



**DiversityRx 'Your Voice' Webinar Series: Webinar #5
Best Practices for Working with
Health Care Translation Providers**

**March 11, 2010
Question & Answer Log**

Health Literacy

Q: For Nai: How do you assure that translations are developed at low literacy level (6th grade level)?

Nai Kasick: There are many tools that are available to assess readability of English language documents. Unfortunately, similar tools are available in other languages. Therefore, we ensure all English source documents are written in 6th grade or below level using readability test and a checklist which increases reader comprehension. Once documents are translated, they undergo a quality assurance where the reviewer ensures lower reading level. In some instances, our agency has field tested translated materials for cultural sensitivity and comprehension.

Q: Do you have readability standards for translated materials? Even well translated materials can increase complexity and grade level of written materials.

Nai Kasick: Our agency adheres to the state's contractual requirements of 6th grade or below for all member informing materials in all threshold languages. For these documents we've developed a style guide and managed care glossary of terms to clearly communicate specific requirements such as reading level and consistency of translation to increase comprehension of documents and address complexity of translation and transcreation. There's much room for future improvement and development in the field of translation.

Q: How does health literacy play a role within the translation community? A lot of the clients that I serve have a low literacy rate, so how do translators deal with this type of issue in the health community?

Nataly Kelly: It is not uncommon for health care organizations to request the target language text at a lower reading level – or sometimes a higher one, depending on the population in question. To help the translation providers deal with this, it is advisable for the organization to provide very specific instructions regarding the desired reading level, including examples if available. However, keep in mind that the costs for adapting the text will likely be higher than for "straight translation," since this requires additional work and specialized skills that not all translators have.

Certification

Q: Many health care organizations request American Translators Association (ATA) certification instead of healthcare experience. Can you comment?

Nataly Kelly: The [ATA certification](#) is indeed a highly recognized credential. A translator with this certification has gone through a rigorous process to verify eligibility and to be tested for translation skills, and this may include a specialized test passage in the area of medicine/science/technology. However, the selection of translators for a given project should not rely just on certification alone, but rather, on various other factors, such as recent contact with the target audience, experience in the subject matter, familiarity with the specifics of the organization itself, and more. Also, while the ATA certification is offered in [23 different language combinations](#), it does not cover every possible language that an organization might need. In addition, many countries around the world have their own national certifications – [Canada](#) is an excellent example. Because translation is a highly globalized industry, it is important to keep in mind that there are multiple certifications and other methods of evaluating the abilities of translators and their suitability for health care projects. For example, some countries may require interpreters to be registered or licensed. Or, some university programs may adhere to existing standards, such as the [European Master's in Translation project](#).

Q: How does one get a certified in becoming a certified Spanish translator or interpreter?

