

eLearning: Cultural Adaptation of Materials: How to Get It Right

:00-:10

Narrator: Think back to the last time you picked up a health brochure and thought: “Wow! This is made for me. They really get me.”

Chances are, the materials that made you feel that way had one or more of these qualities:

The information was personally meaningful to you;

It was in a language you understood

It included examples, wording, and visuals that were relevant and meaningful.

It reflected your values and concerns.

That’s the response you want from the people who could most benefit from your efforts to promote diabetes prevention and self-management. You want each person to feel: “This is for me!”

:20-:35

Narrator: Welcome to CDC’s video on “Cultural Adaptation of Materials: How to Get It Right.”

In this video we show simple and inexpensive ways to make your materials more relevant:

How to take 3 steps to make sure the material matches the culture

Where to find already-adapted materials, and

What cultural adaptation looks like

:35-1:00

Narrator: What do we mean by cultural adaptation? It’s changing a material in ways that ensure people of a given cultural group find it relevant. An adapted material is tested with members of the audience and refined until it works.

Culture is more than just race or ethnicity. Cultural groups share a common history, beliefs, and behaviors. Age, religion, or gender identity might also be thought of as cultural groups. In fact, most of us belong to multiple cultural groups. In health communication, our challenge is to find the cultural identity that is most relevant to a person's decision-making about health. This is why it is important to understand your audience.

In developing its diabetes prevention and management materials, CDC has applied principles of behavior change and health literacy. Consumers from many cultural groups have reviewed the materials along the way to final design.

Still you may wonder: Is this material a good cultural fit for my audience?

No need to guess. Learn from the people in that cultural group.

Here are three simple steps to get it right.

1:00-1:50

Narrator: First, watch. Who are the end-users of the adapted resources?

Which materials do people pick up, and which do they pass over? Which materials are people drawn to? What do those have in common?

Then listen. Ask a few individuals from the cultural group to review the material. How many is enough? As many as possible given your time and resources. Use typical questions from a pretest to learn how they respond. Ask:

What do you think of this? How likely would you be to read it?

What, if anything, do you like about it?

Who would you say this material is meant for?

Why do you say that?

What parts of this can you relate to?

Some people may take offense at this material. Do you find anything inappropriate or offensive?

Be sure to get input from diverse members of the cultural group – or you may wind up reinforcing a stereotype. Consider the opinions of a native speaker or local champion of the target language... someone who is fluent and knowledgeable about the cultural norms. Be sure they are also familiar with the designated health behavior and how people in the target audience will relate to how it is portrayed.

Be careful in your choices of images. For instance, before you pick photos to represent Hispanic Americans, remind yourself that people in this ethnic group may be of any race. When you include diverse images, look at the roles or positions of power portrayed – for example, who is the doctor and who is the patient?

If representatives from the cultural group agree that the material is designed for them and they take no offense, there's no need to adapt.

1:50-2:10

Narrator: However, if these individuals tell you that the material is not resonating, or it doesn't seem relatable to them, check whether CDC or someone else has already adapted that material for the group you want to reach.

Then test the already-adapted material with as many and as diverse a collection of people within the group as possible. Very likely, you'll find that material "speaks" to them.

2:10-2:20

Narrator: Still doesn't work? The answers to your questions will have tipped you off to the specific changes you may need to make. Mock up a new version and test that. Keep going until people say, "Wow. They really *get* me!"

2:20-2:50

Narrator: CDC and other government agencies have already adapted many materials for different cultures. One of these may work for your group.

Let us show you what these adaptations may look like.

The basic flyer on the PreventT2 Program is designed for local adaptation. Download it and insert your organization's name, logo, and contact information.

You can also tailor the flyer culturally by choosing the version with photos that may be most inviting to the cultural group you want to reach.

Swapping photos or images is cultural adaptation with a "light touch."

Everything else remains the same. The brochure offers the same facts about the program.

2:50-3:50

Narrator: Here's a material CDC adapted for six cultural groups, using a "medium touch." You can guess why: what is more culture-bound than the foods we eat on holidays?

Each version retains the positive tone of the original and lists the same science-based tips. CDC worked with a variety of cultural groups to adapt the piece.

What's different about each version is the use of familiar names for food-related celebrations: for Filipino Americans –"fiestas"; for African Americans, "buffets" and "potlucks"; for Chinese Americans, "festivals."

The behavior promoted remains the same for all – "Fill half your plate with vegetables..."

...but of course, the examples of those vegetables are different for each culture. Changing these kinds of examples throughout the text is more of a "medium touch" adaptation.

3:50-4:00

Narrator: Some materials are adapted in a deeper way. Data that's specific to the cultural group could help motivate behavior change. For example, materials portraying an extended family rather than a nuclear family might be more effective in motivating people in some cultures.

4:00-5:00

Narrator: You may need a material that is translated to another language. CDC has produced these in Spanish. In some cases, it can be a pretty straightforward translation with minimal adaptation. But be cautious about whether a literal translation retains its meaning.

You may learn from your research with a cultural group that it's helpful or important for the material to reflect the audience's religious or spiritual beliefs, or address a specific barrier this group faces, such as:

The higher cost of healthy foods;

The notion that weight is a sign of prosperity or health, or

Shared distrust of medical professionals or government

Changes like this require deeper work and testing. Often, such significant changes require the development of new materials, not just adaptation.

And you'll want to be especially careful that proposed changes alter only the cultural appeal, not the science.

Know the difference between changes that will be acceptable to your audience, and those that are unacceptable.

It's okay to translate language, modify vocabulary or replace cultural references...

It's not usually acceptable to change the length or staffing level of a program, or to eliminate key messages or skills learned, or change the behavior change theory underlying an intervention.

Something else to consider: Race and culture are not the only ways we see ourselves reflected. One person may respond to the image of a strong woman, no matter whether she is the same race or not. Or someone may identify as part of a couple – regardless of the skin tone or hairstyle portrayed. Not everything requires adaptation, but you'll only really know what does if you ask your intended audience.

5:00-5:15

Narrator: Thanks for considering the value of adapting materials for different cultural groups. We've shown you 3 steps to get it right. We've pointed you to some materials that are already adapted. And we've given you an idea of what cultural adaptation looks like, using adapted materials that you can find on the CDC website. Using these steps will help your final product reflect the audience's cultural realities, imagery and norms.