental care, Food safety and so on, with the number indicating how many resources there are in each category.

Here you can access all information in any particular language. While it is not exactly envisaged that users will browse the directory out of general interest like they would the Better Health Channel, these facilities enable people to get an overview of the resources on the directory and quickly find everything that is relevant to the needs of their particular CALD community.

Currently there are just nearly 11,000 multilingual resources on the Directory, in 65 different languages. The initial focus was on providing access to Victorian based information, but this rapidly expanded to include resources from Interstate and National organisations.

The Directory is part of the Victorian Government's broader Language Services Strategy, which aims to make strategic improvements to language services throughout Victoria.

The initial concept for the Directory, as with many great ideas, came from a number of sources, but gained significant momentum following two pieces of research conducted by VOMA (the Victorian Office of Multicultural Affairs), which is part of the Department for Victorian Communities. These were:

- A needs analysis of interpreting and translating services in Victoria, and
- The CALD report

The needs analysis looked at demand for, and supply of, interpreting and translating services in the State. About 4% of the Victorian population doesn't speak English well or at all, and at the time of the analysis, the Victorian Government spent about \$12 million per annum on interpreting and translating, of which 80% was allocated to the department of Human Services.

The research identified a number of issues and led to VOMA being allocated \$2 million over 4 years to address these problems.

The key messages that came out regarding translations were that there:

- Wasn't enough translated health information

- It was difficult to find translations on the topics you need, or in the languages that you need

- There wasn't sufficient funding for translations

Discussions with the organisations that produce the translations indicated that the same information was being translated into the same languages by different organisations

The other piece of research was the CALD report - the CALD report looked at 20 different ethnic groups, examining what sort of information they wanted and how they wanted to receive it.

This report indicated that while there were certain segments using the internet – such as younger members of the Chinese community – and that this information was often shared with other family or community members, the internet provided limited direct benefit because generally people who use other languages have lower rates of Internet usage than the general community.

However, other points raised by the CALD report indicated that printed in-language material was of fundamental importance, and emphasised the importance of intermediaries in successful information dissemination amongst CALD communities. Other research in this area indicated that the internet had a lot of potential, provided that access and training issues could be addressed.

VOMA supported the belief that there was a significant role for the internet as an in-direct method of communication enabling the sharing of printed translated resources. These resources would support the face-to-face communication by health care and community workers and their clients. The internet had other significant advantages: it was fast, it could be kept up to date easily, and perhaps most importantly, you can get access to every corner of Victoria (theoretically anyway). This meant that a child and maternal welfare nurse in Geelong who is working with a Cambodian speaking mother has the same access to information for that client as a nurse in Springvale.

So, in summary, the Health Translations Directory came about through VOMA wanting to develop a tool that:

- Brought together all Victorian translated health resources

- Reduced duplication and identified the gaps in translated material, and

- Encouraged and facilitated the use of the resources

It was also identified that while the Internet is generally a poor direct method of communication with people who speak other languages, it has real benefits as an indirect method of communication to supplement other forms of communication and make those easier. Key to this was providing a resource that met the needs of intermediaries working with CALD communities, such as GPs and community health workers. Therefore, the Directory was developed in English and only target resources that had an English version of the resource available as well.

As you can imagine, developing the directory was not an easy task.

DATA MAPPING

First task was Data mapping, or finding out what information was out there. This goes to the very heart of the need for the Directory – how does a GP in Ballarat know about a resource that has been translated by a community health centre in Brunswick that would be perfect for his Greek patient? Finding this would be almost impossible for the GP and not much easier the HTD staff.

Fortunately they had a number of starting points, significantly most translations are done by publicly funded departments or agencies. From this basis they were able to send out global emails, set up meetings with DHS Program managers in areas that may have done translations, search government websites and try to follow the money trail all of which quickly indicated that often things were being translated then left to lurk around the back-links of websites.

Other avenues included speaking to the main translation agencies, contacting peak health bodies and using the newsletter database of the Better Health Channel.

Developing relationships with the agencies and organisations involved in doing the translations, at all the different levels and stages turned out to be of vital importance to tracking down resources and ensuring the ongoing flow of information. The challenge here was finding the right people within these organisations, for the response and interest varied enormously depending upon the individual, their understanding, their passion, their personal experience working with CALD communities. Importantly, these individual relationships often cut through bureaucracy and other impediments. However, maintaining this has proved to be one of the most difficult aspects of achieving sustainability, particularly as relationships developed with individuals tend to depend on those individuals remaining in the same positions.

