

How to Navigate LINGUISTIC BARRIERS FOR CLINICAL TRIAL RECRUITMENT



Language barriers can be detrimental for the recruitment and retention of diverse populations for clinical trials. Knowing how to navigate these linguistic barriers is thus an important step towards the elimination of health disparities.

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

The National CLAS standards are intended to "advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services". Standards 4,5,6 & 7 of the CLAS refer specifically to the importance of providing communication and language assistance.

Standard #4



Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Standard #5



Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Standard #6



Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Standard #7



Provide easy-to-understand print, multimedia materials, and signage in the languages commonly used by the populations in the service area.

What can you do?

Research indicates that language, culture, and emotion are connected.^{2,3} Successful translation thus requires understanding and interpretation of cultural codes, as well as linguistic transfer.

Tip #1



Develop processes for identifying the target group or prospective participants' language preferences by, for example, using, "I speak cards."

Language Access Card templates are available in a variety of languages at: http://www.cdss.ca.gov/civilrights/PG584.htm

Tip #2



Work with a certified translator to translate study materials and consent forms into appropriate languages. The translator should adapt the translation to the reading level of the target population.

Tip #3



Work with key informants and/or focus groups from your target community to ensure that consent forms and other study materials are culturally, as well as linguistically, appropriate.

Tip #4



Research types of non-verbal communication for your target population to avoid using offensive or impolite expressions. Be especially attentive to non-verbal cues when communicating with people who don't share your cultural or linguistic background.

MSH provides some good information about culturespecific, non-verbal expressions at:

$$\label{eq:hammon_decomposition} \begin{split} & \underline{\text{http://erc.msh.org/mainpage.cfm?}} \\ & \underline{\text{file} = 4.6.0.\text{htm\&module} = provider\&language} = English \end{split}$$





NIMICT NATIONAL INITIATIVE FOR MINORITY INVOLVEMENT IN NEUROLOGICAL CLINICAL TRIALS

SOURCES:

- 1. Office of Minority Health. (2001). National Standards for Culturally and Linguistically Appropriate Services in Health Care. Washington: U.S. Department of Health and Human Services.
- 2. Altarriba, J. (2002). Bilingualism: Language, Memory and Applied Issues. Online Readings in Psychology and Culture, 1-10.
- 3. Altarriba, J. (2003). Does cariño equal "liking"? A theoretical approach to conceptual nonequivalence between languages. International Journal of Bilingualism, 305-322.
- 4. Goffan, H. (2015, January 21). The meaning of gestures: body language in Brazil. Retrieved from Target Latino: http://hispanic-marketing.com/the-meaning-of-gestures-body-language-in-brazil/.