

## INTRODUCTION

The increase in linguistic diversity across the United States parallels the evolving demographics throughout the nation. In 2021, about 67 million (21.6%) of Americans spoke a language other than English at home, and from that total, 25 million (8.3% of the US population) were considered Limited English Proficient (LEP), meaning they spoke English less than “very well”.<sup>1</sup> Problems in communication, such as language barriers, can lead to a higher proportion of suboptimal care, clinical errors, serious adverse events, and poorer outcomes in health and healthcare.<sup>2</sup> Language access is integral to achieving oral health equity; however, there is a limited amount of information within the literature that addresses the oral health knowledge base of interpreters, their practice in dental settings, and the challenges they face. Despite having medical terminology and interpreter training, professional interpreters may not have adequate oral health-related knowledge to accurately express information needed for a patient/caregiver to make an informed decision about dental treatment and overall oral health needs.<sup>3</sup>

## OBJECTIVES

The purpose of this survey study is to develop and validate a survey questionnaire assessing the oral health knowledge, attitudes, confidence levels, and challenges faced by healthcare interpreters, specifically related to dental settings.

By surveying trained healthcare interpreters, dental professionals can better understand the limitations of the healthcare interpreters working within dental settings. This in turn can facilitate interprofessional collaboration amongst the professions to enable interpreters and dentists to serve as a better advocates for the LEP population.

## METHODS

Following review of pertinent literature as well as oral health and interpreter training curricula, a bank of variables was identified, and items developed. Previously validated demographic questions and Smiles for Life Oral Health Curriculum<sup>4</sup> questions as well as 23 new survey items comprise the instrument. The questionnaire was sent via Qualtrics to dentists (subject matter experts) to evaluate content validity and interpreters for face validity. Five dentists rated a) the importance of 37 questions using a five-point Likert scale and b) whether questions should be included. Five interpreters were asked to review the instrument ensuring questions are easily understood, useful, and necessary.

To test for content validity, up to 5 licensed dentists based in the US were recruited to validate the content portion of this study. To test for face validity, we recruited 5 individuals who have completed a healthcare interpreting program and who work in the US.

### Survey Topics and Sample Questions

Topics	Sample Questions
Training	Did your healthcare interpreter training program include information on oral health?
Job History	Considering your current and previous roles, on average, how often have you worked as a healthcare interpreter in a dental setting?
Attitudes & Beliefs	How confident do you feel when interpreting oral health information?
Knowledge	What constitutes a tooth’s outer layer?
Miscellaneous	Would additional oral health training benefit your work as a healthcare interpreter?

## RESULTS

A 100% response rate for content and face validity was achieved. Content validity testing did not warrant any changes. Face validity testing revealed the following recommendations:

- A) Revise training question to specifically inquire about medical interpreting certification hour requirements
- B) Diversify response options when asking highest level of education of interpreters
- C) Include new item assessing difficulty interpreting dental terminology in target language
- D) Include acronyms for remote interpreting (e.g., VRI, OPI, etc.) throughout the instrument.

### Survey Feedback

“Certificate courses for medical interpretation can vastly vary in quality and number of hours, going anywhere from 40 to 80 hours... I would propose you ask instead of the third question, something like:

1. Do you have a medical interpreting certificate?
2. How many hours of training did your certificate cover?”

“On the degree question perhaps add BA , Masters (6 years)”

“I went through the survey, and from the perspective of someone who has not received any training in Oral Health, I found it highly beneficial. I have no additional items to suggest.”

## CONCLUSION

This study reveals the significance of questionnaire pre-testing, particularly within our interprofessional context. At this time, we do not have an interpreter on our study team and face validity testing has filled several conceptual gaps within our instrument. Next steps include submission of the revised survey instrument to the IRB prior to national survey distribution amongst the interpreter community.

## REFERENCES

1. “U.S. Census Bureau. American Community Survey, American Community Survey 1-Year Estimates
2. Woll, Anne, et al. “Working with Interpreters as a Team in Health Care (with Care) Curriculum Tool Kit for Oral Health Professions.” *MedEdPORTAL*, vol. 16, no. 1, Jan. 2020, DOI: 10.15766/mep\_2374-8265.10894
3. Doucette, Heather J, DipDH,B.Sc, M.Ed, et al. “The use of Language Interpreters for Immigrant Clients in a Dental Hygiene Clinic.” *Canadian Journal of Dental Hygiene* 52.3 (2018): 167-73. ProQuest. Web. 28 Apr. 2022.
4. Sievers K, Clark MB, Douglass AB, Maier R, Gonsalves W, Wrightson AS, Quinonez R, Dolce M, Dalal M, Rizzolo D, Simon L, Deutchman M, Silk H. *Smiles for Life: A National Oral Health Curriculum. 4th Edition. Society of Teachers of Family Medicine. 2020. www.smilesforlifeoralhealth.com*

## INFORMATION



IRB Approved: # 3337

Samara Aoun

DMD Candidate | Class of 2024

Samara.Aoun@tufts.edu