Background and Objective

The US Spanish speaking population has a widely varied demographic profile. As a growing sub-population, this group demands increasing attention in population studies and clinical research. Its unique, multi-ethnic composition has required the development of distinct translation methodology to account for differences in language comprehension. A 5-year evaluation of initial translation protocols demonstrates the need for revision of methodological steps and language groups to be included. The purpose of this poster is to suggest an updated methodology in order to produce language versions of research measures with a common language that is comprehensible to the diverse Spanish speaking population in the United States.

The Spanish Speaking Population in the U.S.

According to the US Census Bureau, there were 32.8 million Latinos (12% of total US population) residing in the United States in 2000. The term “Latino” includes all Spanish speakers from Latin America. The Latino population is subdivided into four major language groups. The major Spanish language groups represented in the US are Mexican (including Chicanos and Tejanos), Caribbean, Central American, and South American (see graph below). In order for a translation to be considered appropriate for use by all Spanish speakers in the US, it is necessary to include representatives from each of these groups in the translation process. The purpose of this poster is to suggest an updated methodology in order to produce language versions of research measures with a common language that is comprehensible to all US Spanish speakers.

Proposed US Spanish Translation Methodology

After five years of concentrated experience with US Spanish cross-cultural adaptations, HRA has established a process that ensures appropriateness of new translations for all US Spanish speakers. The following is an outline of currently suggested methods:

Step 1 (Development of initial language version)

- Two independent forward translations (using experienced bilingual translators, one being a native speaker of Mexican origin and the other from any of the other US Spanish language groups)
- One reconciled forward version (resulting from a reconciliation panel meeting attended by representatives of each of the major US Spanish speaking language groups: 2 Mexicans, 1 Caribbean, 1 Central American, 1 South American).
- One back translation (using a native English speaker who is bilingual in Spanish). Evaluation of back translation for content equivalence by project coordinator changes will be tested during cognitive debriefing to ensure comprehension by each language group.
- Development of forward and backward translation reports.
- Development of preliminary language version (passing of revised test into desired format).
- Developer and/or sponsor review and discussion with subsequent changes to language version.
- Negotiation of final changes resulting from cognitive debriefing interviews, evaluation of documentation and development of report.

Step 2 (Cognitive debriefing interviews)

- Recruitment of five debriefing respondents with target condition, one from each US Spanish language group (2 Mexicans, 1 Caribbean, 1 Central American, 1 South American). Although recruiting the same five-person multi-ethnic mix for patient interviews becomes a challenge in addition to specific health conditions, it has proven quite valuable in ensuring proper understanding of the translated items across all language groups.
- Implementation of cognitive debriefing interviews, evaluation of documentation and development of report.

Step 3 (Finalization of language version)

- Negotiation of final changes resulting from cognitive debriefing interviews by project coordinator (in consultation with representatives from each language group).
- Proofreading and formatting of final measure.
- Development of final report and delivery of measure.

Conclusion

Language differences linked to ethnic origin can cause patients to misinterpret items from health related quality of life questionnaires, thereby placing research data at risk. These language differences need to be reconciled into a common language that will be correctly understood by all Spanish speaking patients in the United States, regardless of their country of origin. Using the methodology proposed in this poster will best ensure that all US Spanish speakers will understand the research measures according to the intended content.