DEFINITION of HEALTH

The initial understanding of what constituted “health” was worked through by the Directory’s steering committee, but the range of information that was uncovered indicated that there are diverse understandings of the concept “health”, and what information was important for CALD communities. This resulted in the directory having a broad scope, covering topics from anxiety to arthritis, healthy diets to hepatitis, and skin care to stress. It also stretched to information dealing with, for example, rights at Centre Link, gambling, and applying for public housing.

Decisions such as these weigh many benefits and liabilities, for example: on the one hand there wasn’t anything else out there pointing to this information so if we came across it it may as well be put on the Directory, on the other: there’s little point having information there that no one is ever going to look at if people don’t think about going to the Health Translations Directory to find information about Housing.

So again, a clear requirement of developing the directory was developing close relationships with stakeholders and partners, users and suppliers, and making sure that they realised the role they played in developing the directory, understood the resources and scope of the directory and simply how to use the directory. It was also vital to get their feedback so that we could understand what they thought should be on the Directory.

QUALITY ASSURANCE

While there was a need to build up the resources of the site, quality assurance was, and remains, of the highest priority. Although part of the logic behind being a directory was to reduce the requirement for developing, assessing and maintaining the translated information, controlling quality is clearly of vital importance. It is one thing to develop a database of links, it is quite another to develop a reputation for accuracy, reliability and consistency.

To this end, the directory set a number of standards that had to be met before a link would be established. These included

- having an English language version available - so that the intermediary could check the resource,
- It must have been translated by an accredited translator – pretty much standard in work funded by government departments, and
- It must have been published or reviewed within the past 5 years

Quality assurance remains a significant area where the Directory must look to work with its stakeholders and partners to ensure that it, as with the rest of the industry, strives to improve.

Another significant, and very much ongoing, quality issue involves broken or dead links. While there are many benefits of the linking strategy of the Directory, the fact that we do not host the information means that we have no control over whether it is moved, and if it is, it seems that very few organisations remember to contact the directory. To make things even more difficult, it is likely that the changes are the responsibility of a web manager and not the content developer, the person with whom we are likely to have a relationship. We can use programs that hunt out dead links, but these are not perfect, and dead links require vigilance.

INFORMATION MANAGEMENT

As the directory is a search-based site, it is only as good as the database that supports it. It is vital to look at the controls with regards to both gathering the information, and entering it onto the database. Consistency is of paramount importance, as well as constantly being aware of usability.

It is crucial to stop and think how someone with no prior experience with the site, rushed, with poor computer literacy how will their experience be? The Directory's approach, and one that seems to have been very successful, was to make things simple, with more depth if people required it, and to be error responsive. This meant for example – being search based, using drop down menus and thinking about things such as spelling errors.

After the initial funded period concluded the Web Communications Unit at DHS was able to maintain the site only on a reaction only basis and it certainly was not able to promote the site except in the most opportunistic way (usually associated with any promotions activity of the Better Health Channel).

However we were fortunate in 2005 to receive further funding from VOMA to allow a part time resource, Marcus Webb, to be employed to improve the communications functions around the directory.

Because of the relationship between suppliers and users of translated material, promotion of the directory began during the development stage. This was facilitated (to some degree) by using existing communications avenues within the DHS and funded agencies.

Still, as the project progressed it was clear that awareness remained limited, and an increased emphasis on promotions was essential. This was tackled on a number of fronts, including promotional displays, presentations to key stakeholders, email campaigns, placing articles in industry publications and disseminating posters and brochures.

However, resources, including time, for promotion on a bigger scale, whether above or below the line, were limited. And, though the design of the website attempted to keep things very simple, there remained a significant requirement to increase understanding of how the site worked, and to achieve and maintain a "buy in" or understanding and support of the concept of Directory.

KEY STAKEHOLDERS

GP's in areas of CALD communities, Community Health Centres, Child and Maternal Health Centres, Peak health and settlement agencies and ethno-specific welfare agencies.

PUBLICATIONS (included)

DIMIA Settlement News, Cancer Network News, Medical Practitioners Board of Vic Bulletin (sent out to all registered GP's and medical specialists, Gov't Information Update Newsletter.

The first message was simple, inform people of what they get: what's there and how to access it - use the directory to get better access to translated health information. There are 11,000 multilingual resources, in 65 languages and 50 categories. It's as easy as typing in your topic, choosing the language you require and clicking search!

