Testing the useability and applicability of Australian multilingual public service communications

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Authors:
Caroline Norma
Miranda Lai
Erika González
Olga García-Caro

Table of Contents

Introduction

The Covid-19 Pandemic, although a tragic event in the lifetimes of many of us, brought to the surface covert issues that had not been questioned or addressed before. The global health crisis prompted many positive actions and changes by bringing different stakeholders together in an attempt to keep the population safe. An excellent example of such a collaboration was the establishment of the CALD Covid-19 Health Advisory Group by the Australian Commonwealth Department of Health and Aging. Its role consisted of providing "advice on the experience of culturally, ethnically and linguistically diverse people and communities in relation to the COVID-19 pandemic" (Culturally and Linguistically Diverse Communities COVID-19 Health Advisory Group, n.d.). Given the importance of accurate multilingual communications in diverse countries like Australia, the Advisory Group made possible the partnership between the Federation of Ethnic Communities of Australia (FECCA) and the Australian Institute of Interpreters and Translators (AUSIT). The alliance between the two organisations, with the Support of the Department, produced a seminal work that established the foundations for future multilingual communications in Australia (and internationally). For the first time, multilingual communities were considered significant players in the translation and communication process. The work conducted by FECCA and AUSIT produced a series of resources that have been praised at an international level, and emulated and adapted by other state government departments and countries (including New Zealand).

This project builds on the foundations established by the work completed by FECCA and AUSIT. It aims to identify the most effective translation methods to communicate with multilingual audiences in Australia. Researchers assessed the multilingual production and effectiveness of four government health communications focused on Covid-19 vaccination from the perspective both of their upstream producers as well as their downstream users (Rizzi et al., 2019). Four documents in seven languages other than English (Arabic, Chinese, Croatian, Greek, Serbian, Spanish and Vietnamese) were assessed for effectiveness in translation undertaken in four different ways. The languages chosen for the project represent

some of the most vaccine hesitant cohorts. The aim was to assess target reader perceptions regarding textual content to gauge if the translated texts would prompt behavioural change and elicit trust.

As will be explained, this assessment sought ultimately to arrive at a best-practice model for the effective production and dissemination of multilingual government health communications (i.e., health-related 'behaviour-change' messaging) in Australia.

This report concludes with an explanation of this best-practice model arrived at, which was forged through empirical data collected in 2023. The methodological conduct of this research is described in this report, as is the scholarship informing its undertaking. The research was structured around a framework of 'downstream' and 'upstream' perspectives on translation, and this report highlights these two different approaches in its description of what researchers have said in existing scholarship, as next, as well as how the current research was methodologically designed.

Within the translating and interpreting field, multilingual government communications were only a marginal focus of research before Covid-19, but this focus became acute during the pandemic after communication inadequacies came to light (see Renaldi and Fang, 2020).

What have researchers said from a 'downstream' perspective?

In 2019, three internationally prominent translation theorists made the following suggestion for investigating quality and rigor in multilingual communications. They wrote (Rizzi et al., 2019):

> [W]e suggest following translators downstream (from the translated text or culture to the readers and client) or upstream (from the reception of translation and translator up to the translated text or request to translate). (p. 111)

From a 'downstream' perspective, a number of chapters in two recently edited collections (Federici, 2022; Blumczynski & Wilson, 2022) address the question of effectiveness in the translation of health communications in terms of their ground-level reader 'reception'. This concept of 'reception' in relation to translated texts is defined most usefully by Hu (2022) as the design of translations to maximise acceptance among readers. In the latter edited volume, this 'reception' of translated Australian health communications is seen by one team of researchers as best met through 'by producing linguistically and culturally sensitive information at the grassroots level by people from those communities' (Krystallidou & Braun, 2022, p. 142). This finding echoes an earlier study (Teng, 2019, p. 86) of Chinese-language health communications translations in New Zealand, which found that 'linguistic expressions adopted in the translation did not maintain the original pragmatic function of being consultative in the New Zealand setting, failing to offer target readers the option of making their own decisions. Therefore, failing to convey the original pragmalinguistic [i.e., action prompted through text] intent may lead to the consequence that members of a minority community remain disempowered when receiving healthcare services, and that the health information gap remains unbridged'. Both volumes echo the conclusion of a 2022 Australian report that 'effective public health communication is enhanced by the mediation and outreach strategies adopted by CALD [culturally and linguistically diverse] community organizations' (Karidakis et al., 2022). From a 'downstream' perspective, in other words, recent research emphasises user-involvement, community consultation, and reader-reception checks in the production of translated versions of Australian government health communications. Accordingly, this approach is examined in the current research, whose methodology is

explained below, which employs focus groups to assess four differently produced translations in seven non-English languages. A 2017 study found 'focus group discussions reinforce...the importance of refining public health messages well in advance of distribution so that cultural acceptability is strong' (Paige et al. 2017), and the current research assesses what methods of 'refinement' most effectively achieve cultural acceptability *before* distribution. This effectiveness was balanced in the current research with parallel assessment of upstream perspectives that addressed elements like dissemination, cost, and technological intervention in relation to translated public health communications. These are explained further below.

The June 2023 *Better practice guide for multicultural communications* booklet published by the Victorian Department of Families, Fairness and Housing emphasises the effectiveness of pre-configuring, as well as testing, health communications before translation. This can include drafting according to Plain English principles, or even community co-design where timelines and budgets allow. 'Community co-design' is defined as involving the 'communities you want to reach early and at every stage', including in relation to 'messaging, design, production and distribution' (p. 21). This consultation and liaison with speakers of the language who are intended as the readership of the communications is envisaged as heightening their effectiveness, as the Department explains:

> High-quality translations give everyone equal access to information and services. They do more than change language, they should accurately convey meaning and context... Good translations also build trust by showing you want everyone to understand your information. (p. 17)

The Department's advice emphasises considerations in translation that go beyond even meaning-based transfer. Approaches that remain at the level of meaning-based transfer tend to focus on the rendition of units of meaning in a way amenable to the needs of readers, and not whole-of-document considerations. The Department's suggestion that a 'good translation' is one that shows 'you want everyone to understand your information' sets a higher bar for the undertaking of public health translations that incorporates considerations of textual

functionality, acceptability, and effectiveness in achieving behavioural change. We return to these considerations in our analysis of the research's findings.

What have researchers said from an 'upstream' perspective?

In 2019, three internationally prominent translation theorists made the following suggestion for investigating quality and rigor in multilingual communications. They wrote (Rizzi et al., 2019):

> [W]e suggest following translators downstream (from the translated text or culture to the readers and client) or upstream (from the reception of translation and translator up to the translated text or request to translate). (p. 111)

From an 'upstream' perspective, recent research has focused on the accessibility of health translations for readers, and distribution channels for health translations. A 2021 edited volume suggests that 'readability, accessibility and quality are interrelated and interdependent concepts; high-quality documents addressed to patients are readable and accessible to various groups of patients, including visually-impaired ones or those with limited health literacy, thus securing access to health-related information' (Karwacka, p. 80). At a society-wide, rather than intra-institutional scale, however, researchers have had to adapt to developments with the pandemic and consider public health translations from a population-wide perspective. Even at scale, however, social media is not the only distribution channel identified by researchers. An earlier 2010 examination of Korean and Indian adults in the US uncovered 'three distinct channels used by Asian older adults when obtaining health information: interpersonal (i.e., health care providers, word of mouth), mass media (i.e., ethnic mass media sources), and community specific (i.e., religious organizations, community centers)' (Lee, 2010, p. 165). As explained below, these channels were assessed in the current research from an 'upstream' perspective that incorporated the opinions, preferences, and experiences of both readers and translators across seven languages. At the forefront of researchers' minds in this investigation was the abovementioned 2022 finding of Australian translation researchers that non-English-speaking migrant communities 'have developed communication strategies involving different kinds of mediation to reach specific sub-groups,

especially the most vulnerable', and that '[t]hese strategies can inform future public health engagement' (Karidakis, 2022). Indeed, the current research assessed the extent to which the involvement of proficient users of language in the production and dissemination of non-English public health communications results in communications that are preferred by readers.

From an 'upstream' perspective, the production of translations has attracted increasingly researcher interest in respect of digital tools, such as machine translation software, computer-assisted translation applications, and artificial intelligence platforms like ChatGPT4 and DeepL. The potential for machine translation tools to contribute to the translation of public health communications is explored by a number of researchers (for example, Chen & Acosta, 2019). Pym and colleagues (2022) asked whether 'raw machine translation should be used for public-health information?', and this question is examined in a number of studies (e.g., Dumitran, 2021) specifically for public health communications. The current research incorporates assessment of reader-reception of translations produced with input from digital tools. As part of the project's 'upstream' analysis, this assessment contributes to the research's ultimate aim of devising a best-practice model for translation from a useability and applicability perspective.

In these scholarly discussions of a range of aspects of 'upstream' considerations in the translation of public health materials, *trust* is a prevalent theme. The level of trust that users of the translations have in the government, the translated materials themselves, and in translators is examined in respect of the effectiveness and pragmatic utility of multilingual public health communications (Pym & Hu, 2022). A 2023 study found that 'trust in vaccination information was reported as being generally lower in culturally and linguistically diverse (CALD) communities than among...[mother-tongue] speakers of official languages', and that 'this disparity was noted as being partly due to distrust in mediation by translators and interpreters' (Bouyzourn et al., 2023, p. 1). For this reason, the current research examines both upstream and downstream processes in the production, distribution, and reception of multilingual Australian public health communications, to create a best-practice model for their

creation. The researchers understand factors at both ends of this process—those on the translator and commissioner side as well as those on the reader and non-English-speaking community side—to be crucially implicated in the ultimate applicability and utility of multilingual public health communications. Arriving at a best practice protocol for these communications that maximises the strengths of both sides, therefore, usefully drew on an 'upstream' and 'downstream' methodological design that took into account needs and wishes of non-English speaking communities, requirements of government (translation) commissioners, as well as the interests of translators who, it must be remembered, often come from the same non-English-speaking migrant communities. This research design is described next.

