The recent events of the racial justice movement and the disproportionate impact of the COVID-19 pandemic, particularly within Black, Latinx, Asian and Indigenous communities, highlight the need for more equitable access to healthcare and clinical trials. Listening and learning from patients and physicians about critical barriers and ways to overcome them are therefore important steps to successfully achieving meaningful change.

Through this report and the series of reports and white papers to follow, we will share feedback from both our quantitative and qualitative research sources to support greater understanding and highlight areas for action.

Diversity Research Participants Voices

Gain in-depth, expert insight from a range of seasoned professionals with extensive knowledge about patient advocacy, life sciences, and how they impact diversity, equity, and inclusion.

Yasmeem Watson
"There is mistrust among diverse, underserved communities pertaining to the medical sector. This report identifies some of the obstacles..."

Malini Raj
"Our society is not homogeneous; hence, a one-size-fits-all approach is not appropriate, particularly when it comes to such an important and sensitive issue as health..."

Minnie Baylor-Henry
"As we face the many complexities of a public health crisis brought about by a global pandemic, Black and Brown people, along with other disadvantaged people globally..."

Dr. Valerie Stone
"Black, Indigenous and People of Color (BIPOC) are disproportionately affected by every major disease. This is true of diabetes mellitus, hypertension..."

What’s In The Report

A brief overview of the insights we’ve gained and the methods leveraged to produce this report.

Key Findings

Select a chapter for more info
The recent events of the racial justice movement and the disproportionate impact of the COVID-19 pandemic, particularly within Black, Latino, Asian and Indigenous communities, highlight the need for more equitable access to healthcare and clinical trials. Listening and learning from patients and physicians about critical barriers and ways to overcome them is therefore an important step to successfully achieve meaningful change.

Discussions on Diversity Research Participants Voices

Gain in-depth, expert insight from a range of seasoned professionals with extensive knowledge about patient advocacy, life sciences, and how they impact diversity, equity, and inclusion.

Yasmeem Watson

Yasmeem Watson is a research, patient and consumer advocate, as well as a Stage III colon cancer survivor. She is a member of Fight Colorectal Cancer’s (FCRC) Research Advocacy Training and Support (RATS) Program and has dedicated herself to impactful research advocacy initiatives, including but not limited to serving as a consumer advocate on the Department of Defense’s Peer Review Cancer Research Program, the Alliance for Clinical Trials in Oncology, the Patient-Centered Outcomes Research Initiative (PCORI) and the American Association for Cancer Research Scientist-Surivor Program.

There is mistrust among diverse, underserved communities pertaining to the medical sector. This report identifies some of the obstacles and factors in needed solutions. The patient’s voice is of most importance if the goal is to diversify clinical trials. There are many components of a patient’s journey, yet not feeling acknowledged may be the most heartbreaking. The feeling that your skin color or language is not a barrier to receiving adequate care is priceless.

Yasmeem Watson
Our society is not homogenous, hence a one size fits all approach is not appropriate. This is particularly true when it comes to such important and sensitive issues as health and the design of clinical trials and research approaches in order to optimize outcomes for all stakeholders.

Society as we know it is extremely ethnically diverse and multicultural. Each of these minority groups have specific needs, views, opinions and cultural nuances which shape the way they interact, react or engage in society and how they are impacted. These unique characteristics need to be considered, acknowledged and incorporated to ensure these groups are adequately represented in clinical research. As a patient from an ethnic minority group, I commend Parexel for their efforts in acknowledging the need for more diversity in clinical trials and research, and for using a multi-pronged approach to thoroughly understand the critical barriers that seem to be precluding adequate diversity in trials that is reflective of society.

It is refreshing to see this report has successfully drawn out some very key issues that may be contributing to the lack of diversity in clinical trials, such as awareness. Identification of the issues is the first step to making change.

From my perspective, some highlights that resonate include:

- The need for open communication and dialogue with ethnic minorities to address the lack of trust and improve understanding of the purpose and process of the trial
- The recognition of the need for strong collaboration, using trusted sources in the community to act as a bridge and leveraging relevant communication channels and formats
- The imperative to take the time to recognize and respect cultural nuances and cultural stigmas and stereotypes centered around health, the importance of family and community, and who needs to be involved in the decision-making process
- Acknowledgement of financial and physical limitations that may not be present in the mainstream population and being open to considering other locations or centers that may allow a greater diversity of participants
- Recognition that support, education and awareness need to be focused not only on potential patients/participants but also the physicians/clinicians, and an understanding by each party as to the important role they can potentially play in positive clinical trial representation and outcomes

As a patient, I would appreciate it if any or all of the above, is always kept front of mind, as it will allow greater empathy, cultural competency and understanding among those who are designing approaches or engagement strategies for clinical trials, and a greater likelihood for patients like me to be included, to contribute and to have a voice.

