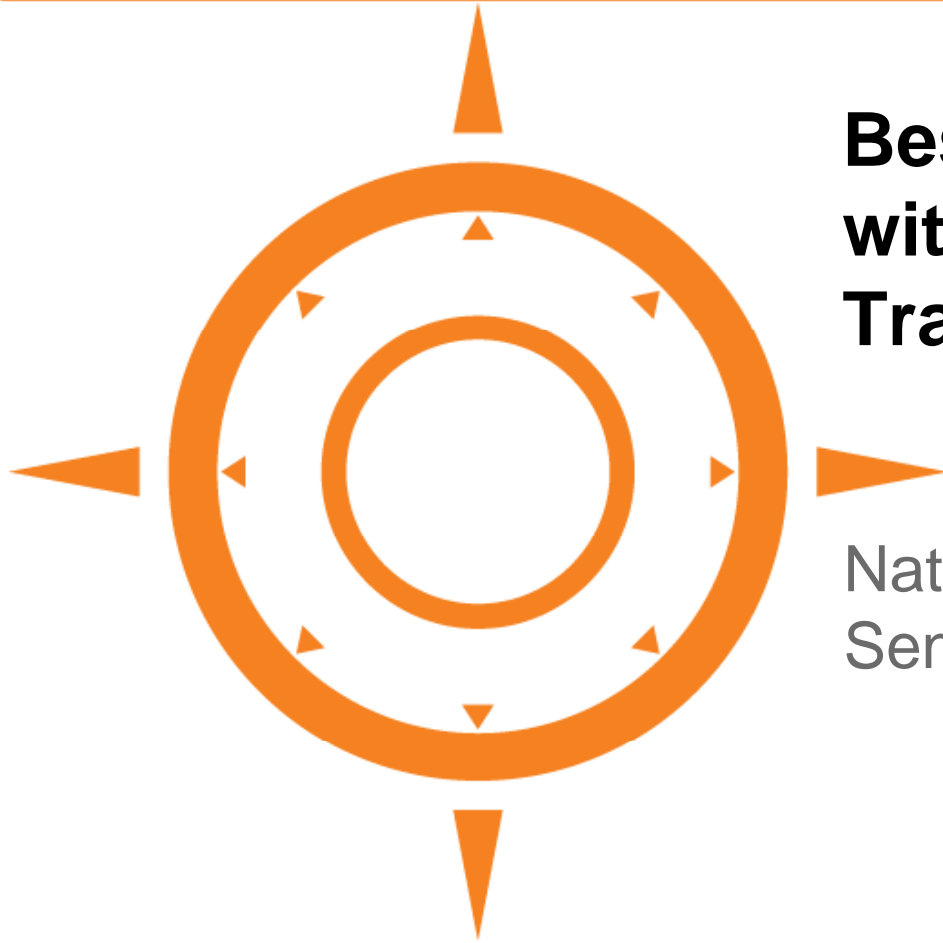


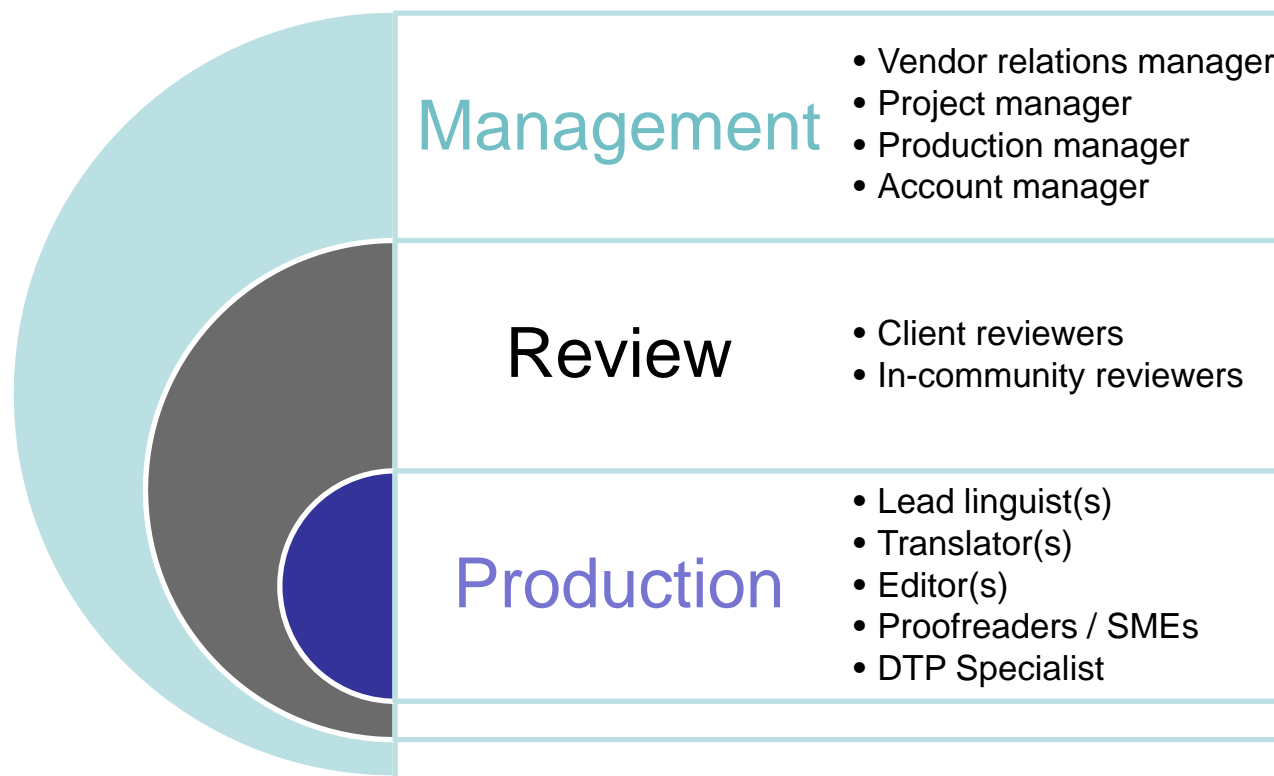
Common Sense **Advisory**

Best Practices for Working with Health Care Translation Providers

Nataly Kelly
Senior Analyst



Typical translation project participants on the language service provider (LSP) side



Typical translation process

1. **Authoring** – avoiding English-centric phrasing or cultural bias, making text “translatable”