What is the research's 'upstream' methodological design?

The Australian Government Department of Health and Aged Care supplied researchers with four English-language COVID-19-related public health documents currently in use (as at April 2023, see Appendix I). Researchers prepared the four documents for translation into seven languages: Arabic, Chinese, Croation, Greek, Serbian, Spanish, and Vietnamese. This translation was undertaken utilising four distinct methods.

1. The first method entailed two rounds of human translation (both translation and checking) by two different translators, which can be understood as a conventional approach to the translation of government communications in contemporary Australia. As far as possible, this method was undertaken to replicate normal conditions of translation in Australia, including briefing material and standard terms of payment and deadline. As below, the translators employed in this first method were all accredited by Australia's National Accreditation Authority for Translators and Interpreters (NAATI), and had years of professional experience.

2. The second method entailed only one round of human translation (post-editing) using a machine translated version of the source text:

- Google Neural Machine Translation for Arabic, Croatian, Greek, Serbian and Vietnamese
- DeepL for Spanish
- Baidu Translate API for Chinese

A cohort of translators different from Method 1 were then instructed to edit this machine translated target text. This Method 2 was tested in the research as a potentially cost-effective and time-saving approach from the point of view of government (translation) commissioners. It was also hypothesised that it would encourage more flexible and effective post-editing by translators that would result in better fashioned target texts for the needs of readers.

3. The third method entailed two rounds of human translation, as per Method 1, but using an English-language source text first re-written according to principles of Plain English. Some examples of this re-writing are below, and the four fully re-written documents are presented in Appendix II. The re-writing was undertaking by the project's researchers, and entailed substantial amendment of the four documents supplied by the Australian Government Department of Health and Aged Care.

Document title	**Example of original text**	**Re-written text supplied to translator (changes in red)**
After your Covid-19 vaccination	Most people start with two vaccinations – the 'primary course'. It takes time for your body to build up an immune response. You will get partial protection around 12 days after the first dose of your primary course. The second dose of your primary course encourages your body to create stronger protection (immunity). A third primary course dose is required for severely immunocompromised people.	Most people start with two vaccinations – the 'primary course'. The first dose gives you some immunity after about 12 days. A second dose gives strong protection. The number of doses you have is based on your age and health needs. For example, people whose immune systems aren't working properly, have a third dose in their primary course. Get advice here.
COVID-19 vaccination – Vaccines and menstruation	Do COVID-19 vaccines affect fertility? No. Recent studies have shown there is no evidence that COVID-19 vaccines cause fertility problems, or any	Do COVID-19 vaccines make it harder to get pregnant (do they affect my fertility)? No. The latest studies show COVID-19 vaccines

	future infertility in children.	do not cause fertility problems in adults. The future fertility of children also does not change.
COVID-19 booster vaccine advice	Booster doses are not recommended at this time for children and adolescents under 18 years of age who do not have any risk factors for severe COVID-19. All vaccines are approved for use in Australia and continue to provide very strong protection against serious illness from COVID-19, however, Omicron-specific bivalent vaccines are preferred for boosters.	The health advice is that most children and young people do not need extra doses (boosters) of COVID-19 vaccine. People aged 5 to 17 may need a booster if: • their health puts them at higher risk, and • they had a COVID vaccine or infection more than six months ago. Your doctor can help you decide if your child should have a booster.

Table 1: Examples of Method 3 re-writing of English-language source texts to reflect Plain English drafting standards.

4. The fourth method, described in this research as 'transcreation', involved a two-step process. First, researchers created a 'translation brief' for each of the four English-language source documents. These briefs aimed to instruct another cohort of translators (different from those involved in the three other Methods) to 'transcreate' the documents in each of the seven languages. In vernacular terms, 'transcreation' can be understood simply as copywriting in the non-English target language, except within strict boundaries set by the briefing document that aim to lead to the drafting of a document with the same information content and pragmatic outcomes in terms of behaviour change as the original English-language text. As per Appendix III, the briefs informed translators of the source text author, and gave them descriptions of the author as a corporate entity, the aim of the text, target readership, style and tone, and directions for the use of reference materials. These instructions aimed to give translators sufficient information and background knowledge to draft the documents in the target languages from scratch, and follow discourse conventions, formatting standards, and cultural requirements that would deliver

the intended information in a way most amenable to, and acceptable to, the non-English speaking readership.

Translators employed in Method 4 were informed from the outset of the nature of the task required, and offered opportunities of consultation in relation to its unconventional relationship to the professional practice of translation for which each held formal qualifications. It was explained that researchers viewed professional translators as the only available workforce in Australia with sufficient linguistic skills and cultural knowledge to draft documents in a foreign language on the basis of instructions written in English (and for readers in their own country of residence). In other words, in Australia, even if transcreation does not yet comprise any recognised or accredited skill among translators, they nonetheless comprise the most professional and accessible workforce likely competent to undertake the tasks required of transcreation.

For each of the four Methods and seven languages, translators with accreditation from the National Accreditation Authority for Translators and Interpreters (NAATI) with similar educational backgrounds and years of experience were recruited. 73% of these translators had more than a decade's experience in the field. All translators had lived in Australia, and 93% of them were residing in Australia at the time they were engaged by researchers. A high proportion (93%) had at least a bachelor's degree, and 83% a degree in the field of translation and interpreting.

Upon completion of the translation of the four documents in seven languages using the four Methods described above (112 documents in total), focus groups were convened among a total of 21 members of the seven language groups in Australia. Participants were not drawn from any pool of professional translators or interpreters, and recruitment procedures aimed to incorporate a diverse range of people from each language group, and preferably those unable to speak English. In sequence, focus group participants were presented with the four versions of each of the translated documents (16 documents in total), and asked to respond to the survey questions (either orally or in writing) presented in Appendix IV. These questions

centrally focused on respondent views of the most useable and amenable translation among each of the translated document sets, and reasons for these preferences. For example, focus group respondents were asked whether any one of the documents in each set made them ‘confused’ and why, and ‘which (if any)’ of the documents made them ‘doubt it was written for you or your community’. In addition to these questions directly interrogating respondent opinions of the translated document sets, respondents were asked about their educational and employment backgrounds, habits of obtaining Covid-19 information, family compositions, and location of residence in Australia. The focus groups and questionnaire surveys were administered in the language preferred by the respondent, and respondents were given time and space to consider each four-document set of translations in sequence before completing survey questions about each set.

The findings of this empirical investigation into 'downstream’ reader-reception differences in translations produced through varied methods are discussed next. These findings were derived not solely from the overt preferences for translations expressed by respondents but in conjunction with consideration of demographic variables, and information habits. Moreover, these findings are moderated by the research’s parallel examination of 'upstream’ factors, as described last.

Demographic characteristics of community reader-respondents

Three community reader-respondents per each of the seven language groups were recruited from different states in Australia, so there was a total of 21 respondents in this project. A briefing session was conducted on 24 May 2023 with all respondents to explain in detail what they were expected to do. They were remunerated for their time spent on reviewing the various texts and completing the online survey containing 77 questions, which comprised a mixture of multiple-choice and free-text questions. The survey was concluded on 9 June 2023, and the following sections summarise findings of this data, which was analysed from a perspective of behavioural change, as described earlier.

The age range of the respondents concentrated in the 35-44 bracket (43%, *n* = 9), with the remaining spread evenly (all 19%, *n* = 4) among the 25-34, 45-54, and 55-64 age brackets. The majority of respondents are female (81%, *n* = 17), and reside in three states: Victoria (*n* = 13), ACT (*n* = 4), and Queensland (*n* = 4). A large number of the respondents (67%, *n* = 14) had been in Australia for more than five years, and the same number of them (67%, *n* = 14) had received some form of education in Australia. Their lines of work covered broad fields, including accounting, administration, human resources, and language-related work. It must be noted that the respondents' age and gender distributions, and time living and receiving education in Australia, may have specific impacts on the survey outcomes, as will be noted in the discussion of findings.

Data analysis of four translation Methods tested on four Documents

The four chosen Sources Texts (see appendix I) are typical Australian government texts in the health domain, aiming at stimulating 'text-based action'. Although they all belong to the *informative* text type (see Reiss, 1971), Document A is an information flyer, Document B presents information in a flowchart format, and Documents C and D are webpage texts.

