



# **Multiethnic populations and trial recruitment**

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# Overview

- Ethnicity health & research
- Qualitative studies
- Diabetes prevention trial (PODOSA)
- Recommendations & Conclusions



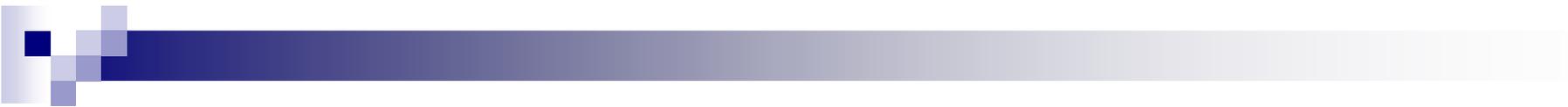
# Ethnic variations in health in the UK

- Pakistani population at significantly increased risk of angina (rate ratio 189.3 in men, 159.7 in women)
- Chinese population - much reduced risk of angina (rate ratio 60.5 men, 67.4 women)

(European Journal of Cardiovascular Prevention & Rehabilitation published online 5 October 2011 Raj S Bhopal et al)

- Prevalence of diabetes 4 to 5 times higher in UK South Asians

2005 data – Diabetes registers linked to hospital admission records (Dr Sarah Wild 2008)



# Research by ethnic group: studies showing the gap

- 39% of RCTs in US reported results by ethnicity vs 7% in Europe (Sheikh et al BMJ 2004: 329 87-88)
- 15 of 31 North American cardiovascular cohort studies provided data by ethnic group, the corresponding figures in Europe were zero out of 41 (Ranganathan and Bhopal PLoS Jan 3 2006)
- SEHRS working group in 2009, reported sparse evidence for prevention trials in UK ethnic minority groups



## **Inclusion and exclusion in research: why should we have data by ethnicity?**

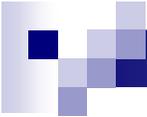
- address existing health inequalities
- legal and policy developments (eg demonstrate response to RRA 2000, Equality Act 2010 etc)
- unethical to bypass ethnic groups in trials
- Increasingly diverse population



# Summary of key issues identified - UK asthma researchers

- Unconvinced about the importance of the subject
- Practical difficulties
  - Lack of knowledge
  - Language barriers
  - Costs
  - Problems obtaining meaningful consent
- Overall, considerable hassle – not recognised by funders

(Facilitating the Recruitment of Minority Ethnic People into Research: Qualitative Case Study of South Asians and Asthma- Sheikh et al, PLOS Medicine, October 2009)



## Key issues from community leaders & patients

- Most have no experience of being approached to participate in asthma studies, but would, if asked, be interested
- Factors that would heighten interest include:
  - Research question that they can relate to
  - Being approached in an ‘appropriate’ way
    - By someone they trust – preferably GP or researcher
    - Personalised contact rather than impersonal approaches such as written invitations

# PODOSA (Prevention of Diabetes & Obesity in South Asians)

National Prevention Research Initiative: funders



Additional support from NHS Lothian and NHS Greater Glasgow & Clyde R&D, Chief Scientist Office, NHS Health Scotland, NHS National Services for Scotland



# Trial adaptations

- Materials translated
- Cultural adaptations
- Bilingual research staff
- Multi-pronged recruitment strategy
  - NHS/Community/media

# Design/Methods

**Recruit for screening (Edinburgh & Glasgow)**



Screen 1300 Indian/Pakistani  $\geq 35$  years



Identify 170 with Impaired glucose levels  
Recruit into 3 year trial &  
family volunteers



'Family' randomised



Control



Intervention

4 contacts

15 contacts

# Recruitment to screening: Results

|                             | <b>Initial target (%)</b> | <b>% of total screened</b> |
|-----------------------------|---------------------------|----------------------------|
| <b>NHS</b>                  |                           |                            |
| Direct referrals            |                           | 1                          |
| Written invitations via GPs | 50                        | 11                         |
| <b>Community</b>            |                           |                            |
| Snowball effect             |                           | 47                         |
| Community groups            | 50                        | 26                         |
| Research team recruitment   |                           | 14                         |

# Promotion & retention





# Recommendations

- Personal, face-to-face contact most successful strategy
- Involve link workers for recruitment
- Fully estimate cost of face to face recruitment & of translations
- Bilingual research staff if possible



# Conclusions 1

- Trials in the diseases & populations where boosted and ethnic specific recruitment is important -so additional resources are likely to be seen as justifiable
- Seek advice from teams who have experience in studying the populations of interest & proven track record of recruiting



## Conclusions 2

- Ethics committees have a role to play
- Funders need to recognise additional costs may be required
- Studies in general populations should include ethnic minority participants

