

Improving Access to Research Among Individuals from Under-represented Racial and Ethnic Minority Communities: The Strengthening Research In Diverse Enrollment (STRIDE) Study

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INTRODUCTION

Under-representation in health-related research is one of a multitude of factors that contribute to health disparities experienced by African American and Latinx communities, and has been brought to the forefront in the context of the COVID-19 pandemic. Barriers to research participation stem from historical social injustices, are multi-faceted and include factors specific to the research process, research team members and community experiences and expectations about research participation. Informed consent is a longitudinal process and represents an opportunity to address these barriers and potentially improve access to research by individuals from underrepresented groups. The purpose of the Strengthening Translational Research in Diverse Enrollment (STRIDE) study was to develop and test an integrated, literacy- and culturally-sensitive, multi-component intervention that addresses barriers to research participation during the informed consent process.

METHODS

A multi-pronged community engaged approach was used to inform the development the three components of the STRIDE intervention. At each of the three study sites, Community Investigators, local community members of diverse racial/ethnic backgrounds, contribute to intervention development, pilot testing and dissemination activities. Community engagement studios provided a semi-structured opportunity to solicit feedback from community experts in a facilitated group regarding the relevance, usability and understandability of the STRIDE intervention components. Additionally, component-specific approaches to obtaining community input were utilized.

RESULTS

The three components were developed and refined with community input. The STRIDE intervention includes: (1) an electronic consent (eConsent) framework within the REDCap software platform that incorporates tools designed to facilitate material

comprehension and relevance, (2) a storytelling intervention in which prior research participants from diverse backgrounds share their experiences, and (3) a simulation-based training program for research assistants that emphasizes cultural competency and communication skills for assisting in the informed consent process.

CONCLUSIONS

The STRIDE project had produced an integrated set of interventions that are available to support researchers across the CTSA hubs and beyond in efforts to enhance diversity in clinical research. Early dissemination of STRIDE intervention components include utilization in national COVID-19 trials and research networks.