Community-Engaged Approaches for Equitable Representation in Research

Namratha Kandula, MD, MPH
Professor, Medicine and Preventive Medicine
Northwestern University, Feinberg School of Medicine

@NammiKan

NIH Workshop on Inclusive Participation in Clinical Research

Disclosures Namratha Kandula

I have no relevant financial relationships to disclose. I receive funding from the National Institutes of Health.

Community engagement is essential to improve diversity and inclusion in health research

• **Investment**: Community infrastructure, workforce, technologies to support research and for community benefit.

 Focused: Efforts focused on trust, anti-racism, transparency, and accountability.

• Sustained: Across the continuum and at every level of research.

• **Power**: Shifting power and resources to community priorities.

Goal

 Describe effective community engaged strategies for recruiting and retaining research participants from historically excluded and underrepresented groups.

Research Context







Randomized Control Trial

549 South Asian Americans, 18-64 years R01HL132978 South Asians Active Together

Randomized Control Trial

160 South Asian motheradolescent daughter dyads

R01CA242520



Mediators of Atherosclerosis in South Asians Living In America

Cohort study

2000 South Asian Americans, 40-79 years

R01HL093009, R01MD016071

Barriers to Research Participation at the Intersection of Race, Class, Gender, and Immigration Status

- Racialized minority
- Immigration and legal status
- Language
- Underinsured and uninsured
- Lower income
- Women and girls



Barriers

- Access: lack of healthcare access and transportation.
- Awareness: language, physicians don't communicate about opportunities.
- Racism and discrimination: less trust, concerns about surveillance, mismatched priorities and power.
- Gender norms: caregiving, stigma, and health beliefs.
- Workforce: cultural and linguistic competence of research team.

Study population should reflects heterogeneity of South Asian Americans and include people with less access and higher burden

• People from diverse backgrounds: country of origin, religion

Immigrants

Limited English Proficiency

Low income

Formal and Informal Engagement Mechanisms with Different Levels of Engagement

Increasing Level of Community Involvement, Impact, Trust, and Communication Flow

Outreach

Some Community Involvement

Communication flows from one to the other, to inform

Provides community with information.

Entities coexist.

Outcomes: Optimally, establishes communication channels and channels for outreach.

Consult

More Community Involvement

Communication flows to the community and then back, answer seeking

Gets information or feedback from the community.

Entities share information.

Outcomes: Develops connections.

Involve

Better Community Involvement

Communication flows both ways, participatory form of communication

Involves more participation with community on issues.

Entities cooperate with each other.

Outcomes: Visibility of partnership established with increased cooperation.

Collaborate

Community Involvement

Communication flow is bidirectional

Forms partnerships with community on each aspect of project from development to solution.

Entities form bidirectional communication channels.

Outcomes: Partnership building, trust building.

Shared Leadership

Strong Bidirectional Relationship

Final decision making is at community level.

Entities have formed strong partnership structures.

Outcomes: Broader health outcomes affecting broader community. Strong bidirectional trust built.

Reference: Modified by the authors from the International Association for Public Participation.

Inclusion of Community and Clinical Co-investigators on Study Team

- Community Organizations
- Public Health Department
- Health System
- Park District
- School District











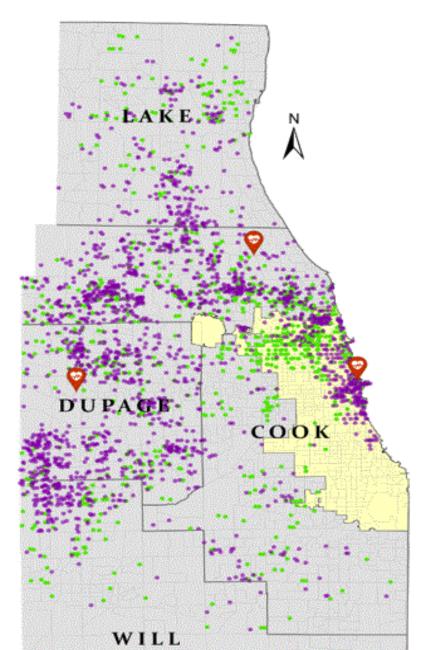
"Collaboration to reduce cardiovascular health disparities in South Asians Americans through research, education, and advocacy."

Range of organizations that serve South Asian across Chicago-metro area

Urban and suburban concentration of populations.

 Community and clinical partners provide space for study visits and equipment.

• Hybrid study procedures: remote and in-person components.



Structure of the Study Team

- Academic and community experiences.
- Cultural and linguistic competence.
- 2 Community health specialists: embedded at community sites, trusted relationships and networks.
- Trained in research, recruitment, retention and intervention delivery.
- Training for the whole team: communication, respect, transparency, equity.