This diversity in clinical trials research is a needed and important first step to shine a light on the structural issues and ensure that there is greater awareness of the need for increased ethnic diversity in clinical trial participation. However, it also goes one step further in that it provides consistent insights that highlight some of the key barriers precluding clinical trial participation that can be addressed or further explored to allow participation to be truly reflective of the community in which we live.
As we face the many complexities of a public health crisis brought about by a global pandemic, Black and Brown people, along with other disaffected people globally, are watching as society confronts the reality of many years of healthcare inequalities. Society is now forced to grapple with the intersection of culture, race and class and the impact this has had on our fragile healthcare infrastructure. The pandemic, layered on top of the countless incidents of social unrest, has brought to the forefront, the reality of the many inequities in our healthcare systems.

When questions arise regarding the reluctance of Black and Brown people, for example, to trust the healthcare systems and allow a vaccine to be administered, historic mistreatment is uppermost in their mind. Have Black and Brown people been denied opportunities to participate in clinical research regarding treatments for diseases that primarily impact their communities? Why are Black and Brown people being asked to put aside their mistrust and believe that this year, at this time, everyone will receive equitable treatment and consideration? Why have there been minimal efforts to understand how to reach diverse communities in order to assure a better understanding of health concerns? How does the healthcare system restore trust in these disenfranchised communities after they’ve endured years of being damaged physically and emotionally?

This report provides some global insights into the issues facing Black and Brown communities that are now at a crossroads regarding how to respond to an unprecedented public health crisis. The report touches on the impact of structural, cultural and institutional biases and the resulting challenges for healthcare providers going forward. However, more research is needed if we are going to tackle the many injustices affecting all disadvantaged people globally.
Dr. Valerie Stone

Valerie Stone, MD, MPH, is Vice-Chair for diversity, equity, and inclusion of the Department of Medicine at Brigham and Women's Hospital. Dr. Stone is an academic general internist as well as an infectious disease specialist and is a Professor of Medicine at Harvard Medical School.

Black, Indigenous and People of Color (BIPOC) are disproportionately affected by every major disease. This is true of diabetes mellitus, hypertension, cardiac disease, and cancer—the major chronic illnesses of our time. It is equally true of the life-threatening infectious diseases—tuberculosis and HIV, and now COVID-19. In contrast, however, BIPOC are underrepresented in clinical trials for the study of new treatments and preventive interventions for all these diseases. While this has been a concern for decades, the confluence of the COVID-19 pandemic’s inequitable impact on communities of color and our collective enhanced commitment to racial justice has made this a more urgent concern.

We know that the underrepresentation of BIPOC in clinical trials is at least in part a result of mistrust due to historical abuses of Black and Brown people in research and in clinical care. We also know that some of the underrepresentation is due to continued inequities and racial injustices in healthcare and beyond. Given this, if we hope to improve the representation of BIPOC in clinical trials, we must make active efforts to “move the needle.” Herein, we share important new findings from quantitative and qualitative research among diverse community members and diverse physicians about what it will take to enhance clinical trial heterogeneity. This report provides concrete ways that researchers and industry can become more trustworthy—by partnering with diverse communities in new and authentic ways and investing in building research capacity in diverse communities. We hope that you find this information of value to you in your work.
This report is the result of a series of studies conducted with patients, physicians, prospective clinical-trial participants, active and former clinical-trial participants. The findings of this research identify key barriers to clinical-trial inclusivity while also offering specific actions industry can take to address inequities in healthcare and clinical study access.
Building Relationships & Trust

**Key Findings**

- Respondents to this research highlighted a preference for building relationships with trusted site staff. A doctor from the clinical trial was regarded as the most trusted site staff member compared to 69% of white respondents (58% of Black, Latin, Asian and Indigenous respondents) of color had to be very careful. I know how Black women were treated and believe that if you are from a different background, it is critical for staff to understand and accommodate differences in cultural norms.

- There was a cultural difference that many respondents associated with distrust. There may be a culture gap in research participation, with many people who are in the community every day and who are trusted, you would be surprised at the level of complexity of conversations that happen. Building trust is therefore critical to engagement in clinical research and will require enhanced patient engagement activities by site personnel.