Document A	**COVID-19 vaccines and menstruation** Source: https://www.health.gov.au/sites/default/files/documents/2022/11/covid-19-vaccination-vaccines-and-menstruation.pdf Text type: informative Genre: information flyer – one-page short text
Document B	**ATAGI 2023 booster advice** Source: https://www.health.gov.au/sites/default/files/2023-06/atagi_recommended_vaccine_doses_30.5.23.pdf Text type: informative Genre: information flyer –flowchart
Document C	**After your COVID-19 vaccination** Source: https://www.health.gov.au/our-work/covid-19-vaccines/getting-your-vaccination/after Text type: informative Genre: webpage text
Document D	**COVID-19 booster vaccine advice**

	Source: https://www.health.gov.au/our-work/covid-19-vaccines/getting-your-vaccination/booster-doses Text type: informative Genre: webpage text

Table 2: List of four chosen Source Texts

Of the 77 questions in the survey, 21 were intended to collect demographic information about the respondents, and 14 questions were formulated for each Document to probe the respondents' perceptions. Four most relevant questions about the respondents' preference to the four Methods were extracted and the aggregated votes received for each question from the 21 respondents are presented below for each of the four Methods. It should be noted that some respondents did not provide answers. For example, in relation to the question asking if there was a version that made them confused, and so total response counts for each question may not add up to 21. The best ranked method for each question is highlighted in yellow. For each Document the first two questions in Table 2 below are worded negatively; for example, asking whether a version made the respondent confused or which version comprises the most confusing text, and so the lower votes a version received the better. Differently, the last two questions were worded positively. For example, asking which version was easier to read. So, the higher the number of votes a version received the better, because this pointed to greater preference among respondents. There are occasions where more than one version received the same number of votes, and, so, if they are the top-ranked version in the corresponding question, they will be highlighted in yellow. At the end of each Document, the best and second best regarded Method will be indicated by the numerals 1 and 2. This is based primarily on total votes for questions (3) and (4), while questions (1) and (2) may offer further items of consideration if the intended recommendation is inconclusive.

	Method 1	Method 2	Method 3	Method 4
	Conventional translation & checking	Machine translation & human editing	Plain English re-writing + Method 1	Transcreation (i.e., writing directly in LOTE* using a brief provided)
Document A	**Information flyer: COVID-19 vaccines and menstruation**			

(1) Made you confused (Q131)	3	3	2	3
(2) Most confusing (Q138)	0	2	1	3
(3) Easier for you to read (Q135)	2	5	7	7
(4) Easier for your community to read (Q140)	3	4	5	6
Recommended method			2	1
Document B	**Flowchart: ATAGI 2023 booster advice**			
(1) Made you confused (Q149)	4	5	2	1
(2) Most confusing (Q150)	1	4	2	1
(3) Easier for you to read (Q154)	2	0	11	8
(4) Easier for your community to read (Q157)	2	1	8	6
Recommended method			1	2
Document C	**Webpage information: After your COVID-19 vaccination**			
(1) Made you confused (Q190)	2	2	2	2
(2) Most confusing (Q191)	1	1	2	2
(3) Easier for you to read (Q195)	4	5	6	6

(4) Easier for your community to read (Q198)	3	3	5	5
Recommended method			1	1
Document D	**Webpage information: COVID-19 booster vaccine advice**			
(1) Made you confused (Q225)	1	0	3	0
(2) Most confusing (Q226)	1	0	3	0
(3) Easier for you to read (Q230)	7	6	4	4
(4) Easier for your community to read (Q233)	4	4	3	5
Recommended method	1	2		

Table 3: Aggregate preferences of 4 methods tested on 4 texts by 21 community members

* LOTE: Language Other Than English

What translation approach did community reader-respondents prefer?

For Documents A, B, and C, Methods 3 and 4 were consistently preferred by the respondents, with both Methods received “1” (i.e., most preferred) twice and “2” (i.e., second-most preferred) twice. Note for Document C, both Methods 3 and 4 received the same highest votes, therefore both ranked “1”. This outcome points to the potential for Plain English re-writing (Method 3) and transcreation (Method 4) for the readability and comprehensibility of government texts targeting at multilingual and multicultural community members. It should be noted that when asking the respondents if they felt one of the four texts was written by a different author, Methods 3 and 4 received more than double the votes compared to Methods

1 and 2, pointing to the fact that their corresponding Plain English and transcreation text treatments engendered substantially different text feel to the respondents.

This leaves Document D an “outliner” outcome, which had Methods 1 and 2 as the most and second-most preferred. It is paradoxical that Documents C and D are similar in nature, both being webpage texts with similar number of subsections and text lengths. It can be observed that Documents A, B, and C have similar preference patterns between the respondents’ themselves, i.e., from Question (3), and what they regarded their community member might prefer, i.e., from Question (4); additionally, the votes received for Methods 1 and 2 as opposed to Methods 3 and 4 for these three Documents are significantly fewer. Whereas for Document D, the respondents overwhelmingly preferred Method 1, while surmising their community members would prefer Method 4. Further, not only did Method 3 receive the lowest votes for Questions (3) and (4) combined for Document D, it was also regarded as the most confusing option in Questions (1) and (2), as indicated by the highest votes it received than other Methods. Drilling down to why Method 3 was confusing, respondents cited “different font than other versions”, “format looks confusing”, and “the writer try to describe the Vaccine passport but unable to choose the right wording”, which points to both presentation and linguistic issues. In contrast, respondents who chose Method 1 mostly commented positively about both presentation, e.g., “good layout”, “clear subtitles” and “font is good”, and language use, e.g., “simple words” and “direct language”.

A cautious and tentative conclusion to be drawn from the discussion so far is that Plain English re-writing (Method 3) and transcreation (Method 4) are potentially able to achieve better communication with multilingual and multicultural community members in typical government communications. This will demand rethinking of the work processes for government translation commissioners, in that Plain English conversion of the source text or direct LOTE drafting based on well-designed briefs must be planned, resourced, and implemented. The paradoxical outcomes for Document D warrant further investigation.

Factors affecting preference

Analysing the text answers provided by respondents revealed the following five themes which contributed to their choice of a preferred target text out of the four options. They are presented in order of aggregate numbers of mentions, and so in terms of importance from the respondents' perspective.

1. **Language use:** there are overwhelming mentions of the text being "easy" "clear" "simple" "plain" and "natural" (or words to this effect). This conclusively points to the need for government texts to use accessible language. This factor is also linked to the level of "strange", "inappropriate" or unidiomatic expressions in the target text perceived by the respondents, therefore their choice of the text that created confusion. This points to the conventional and most fundamental assessment criterium for translation, i.e., regardless of the methods applied, a target text that reads natural, idiomatic, and free of linguistic errors is paramount from the perspective of community members.
2. **Layout and visual effects**: there is a propensity for clear layout, with subtitles dividing the information into digestible smaller sections. Questions posed in the subtitles with answers in the text immediately after were regarded as an efficient and effective way of providing information. Big enough fonts received a number of mentions throughout the various Methods, pointing to the importance of legibility of a document. Document B presented in a flowchart was well received by the respondents, as exemplified by a quote that "straight away I know where [the information] is related to myself" and the fact that the graphics replaced long sentences, making information easier to "sink in". This points to the need for government texts to consider their visual representation, arrangement, and the legibility of the text.
3. **Amount of information:** there are many references to the text being "short" or "not too long", and, other times, comments about information being "concise" and 'easy to digest". Although information brevity seems to be much valued, it is not absolute. For example, on Document A about COVID-19 vaccines and menstruation, "they inform something important without giving much information about it". Another point was made about the same document that more information should be provided, rather than categorically

saying ‘it’s proven [the vaccine] doesn´t have any effect at all on menstruation". On Document C about what happens after receiving the COVID-19 vaccines, a respondent noted: “when I see that only three vaccine manufacturers are listed and there are many others on the WHO website, plus half the planet is vaccinated with vaccines that are not even mentioned. It is strange and creates suspicion.” A similar point about not mentioning other available vaccines, therefore arousing mistrust, was also made. This points to the need for government texts to balance brevity and informativity to attract more readership, on the one hand, and engender trust in government messaging on the other.

4. **Language register**: references were often made to describe a text as being “not too casual”, having “a good tone”, or, other times, a text being “not too formal”, pointing to the fact that in order for government texts to achieve communication with community members, it must “speak to” the people, rather than making people feel that they are being spoken at.
5. **Information accessibility**: A number of respondents commented on the clickable links in the text being helpful for acquiring further information. For Document C, a respondent raised the issue that “It uses phrases such as ‘you can find more information here’ but has no links or no information.”. Similarly for Document D, “This sentence refers to further information being provided but there is no further information or link.” This shows the importance of quality assurance of translated texts going out to the community to ensure all embedded links are live and correct. On the issue of clickable links, there were a few comments cautioning against too many clickable links being not user-friendly for older readers. This has implications in terms of considering age-appropriate information channels, which will be discussed in the next subsection.

It should be mentioned that, regardless of the four versions of texts for each Document, more than 90% of respondents consistently agreed that they were useful, trustworthy, and able to lead to desired action. This contradicts Bouyzourn et al.’s 2023 study, which found a lower level of trust in vaccination information and, in some cases, it was attributed to distrust in mediation by translators and interpreters. It is unclear if having resided in Australia for a longer time (more than five years) and receiving some education in Australia, therefore

generally higher English proficiency, for most of the respondents of the current study contributed to this opposite outcome. Further investigation using a wider and larger pool of community members may shed further light on this issue.

Information channels and dissemination

The top three places the respondents most frequently attended outside of their homes in general were social groups, places of religious practice, and hobby groups. Social media, newspapers, and magazines appeared to be what they regularly read. During the pandemic, traditional news sources such as TV, newspaper, and radio, coupled with social media were by far their main sources of information. It must also be noted that 86% (*n* = 18) of the respondents said they consume the pandemic related information in English. Although this may mean that they also access information in their LOTE in addition to English, their proficiency in English may also have specific impact on the survey outcomes.