Then let them know other ways that the directory can benefit them, for example - instead of printing and mailing material to your affiliates, put the information on the directory so that it can be downloaded when required.

This brings the focus onto resource saving, where the time and cost savings found through using the directory can be huge - from saving printing and mailing costs, as in the previous example, to translations dollars saved through finding translations that can be used or adapted, thus reducing duplication, to staff

efficiency and motivation through increasing staff access to resources and helping them become better able to solve problems.

Finally, share your resources - develop the sense of cooperation where we work together towards providing a better outcome for everyone, and get a real benefit out of the synergies of being part of big organisation.

What were the greatest challenges in the different stages of development and promotion?

Finding the information was very difficult and time-consuming. There was a very low response rate from global emails. Discussions with program area managers were productive, but often led to contacting more people and a requirement for more resources.

More specific developmental challenges included, and this continues, getting the significant buy in that we wanted, and getting people to understand what sort of information we required, and how we required it. For example people would send us hardcopies of brochures, or email us the pdf's. This was often a great demonstration of goodwill, but we needed URL's or websites we could point to. These discussions could go round in circles and lead nowhere.

Building a partnership approach and developing a culture of cooperation raised similar challenges. Understandably, organisations were often too caught up in their own operations and concerns to have time to think about the bigger picture. More specifically, there were often issues about copyright, branding and liability.

Copyright is sometimes an issue raised by both sides: suppliers would say: well we've created that...nobody else can use it – now this is ostensibly true, but loses validity when the resource in question is already on their website. The directory was not doing anything new with their resource, just letting more people know where it was. Equally, users would ask about copyright - can we just do what we like with this? In both cases, the directory is just the middle person, not making rules just directing traffic. Much like a library catalogue or telephone directory.

Branding and liability were and remain significant issues particularly in big organisations such as hospitals, not for the Directory itself, but for the usability of the resources.

Computer availability and skills are major issues. While poor access and literacy was identified as an issue in CALD communities, these are often significant problems for intermediaries as well. First and foremost, we can't assume that people are computer savvy, no matter how well educated they are in other areas. Nor can we assume that they will have appropriate technology.

The roll out of Broadband into GP clinics and community health centres will undoubtedly have good effect, but the size and complexity of resources is a big issue. Some translated PDFs are quite large in terms of file size.

Ongoing IT training and encouraging the development of easy to use resources is essential.

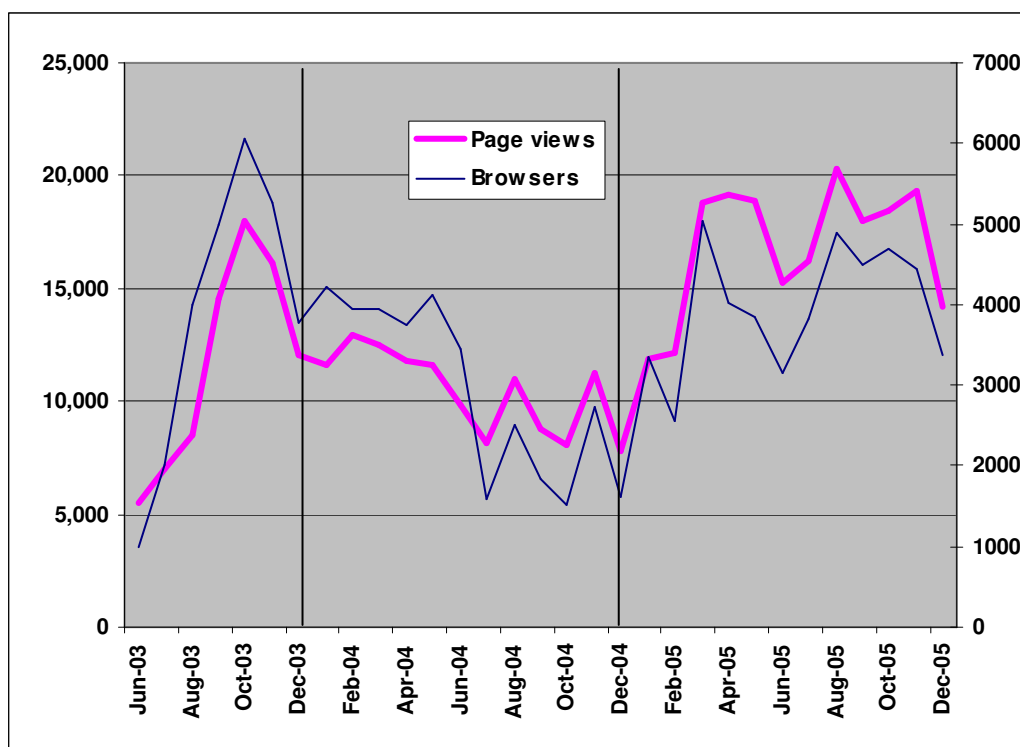
This leads into the greater issue of the quality of translations. This issue is not directly an issue for the Directory, but as I mentioned earlier, quality assurance is vital for developing a reputation for accuracy, reliability and consistency. The first challenge comes with ensuring the quality of the original document – is it appropriate for translation? Can it be understood in English or is it too technical?