- The level of distrust was observed among respondents of color compared to white respondents. It is not possible for patients to be treated by site staff from a similar racial-ethnic, and/or cultural background, it is critical for staff to understand and accommodate differences in cultural norms.

**Next Chapter**

- “The reasons for such differences in opinion were not explored in the research. However, it could perhaps be a result of those with greater experience with medical interactions seeing this as a key consideration. Partnering with sites with greater staff diversity could therefore help address the current gap in research participation.”

**Building Relationships Between Patients and Site Staff**

- Patients often opt to share research information and education is critical to success: “The doctor I have experienced has made me feel comfortable, build trust and ensure that they are making treatment decisions.”

- “Directly asking unencrypted郊s on social media about clinical research participation influenced engagement with trusted community advocates. However, there were some unconsidered differences in the level of interest and, in turn, interest in solving social issues.”

- Physicians from the focus group paricipants often expressed that engagement with trusted community advocates was crucial: “It helps to have a doctor explain the process, and having someone you trust makes it easier.”

- “There is a cultural difference that many respondents associated with distrust. There is a cultural gap in research participation, with many people who are in the community every day and who are trusted, you would be surprised at the level of complexity of conversations that happen.”

- “Building trust is therefore critical to engagement in clinical research and will require enhanced patient engagement activities by site personnel.”

**Key Takeaways**

- Directly asking unencrypted郊s on social media about clinical research participation influenced engagement with trusted community advocates.

- Physicians from the focus group participants often expressed that engagement with trusted community advocates was crucial.

- “There is a cultural difference that many respondents associated with distrust. There is a cultural gap in research participation, with many people who are in the community every day and who are trusted, you would be surprised at the level of complexity of conversations that happen.”

- “Building trust is therefore critical to engagement in clinical research and will require enhanced patient engagement activities by site personnel.”
COVID-19 Perceptions

KEY FINDINGS

Physician focus group discussions revealed low expectations for COVID-19 vaccine trial participation in diverse communities by most participants, with a lack of trust in the pharmaceutical industry again highlighted as a key barrier. In addition to an ongoing stigma around infectious diseases, 45% of quantitative research respondents from non-white communities globally stated that they would consider joining a COVID-19 trial, with many attributing this willingness to a desire to help others. Interestingly, a slightly lower proportion of white respondents (39%) expressed a willingness to join a COVID-19 trial.

Physicians also stated that they expected low COVID-19 vaccine uptake based on trends of low levels of flu vaccination, especially among the Black and African American community. When asked, 60% of non-white respondents expressed openness to a vaccine once it’s available compared to 55% of white participants—although a majority didn’t want to be the first to receive it.

As shown in the table above, there are some countries where there were similar attitudes to receiving a COVID-19 vaccine regardless of race or ethnicity, whereas others, such as the UK and Poland, showed a vast difference between Black, Latinx, Asian or Indigenous respondents’ vs. white respondents’ willingness to receive a COVID-19 vaccine when available (42% vs. 85%, respectively, in the UK and 20% vs. 53%, respectively, in Poland).

Conversely, we see a greater number of non-white respondents in the USA willing to receive a vaccine when available, with comments from respondents citing the seriousness of the pandemic and need to protect themselves from the curvy waves. Despite this stated willingness in the USA, initial vaccine data indicates that a higher proportion of white citizens have been vaccinated to date than any other community. This further highlights the need for significant access disparity, showing the need to be intentional in supporting accelerated vaccine access to all communities.

WILLINGNESS TO JOIN A COVID-19 TRIAL

<table>
<thead>
<tr>
<th></th>
<th>NON-WHITE RESPONDENTS</th>
<th>WHITE RESPONDENTS</th>
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</thead>
<tbody>
<tr>
<td>Willingness to join a COVID-19 trial</td>
<td>45%</td>
<td>39%</td>
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OPENNESS TO RECEIVING A COVID-19 VACCINE

<table>
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<th>NON-WHITE RESPONDENTS</th>
<th>WHITE RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingness to receive a COVID-19 vaccine once it’s available</td>
<td>60%</td>
<td>55%</td>
</tr>
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</table>

I wouldn’t mind joining a COVID-19 trial because I took the flu vaccine. I think some people are scared to take vaccines because they think it will make them feel ill. (Worse?)

