

Hunter New England Multicultural and Refugee Health Service has expertise and linkages across many clinical fields and communities, and is keen to engage with researchers early to ensure diverse representation in your research.

It is well documented that Culturally and Linguistically Diverse (CALD) communities are underrepresented in health research. In order to reduce health inequalities researchers and institutions have an obligation to provide research practices which are both suitable and beneficial to the community. Inclusion of people from CALD backgrounds in the research process provides an opportunity for researchers to create ethically sound, practical studies with maximum utility for communities.

The Australian National Statement on Ethical Conduct in Human Researchⁱ identifies the need to accommodate cultural factors in research participation as well as respect for beliefs, perceptions and cultural heritage of those involved in research.

There are known challenges in engaging CALD communities in health research:

Language barrier (not being fluent in English): HNELHD's Multicultural and Refugee Health service provide free professional health care interpreters and translation of research documents for all research conducted in HNE Local Health District.

To book an interpreter or translation of research document contact health care interpreter service: **02 4924 6285** or visit the [Intranet page](#) for more information.

Interpreting / Translation:

There is a difference between translation and interpreting. Translation focuses on written content, while interpreting is about spoken language (or Auslan). Also, translation occurs over certain periods of time with access to external resources while interpreting happens on the spot during a conversation. These two can be used interchangeably but are completely different concepts.

Based on the complexity of language and the text, translations take time. All translations are checked and proofread.

Please send the final versions of all documents as we can translate each document once. Translations generally take at least two weeks to complete.

Health literacy: Some people from CALD backgrounds may have low health literacy. So in line with Australian Commission on Safety and Quality in Health Careⁱⁱ all research documents should be simple and clear and free from complex medical terminology.

The Sydney Health Literacy Lab has a tool which may be helpful to you, which you can access via the following link:

<https://sydneyhealthliteracylab.org.au/health-literacy-editor/>

Digital literacy: Some people from CALD backgrounds may have low digital literacy so it might be helpful to recruit a community member to help them access digital information. Alternatively, paper based information should always be made available.

Being illiterate in own language: Some CALD people, particularly those from a refugee background, may be illiterate in their own language due to disrupted education as a result of war and political conflict. In these cases the research document can be interpreted by a professional interpreter or presented to potential participants in the form of short video clips presented by an interpreter.

Past experience of torture and trauma: Some CALD people, particularly those from refugee backgrounds, may have experienced torture and trauma which may affect their willingness to participation in research. Some research activities such as interviews or surveys may trigger their past experiences of trauma. As such, researchers should be mindful of these factors and ensure they are prepared to provide any required support if they recruit participants who may have experienced or exposed to trauma.

Lack of trust: For some people from a CALD background, trust is a big issue due to past experiences of torture and trauma. For some participants the interviewers should be someone they already know and trust. Even in the interview or focus group setting, it is important that the researchers consider letting the trusted person ask the questions and the researcher can either sit at the back of the room or not be present during the interview. Furthermore, signing consent forms and audio recording can be problematic. Alternative forms of consent such as verbal consent and taking notes of the interview can be appropriate alternatives.

Stress associated with settlement and immigration: Settlement challenges such as financial problems and transport can be

barriers to participation in the research. Providing transport or organising interviews or focus groups close to the community's residence would be beneficial. Also, some reimbursement for participation can be an incentive to engage in the research.

Unfamiliarity with engagement in research: Some people from CALD backgrounds may not be familiar with the research process. Providing simple and clear information regarding the research aims and questions can contribute to higher participation rate.

Cultural beliefs: There might be some cultural beliefs and norms regarding decision making. The role of extended family should be considered in the research process and in particular when obtaining consent.

If you have any questions regarding engaging CALD communities in your research please contact manager of Multicultural and Refugee Health Service Ashley Young:
Ashley.Young@health.nsw.gov.au

i National Health and Medical Research Council Australian Research Council, National Statement on Ethical Conduct in Human Research.2018.

ii Australian Commission on Safety and Quality in Health Care. Health literacy: Taking action to improve safety and quality. Sydney: ACSQHC, 2014.