The Necessity of Diverse and Inclusive Clinical Trials – And How to Get There

Marginalised populations continue to be underrepresented in clinical research – hurting both the relevance of scientific results and the quest for health equity. What can be done to overcome the mistrust many in these communities feel towards medical research, and to ensure they become fully invested participants in clinical trials?

Gaby Grekin at BBK Worldwide

Clinical trials worldwide should reflect the populations that will ultimately benefit from them. This need seems obvious, and yet we are painfully far from that reality – especially when it comes to racial diversity.

How far are we? In the US, according to a recent report from life sciences consulting firm Trinity Life Sciences, individuals identifying as White make up 67% of the population, but 83% of those in clinical trials. Black or African Americans comprise 13% of the population, but only 5% of those in trials. And Hispanics are a burgeoning 19% of the population, but represent only about 1% of trial participants (1).

To be sure, racial and ethnic backgrounds are not the only forms of diversity that matter in clinical trials – representation by gender, age, socioeconomic and geographic background, physical ability, etc., is an essential consideration as well. It's vital for researchers to obtain the widest possible lens in order to improve treatment options for all of us. But the glaring underrepresentation by race – accompanied by persistent race-correlated health inequities – makes trial racial diversity of paramount concern to the clinical research industry today.

1. Inequitable Health Outcomes

The causes of healthcare inequities experienced by Black and African Americans in the US are varied and interrelated – and have resonance and applicability for other minority and historically oppressed populations worldwide.

Some causes include:

- Lack of insurance or underinsurance
- Lack of trust in local hospitals and the healthcare system due to historical (mis)treatment
- Lack of trusting relationships with specific providers and racially/culturally representative providers
- Racial bias by healthcare providers (conscious and unconscious) leading to subquality care
- Lack of access to clinics or physician offices in segregated neighborhoods/geographies
- Transportation challenges (lack of car, lack of public transportation) to get to providers
- Lack of covered sick leave at work
- Differences in healthcare literacy driven by differences in education levels
- Environmental exposures at disproportionate rates

The problem manifests in two equally critical and disturbing ways. First, non-representative trials result in scientific limitations, with data that fail to incorporate or reflect the affected populations. Second, non-representative trials perpetuate health inequities by failing to ensure that diverse populations have access to groundbreaking treatments. The first is a scientific shortcoming; the second, a moral imperative.

Distinct Experiences and Perspectives

Given the sustained and painful history of inequitable treatment for Black and African Americans in the US, it's important to examine some of the complex causes of healthcare inequities experienced by these populations, since many of these causes directly relate to the challenge of recruiting underserved audiences for trials (see **Box 1**).

African Americans experience palpable mistreatment and discrimination in their healthcare interactions. To wit, a 2020 Kaiser Family Foundation study found that:

- Nationwide, only 6 of 10 Black adults said they trust doctors to do what is right most of the time, compared with 8 of 10 white people
- 7 of 10 African Americans say the healthcare system treats people unfairly based on race 'very often' or 'somewhat often'
- 1 in 5 Black adults say they were treated unfairly because of their race in the past year when getting healthcare for themselves or a family member
- Black people in the poll reported higher rates of being disbelieved, and of being denied tests, treatments, or pain medication they thought they needed
- Black people in the poll reported experiencing greater difficulty finding a doctor who treats them with dignity and respect and finding healthcare at a convenient location (2)

It is important to note that this mistrust persists regardless of socioeconomic status.

Marginalised populations that have suffered historical injustices – and continue to experience those injustices in their daily healthcare interactions – feel profound mistrust towards the healthcare system and its associated providers. According to

2. Historical Distrust

Researchers trying to encourage more African Americans to participate in clinical trials will face challenges in overcoming African Americans' mistrust of the healthcare system and the feeling that they are being experimented on.

Notable examples that helped to both create and justify African Americans' wariness of the research community:

- Past trials like the Tuskegee Syphilis Experiment, conducted by the US Public Health Service and the Tuskegee Institute, which enrolled poor Black men, many of whom had syphilis, to watch how the disease progressed untreated
- The appropriation of the cancer cells of Henrietta Lacks without her or her family's permission or knowledge
- J Marion Sims' experiments on Black female slaves without anaesthesia; a statue of Sims (known as the 'father of modern gynecology') stood across from the New York Academy of Medicine in Central Park and was just recently removed in 2018

3. Barriers to Clinical Research for Black and African Americans

These include:

- Bias within the medical community (i.e., negative assumptions about patient interest in research participation)
- Awareness/education challenges about research opportunities and the value of medical research (due to physician bias, decreased access to healthcare and lower insurance coverage)
- Study design elements that impose barriers to participation (like numerous and time-intensive visit requirements that demand time away from home and work)
- Logistical challenges to participation (like travel time and expenses, transportation needs, daycare challenges, etc.)
- Lack of study sites where diverse communities live
- Underrepresentation of cultural diversity and cultural competence among healthcare staff, which decreases effectiveness of communication efforts

a report titled, *More than Tuskegee: Understanding Mistrust about Research Participation*, "Racial minorities receive less information, empathy, and attention from their physicians regarding their medical care than their white counterparts" and "African American patients are less likely to receive medical services than white patients with similar complaints and symptoms" (3).

Viewing the medical system as a benevolent or even benign institution often feels out of reach for a population that has suffered historically through egregious episodes in which they were singled out for unethical and immoral medical experimentation (see **Box 2**). On the one hand, it's vital that these participants not feel they are being experimented on, given enduring historical legacies and traumas; on the other hand, it's vital to ensure they don't feel they are being excluded – an admittedly delicate balance.