Member of the Public, Interviewee

I would probably use the COVID-19 vaccine if it actually works and there are no side effects. I would be very cautious of it though.

Member of the Public, Interviewee

As shown in the table above, there are some countries where there were similar attitudes to resolving a COVID-19 vaccine regardless of race or ethnicity, whereas others, such as the UK and Poland, showed a vast difference between Black, Latinx, Asian or Indigenous respondents’ vs. white respondents’ willingness to receive a COVID-19 vaccine when available (42% vs. 85%, respectively, in the UK and 20% vs. 53%, respectively, in Poland).

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Where the gap between physician and layperson perceptions originates from is unclear. However, it will be important to work with both groups to provide education and opportunities to join trials so that COVID-19 research and vaccines are applied in communities where participation has historically been low. This will also vary per country depending on the public’s general perception of clinical research and vaccines.

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Next Chapter
Research Awareness and Understanding

Generally, clinical research awareness, understanding and trust are all low among research participants, something common across the world prior to the race for a COVID-19 vaccine. The pandemic has put clinical research under a microscope, especially in places like the United States, where mixed messages related to the virus, the vaccine and protective measures have been distributed widely.

This awareness and understanding also affects different communities’ perceptions of physicians going into research:

Dr. Jacques Carter
Physician Focus Group Participant

Jacques Carter, MD, MPH, FACP, is an attending physician at the Beth Israel Deaconess Medical Center in Boston and an Assistant Professor at Harvard Medical School. Dr. Carter is a founding member of the Georgetown University African American Advisory Board and, most recently, recipient of the 2020 Founders Alumni Award from the Georgetown University Alumni Association and the 2020 HAA Award from Harvard.

KEY TAKEAWAY

An increased focus on clinical trials and research presents an opportunity to educate people about participating in clinical trials and the potential benefit these trials have in finding new medications and treatments for COVID-19 and other diseases.
Secrecy about illness was reported by participants from both Black and South Asian backgrounds, which they explained can impact how patients and their families seek medical treatment and the willingness to take part in clinical research.

KEY TAKEAWAY

Perceptions of illness can vary between cultures, so understanding these differences is an important step to providing trial information and support in a sensitive manner.
In Queens, New York City, we have 250 languages. We do not expect every hospital to have all those translations, but we can at least pick 5 or 10 major languages within the areas where you want to reach out and bring diversity into trials. Yes, it’s going to be more expensive, but the value that is going to bring and the respect that it is showing to this community means that it’s explained in a way that someone can understand.

Ivis Febus-Sampayo, Patient Advisory Council Member

Clinical trials, especially those within minorities and in certain areas, need to be accessible for those with limitations, both physically and financially. Many forget that even in this day and age not everyone has access to the internet or public forms of transportation.

Ivis Febus-Sampayo is a two-time breast cancer survivor as well as a patient advocate and Senior Director of Programs at SHARE Cancer Support. She is a board member of the National Board for Certified Counselors (NBCC) and is involved in both local and national committees. She has won local and national recognition as well as a number of awards through her work at SHARE.

KEY TAKEAWAY

Reducing or eliminating practical and logistical challenges could have a significant impact on improving research across patient groups.

These barriers, don’t only affect the patient but also the caregivers. Caregivers are an often-under-considered yet vitally important element to the success of any clinical trial and act as trusted advocates in the clinical trial process.

Some women, some African American women, don’t have time to come to chemo because they have children at home that have to be cared for. They don’t have time to come to medical appointments. They would love to be cured and love to be healed, but sometimes it is beyond their control. If you’re just saying, ‘Okay, they can’t come to the appointment, moving on to the next patient, that’s not going to help anyone. We’ve got to get behind the problem, to understand and solve the problem.

Yasmine Wetsen, Patient Advisory Council Member

Clinical Trial Considerations Factors

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<th>Black, Latino, Asian or Indigenous [N = 237]</th>
<th>White [N = 1,945]</th>
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<tr>
<td>How much it would take</td>
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<tr>
<td>If I would be paid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If my travel was paid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many times I would need</td>
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</table>

Some highlights from Patient Advisory Council and physician focus groups illuminated that clinical trial participants often need to receive information in their primary language and, as with all patients, simple, nontechnical terms. The use of videos and infographics will also aid in building trust and understanding.

Offering clinical trial information in plain, easy to understand and appropriate languages is something industry can do swiftly to promote better research access.