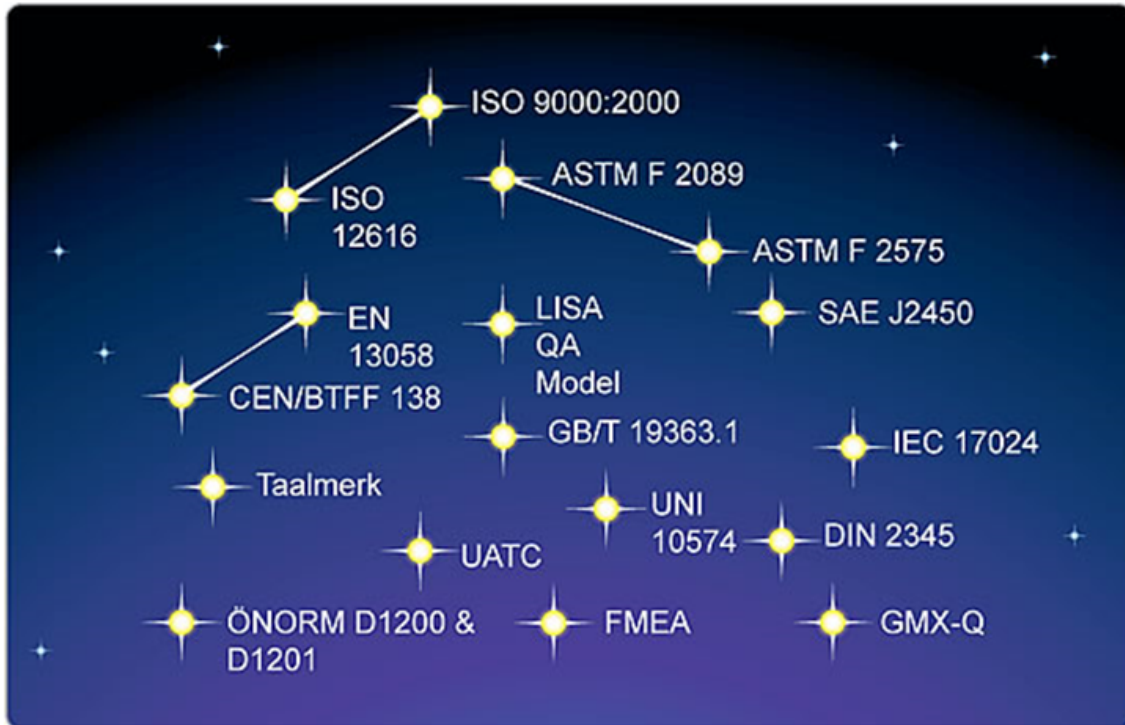
Nataly Kelly: Inquire with your [national or local professional translators association](#) to find out which processes and credentials are available, and review the existing programs from [credentialing organizations](#). Translators based in the United States can see the [ATA certification](#) page for more details – this program is also available for translators in other countries, and exam sittings are held in various nations around the world.

Q: Is ATA required for KP Northern Cal for vendors/reviewers?

Carolyn Wang Kong: We require that our vendors demonstrate that their translators are qualified to perform translation of health care content. For most vendors, this means that translators have ATA certification, or another equivalent type of qualification. For our reviewers and internal resources who perform translation we do require ATA certification.

Q: How does a vendor become a certified translator or interpreter?

Nataly Kelly: The figure below shows the many standards, certifications, and specifications that exist in the field for translation company vendors – and this list is not all-inclusive.



The Constellation of Translation Quality Specifications and Standards
 Source: "[Buyer-Defined Translation Quality](#)," Aug08, Common Sense Advisory, Inc.

Q: Can you give me a resource for the process of becoming a certified translator or interpreter?

Nataly Kelly: The [ATA certification](#) page provides many helpful details. However, you should review all of the programs available before deciding which one is right for you. Also, certification alone will not make you qualified as a translator. While it does provide a minimum guarantee, to work as a translator requires training and practice. You may also want to explore [university courses](#) on translation to see whether or not translation is actually a good fit – not every bilingual person has what it takes to be a translator. A list

Small Organizations

Q: Do the presenters have any suggestions for smaller practices or organizations? Are there considerations we should take into consideration in contrast to larger organizations such as the ones mentioned here today? For example, is reasonable to go with an agency if the volume of material is small?

Nataly Kelly: It is definitely reasonable for smaller health care organizations to work with outside agencies if the volume is small. In fact, it is even more advisable for smaller practices to work with external vendors, because it is unlikely that a small organization would have the in-house resources to carry out the different process steps that some larger organizations have the capacity to perform internally. Essentially, smaller organizations cannot typically justify the cost of having full-time staff perform some of the needed steps for translation projects, nor do they usually have the in-house knowledge

and expertise. Our research shows that 44 percent of translation buyers stayed with their vendors for five years or more, with the rest citing far longer relationships (“[He Said, She Said, About Translation](#),” May 07) For this reason, even small organizations should do their homework and develop a relationship with an agency with the long term in mind. Making clear up-front that you are looking for a longer-term relationship will guarantee the vendor greater volumes over a longer time period, thereby making your business more attractive for them and ideally helping you benefit from cost reductions and translation memory leverage over time.

Q: Although it was communicated that health providers are generally considered to be small volume business for translation, it seems that the two California operations are in reality quite large. I wonder, therefore, if the truly small volume health providers would follow the same procedures, or how would they modify the process for lower volume?

Nataly Kelly: The best practices for ensuring translation quality outlined in this webinar apply to most small-, medium-, and large-scale projects. For certain types of content destined for large populations, there is a practice known as [community or crowdsourced translation](#), but that does not apply to the majority of health care organizations. Even for small projects, translation memory can and should still be used by health care organizations in nearly all cases, as it can yield significant cost savings over time.

Glossaries/Translational Memory/Style Guides

Q: Can you expand on what is meant by translation memory?

Nataly Kelly: Common Sense Advisory’s [glossary](#) defines translation memory as “translated text segments that are stored in a database.” The database file works with a translation memory system, a “computer-aided translation tool that offers translation suggestions from translation memory.” When the human translator is working in a word processing application, any previously translated items appear in the translator’s work area, so that he or she can apply the previous translations to the project at hand. The majority of professional translators working today use translation memory as a normal, everyday tool to make their work more efficient and ensure greater quality.

Q: I would like to know more about translation memory files - name of software, cost, etc.

Nataly Kelly: Common Sense Advisory periodically publishes detailed scorecards for translation management systems, a list of which can be viewed in the [table of contents](#) for our latest report on this topic.

Q: What is the difference between a vendor providing a "glossary" and a vendor providing a "translation memory" file? Should we be wary if we are not provided translation memory files?

Nataly Kelly: A glossary is a list of terms with definitions, while a translation memory file includes segments of text – usually sentences or paragraphs – that have been translated in the past. If a vendor does not provide you with translation memory files, it is likely because you did not ask for them up front – it is not a reason to be wary of the vendor. They will not necessarily provide it unless you ask for it.

Q: Is SDL Trados the industry standard for translational memory or are there others out there that are available and/or acceptable?

Nataly Kelly: SDL Trados is by far the most widely used tool in the industry. However, there are many other tools on the market, a list of which can be viewed in the [table of contents](#) for our latest report on this topic.

Q: For Nai: Is translational memory something that your organization purchased and manages in-house that you then are able to share among your vendors?

Nai Kasick: Translation memory was acquired through series of translated documents. Our contracted vendors manage the translation memory. We also share these terms with other contracted vendors.

Q: Is Kaiser's Glossary of common translated terms available to the general public?

Carolyn Wang Kong: The comprehensive glossary is not; however, the trilingual reference manuals which have been developed by Kaiser Permanente are available through our National Diversity office.

Q: Who collaborated on the creation of the Glossary of Terms? What was their position in the organization?

Carolyn Wang Kong: The glossary of terms was originally developed by our National Diversity office, which developed a health care glossary in multiple languages in collaboration with several linguistic experts in the field. Over time, as we have performed more translation of documents, we have asked our translators to suggest additional terms for the glossary. Those terms are then reviewed by our internal language experts and our reviewers, for decision as to whether or not to include in the glossary.

Q: What type of info is in the glossaries?

Carolyn Wang Kong: Within the glossary is the term itself, the content category (e.g. Health Education, Pediatrics, etc.), the definition of the term, the languages it is translated into. It is also recommended to provide some in-context examples, particularly for terms which may have more than one meaning.

Q: Can Carolyn share the Spanish style guide with us?

Carolyn Wang Kong: Unfortunately, they cannot be shared as they are proprietary to the organization.

Vendors

Q: Where did you find the data about the location of translation companies and the density?

Nataly Kelly: This data comes from a report on the U.S. market for translation services

([“Where the Translation Dollar Is,”](#) Jan09).

Q: What process do your organizations use for hiring qualified vendors?

Carolyn Wang Kong: We first determined internally, what our criteria would be for selecting vendors, drafted questions based on those criteria and incorporated them into an extensive Request for Proposals. Each vendor’s response was scored and evaluated and then vendors were brought in for in-person meetings for further evaluation.

Q: Do you use local vendors so that translations better match your demographics?

Carolyn Wang Kong: We have a mix of vendors, the majority of which are local in that they are based in California.

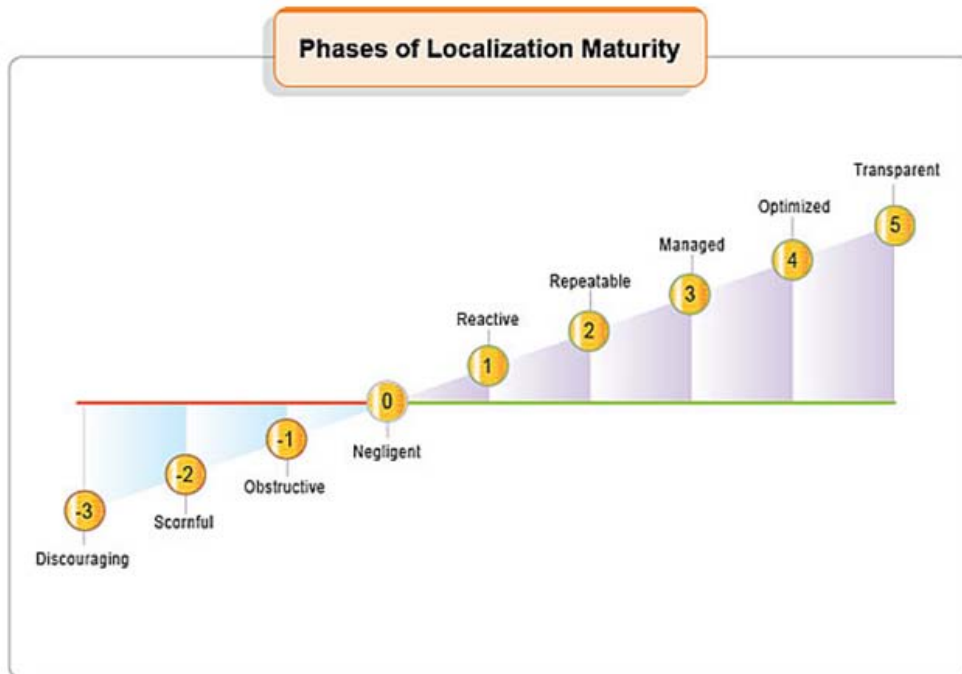
Quality Assurance

Q: Any suggestions on community or internal reviewers? We have struggled with this with the Spanish language as there are different dialects in each county and it seems that each Spanish speaker/translator has their own unique way to say or translate things.

Carolyn Wang Kong: We have struggled with this as well. We currently use only a limited number of internal reviewers (those who can demonstrate qualification to review health care translations) not only because of varying dialect issues but also because of the subjectivity involved in review. Therefore, we rely primarily on our contracted reviewers who we know match the language dialects of our members.

Q: For Nataly: When a translation is submitted back from a vendor, what is the process taken to evaluate the project? What are the steps taken?

Nataly Kelly: The process varies widely depending on the organization and the level of familiarity with procuring and managing translation services. We often refer to organizations by using a localization maturity model, as referenced in the figure below ([“The Localization Maturity Model,”](#) Aug06). Many health care organizations are still in initial phases of localization maturity, so it is not uncommon for some organizations to do nothing at all when they receive the translation back from the vendor, but this is not advisable. Ideally, the organization should work with the vendor to identify qualified internal reviewers who are familiar with the target audience as well as the organization itself. Usually, organizations do not begin to pay attention to translation quality issues until they reach Level 2 (Repeatable) and Level 3 (Managed). When they reach the higher levels of localization maturity, organizations typically have designated individuals who have proven fluency in the target language and the source language, and are familiar with the company and target population.



Source Common Sense Advisory, Inc.

Q: What is the tool used for quality assurance adopted by the vendors?

Nataly Kelly: Most vendors devise their own internal quality assurance processes. This typically involves steps related to recruitment of linguists, but for any given translation project, usually includes a minimum of a translation step, followed by an editing step in which a separate translator reviews the work, and a third step in which a proofreader reviews the work. But, no how good a vendor-side process may be, their quality control processes are of limited use unless the health care organization plays an active part in ensuring quality as well. This entails both preparing the vendor and providing the right information to begin the project, and making sure that the work is reviewed by qualified individuals to ensure that the end product is what is actually desired. One tool that is targeted toward health care organizations is the [healthcare translation quality evaluation tool](#) developed by Hablamos Juntos. Another widely used tool is the [LISA QA Model](#), primarily geared toward consumers of localization services. However, most of the certifications, standards, and specifications that are used are adapted by vendors and/or buyers to suit the needs of the organization.

Q: Does KP Northern Cal have a KP reviewer even though they use outside vendors?