In respect of the information contained in the four Documents, when asked what would be the easiest way for respondents to acquire the information in their LOTE, websites were the overwhelming choice (40%), followed by social media (24%) and postal mail-out (23%). It may be the case that the information contained in these Documents was quite specific and not entirely suitable to be conveyed by TV, newspapers, or radio, because none of these dissemination channels scored any votes. A significant minority of responses cited official government websites as a main source of health information, and this finding strengthens the observation mentioned above that multilingual communities may not be as mistrusting of health communications as other studies have alleged. Specifically for Document A, which talks about COVID-19 vaccines and menstruation, half of the respondents felt delivering the information through additional channels such as healthcare facilities and personnel, including sexual health centres, healthcare workers, family doctors, and gynecologists would be helpful. This points to the need for multi-pronged information distribution channels, depending on the nature of the message.

Cost comparison of the four Methods

Cost associated with each Method is different. In simple terms, if the cost of Method 2, i.e., machine translation with human editing, is defined as X, Method 4, i.e., transcreation, is the most expensive at 3.5X. Note that this includes the drafting of the translation guidelines and detailed briefs as well as the work done by the translator/copywriter directly in LOTE. It is possible, though, that the guidelines could be drafted in such a way that they can serve multiple languages, and so this cost could potentially be reduced. This was followed by Method 1, i.e., traditional two-round human translation, at 2.5X, and Method 3, i.e., plain English rewriting at 2.2X, exclusive of the cost of rewriting. When taking into account rewriting costs, Method 3 could range between 3 to 4X, depending on fees charged by copywriters. Notably, government agencies are likely to have staff with skills to undertake this copywriting function, and so this cost could be reduced.

Crucial to these considerations that seek to strike a balance between cost and quality/effectiveness in the translation of public health communications, is Australia's translator workforce, whose strengths and limitations ultimately set boundaries on future possibilities of innovation and improvement in population-wide health behavioural change. We discuss these strengths and limitations below, drawing on data taken from the project's 37 translator participants.

What was the research's 'downstream' methodological design?

The 37 professionals employed in the project to translate and transcreate documents across seven different languages were individually surveyed about their experience of translating government health communications documents in Australia. Forty-one survey questions assessed their education and professional experience to date, their views of public health translation and its organisation and industrial conditions, their understanding of competencies

and skills required in the translation of public health communications, and their desire for alternative or supplementary resources in their professional work. As presented in Appendix V, translators were asked things like whether they had ever ‘encountered translation assignments which posed a clash with your personal beliefs’, which languages they held translation accreditations for, what they thought would be necessary for 'translated public health information in your LOTE to become the highest quality possible’, and their satisfaction in interacting with translation-commissioners in the translation of health-related assignments. In total, these survey questions aimed to canvass problems translators perceived as arising in the process of government health communications in Australia, and the likely cause of these problems. After describing the data below, we lastly suggest a major opportunity to address the problems identified is through strengthening and broadening the capacities of Australia’s translation and interpreting profession.

While this project’s ‘downstream’ assessment of translators does not amount to any canvassing of the full range of stakeholders involved on the production side of multilingual public health communications—commissioners and translation agencies, for example, were not surveyed—it usefully offers a balancing counterweight perspective for the assessment undertaken of reader-reception views of translations at the community level, as described earlier in this report. The majority of surveyed translators were professionally accredited for the translation of English into a foreign language, and the majority had been working in the profession for ten years or more. While most worked as freelancers rather than in-house translators, the majority worked full-time—both as translators and interpreters—and all but one translator had experience of translating Australian public health communications, usually brokered to them through an agency (if even some had also worked with government departments directly). In these respects, the translators comprised a highly educated, experienced, and knowledgeable cohort with significant linkages to both Australian public and private institutions and the multicultural communities that public health communications target. For these reasons, the opinions of translators are a valuable source of information in this project about possibilities for structural reform in Australia towards better useability and applicability of multilingual public health communications.

Findings of the 'upstream' component of the research

It is an ironic finding of the research that the greatest strengths of the translators surveyed are likely to pose the biggest obstacle to successful multilingual public health communications in Australia. This unusual finding is explained in this section, and, in elucidation of its basis, we first note the insight of German translation scholars Maaß and Hansen-Schirra in 2022 that enabling 'text-based action' for readers is the 'main purpose' of translation, and this requirement should serve as a 'characteristic parameter for translation in all its forms'. The two authors explain in their chapter-long discussion that

> translation should...be conceptualised from the viewpoint of the users who want to access content. If they are able to understand the information given in a text, they can decide what actions to take. If they have taken their decisions, they are enabled to act on the basis of the given text. Removing barriers from communication, to grant access, and thus, to enable text-based action is the main purpose of translation and can therefore serve as a characteristic parameter for translation in all its forms (p. 33).

Perhaps more than any other genre of writing, government health communications can be defined as texts that exist to facilitate 'text-based action' among readers. In the case of the multilingual translation of Australian government texts, this action is anticipated among non-English speakers in Australia. Translating in a way that prompts action, therefore, is conceptually established in this research as the lens through which data gathered from professional translators are analysed. This is different from most studies to date that focus on 'meaning-based translation' and other standards of quality that do not account for the need for behavioural change among readers. This analysis produced the paradoxical finding mentioned at the outset of this section that the greatest strengths of translators are their biggest weaknesses when it comes to the 'text-based action' requirement of this genre of writing. So, we conclude, there is room for reform of the translation profession to differently train and organise practitioners to meet the interests of the Australian government authorities

who commission translations of public health communications. These recommendations are summarised last.

Survey findings reflect high levels of conscientiousness among qualified, experienced translators in Australia. This conscientiousness manifested in a number of ways, but three examples are mentioned here. Namely, subordinating community ideology and idiosyncrasies, exercising fidelity in meaning-based translation of English health communications, and gratitude to translation commissioners. It goes without saying that these forms of translator conscientiousness should be acknowledged as highly desirable characteristics of professionals upon whom Australian governments must rely for the successful social inclusion of non-English speaking residents. However, ironically, when it comes to the specific task of translating public health communications, taking the advice of Maaß and Hansen-Schirra described above, this translator conscientiousness leads to some level of professional passivity, insufficient consultative advice offered commissioners (e.g., government agencies), and failure to translate public health texts in ways most likely to provoke behavioural change. These findings lead us to lastly recommend changes in professional practice to better meet the needs of Australian government agencies and their multilingual constituents.

Of the 37 professionals surveyed, fully 80% responded negatively to the question ‘Have you ever encountered translation assignments which posed a clash with your personal beliefs?’, and the five respondents who provided written feedback on this question all felt compelled to proclaim the responsibility that translators have to act impartially in this respect. In the words of one respondent, ‘I’m translating someone else’s words and beliefs, not my own, and my job is not to judge what someone is saying, but to translate the best I can whether I agree with them or not’, and, in the words of another, ‘what I believe has nothing to do with my work’. These responses are, of course, wholly expected from professional translators accredited in the Australian system that requires, in line with the profession’s code of conduct, adherence to the rule that, ‘Where impartiality may be difficult to maintain because of personal beliefs or other circumstances’, practitioners must 'not accept assignments, or they offer to withdraw

from the assignment' (AUSIT, 2012) . For this reason, rather than translators tuning out and switching off in respect of potential controversy, oppositional ideas, and possible objections to the texts they are translating, the communication aims of government might be better met through translators exercising heightened alertness to these considerations, and flagging to commissioners ways in which documents might anticipate and counter specific discourses circulating in certain language communities in Australia. In this alertness to ground-level conditions in multicultural communities, and how these conditions might impact upon the effectiveness of public health communications, is a form of cultural consultancy that goes beyond the common expectation that translators will 'be mindful of the language they use when they develop material for translation [because] – bureaucratic, unnatural, high register, repetitive language makes translation very difficult', as one research respondent recommended. Further to this wise advice, translators might anticipate and counter higher-order cultural and ideological idiosyncrasies in their public health translations. Idiosyncrasies were indicated in some respondent-reader comments, such as 'I can imagine some members of the Serbian community who would not like [translation] Version 4 because of its explicit "all women should get vaccinated" and its explicit claims about correctness or incorrectness of information. I personally do not mind that, but I know many members of the community who would not want the document telling them what to do. They appreciate the info, but not instruction for behaviour'. In other words, even with the reasonable intention on the part of Australian government agencies to correct misinformed health information, for some migrant communities the effective translation of this pragmatic purpose may require modification at the discourse level. Especially because, as other respondents indicated in their responses, readers are alert to the role of public health communications in correcting misinformation, and accepted this pragmatic purpose evident in the translated text, as reflected in the comment that 'I feel that it aims to put to rest rumours which are circulating in relation to the effects of Covid 19 on fertility'. Especially in the current era in which English-speaking countries like Australia increasingly find their populations influenced by conflicting sets of knowledge, discourse, and ideology (see Yussuf, 2021), it will likely heighten the professionalism of translators if, as consultants, they are willing and able to advise government agencies in relation to issues such ideology that potentially affect the reception of health communications.

As a second indication of translator contentiousness, in relation to the free-form question 'What do you think should happen for the translation of public health information to become the highest quality possible?', translators emphasised the need to strengthen translation skills, support training, and promote continuous development among practitioners. Also suggested was a need for translators to graciously accept feedback, pursue reading in their non-English language to stay abreast of linguistic changes, and to 'use more target language idiomatic expressions' in their translations so they read more 'naturally' for non-English speakers. While all of these suggestions address problems that are unfortunately still prevalent in the profession (see, for example, Kamler and Threadgold, 2003), in aggregate they possibly reflect an underconfident, narrowly focused mindset among practitioners. After all, the translators involved in this research were all highly educated in the field, officially qualified, and had decades of experience. We might expect practitioners of this caliber to be differently focused on areas of innovation, expanded skills, and possibilities of value-adding in relation to their professional services. While other respondents did supply broader comment on wider structural issues, such as the need for greater time and budget allocations for health translations in order to undertake the kinds of tasks that make them effective, there was an overall tendency for translator respondents to see improvements at the textual level—or, at most, the level of their practical organisation by agencies—as the most ambitious reform that could be made to enhance the effectiveness of multilingual health communications. In other words, translator respondents indicated little understanding of themselves as broad-based language consultants who might liaise with commissioners with an aim to 'educating' Australian government agencies as to required materials, budgets, and processes, and who might act as a bridge to locally based community members. While translation agencies are likely a barrier to the exercise of this kind of scope of professional activity, given their jurisdiction over the translation work undertaken, it was not clear from responses that translators envisaged improvement in Australian public health communications as achievable through broader skills exercised on their part in transcreation, pragmatic equivalence, and techniques of translation that promote greater likelihood of action among readers.