New languages are being required all the time, and there can be a lag between the demand and provision of appropriate skills or resources. Added to this, our understanding and expectation of translations is constantly changing, raising questions about the appropriateness of some existing translations.

Sufficient funding is the biggest hurdle to both the Health Translations Directory and the broader development of translated resources. The initial funding for the Directory was for one year, from Feb 2003 to Feb 2004. From Feb 2004 to Feb 2005 the Directory was unfunded, with a small contribution of technical support from the Web Communications Unit. The last funding has just finished..

The initial ambition was that the Directory be developed to achieve an internal sustainability. Many of the strategies, such as looking at getting stakeholder buy in and developing the sense of cooperation, were logical ways of developing this, and to some extent were successful.

The usage pattern of the HTD falls into the three periods – first funding, non funding and second funding periods.



As can be seen, soon after launch in July 2003 the usage of the site climbed to around 18,000 page views per week. However without the ability to promote and keep the site current, usage fell during 2004.

With the advent of some promotional support in 2005 usage figures have again climber to around 20,000 page views per month with something like 5,00 individual users accessing the site.

Language	Pages	Language	Pages	Language	Pages	Language	Pages
Arabic	3050	Maltese	224	Indonesian	433	Finnish	47
Vietnamese	2852	Greek	220	Amharic	419	Romanian	47
Chinese	2628	German	216	Bosnian	392	Czech	45
Italian	1466	Tigrinya	200	Sinhalese	391	Malay	44
Spanish	961	Tongan	186	Lao	380	Armenian	41
Japanese	718	Dutch	172	Macedonian	379	Maori	35
Farsi (Persian)	705	Urdu	127	French	358	Pashtu	34
Croatian	689	Mandarin	122	Korean	324	Sorani	27
Turkish	688	Tamil	104	Cantonese	312	Kurmanji	15
Polish	583	Kurdish	92	Albanian	307	Fijian	12
Somali	531	Hungarian	82	Serbian	302	Nuer	10
Khmer (Cambodian)	510	Burmese	78	Portuguese	299	Pukapuka	9
Russian	476	Hmong	78	Samoan	281	Braille	4
Hindi	457	Oromo	62	Dinka	279	Assyrian	0
Thai	448	Bengali	51	Punjabi	264	Latvian	0
Tagalog (Filipino)	446	Ukrainian	48	Dari	250	Tetum	0

Usage of the languages shows some interesting trends. However the paucity of resources in some languages can bias these figures.

Category	Pages	Category	Pages
Diabetes	2737	Child Protection	383
Asthma	2410	Food safety	379
Children's health	2042	Dental care	351
Mental Health/Illness	2004	Grief and loss	329
Aged care	1671	Legal Rights and Information	266
Diseases and conditions	1360	Palliative care	258
Nutrition	1248	Smoking	249
Pregnancy and post-natal	1106	Digestive system	236
Heart	1017	Kidney and bladder	228
Alcohol and other drugs	1007	Eyes	222
Sexual Health	991	Physical activity	200
Women's Health	947	Ear nose and throat	158
Immunisation	930	Complementary therapies	154
Cancer	812	Emergency	114
Abuse	780	Settlement Information	113
Hepatitis	716	Housing	103
Dementia	616	Consumer rights	94
Infections	559	Men's Health	93
HIV/AIDS	555	Feet	79
Health services/patients' rights	544	Hygiene	75
Medical Procedures	497	Environment	74
Parenting	478	Gambling	72
Safety	476	Discrimination	59
Disabilities	469	Translation Issues	54
Welfare benefits and services	408	Translation and Interpreting Resources	9
General health	406	Workplace Safety	7

Similarly, the usage patterns for the categories show all the usual suspects at the top of the list.