Practical and other patient barriers, such as inconvenience for children during visits, also pose significant challenges. In-trial participation for some patients, regardless of sex or ethnicity. That said, it’s worth highlighting that in the questionnaire research a greater proportion of Black, Latino, and Native American participants than white participants had financial barriers such as work, childcare, or travel costs, as well as lower income and education levels. There are ethical, practical, and financial implications for the people who choose to be involved in the study.

Reimbursement for time and travel is widely accepted by ethics committees/institutional review boards but is not always included as part of trial strategies. Similarly, decentralized clinical trials (DCTs) that center research around patient convenience and delivery in their home or community are increasing in popularity but are not yet the norm.

To successfully improve research and address the lack of adequate diverse representation in clinical research for many of those who are most affected by the illnesses being studied, both of the strategies mentioned above are recommended.

Reducing or eliminating practical and logistical challenges could have a significant impact on improving research across patient groups.

As one participant stated:

"Some women, some African American women, don’t have time to come to chemo because they have children at home that have to be caned for. They don’t have time to come to medical appointments. They would love to be cured and love to be healed, but sometimes it is beyond their control. If you’re just saying, ‘Okay, they can’t come to the appointment, moving on to the next patient, that’s not going to help anyone. We’ve got to get behind the problem, to understand and solve the problem."
Dr. Kathleen Young
Physician Focus Group Participant

Kathleen Young, MD, treats children, adolescents and adults for medical management, psychotherapy and forensic evaluation. In the community, Dr. Young volunteers with the New York Junior League, where she has most recently been involved with leadership training and diversity, equity and inclusion initiatives. She currently serves on the Management Council in the role of Secretary.

Decentralized Clinical Trials (DCTs)

As previously mentioned, DCTs can help overcome many barriers to research involvement. However, our experience shows that the needs and preferences of patients and caregivers must be carefully considered on a study-by-study basis. The disease in question and the daily challenges it brings have a huge impact on the individual home-based strategy that’s to be deployed. That said, qualitative research results showed little difference between respondent groups in terms of preferences of DCT options, with home medication deliveries (42%), phone apps (40%) and wearables (42%) being the most interesting options, though a similar proportion also preferred in-hospital involvement (40%).

During the qualitative research, the aforementioned secrecy surrounding illnesses for many communities was cited as a potential barrier to home-based participation:

"As previously mentioned, DCTs can help overcome many barriers to research involvement. However, our experience shows that the needs and preferences of patients and caregivers must be carefully considered on a study-by-study basis. The disease in question and the daily challenges it brings have a huge impact on the individual home-based strategy that’s to be deployed. That said, qualitative research results showed little difference between respondent groups in terms of preferences of DCT options, with home medication deliveries (42%), phone apps (40%) and wearables (42%) being the most interesting options, though a similar proportion also preferred in-hospital involvement (40%)."

During the qualitative research, the aforementioned secrecy surrounding illnesses for many communities was cited as a potential barrier to home-based participation:

"Many haven’t told their extended family; they haven’t told the wider community. So if they were taking part in a decentralized clinical trial, that could expose them. Many don’t want healthcare professionals coming to their homes because then neighbors will know something is wrong."

Trishna Bharadia, Patient Advisory Council Member

KEY TAKEAWAY

DCTs should be approached with flexibility and an understanding of the needs of different communities.

This will ensure that the benefit of reduced patient and caregiver burden is not in conflict with their needs. An adaptive, flexible approach can facilitate patients being seen in locations nearby, such as hotels, rather than in the home, in order to maintain privacy and still make research more accessible.

Also discussed was the lack of access to WiFi or a good data plan for some participants, which could create a challenge for study-based patient apps and telehealth visits. This can be overcome by the sponsor provisioning devices and data plans, which should be incorporated into the planning stage of a study, based on upfront conversations with patients and site staff. The pandemic has shown that such an approach can be highly beneficial to patient oversight and engagement, with one physician stating:

"DCTs should be approached with flexibility and an understanding of the needs of different communities."

"If you were thinking about joining a clinical trial, which options would you prefer?"

Dr. John Otasowie
Physician Focus Group Participant

John Otasowie, MD, is the Regional Divisional Head for Child, Youth and Young Adult (CYYA) Psychiatry with the Fraser Health Authority in British Columbia, Canada. He works as a consultant child and adolescent psychiatrist, providing support and care for young people admitted to the Child and Adolescent Psychiatric Stabilization Unit and the Regional Youth Concurrent Disorder and Eating Disorders Program at Surrey Memorial Hospital.