This tendency was confirmed by the fact that nearly half of respondents replied to the question, ‘what general translation approach do you take for health-related translation assignments?’ that they undertook a ‘[m]eaning based rendition to ensure the target text reads as naturally as possible’. This response contrasted with less than a quarter of translators answering that they changed 'the source text style when I know a different style would be better received by my LOTE community’. In similar terms, more than 65% of respondents declared that they ‘follow[ed] the source text style and word choices’ where they could, but that they made ‘adjustments if it does not work well in my LOTE’. In comparison, not even 20% of respondents indicated that their ‘LOTE community members are in a less advantaged situation, so my priority is to produce my translation in an accessible way to them, including using different style or words in the target text’. Again, this series of findings are not unexpected, given Australia’s translator code of ethics, nor should translators be condemned for their prudence in approaching translation as an exercise in transferring meaning. These translators might, however, be encouraged to take further steps down the path of professionalism by seeking to meet the aims of commissioners, which, in the case of health communications, are ultimately about behavioural change. Forging approaches to translation that achieve these aims, and engaging with commissioners as wide-ranging language consultants who can offer professional advice in support of their aims, is a future avenue for the translating and interpreting profession that may strengthen Australia’s ability to effect population-wide behavioural change.

More than 90% of translator respondents indicated that they were satisfied or highly satisfied in their experiences with ‘commissioner[s] in health-related translation assignments’. This was in spite of nearly half of respondents indicating in a subsequent question that they do not usually receive briefings from commissioners, and a subsequent quarter of respondents indicating that short delivery timeframes, and lack of time for research or checking, caused them difficulty in undertaking health translations. While we were gratified to see that translators were generally working cooperatively with commissioners and translation agencies, some degree of passivity on the part of translators might have been evident in these findings, given the assumption that, no matter how experienced and skilled the

professional, exchanges of relevant materials and information would ideally occur at the behest of the translator who always seeks to expand her perspective and scope of knowledge, and maximise possibilities of further collaboration in other language-related consultancy work.

Australia hosts a conscientiousness, skilled and experienced translator workforce who have strong links to the many multicultural and multilingual communities that Australian government agencies wish to reach in their efforts at population-wide behavioural change in relation to matters of public health. While we have described some lack of big-picture thinking among professionals in this workforce, there is no insufficient professionalism among them, and for this reason reform and innovation possibilities are very positive. Accordingly, as below, in the final section of this report we offer recommendations for reform that we think will strengthen the applicability and useability of multilingual health communications in Australia.

Best-practice model for Australian multilingual health communications: Recommendations

The success of the translated message or transcreation of the message in language, will heavily depend on the preparation and handling of the source text. Therefore:

Source texts should preferably be written in Plain English, and developing an institutional Plain English Policy is highly recommended.

Technology offers great advantages, but for the time being heavy human editing and input is required to avoid awkward messages that might lead to lack of community trust.

Draft a thorough translation brief for each translation/transcreation project. It will help translators transmit the goal of the communication and the intention of the message accurately and as requested in the brief. The translation brief will also ensure that consistency and coherence are maintained across all languages.

Quality is a shared responsibility among all the stakeholders who participate in the multilingual communication process and thus, the creation of the source text must be well planned and thought, bearing in mind the following factors:

- The text needs to convey meaning and context (engage reputable translation agencies that employ translators who know the Australian context well)
- Information is digested differently depending on the cultural and linguistic backgrounds of the readership (note different societal power dynamics across cultures, differences in the manner language is used between high-context vs low-context cultures, etc.)
- Consider the layout and visual effects, as flow charts and/or information bubbles are more appealing to the readership.

Establish a right balance between brevity and the level of information provided.

Adopt a tone that resonates with the audience: the text must speak to people, rather than making people feel they are spoken to (instruction vs information). Acquire intercultural communication skills.

Consider information accessibility (make sure all links and other references are correct), the age of the targeted readership and preferred channels to receive information (consider multi-pronged approaches to information distribution).

If transcreation (in-language creation) is the adopted method for the diffusion of information, bear in mind that:

- Appropriate funding needs to be allocated for this purpose.
- Training and continuous education should be promoted among the entire translator workforce. Translators are most likely the best suited professionals for the development of in-language content given that their LOTE skills have been formally assessed.

- Drafting the brief needs to be carefully planned and executed (it will be important that those drafting the source messages are aware of intercultural communication dynamics).

An open and continuous dialogue with the agency (and translators) is highly recommended throughout the translation/transcreation process to ensure that the message produced in LOTE fulfils its institutional goal and prompts the desired behavioural change.

Consider consulting the community and/or translators regarding the cultural appropriateness of the source message and to avoid bureaucratic, unnatural, or high-register language which will make the translation or drafting into LOTE complex and problematic.

Consider quality over quantity in translation procurement processes. A committed, ethical and responsible translation agency that remunerates translators fairly will offer best results long term.

Further considerations:
Consider establishing an in-house translation team or service within the Department. The in-house translation staff would monitor source texts and have a deeper understanding of the Department´s needs and goals: they would assist with translation briefs, quality control of external work, and dialogue with all stakeholders. They would also be responsible for creating terminology banks and repositories (and, ideally, over time, it would compile a Department database of translations that could assist external translators and Language Service Providers to achieve consistency). Examples of such repositories include the European Union terminology bank IATE, the Canadian Government´s terminology and linguistic data bank Termium, and the Basque Government´s Eukalterm.

Encourage and foster training for the Department staff in intercultural communication and Plain English drafting. The RMIT research team has prepared two comprehensive courses to address some of the issues that emerged from the study. To register, please click the links below:

Online Course: Communicating with Multilingual Audiences

https://rmitx.rmit.edu.au/courses/communicating-with-multilingual-audiences

Online Course: Plain English Drafting

https://rmitx.rmit.edu.au/courses/plain-english-course

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Appendix I: Source texts received from Australian Government Department of Health and Aged Care

COVID-19 vaccination – Vaccines and menstruation

https://www.health.gov.au/resources/publications/covid-19-vaccination-vaccines-and-menstruation

ATAGI recommended COVID-19 doses and vaccines

https://www.health.gov.au/sites/default/files/2023-05/atagi-recommended-covid-19-vaccine-doses.pdf

After your COVID-19 vaccination

https://www.health.gov.au/our-work/covid-19-vaccines/getting-your-vaccination/after

COVID-19 booster vaccine advice

https://www.health.gov.au/our-work/covid-19-vaccines/getting-your-vaccination/booster-doses

Appendix II: Plain English documents drafted from source texts received from Australian Government Department of Health and Aged Care

Plain English - After your Covid-19 vaccination

https://www.health.gov.au/our-work/covid-19-vaccines/getting-your-vaccination/after

On this page

It takes time to build immunity

This PDF tells you when to get a COVID-19 vaccination. After a vaccination, it takes time before your body is ready to protect you – this is called 'immunity'.

Most people start with two vaccinations – this is called the 'primary course'. The first dose gives you some immunity after about 12 days. A second dose gives strong protection.

The number of doses you have is based on your age and health needs. For example, people whose immune systems aren't working properly have a third dose in their primary course. Get advice here.

Over time you may need an extra dose of COVID-19 vaccine. This adds to (boosts) your immunity. It is called a 'booster'. After a booster, it takes 7 to 14 days before you have strong protection again. Learn more about booster doses.

How long protection lasts

COVID-19 vaccines work very well to protect people from serious illness, hospital stays and death. But each dose may only help for a while.

Researchers around the world are finding out:

- how long protection lasts
- if you need booster doses and how often.

Most adults who had a COVID-19 vaccine more than six months ago can get a booster. But, if you had a COVID-19 infection in those six months, you need to wait longer. You can get a booster six months after your infection.

Learn more about booster doses.

Get a COVID-19 digital certificate

You will get a certificate when you have had your primary course of COVID-19 vaccination.

Proof of your vaccination will also be in your Immunisation History Statement. You can find this:

- online – by setting up a myGov account, then going to your Medicare online account
- on the Express Plus Medicare mobile app.

If you do not have a Medicare card or can't use myGov, you can still get your Immunisation History Statement:

- Ask someone to print a copy when you get vaccinated.
- Call the Australian Immunisation Register on 1800 653 809 (8am–5pm Monday to Friday Australian Eastern Standard Time) and ask them to send it in the mail. It can take up to 14 days.

For more information on getting proof of vaccination.

Side effects

After your vaccine, you must stay for at least 15 minutes.

The person who gives you the vaccine is trained to help if you have a sudden bad reaction or are allergic to the vaccine. This is very unlikely.

If you have side effects of vaccination

Any side effects are usually mild and go away in a few days.

Check side effect symptoms

Serious side effects are rare. Learn when to get help for side effects.