Messages that came back from the review process included:

That the Directory “provides an opportunity to promote our multicultural resources more widely”, it increases “awareness and assistance for those in need” and “contributes to public health in CALD” communities. Also, that there was a need for more translations to be on the Directory, that it needs to take on a truly national focus, that there was a need to address IT issues including suitability of resources, training, and printing quality.

Finally, that the Directory must receive core funding

From this research, we can say that there is no question that the Directory has been a success and has met its original goals of:

- Bringing together Victorian translated health resources, and
- Encouraging and facilitating the use of the resources

And that through this, the Directory it has been of significant benefit to the intermediaries working with CALD communities, and subsequently to the CALD communities.

It is more difficult to get a clear understanding regarding the third goal of reducing duplication and identifying the gaps in translated material. 83% of respondents to the questionnaire stated that they check what translations have already been developed when developing translations, however we don't know what effect this has had on duplication – did they all find suitable translations?

With regards to identifying gaps, it appears that the Directory is more successful at identifying gaps in terms of language rather than topics. For example, a quick search of the directory will show that there are only 6 resources in Sorani, a language spoken by Iragi Kurds.

Since the advent of the Health Translations Directory VOMA has funded the creation of a similar Directory within the justice domain (www.translations.justice.vic.gov.au). This website has been built on the same database as the Health Translations Directory allowing cross referencing and leverage.

Additionally VOMA has recently funded Vic Net to do some research on multilingual online access to Government information.

So where to from here? First, it is vital that the Directory continues to strive to meet its current ambitions. It is clear that the Directory is an excellent resource for enabling the locating and retrieval of translated resources, and is a significant asset for people working with CALD communities. Further, it is clear that the design and methodology of the website are suitable and successful. In the first year in particular, the Directory certainly met its original goals of bringing together resources, and encouraging and facilitating the use of resources. The second year was not so successful, although there is clearly still significant support, usage and demand. While there are a number of challenges that the Directory faces, funding lies at the heart of many of them.

We need to look at the challenges that have been identified, and determine ways of addressing these issues. For example, to increase the internal sustainability of the Directory, the impetus has to move from the development of individual relationships with key stakeholders to a position where all publicly funded translations must consider the Directory. The Directory doesn't have, and likely never will have, the resources to continually chase everything up, they must come to us. So, accountability and reporting must be increased. It is not acceptable that publicly funded translations disappear from view until someone from the Directory hunts them out. Considerations of the Directory must be incorporated within language policies and guidelines. Fortunately, some steps are already being taken in this direction.

Beyond this, I believe that a successful strategy, whether it is driving products or services, needs to be continually examined and updated. Much like the model of website evolution that we looked at earlier, the overall strategy needs to be continually researched, tested, developed, tested, launched, tested, and then back to research

Looking to the future, we must determine the significant issues that the Directory needs to address for it to fulfil not only its original ambitions, but to help develop and drive best practice in the translations industry within Victoria and Australia. To this end we must continue to understand the changing needs of the CALD community, and the expectations and requirements of the intermediaries working with them. And not only must we develop strategies to meet these needs, but we must ensure that these flow into practical changes to the directory, and to the way that we promote and inform people of the Directory.

So, while primarily focussing on addressing the practical challenges I have mentioned, we must begin to look at what other needs the Directory can address. The central position of the Directory provides a significant advantage. Not only does the Directory gather and disseminate translated information from all over Victoria, all over Australia, but in doing so it talks to users and suppliers, big and small, hospitals to health workers, Divisions of GP to school nurses. Who else crosses these bounds? Who else hears the sum of these questions, and has a forum in which to provide answers?

In order to better address the goals of reducing duplication and identifying gaps in translated material, in order to increase the quality and suitability of translations, in order to truly bridge the gaps and make language services equally available to all Victorians, it is arguable that the directory needs to move from its passive, voiceless role as a catalogue towards a more active engagement with its stakeholders, users and suppliers. Initially this could involve adding resources to the site such as directions on what makes a good translation, or advocating best practice and quality of translations by identifying translation methods used. Beyond this we could look at developing a chat room in which issues and questions could be raised. A regular newsletter would provide a great means of not only promoting the Directory, but help to raise issues, case study successful practice and disseminate ideas.