Study Team, Summer 2022

Community Advisory Board

- Input on recruitment materials and procedures.
- Connecting team to new recruitment venues and events.
- Advising on challenges.
- Disseminating recruitment fliers and social media messages.
- Sharing knowledge about engagement and advocacy.
- Interpreting and disseminating research results.
- Participating in manuscripts and presentations.



Community Advisory Board Meet and Greet, Fall 2021

Research 101: What should you know about research?

- Developed by the Community Advisory Board.
- Goal: Increase awareness and understanding about health research and why participation matters.
- Uses plain language and everyday life examples.
- Available for CAB members and study team to deliver in community settings.
- Presented by CAB co-chair at 2022 American Public Health Association.

Stakeholder Academic Stakeholder-Academic Resource Panels (ShARPs)

- Custom panels that bring together 8-10 community stakeholders with professional and/or personal expertise related to a research project.
- Feedback on adaptations that can improve research relevance, feasibility, and/or dissemination opportunities.
- Input on sensitive study measurements and questionnaires.
- Strategies for overcoming recruitment barriers for specific subpopulations.
- Marketing and social media messages.

Community Presentations and Tabling

- Health talks based on community needs and interests.
- Discussion groups.
- "Rethink your Drink" and Food Models.
- Distribute recruitment materials.



Talk at Palatine, IL Gurudwara 2019

Health system and clinician outreach

- Clinician facing pamphlets.
- Patient portals and mailings with physician endorsement.
- Brief presentations at clinician meetings by study PI and co-I.
- Funding for electronic health record queries and staff from health system to conduct patient outreach.

Statistics



South Asians 2x more likely to die of heart disease



MASALA research shows a BMI of 23 is overweight for South Asians



South Asians develop risk factors and coronary heart disease 10 years earlier than other groups

WANT TO DO MORE?

Patients may be eligible to join our study if they are between the ages of 18-65 with two or more risk factors for heart disease.

These include: Hypertension, high chalesteral, pre-diabetes or diabetes, and overweight/obese.

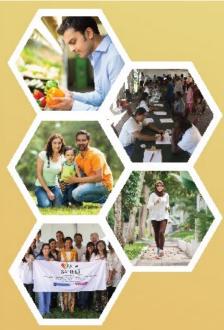
CONTACT

Visit us at sahelistudy.org or masalastudy.org OR

Send us an email at sahelistudy2@gmail.com

We're on Instagram, Twitter, and Facebooki





Understanding South Asian Heart Risk

How you can make a difference

Translated Study Materials

 All participant facing materials are in most commonly spoken South Asian languages.

• English, Hindi, Urdu, Gujarati





Study Title: A Multilevel Physical Activity Intervention for South Asian Women and Girls Northwestern University IRB# STU00211374 Principle Investigator: Namratha Kandula MD. MPH



દક્ષિણ એશિયનો એકસાથે સક્રિય

ગોરાઓ અને અન્ય એશિયન અમેરિકન જૂથોની સરખામણીમાં દક્ષિણ એશિયન સમુદાયમાં ડાયાબિટીસ અને હાઈ બ્લડ પ્રેશરનું જોખમ વધારે છે. સારા સમાયાર એ છે કે હૃદય રોગ અને ડાયાબિટીસ અટકાવી શકાય છે!

સાથ શું છે? સાઉથ એશિયન્સ એક્ટિવ ટુગેધર (SAATH) એ 12 મહિનાનો સંશોધન અભ્યાસ છે જે સાંસ્કૃતિક રીતે યોગ્ય કાર્યક્રમ દ્વારા, સમુદાયો સાથે ભાગીદારીમાં, દક્ષિણ એશિયન મહિલાઓ અને છોકરીઓના સ્વાસ્થ્યને સધારવા માટે સમર્પિત છે

• શું તમે કામ પર અને/અથવા ખાલી સમય દરમિયાન નિષ્ક્રિય જીવનશૈલી જાતો છો?

શું તમે છો...

જીવા છા? • શં તમે 11-16 વર્ષની દીકરીની માતા છો?

• ભારતીય, પાકિસ્તાની, બાંગ્લાદેશી, શ્રીલંકન કે નેપાળી પૃષ્ઠભૂમિના?

હાલમાં શિકાગો અથવા ઉપનગરોમાં રહો છો?

આ અભ્યાસમાં રહેવાથી તમને કેવી રીતે ફાયદો થશે?







\$320 મેળવવાની તક





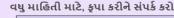
નવા મિત્રો બનાવો!

કોઈપણ કિંમત વગર આરોગ્ય તપાસ

સાથે ભાગીદારીમાં:











Ethnic Media Relationships



si News elebrates at Lake

16 India Post

T, CA: Pongal is a

tival dedicated to

elebrated by the

le. It is one of the

alendar. With more

llion people living world, the Tamil celebrated Pongal

of countries across including Canada, . Britain, Singapore, d Malaysia.

ited with

ati Puia

www.indiapost.com

January 26, 2018



Santhigram USA celebrates 10th anniversary

Details on page 23

Cultural strategies can combat heart disease among S. Asians

CHICAGO: Research shows Details on page 18 that individuals of South Asian descent including Indians, Pakistanis, Nepalis, Bangladeshis Panchami and Sri Lankans are at high risk for heart disease. This is partly due to a lack of exercise and a

that use culturally appropriate strategies to lower heart disease risk in 'Desi' population.

Namratha Kandula, MD, MPH and her team at Northwestern University in Chicago have partnered with Metropolitan



provide nutrition and health education, personalized exercises, stress management strategies, and group support geared to South Asians. In a talk with this paper, Dr. Kandula explained, "Our goal is to de-

What Is Masala Doing For Your Heart?

¬ hahida Perveen--a Pakistani mother who immigrated to the US 15 years earlier--was only 55 years old when she began to suffer from debilitating headaches. She was diagnosed with high blood pressure and high cholesterol and was prescribed blood pressure medication. When the pandemic hit, Mrs. Perveen contracted COVID-19 and passed away at the age of 69 due to heart failure. She is remembered by her five children.

Sadly, Mrs. Perveen is one of many individuals from the Pakistani American community who experience complications from heart disease in their prime adult years. People from South Asia (Bangladesh, India, Maldives, Nepal, Pakistan and Sri Lanka) comprise almost two-thirds of the world's patients suffering from heart disease. Though the impact of heart disease is high, there'sa lack of research that investigate heart issues in South Asian communities, Now,

National Institutes of Health has funded the Mediators of Atherosclerosis in South Asians Living in America (MA-SALA) Study to add more participants of Pakistani background.

The MASALA Study began in 2010and

are now trying to understand differences in heart health between the three largest South Asian subgroups in the US: Pakistanis, Bangladeshis, and Indians. When Abida Usman, 56, was approached about joining the MASALA study, she readily agreed. She wanted to check her heart health and learn more about how she could prevent heart attacks through her diet and physical activity. She recalled that it was "a great experience," and she was able to get screening tests done through the study and learn more about her health.

Dr. Namratha Kandula, MD, MPH, a Professor of Medicine at Northwestern University leads the study and encourages members of the community to participate in research, "The Pakistani, Bangladeshi, and Indian communities are often not represented in health studies, which can make it difficult to know the best prevention and treatment options for our communities," she said. It's crucial that Pakistani individuals participate in research to help current and future generations live healthier lives. Take Hameed Siddiqui, 78, for example. Growing up in Pakistan, Hameed was involved in sports and worried little about his health. As he grew older, he saw



WHAT IS MASALA?

MASALA is the first long-term, research study identifying factors that lead to heart disease in South Asians. Pakistanis appear to have the highest rates of diabetes, obesity, and high cholesterol among all South Asians,

Who can ioin?

- Identifies as Pakistani
- · Can speak and read English or Urdu
- 40-84 years old
- · Has no history of heart attack or stroke
- Resident of Chicagoland and surrounding suburbs

How WILL I BENEFIT?

- Free clinic visit and the lab results are shared with you
- \$100 gift card for your time along with a free lunch
- Hoenital parking will be validated and paid for

Social Media Toolkit for Community Partners

Tweets from @SAAPRIChicago





















diabetes at a younger age compared to many other ethnic groups. Due to their immigration status, culture and gender, SA women are at particularly high risk for these health conditions (SAATHstudy.org).









Retention

• Consider every element of the project from the perspective of a participant.

Relationships and recognition

Burden and benefit

Ongoing communication



Why is my follow-up important?

- · Continue to monitor and improve your health
- Your valued experience is greatly appreciated and helps increase representation of South Asians <u>LIKE YOU</u> in medical research

WE CANNOT SUCCEED WITHOUT YOU!



Retention postcard for follow-up visit in the SAHELI trial

Participant Perspectives about Research Participation

"Informed and healthy"

"Visible"

"More Awareness"

"Feel healthy and confident"

"Makes me feel safe...like I am in good hands"

"I feel the impact in our community"

"Fun as well as informative"

"Developed such a great friendship"

"Staff was really nice. They were mindful of my time and were flexible about it."



MASALA cohort study community event, 2019

Gaps in Current Efforts and Knowledge to Diversify Clinical Research

- Sustained commitment and financial investments in community infrastructure to participate in research and community development.
- Comparative studies of different community engagement strategies to assess success.

- Impact of digital, decentralized health research on diversity and inclusion of excluded and underrepresented groups.
- Progress towards community led research.