Call the national coronavirus and COVID-19 vaccine helpline on 1800 020 080 any time.

Find out about general vaccine safety and side effects.

See specific side effects for:

- Comirnaty (Pfizer)
- Spikevax (Moderna)
- Nuvaxovid (Novavax).

Report a suspected reaction or side effect

If you or a doctor believe you are having a reaction or side effect from a vaccine, please report it. Reports help keep vaccinations safe.

The doctor can report to the Therapeutic Goods Administration (TGA) for you.

You can make your own report:

- to your state or territory health department
- NPS MedicineWise Adverse Medicine Events Line on 1300 134 237
- TGA's online reporting form.

If you suffer a rare side effect, you might get help covering your costs – this is called 'compensation'. See COVID-19 vaccine injury compensation scheme.

[Appendix II]

Plain English documents drafted from source texts received from Australian Government Department of Health and Aged Care

Plain English Covid-19 booster advice

https://www.health.gov.au/our-work/covid-19-vaccines/getting-your-vaccination/booster-doses

On this page

To protect yourself from serious illness or death from COVID-19, you should get vaccinated. All vaccines are approved for use in Australia and give very strong protection. Most people start with two vaccines – this is called the 'primary course'.

Over time you may have an extra dose of COVID-19 vaccine. This adds to (boosts) your protection. It is called a 'booster'. The number of doses you have is based on your age and health needs, so follow health advice.

Moderna or Pfizer vaccines are usually the best choice for a booster. They are free for everyone.

Information about booster doses is also available in your language.

Booster doses

Adults:

Most adults who had a COVID-19 vaccine more than six months ago can get a booster. But, if you had a COVID-19 infection in those six months, you need to wait longer. You can get a booster six months after your infection.

Some people who get COVID-19 need to go to hospital, or even die. You are at higher risk if:

you are 65 or older

you are 18 or older and have–
more than one medical condition ('comorbidity')
a disability
complex health needs.

Children and young people:

The health advice is that most children and young people do not need extra doses (boosters) of COVID-19 vaccine.

People aged 5 to 17 may need a booster if:

their health puts them at higher risk, and
they had a COVID-19 vaccine or infection more than six months ago.

Your doctor can help you decide if your child should have a booster.

The date of your last COVID-19 vaccine is on your COVID-19 digital certificate.

Make a booster dose appointment

You can book a booster on Service Finder or use the call back service 'Hey EVA' – Easy Vaccine Access.

SMS **Hey EVA** to 0481 611 382. Someone from the National Coronavirus Helpline will call and help you book an appointment for a booster.

Booster program for residential aged care

There is a booster program for people who live in residential aged care.

Booster program for people with disability

There is a booster program for people with disability living in shared residential accommodation.

Safety of COVID-19 booster doses

You may get side effects from the booster. These are very similar to the mild side effects many people report after the first two doses.

To learn more: COVID-19 vaccine safety and side effects.

[Appendix II]

Plain English documents drafted from source texts received from Australian Government Department of Health and Aged Care

PLAIN ENGLISH - COVID-19 vaccines and menstruation (periods)

COVID-19 vaccines and menstruation (periods)

3 November 2022

Can the COVID-19 vaccine affect my period?

Yes. There may be a very short and small change.

A large international study[1] found that, in the month women got vaccinated, their menstrual cycle was up to one day longer, on average. The women had their period for their usual number of days.

Your menstrual cycle goes back to normal the month after the vaccine.

Do COVID-19 vaccines make it harder to get pregnant (do they affect my fertility)?

No. The latest studies show COVID-19 vaccines do not cause fertility problems in adults. The future fertility of children also does not change.

Who can I contact if I have more questions about COVID-19 vaccines?

Call the **National Coronavirus Helpline** on 1800 020 080. It is open 24/7. Select option 8 for free interpreting services.

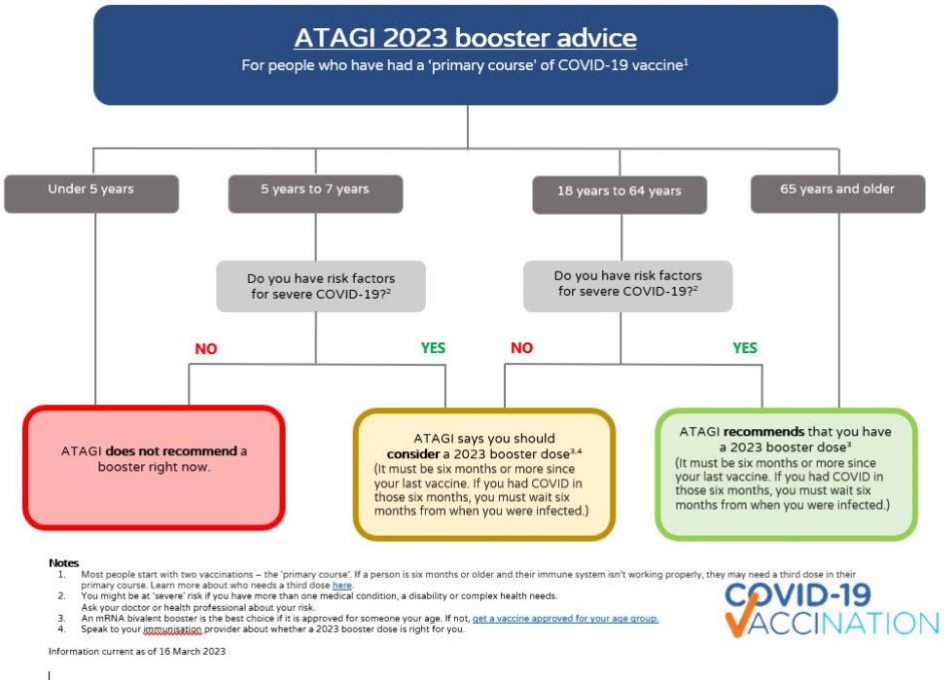
You can learn more here, in 63 languages.

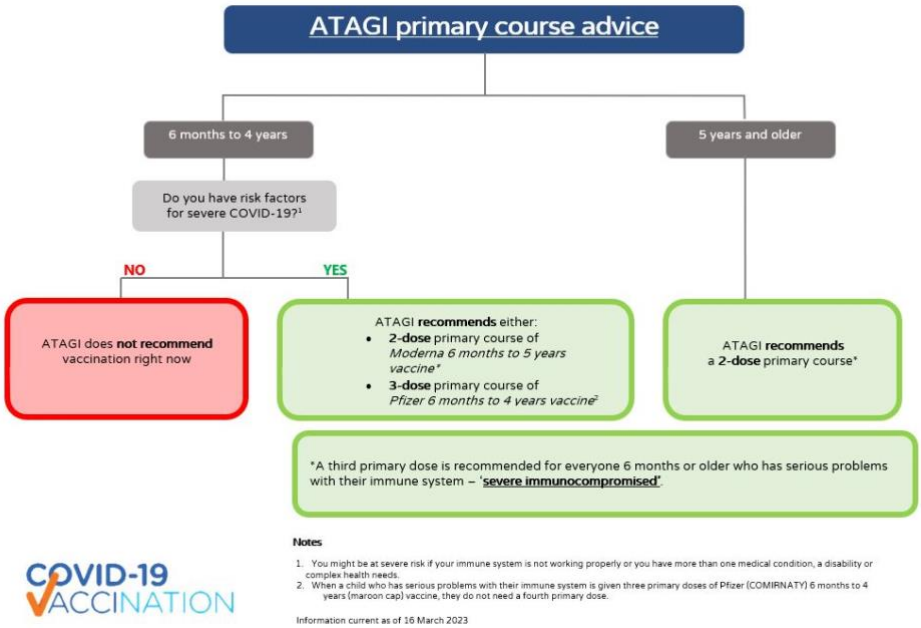
Your doctor or local health care professional can also help.

It is important to get your information from reliable, official sources like the Department of Health and Aged Care or the Therapeutic Goods Administration.

[Appendix II]

Plain English documents drafted from source texts received from Australian Government Department of Health and Aged Care




ATAGI primary course advice
6 months to 4 years
5 years and older
Do you have risk factors for severe COVID-19?[1]
NO
YES
ATAGI does not recommend vaccination right now
ATAGI recommends either:
2-dose primary course of Moderna 6 months to 5 years vaccine*
3-dose primary course of Pfizer 6 months to 4 years vaccine[2]
ATAGI recommends a 2-dose primary course*
*A third primary dose is recommended for everyone 6 months or older who has serious problems with their immune system – 'severe immunocompromised'.
COVID-19 VACCINATION
Notes
1. You might be at severe risk if your immune system is not working properly or you have more than one medical condition, a disability or complex health needs.
2. When a child who has serious problems with their immune system is given three primary doses of Pfizer (COMIRNATY) 6 months to 4 years (maroon cap) vaccine, they do not need a fourth primary dose.
Information current as of 16 March 2023

Appendix III: Scripts for transcreation

Translator brief for transcreation task A

The purpose of this brief is to ensure that the LOTE text you produce as a copywriter achieves the same desired effect as the original English text, while still being appropriate and appealing to the target audience.