Researchers thus have an obligation, and an imperative, to communicate what's at risk when diverse populations are not part of clinical research. The challenge, and opportunity, is for sponsors to convey that participants from racial minorities are not being 'experimented' on, but rather will play a critical role in helping people like themselves and those within their own communities by advancing important scientific data and discovery from which they might otherwise be excluded.

To reiterate, the mistrust African Americans feel stems from historical events but is exacerbated and reinforced by current experiences.

In addition to the history of research abuses and mistrust of the healthcare system due to discrimination and differential treatment, there are further barriers to attracting this population to clinical trials (see **Box 3**).

To overcome these barriers, sponsors must meet diverse audiences where they are – geographically, culturally, emotionally, psychologically, educationally – rather than expecting these audiences to be willing or able to come to them: be in the communities where diverse populations live; employ representatives of those communities; accept the efforts necessary to start confronting the impact of systemic and institutional racism; and don't assume that the perceived value of trial participation is either shared or self-evident.

Diverse Audiences Require Diverse Solutions

Know Your Audience

So, how can researchers create more diverse and inclusive clinical trials?

First and foremost, it's essential to know your audience. Who has the disease? Conduct up-front research on incidence and prevalence (ethnically, geographically, racially, socioeconomically) by all the levers that can affect health outcomes. Sometimes there are no correlations to those factors, in which case the goal must be representation at least equal to percent of the population. Sometimes a particular segment of the population is significantly overrepresented, and then it becomes exponentially more important to attract substantive numbers from that group.

Understand the audience: what do they care about, how do they feel and what motivates them? The best way to find out is to ask them directly – conduct interviews, focus groups, and surveys. What has their experience been? What are they seeking? Which aspect of the trial might particularly motivate them to participate? Which of the above-named barriers may need to be overcome: a burdensome visit schedule, impractical site locations, lack of convenient source of transportation, negative or suspicious views of clinical trials?

Then acknowledge the likely requirement to differentiate strategies based on those diverse needs. It may be most effective to speak to part of the audience with one set of motivations and selling points, and then customise that messaging for audience subsets. At a bare minimum, ensure inclusive visual and content representation in advertising.

Up-Front Planning

As with all efforts to ensure diversity, equity, and inclusion (DEI), any meaningful commitment must be considered in the up-front planning stages – it can't be tacked on as an afterthought or half-baked gesture. Only an embedded and integrated approach will succeed. DEI must be a key focus prioritised at the beginning of a trial. Site locations, the availability of multiple languages, and the flexibility of home visits, phone calls, and medication

delivery are all critical. Reflection of the necessary education and mitigation efforts to overcome potential barriers and mistrust should be considered and assessed.

Yes, these steps will require more work, time, and money. Sponsors should anticipate this level of commitment and plan for it up-front.

The Messenger Matters

If the industry is going to achieve diversity, it can't be limited to patients. The presence of culturally competent site staff and providers is crucial. African American, Black, and Hispanic patients are often not presented with clinical trial opportunities, and are rarely presented with those options by a physician who shares their background.

The reality is that people respond better to, and connect better with, clinicians who look like them, talk like them, sound like them, and have shared understanding and experiences. When those delivering the care reflect those in the recruited communities, a natural baseline level of trust emerges.

Even when it may not be possible to match backgrounds, race, ethnicity, or gender, it is essential to ensure that all staff engaging with patients approach interactions with humility and curiosity. They should recognise that they won't know everything there is to know about patients from differing backgrounds, and be willing and open to learn what they can. The patients are not there to teach them; rather, it can be viewed as a partnership along a shared journey.

Diversified Outreach Strategies

A diversified outreach strategy is key to improving DEI in clinical trials. Successful sponsors will embrace the need for a variety of tactics to reach a variety of audiences. No longer can recruiters speak with one voice, through one promotional vehicle or channel, and expect to magically generate diversity. Effective campaigns will require broader and more customised sets of resources and approaches – from both an education and outreach perspective.

Increasing Access Through Hybrid Approaches

Hybrid and decentralised trial approaches, including remote or off-site assessments (e.g., home visits, medication delivery) and virtual interactions or digital supports (e.g., e-consent, tele-visits, online reimbursement), help to dismantle some of the physical burdens and barriers to clinical trial participation, making them especially effective strategies for increasing access of underserved populations.

Hybrid services make it easier to participate by minimising the need for travel, and the associated time and expense. Seamless and centralised digital payment and reimbursement of trial expenses lessens the need for participants to pay cash up front and wait for lengthy or cumbersome reimbursements. And providing concierge travel support ensures that participants don't feel left to their own devices to make the logistics work.

The Power of Trust

Creating more diverse and inclusive clinical trials creates widespread benefits: improved health outcomes; sharing the promise of research with populations who need it most; giving sponsors a wider and more relevant audience to recruit from; restoring partnership and trust in the healthcare system for underserved populations; and promoting access to innovative care that would otherwise remain out of reach. But getting there will require authentic and deliberate intention. Historical healthcare research injustices still engender powerful suspicion and mistrust. Present unjust and inexcusable healthcare inequities persist in access, lived daily experiences and unequal health outcomes. The lingering injustice in today's systems leads to perpetuating distrust.

The bottom line: trust (regarding healthcare in general) is a huge barrier for underserved minority communities; rebuilding it is a requirement for successful recruitment and participation worldwide.

References

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As Senior Director of Global Strategy at **BBK Worldwide**, **Gaby Grekin** understands what it takes to achieve clinical trial enrolment success.

She conducts in-depth analyses to understand the condition, patient and physician mindsets and motivations, the protocol, and the study landscape to set the strategic direction to guide campaign strategy, positioning, and messaging.

The imperative to fight for improved representation and diversity-related outcomes is a career-long passion for Gaby. Before transitioning to the healthcare industry, she spent over 20 years working for educational equity in both US and international schools.