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NEXT CHAPTER

Institutional and structural racism
During physician focus groups, several practical considerations were raised that were not highlighted when learning from patients. There was a general sense that neither minority patients nor minority physicians receive the same opportunities for research involvement as their white counterparts. Both societal and institutional changes will be required to level the playing field in this regard:

This was also highlighted during the Patient Advisory Council as another element that can lead to mistrust:

Physicians also highlighted a perceived lack of representation within the pharmaceutical industry as being a barrier to achieving equity in clinical research access. With the industry focused on diversity, the situation continues to evolve with the extension of inclusive practices to ensure greater representation:

Proactively engaging with existing sites to support them in accessing a diversity of communities and selecting and partnering with new sites that work with patients from underrepresented backgrounds is an important step to more inclusive clinical research.
KEY FINDINGS
Increasing Research Involvement

For those physicians not working in hospitals where clinical research is the norm, knowing how to get involved was also cited as a key challenge. To overcome this, long-term mentorship, adequate financial compensation, and guidance and training provided early in a career path by those with experience was cited as an important way to address this barrier. In turn, this could successfully increase the rates of clinical research involvement for physicians from all backgrounds.

It’s much more than training and education. There must be an offer of employment and sponsorship...

Dr. Shelly McDonald-Pinke, Physician Focus Group Participant

Also important is hospital infrastructure, as support and funding that includes assistance from the pharmaceutical industry could greatly help with the undertaking of clinical research on an ongoing basis and lead to success:

It is well known that involvement in clinical research is low across the entire healthcare profession. A lack of training on the topic during medical school and lack of exposure within hospitals are likely the primary reasons for this. Physician participants agreed that these barriers exist but that being paid less to lead research than to see patients was also a deterrent. This underscores the need to educate about the importance of clinical trials and medical research while removing barriers related to earnings, such as accessible grants.

Training existing sites on new approaches for accessing a diversity of communities as well as enhancing the diversity of sites by selecting and partnering with new sites and physicians from different racial and ethnic backgrounds would be worthwhile. Approaching new sites outside of the large inner-city teaching hospitals will also be important in order to reach physicians who are working in community hospitals. In particular, sites that have already built trust with communities by working with them and getting to know them better would greatly improve diversity in clinical research.

I love the idea of healthcare workers being involved in the community, who are able to speak to specific trials and explain to patients in their own language what it really means to participate and the potential benefit it offers to the community.

Dr. Shelly McDonald-Pinke, Physician Focus Group

Dr. Valerie Stone
Physician Focus Group Participant

Valerie Stone, MD, MHP, is Vice-Chair for diversity, equity, and inclusion of the Department of Medicine at Brigham and Women’s Hospital (BWH). She is an academic general internist as well as an Associate Professor of Medicine at Harvard Medical School.

Dr. Sherri-Ann M. Burne-Bowie
Physician Focus Group Participant

Sherri-Ann M. Burne-Bowie MD, MPH is an Assistant Professor of Medicine at Harvard Medical School and a Clinical Investigator in the Endocrine Unit at Massachusetts General Hospital (MGH). Dr. Burne-Bowie is an Associate Director of the MGH Center for Diversity and Inclusion and the Director of Multicultural Affairs for the Department of Medicine at MGH.
During discussions, it was noted that the pharmaceutical industry tends to work with a similar pool of sites with a proven track record. With an ongoing lack of patient representation, particularly from the Black community, the industry must be more deliberate with their site-selection process to enhance trial diversity:

Pharma companies need to make sure they update their feasibility questionnaires so that sites can be proud of the fact that they have a diverse community culture to bring these types of patients into the studies.

Dr. Fabian Sandoval, Physician Focus Group Participant

Physicians also provided feedback that the pharmaceutical industry has historically been perceived as reluctant to ask questions outright about diversity in patient populations or staff for fear of causing offense. Without resolution, this could limit progress toward proactively inclusive practices that improve representation within clinical research.
Inclusion of diverse participants and investigators is central to achieving excellence in research. Now more than ever, we need to focus on achieving excellence through inclusion.

Now, with a broadened perspective and greater understanding of the critical areas to address, we invite our industry colleagues to reflect together on diversity practices and identify opportunities to improve engagement with sites and patients from different racial and ethnic communities. By meeting patients first, we have a clear opportunity to enhance research access for patients around the world.

Jamie Macdonald, Parexel CEO