Source text	https://www.health.gov.au/sites/default/files/documents/2022/11/covid-19-vaccination-vaccines-and-menstruation.pdf
Author	(Federal) Department of Health and Aged Care
Corporate identity	Aligned with the Australian government's efforts to promote public health and provide accurate and reliable information to the public.
Aim of text	Provide information and address concerns regarding the potential effects of COVID-19 vaccines on menstrual cycles and fertility. Explain the findings of a large study research article that suggests only small and temporary change to the menstrual cycle in the month of vaccination, and emphasizes no evidence showing COVID-19 vaccines cause fertility problems or future infertility in children. Provide resources for individuals who may have further questions about COVID-19 vaccines, including a national helpline, a website with information available in multiple languages, and details of healthcare professionals. Overall, reassure individuals that COVID-19 vaccines are safe and effective, and encourage them to seek reliable information from official sources.
Target readers	• LOTE menstruating people in Australia who are considering or have already received the COVID-19 vaccine and have concerns about its potential effects on menstrual cycles and fertility. • LOTE general audience in Australia who are seeking reliable information on the safety and efficacy of COVID-19 vaccines from official sources.
Style and Tone	The tone should be informative, reassuring, and objective. The translation should present facts and evidence in a clear and concise manner, without using overly technical or complex language. It should not use language that is overly persuasive or emotional in nature, but rather present the information in a neutral and factual manner, allowing readers to make informed decisions about their health and vaccination options. The use of personal pronouns and conversational

	language may help to engage the reader.
Reference material	Translators should use parallel texts as a reference for style. This means looking to other texts that convey similar information or messages originally written in the target language (not translations) and using them as a guide. This will ensure the translation is appropriate for the cultural and linguistic context of the intended audience, while still conveying the same information and tone.

Transcreation Guidelines:

- Start with a clear and attention-grabbing headline that addresses the reader's concerns
- Provide a brief introduction that summarises the main points of the research article, using language that is accessible to a wide range of readers in your LOTE
- Explain the evidence of only a small and temporary change to menstrual cycles in the month of vaccination, and emphasize that the change is minor and does not affect the length of the period or fertility
- Address the common concern about the impact of COVID-19 vaccines on fertility, and provide clear and unequivocal information that there is no evidence of any such impact
- Provide information on how to access support and further information, such as the National Coronavirus Helpline and the Department of Health and Aged Care's website, and emphasize the importance of staying informed through reliable and official sources
- Use subheadings, bullet points, and short paragraphs to break up the text and make it easier to read

[Appendix III]

Scripts for transcreation

Translator brief for transcreation task B

The purpose of this brief is to help ensure that the LOTE text you produce as a LOTE copywriter achieves the same desired effect as the original English text, while still being appropriate and appealing to the target audience.

Source text	https://www.health.gov.au/sites/default/files/2023-05/atagi-recommended-covid-19-vaccine-doses.pdf
Author	(Federal) Department of Health and Aged Care
Corporate identity	Aligned with the Australian government's efforts to promote public health and provide accurate and reliable information to the public.
Aim of text	The purpose of this document is to provide guidelines and information regarding recommended COVID-19 vaccine doses in Australia, as per Australian Technical Advisory Group on Immunisation (ATAGI) recommendations. It includes information on the recommended doses for different age groups, and special considerations for certain populations such as pregnant individuals and those with certain medical conditions. The document is designed to inform the CALD community about recommended vaccine doses and to ensure maximum protection against COVID-19. Visual aids, including a flowchart, have been included to enhance accessibility and understanding of the information provided in English.
Target readers	• CALD individuals who are seeking information about recommended COVID-19 vaccine doses in Australia. • Could include CALD members of the general public who are eligible for COVID-19 vaccines and are looking to understand recommended doses for their age group or health status.
Style and Tone	Concise and informative. The tone is authoritative and objective, with a focus on presenting factual information and recommendations. The flowchart in the source text is designed to be clear and concise, using simple language and visual elements to help convey complex information in an accessible manner. The translation should also aim at guiding the reader through a process or series

	of steps but does not necessarily have to mimic the English text format or layout.
Reference material	Translators should use parallel texts as a reference for style. This means looking to other texts that convey similar information or messages originally written in the target language (not translations) and presented in a similar way (flow charts, etc.) and using them as a guide. This will ensure the LOTE text you write is appropriate for the cultural and linguistic context of the intended audience, while still conveying the same information.

Transcreation Guidelines:

- Consider the formatting and layout of the translated document to ensure that it is visually appealing for the target readers and easy to read.
- The flow chart information should be presented in a way that makes most sense to the target readers.
- Take into account any coloured or bold text in the source text in order to reflect it accordingly in the translation.
- Ensure that the information included in the notes section is also translated and presented in the LOTE text. Whether or not in the form of notes should be decided according to normal document conventions in the LOTE.

[Appendix III]

Scripts for transcreation

Translator brief for transcreation task C

The purpose of this brief is to ensure that the LOTE text you produce as a LOTE copywriter achieves the same desired effect as the original English text, while still being appropriate and appealing to the target audience.

Source text	https://www.health.gov.au/our-work/covid-19-vaccines/getting-your-vaccination/after
Author	(Federal) Department of Health and Aged Care
Corporate identity	Aligned with the Australian government's efforts to promote public health and provide accurate and reliable information to the public.
Aim of text	The aim of the text is to provide guidance and information about what to do after receiving a COVID-19 vaccine. It covers topics such as how to obtain a vaccination certificate, what to do to stay safe after vaccination, how to deal with potential side effects, and how long the vaccine protection lasts. The text also provides details about recommended vaccine doses and schedules for different age and population groups. It emphasizes the importance of getting a booster dose for maximum protection against COVID-19. Additionally, the text explains how to report any suspected side effects or reactions from the vaccine, and how individuals may be eligible for compensation under the COVID-19 vaccine injury compensation scheme if they experience a rare side effect.
Target readers	• CALD individuals who have received or are planning to receive a COVID-19 vaccination in Australia. • CALD individuals who are seeking to understand what to do after their vaccination, including how to get their vaccination certificate, what they need to do to stay safe, what to do if they have side effects, and when they might need a booster dose.
Style and Tone	Overall, the style, tone, and language of the text are geared towards providing practical and useful information to the reader in a clear and efficient manner. The style of the text is informative and straightforward, with a focus on providing clear guidance, allowing readers to make informed decisions about their health and vaccination options. The LOTE text should present information in a concise

	manner, without using overly technical or complex language. It should not use language that is overly persuasive or emotional in nature, but the use of personal pronouns and conversational language may help to engage the reader.
Reference material	Translators should use parallel texts as a reference for style. This means looking to other texts that convey similar information or messages originally written in the target language (not translations) and using them as a guide. This will ensure the LOTE text you write is appropriate for the cultural and linguistic context of the intended audience, while still conveying the same information.

Transcreation Guidelines:

- Consider the cultural context and language proficiency of the target audience when transcreating the text.
- Use plain language to make it accessible and easy to understand for the target audience. Avoid using technical terms and complex language that may be difficult to understand.
- Maintain the tone of the text which is informative and helpful.
- The text is intended for people who may have different levels of familiarity with the COVID-19 vaccination process. Think about the specific needs and knowledge level of the target LOTE community.
- Provide a brief introduction that summarises the main points of the English text, using language that is accessible to a wide range of readers in your LOTE.
- Use subheadings, bullet points, and short paragraphs to break up the text and make it easier to read.
- Provide links to other information for readers who want to explore further.

[Appendix III]

Scripts for transcreation

Translator brief for transcreation task D

The purpose of this brief is to help ensure that the LOTE text you produce as a copywriter achieves the same desired effect as the original English text, while still being appropriate and appealing to the target audience.

Source text	https://www.health.gov.au/our-work/covid-19-vaccines/getting-your-vaccination/booster-doses
Author	(Federal) Department of Health and Aged Care
Corporate identity	Aligned with the Australian government's efforts to promote public health and provide accurate and reliable information to the public.
Aim of text	The aim of the text is to provide information about COVID-19 booster vaccines. It explains what booster doses are, who they are recommended for, and when they are needed. It also outlines how to get a booster dose and provides information on the booster program for people in residential aged care and people with disabilities. The text emphasises the importance of getting all recommended doses of the COVID-19 vaccine to maintain the best protection against serious illness or death from COVID-19. The safety of the booster doses is also briefly discussed, including common, mild side effects. The text aims to educate the reader on the benefits and availability of booster doses and how to access them.
Target readers	• The target readers of this text are CALD people who have already received the recommended doses of a COVID-19 vaccine and are interested in learning more about booster doses. • CALD adult audience, as it includes information for adults aged 18 and over, as well as for older adults and children with certain medical conditions. • CALD audience in Australia who are seeking reliable information on the safety and efficacy of COVID-19 vaccines from official sources.
Style and Tone	The tone is informative and factual, with a focus on providing the reader with clear guidance and instructions on how to access booster doses for COVID-19 vaccines. The transcreation should present the information in a clear and concise manner, without using overly technical or complex language. It should avoid

	jargon or technical language that may be difficult for the average reader to comprehend. It should not use language that is overly persuasive or emotional in nature, but rather present the information in a neutral and factual manner, allowing readers to make informed decisions about their health. The use of personal pronouns and conversational language may help to engage the reader.
Reference material	Translators should use parallel texts as a reference for style. This means looking to other texts that convey similar information or messages originally written in the target language (not translations) and using them as a guide. This will ensure the translation is appropriate for the cultural and linguistic context of the intended audience, while still conveying the same information and tone.

Transcreation Guidelines:

- Start with a clear and attention-grabbing headline that emphasizes the importance of getting a booster vaccine for COVID-19 and the availability of advice or information about this topic.
- Provide a brief introduction that summarises the main points of the source text, using language that is accessible to a wide range of readers in your LOTE.
- Consider the cultural context of the target language and audience and adapt the language and tone accordingly. For example, if the target audience is from a culture that values directness and brevity, the translation should reflect that.
- Use appropriate medical terminology that is commonly understood in the target language.
- Provide accurate information on how to book booster doses.
- Use subheadings, bullet points, and short paragraphs to break up the text and make it easier to read.