2. **Analysis** – files are analyzed, ambiguity clarified prior to translation, target audience verified, linguistic and cultural needs assessed.
3. **Quotation / Scheduling** – estimate issued based on various criteria (words, pages, hours, etc.)
4. **Project / Team Set-up** – team members selected, style guides, TM files, and references selected/prepared.

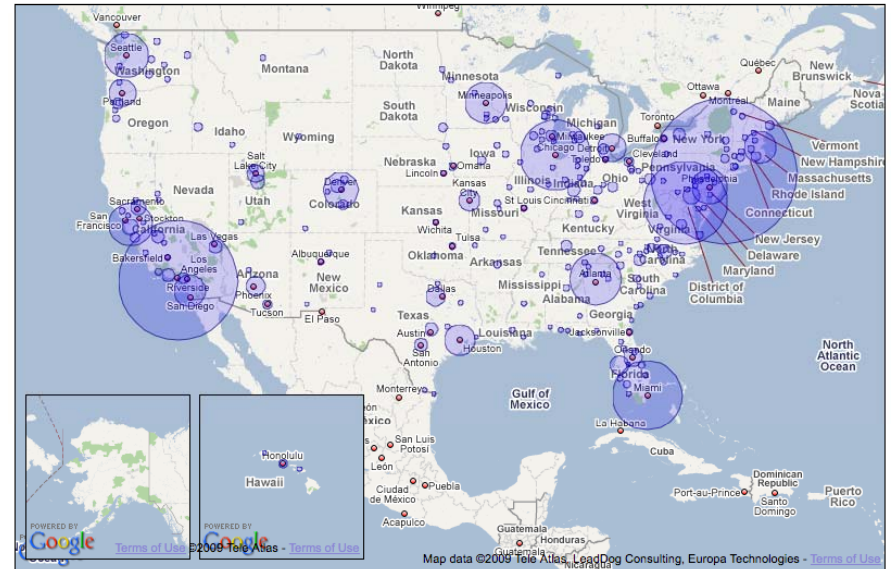
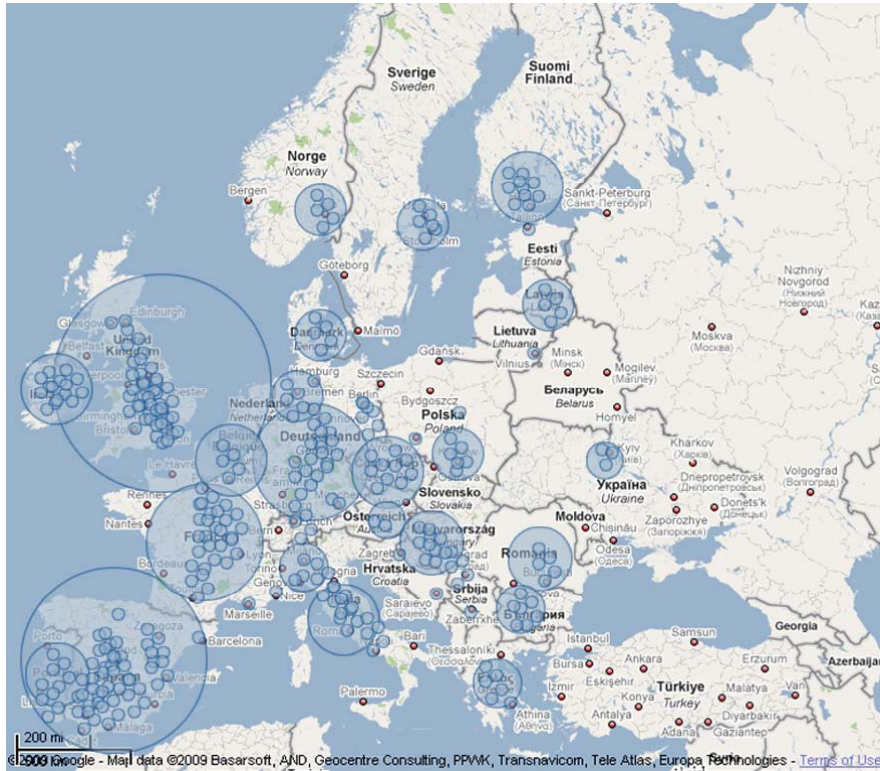


Typical translation process (cont.)

5. **Production** – language transfer tasks take place (TE)
6. **Review** – end products reviewed by individuals within the community and client reviewers
7. **Review validation** – changes are incorporated.
8. **Desktop publishing (DTP)** – files are formatted, including appropriate image selection and settings.
9. **Typeset file review** – proofreading takes place, checks to ensure changes were incorporated.
10. **Final formatting** – conversion into desired format.
11. **Delivery** – files delivered, process review, evaluation.



An industry of thousands of small companies



What it costs: Translation pricing for 10 mega-languages

Languages	Small LSP Avg from English	Medium-Large LSP Avg from English	Median 2007 Price from English	Small LSP Avg into English	Medium-Large LSP Avg into English	Median 2007 Price into English
Simplified Chinese	25.3	20.6	23.3	24.7	19.5	21.9
Traditional Chinese	25.0	24.7	24.7	24.7	24.7	24.7
Dutch	24.0	24.2	24.0	19.8	22.0	21.9
French for Canada	20.0	23.5	23.0	17.8	22.0	19.2
French for France	16.4	20.6	20.3	15.1	20.3	19.2
German	16.3	22.0	20.0	15.1	20.6	20.0
Italian	16.4	20.6	20.0	15.8	20.6	19.0
Japanese	28.0	27.0	27.4	27.4	25.0	25.5
Korean	30.0	24.8	25.0	24.7	26.0	25.5
Brazilian Portuguese	17.7	20.2	20.0	18.5	21.9	20.6
European Portuguese	17.7	21.9	20.6	16.4	22.0	20.6
Russian	16.4	22.0	21.9	18.5	21.2	20.6
Spanish for the Americas	11.0	19.6	18.0	11.0	19.1	16.0
Spanish for Spain	13.0	19.6	19.0	12.3	20.2	18.8

*Table 1: Top 10 Mega-Languages Translation Pricing, Dollar-Normalized, in US\$ Cents per Word
Source: Common Sense Advisory, Inc.*

©2008 Common Sense Advisory. Source: "The Price of Translation," Apr08.



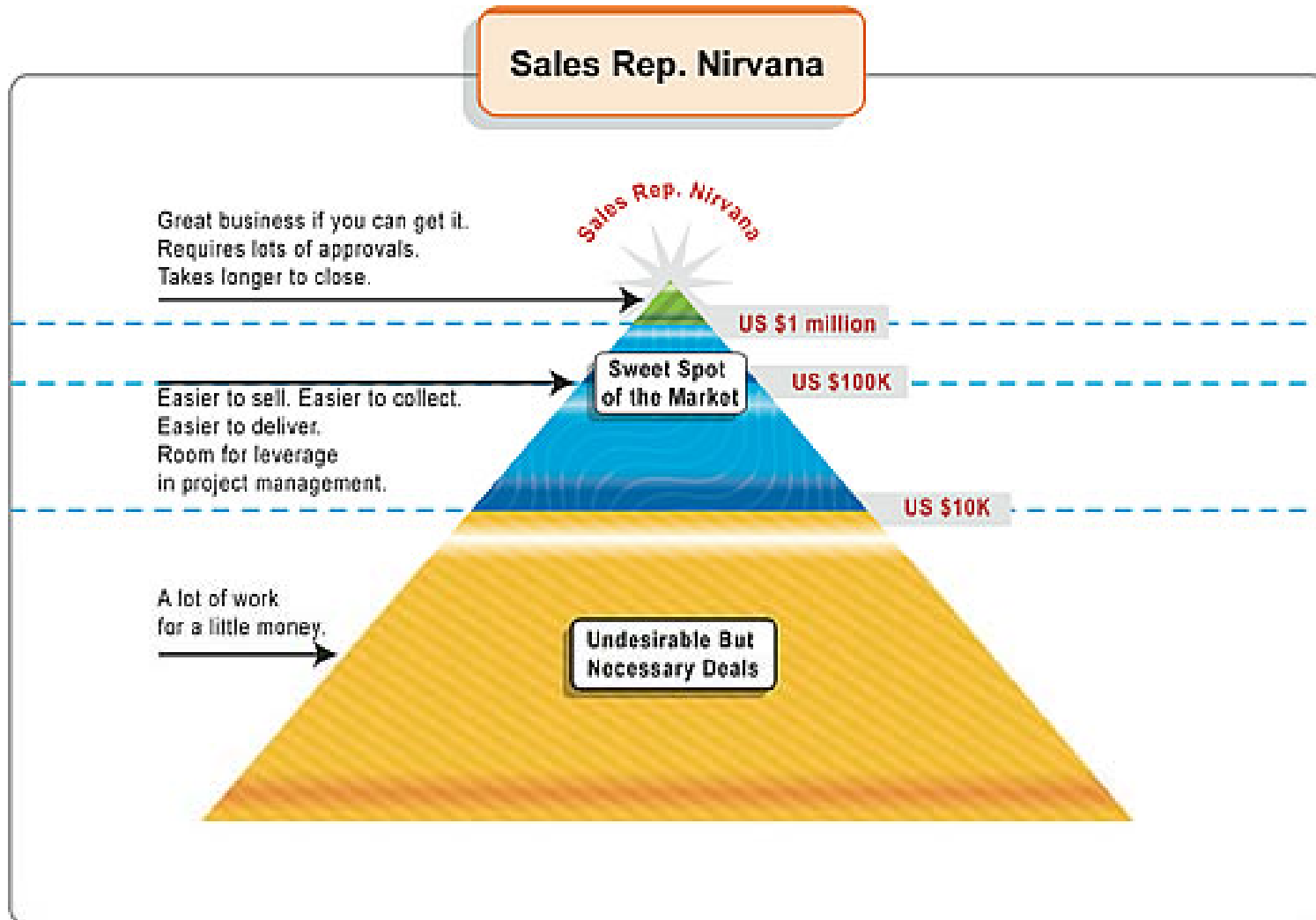
“Would you like bread with that sandwich?”

	LSPs that charge this fee (%)	Average Premium (%)	Median Premium (%)	Range of Premiums (%)
Externalized software strings	71.8	15.26	12.00	0-100
Complex User Interface	75.6	19.81	20.00	0-100
Help files	48.0	11.09	5.00	5-100
Markup text (XML/SGML/HTML)	45.0	9.42	-	5-100
→ Paper documents (no electronic file)	66.0	18.32	10.00	0-200
→ Project management	63.5	9.16	10.00	5-100
→ Urgent projects	88.1	29.23	25.00	0-200
→ Premium-priced content (technical, medical, legal, etc.)	77.0	18.91	20.00	5-100

*Table 2: Non-Translation Tasks Incur Extra Fees
Source: Common Sense Advisory, Inc.*



Most health plan projects are “small”



Most Sales Reps Seek Projects of US\$100k or More

Source: Common Sense Advisory, Inc.



When talking with vendors...

- Do you know the business of health care?
 - References from other health care organizations
 - Samples of past projects
 - Profiles of individual translators
- How much experience do you have with *translation*?
 - Interpreting vendors may not have much translation experience
- Availability
 - Responsiveness and location
- Technology
 - Will you provide me with the translation memory files?



When talking with vendors...

- What kind of pricing options do you offer?
 - Minimum fees for each project vs. monthly retainer to lower cost and guarantee revenue
 - Most projects for health care organizations are short (2 pages)
 - Rush services are common; date-driven communications
 - Batch processing – waiting until multiple files need translation to avoid minimum fees
 - Can we come up with a creative solution?

Many vendors do not want small-volume business.

Health care organizations typically have small volumes.



It's the relationship that matters most

- Long-term relationships are the norm
- Becoming familiar with client's needs takes time
- Larger suppliers do not always have a business model that works well with small volumes
- Hard to “break up” with vendors (translation memory (TM) assets, style guides, etc.) and start anew
- You don't have to be monogamous:
It's OK to have multiple language services providers (LSPs) working for you



Sample translations

- Use previously translated materials
- Do not use samples to get a “free test” – use them to evaluate quality
- Find your own in-community reviewers
- Or, find your own internal or in-community reviewers
- Provide specific review instructions - unless you want to play the role of linguistic “traffic cop!”
- Whenever possible, avoid back translations to evaluate quality – OK to get a “gist” of the information, but not to do quality checks due to the risk of introduction of new errors



Thank you.

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