Carolyn Wang Kong: Yes, we have multiple reviewers who work with us primarily in Spanish and Chinese languages. These reviewers are independently contracted to work on behalf of KP, not our vendors. They are used to provide additional review of documents and they are also used to spot check for quality assurance purposes.

Q: Can Nataly, Nai and Carolyn address where they would incorporate focus group testing into their translation process and what quality standards they would

apply to assure that the focus group testing of translations was done appropriately?

Nataly Kelly: Focus group testing is an industry-wide best practice and is sometimes used in the fields of life sciences (especially for pharmaceutical products), but can be cost-prohibitive for many health care organizations. Health care organizations can be creative by collaborating with patient advocacy groups, member services departments, and patient outreach representatives to explore possibilities of asking focus groups to weigh in on the quality of translated materials. However, keep in mind that some problems may be uncovered that relate not to the translation, but to the quality of the source text. Still, it is a good idea to obtain feedback from the actual populations who will be using the translated information whenever possible.

Q: Are member focus groups common for reviewing translations?

Nataly Kelly: Based on Common Sense Advisory's research and interviews with many health insurance plans, including a full-day colloquium for health plans on translation strategies held in 2009, it is not common for health plans to use focus groups to review translations.

Q: For Carolyn: In defining your standards, did you refer to any of the published translation industry quality standards, such as ASTM F2575-06?

Carolyn Wang Kong: We relied primarily on standards from ATA as well as the LISA QA model. We looked at ISO as well, but found the other two organizations to be more operationally practical for our needs.

Workflow / Staff Time

Q: How much do your respective organizations spend on translations including internal staff that might manage the program?

Q: How do you determine the FTE needed for a project manager?

Carolyn Wang Kong: We determined FTE need based on what expected volume of translation as well as expected time needed to provide oversight, leadership and maintenance for the translation services function.

Q: Can you elaborate on how the "team room" approach works? What information is shared, and with whom, in this setting?

Q: For Carolyn: Is the translation workflow process (illustrated by flow chart) used by all 8 regions, or is this limited to the Northern CA region? Are vendors contracted regionally or nationally?

Carolyn Wang Kong: The FTE support and workflow process is in place to support the CA regions (North and South) and is currently available to those regions. However, the vendors are contracted nationally and will follow this general workflow, therefore, they can be used by any of our 8 regions.

Q: Do you stick to the 5% rule when translating documents? How do you determine what to translate into beyond the 5%?

Carolyn Wang Kong: In California, we have more stringent requirements which exceed the 5% rule. For example, the California Department of Managed Health Care requires that Commercial health plans translate vital documents into the top two non-English languages preferred by our members. Therefore our translation threshold languages often do not reflect this rule.

General Information

Q: I was wondering about funding federal/state to support language access either for translation and interpreting.

Q: Do you work or share your findings with federal government agencies (HHS--FDA, CDC, SSA etc.) to establish national standards on Culturally and Linguistically Appropriate products?

Carolyn Wang Kong: Our National Diversity office participates on a number of national efforts related to language access.

Q: Who monitors CLAS standards 4-7 regarding language?

Carolyn Wang Kong: Accountability for monitoring compliance with these and other requirements is shared across managers and leaders in our organization. In addition, Kaiser Permanente does have regional and national Diversity departments which provide consultation and support to managers to ensure that we are compliant.

Q: Is it the hospital that's responsible for translation of patients' private documents, for example, medical records/vaccination records?

Q: Often times healthcare providers request back translations, can you comment?

Q: Doctors often want real time translation when giving patient instructions - is there anything more we can recommend to doctors?

Nataly Kelly: There are some tools available from for-profit companies that generate bilingual questionnaires and information by using previously translated information, such as Bilingual.net (offered by Language Line Services). Polyglot Systems has received a National Institutes of Health (NIH) grant for the development of a [Translated Document Assembly and Retrieval System](#) (TDARS), a prototype platform for a national repository of customizable, translated documents. A variety of non-profit initiatives have emerged to share resources and form collaborations across health care organizations for purposes of sharing translated materials:

- [Health Information Translations](#). This site — formed by three of the largest health care organizations in the state of Ohio — offers patient information in 17 languages, on topics such as disaster preparedness, surgeries, pregnancy, and various other subject areas.
- [EthnoMed](#). This initiative from the University of Washington started with funding from the Robert Wood Johnson Foundation and the Henry J. Kaiser Foundation.

It provides free access to patient education materials and information about numerous language and cultural groups.

- [National Network of Libraries of Medicine](#). This website includes links to an array of in-language materials and other resources.
- [Healthy Roads Media](#). This portal houses materials in 18 different languages in many formats, including print materials, audio, multimedia, web video, and mobile video (iPod).
- [24 Languages Project](#). This effort from the Spencer S. Eccles Health Sciences Library has audio recordings and brochures in English as well as — you guessed it — 24 other languages.

Q: Do LA Care and/or Kaiser require any translation of prescription drug labels or other patient informing materials or other pharmacy-related materials?

Carolyn Wang Kong: Kaiser Permanente does currently translate pharmacy labels into very limited languages; however drug education content is available in multiple languages.

Nai Kasick: We do not translate prescription drug labels.

Q: How do you address non-written languages?

Nataly Kelly: For languages without a writing system, video content is ideal. Audio content is another possibility. In fact, multimedia options are often helpful – not just for those patients who speak another language, but for those who speak English and might have lower levels of health and healthcare literacy. When it is not possible to provide any of these options for information, the next best solution is to provide the information verbally through a qualified professional medical interpreter. However, keep in mind that even if the same information is only requested for a given language once or twice per year, it is likely to be less expensive to pay to translate the information once than to provide it verbally through an interpreter over and over again.

Q: Are there any languages/populations that are often left out because of their small population size?

Nataly Kelly: Yes, these are often referred to as languages of lesser diffusion or languages of limited demand. For these languages, it is especially helpful when organizations can pool resources and share translated materials. Through a collaborative approach, organizations could pool resources to obtain translations of commonly used documents in less commonly requested languages.

Q: Will there be a discussion on website translations (on-screen content)? If not, are there best practices available on that topic?

Nataly Kelly: While we did not discuss website localization in the webinar, Common Sense Advisory has published numerous reports on website localization best practices, language selection, customer experience, and designing websites for multilingual domestic populations (“[Developing Multicultural Websites](#),” May07).

Q: With recent reports on the improving quality of technology-based real-time translation and interpretation tools (Google Translate, Microsoft's recently announced product, etc.), what do you predict the impact these new tools will have on language access in healthcare and nonprofit settings?

Nataly Kelly: For now, Common Sense Advisory's research shows that these free online machine translation tools are not appropriate for widespread use in healthcare and non-profit settings ("[Meddling with Medical Machine Translation](#)," Jul07). Quality is not yet consistent and reliable across all languages and domains. While they may someday be helpful for certain applications and are improving on a daily basis, they are not a replacement for professional healthcare translation at this time. It is not advisable to put these tools to the test when patients' health is at risk.

Q: Are any of the presenter aware of a website that can be used to find the origin where people migrate from?

Nataly Kelly: One useful source, migrationinformation.org, provides this type of information. However, if a health care provider needs to determine where a patient is from during a clinical encounter, one of the quickest ways to do this is to dial a telephone interpreting service and to request help with language identification. Because the call center agents who route the calls to interpret transfer calls for more than 100 different languages on an ongoing basis, they are usually able to help with figuring out the language of the person, and can try conferencing in interpreters for different languages until a language match is found.

Q: In our research business, it is important to send survey documents to respondents in all areas of the country. Is it not possible to find a "universal" Spanish? We do not send English documents out in multiple versions, although we know that English is used differently across the country.

Nataly Kelly: Actually, there is a common concept in the translation field known as "U.S. Spanish," which is often used to denote content that is destined for the Spanish-speaking population based in the United States. Some terms, particular words for clothing and food, are notorious for having different translations and meanings depending on the Spanish-speaking country in question. In some cases, the translated text may actually include multiple versions that are likely to be understood by most or all of the Spanish-speaking population based in the United States. This issue is something that many organizations outside of health care have been dealing with for decades in an attempt to market their products and services to the U.S. Latino market, but the lessons learned are equally valuable for healthcare organizations seeking to address Spanish-speaking patients ("[Reaching America's e-Latinos](#)," May06).