Appendix IV: Research Questionnaire for Community Reader-Respondents

Please tell us about yourself!

1. What languages do you speak?
2. Which is your strongest speaking language?
3. Which is your weakest speaking language?
4. How old are you?
    a. Under 20 years old
    b. Between 20 and 30 years old
    c. Between 31 and 40 years old
    d. Between 41 and 50 years old
    e. 51 years or over
5. Have you lived most of your life in Australia?
6. Have you ever worked in Australia, or received education in Australia?
7. Do you have any particular specialisation in your job or education?
8. Are you male, female or non-binary?
9. In Australia, do you live in a city or regional area?
10. Do you regularly attend any non-work-related group or event outside your home? Such as:
    a. Church
    b. Sports
    c. Hobby group
    d. Social group
    e. Committee
    f. Other

Please tell us how you get government and community related information.

11. What languages do you read?

12. Which is your strongest reading language?
13. Which is your weakest reading language?
14. Do you read anything regularly? Such as:
    a. A newspaper
    b. Social media
    c. Bulletin board
    d. Magazine
    e. Letterbox junk mail
    f. Other
15. Think back to the start of the COVID-19 pandemic. Do you remember how you first found out about it?
16. During the COVID-19 pandemic, how did you find out what was happening?
17. During COVID-19 pandemic, how did you find out about lockdown rules?
18. During COVID-19 pandemic, do you remember in what language you learnt about vaccinations?
19. What's the most recent information you've learned about COVID-19? Where did you learn it? In what language?
20. Think about a pretend situation in which you or one of your friends or family members in Australia fell sick. How would you find out about medical treatment options?
21. Which of the following could you not live without when it comes to getting information?
    a. TV
    b. Radio
    c. Mobile phone
    d. Computer & the internet
    e. Community newspaper
    f. Family & friends
    g. Other

Please tell us what you think of the four sets of documents [Focus Group Guide]

You have been given four sets of documents for each of the following topics. Some documents in each of

the sets may look very similar, or even the same. Please don't worry if this is the case. We are interested in which of the four documents in each set you like best. There are four versions each of the following documents:

(A) COVID-19 vaccination – Vaccines and menstruation COVID-19 vaccines and menstruation (health.gov.au)

(B) ATAGI recommended COVID-19 doses and vaccines ATAGI recommended COVID-19 doses and vaccines (health.gov.au)

(C) After your COVID-19 vaccination After your COVID-19 vaccination | Australian Government Department of Health and Aged Care

(D) COVID-19 booster vaccine advice COVID-19 booster vaccine advice | Australian Government Department of Health and Aged Care

1. Please read the four documents labelled (XX).

a. Who do you think this document was written for? Who do you think the readership is? Do any of the four documents make you confused, or suspect a different readership?
b. Who do you think this document was written by? Who do you think the author was? Do any of the four documents make you confused, or suspect a different author?
c. Why do you think this document was written? What is the purpose of the document? Do any of the four documents make you confused, or suspect a different purpose?
d. Which document did you find easiest to read? Can you tell us what its main points are?
e. Which document did you find most confusing? Why?
f. Think about your family and friends in Australia who read the language the document is in. Can you imagine them liking one document version more than the rest? Why?
g. Are any of the four documents definitely not suitable for readers of your language in Australia? Why?
h. Which of the four documents do you like best in terms of layout or design?

i. Do you think your friends and family in Australia who read the language would find the information in this document useful? Do you think they would trust it?

j. What actions can you imagine your friends and family in Australia doing if they read this document? Do you think it would cause any outcomes?

k. What would be the easiest way for you to get the information in this document in your language, if you ever needed it?:

   i. Website
   ii. Postal mail-out
   iii. Radio
   iv. TV
   v. Social media
   vi. Bulletin board (what kind?)
   vii. Community announcement (what kind?)
   viii. Newspaper
   ix. Other

l. Are there any words or phrases in any of the documents you don't understand?

m. Do you think any of the documents are written too casually or too formally?

n. Do you object to any of the advice or information in the documents? Is there any viewpoint in them you would reject or mistrust?

[Extra questions specific to one of the four document sets.]

(A) Menstruation can be a sensitive and embarrassing topic for some people. Think about your friends and family in Australia who read the language the document is in. Do you think they would have any preferences or needs in how they received this information? Is there a way of delivering the information to them that would be more helpful?

(B) Why do you think this document has been written in the form of a diagram? How are readers supposed to understand the diagram and use it? Have you seen a diagram like this before? Is it a common format in your language for understanding instructions?

Appendix V: Research Questionnaire for Translators

Demographic information Block

Q1 What NAATI translation credential do you have? [can be more than one answer]

Certified Advanced Translator:

English into LOTE [dropdown menu to load languages] [can be multiple answers]

LOTE into English

Certified Translator

English into LOTE [dropdown menu to load languages] [can be multiple answers]

LOTE into English

Recognised Translator

English into LOTE [dropdown menu to load languages] [can be multiple answers]

LOTE into English

None

English into LOTE [dropdown menu to load languages] [can be multiple answers]

LOTE into English

Q2 How long have you been working as a translator?

- Less than 1 year (1)
- 1 to 3 years (2)
- 4 to 10 years (3)
- More than 10 years (4)
- More than 20 years (5)

Q3 Where are you living at the moment?

- Victoria (1)
- NSW (2)
- Tasmania (3)
- Queensland (4)
- NT (5)
- Western Australia (6)
- ACT (7)
- South Australia

- Outside Australia (please specify country) (8)

Q4 What is the highest level of education you have completed?

- Up to Secondary (13)
- Vocational or equivalent (14)
- Some University but no degree (15)
- University – Bachelor's Degree (16)
- Postgraduate or PhD

Q5 Do you have translation specific education?

Translation skill set

Diploma of Translation

Advanced Diploma of Translation

Bachelor (with translation related subjects)

Masters (with translation related subjects)

PhD in Translation Studies

None

Q6 Do you also work as an interpreter?

- Yes (1)
- No (2)

Q7 What best describes your translating and interpreting work, over the past year?

- Working full-time in an in-house position (1)
- Working to full-time capacity as a freelancer
- Working part-time in an in-house position (2)
- Working at part-time capacity as a Freelancer (8)
- Other:

Professional Experience

Q8 Do you have experience in providing paid translation of health-related public communications from any Australian Government agency?

- Yes. [go to the next question] _____
- No (2) [go to the next block: peer feedback]

Q9 Who commissioned the health-related translation(s) to you, i.e. who was the commissioner of the work?

Government agencies such as the Department of Health

Translation agencies

Mixture

Other:_____

Q10 In general, how satisfactory is your experience in dealing with the commissioner in these health-related translation assignments?

1 very unsatisfactory ----------5 highly satisfactory

Provide reason:

Q11 Do you normally receive briefing from the commissioner for the health-related translation assignments?

- Yes. Please specify what was provided (1) _____
- No. Please specify what was not provided (2) _____

Q12 Have there been difficulties you encountered which made you feel your health-related translations could

have been better? [can choose more than one answer]

Short delivery time frame, no time for thorough research or checking

Unfamiliar terminology or concepts in source text

Source text style not natural when translating into my LOTE

Sometimes my LOTE does not have corresponding terminology or concepts

No revisor to provide me with feedback

No one to ask questions I have about the source text

Other: _____

Q13 What have been the general translation approach you took for health-related translation assignments? [can choose more than one answer]

Closely mirror the style of the source text

Change the source text style when I know a different style will be better received by my LOTE community

Faithful rendition of every word in the source text to ensure information integrity

Meaning based rendition to ensure target text reads as natural as possible

Other:_____

Q14 How do you see yourself in the act of health-related translation? Choose one answer that best reflect your position.

My LOTE community members are at a less advantaged situation, so my priority is to produce my translation in an accessible way to them, including using different style or words in the target text.

I follow the source text style and word choices faithfully as it is paramount to being a translator.

I follow the source text style and word choices when I can, but make adjustments if it does not work well in my LOTE.

Other:

Q15 Have you been in situations where you knew your translation will not work well for your LOTE community

members, i.e. they would not understand/agree with the communication intended in your translation.

Yes. Why and what do you do:

No.

Q16 Have you ever encountered translation assignments which posed a clash with your personal beliefs? (e.g. content encouraging the reader to join an immunisation program)

- Yes. Please describe the situation and your course of action (1) _____
- No (2)

Q17 Do you think your translating and interpreting education and continuous professional development (PD) helped you in dealing with translation challenges?

- Yes. Please specify (1) _____
- No. Please specify (2) _____

- Q18 Do you feel that you were paid fairly for the work you did?
- Strongly disagree (1)
- Disagree (2)
- Neither agree nor disagree (3)
- Agree (4)
- Strongly Agree (5)

Peer Feedback

Q19 In seeing the translated public health information in your LOTE done by other translation colleagues, what is your general impression of the quality?

Excellent provide comment:

Good provide comment:

Fair provide comment:

Poor provide comment:

Bad provide comment:

Q20 What are the commonly seen issues of translated public health information in your LOTE?

Translations too literal that they do not read natural in my LOTE

Style and tone are not appropriate in my LOTE

Translations often contain typesetting mistakes, e.g. writing direction, punctuation, typos

Translations contain factual errors

Other:

Q21 For translated public health information in your LOTE to feature the highest quality possible, what do you think should happen?

For translators:

For translation agencies:

For government departments:

Other: