

# LINGUISTIC AND CULTURAL ADAPTATION OF THE NATIONAL QUALITY OF LIFE SURVEY IN COLOMBIA FOR THE DEAF POPULATION

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## Introduction

The absence of suitable research tools exacerbates social exclusion for the Deaf which are already at morbidity and mortality risk. Accessible surveys are needed to ensure accurate representation and effective policy making.

## Objective

Report upon the creation of a cultural and linguistic adaptation of research instruments useful in investigating equity in access to health across the Deaf population in Colombia.

## Methods

Selection of National Quality of Life Survey (NQLS) items and investigation of conceptual and item equivalence

INSTRUMENT  
SEARCH AND  
SELECTION

01

A review on available literature on health inequity and deafness

The steering committee selected several key items from the NQLS questions

Selected a group of items

Additional items related to Colombian Sign Language (CSL) accessibility in the health context

Health inequity and deafness literature review

Steering committee suggestions

Leading international expert suggestions



ORIGINAL  
TRANSLATED  
INSTRUMENT

02

Two deaf people and one hearing person carried out the translation

From Spanish to CSL

A SYNTHESIZED  
TRANSLATED  
VERSION

03

Two deaf external members, reviewed the clarity of the speech and evaluate the translation's quality.

BACK  
TRANSLATION

04

4 deaf people and 2 interpreters carried out the translation

From CSL to Spanish

STEERING  
COMMITTEE

05

Discussed the best possible organization in which to display the survey

DEBRIEFING

06

Interviews with 10 Deaf individuals across Colombia, varying in regions and education levels.

WEB HOSTING  
OF THE  
ASSESSMENT

07

Five external Deaf individuals, sign language users, reviewed and gave feedback on the instrument

ADMINISTRATION

08

Engaged Deaf community through flyers, social media, word of mouth, organizations, and university websites.

## Results

The question items and the instrument are culturally acceptable and contextually relevant to Deaf participants in Colombia. The item and instruction wording were clear and written in simple language, and none were unnecessary. Some regionalisms for specific signs emerged, although this does not interfere with comprehension of the items according to the debriefing.

## Conclusions

Cultural and linguistic adaptation of public health research instruments reduces data bias. Creating accessible research tools is crucial to address disability health access gaps. The voice of Deaf persons is at the core of the research methodologies. Universal health care access and the right to health require inclusive research instruments.

References

