

Which ethnic groups should be in the trial and at what proportion?

Which ethnic groups should be in the trial?
V1 13/3/2023 Trial Forge

Trial: REACH-HF

Cardiac rehab after heart failure

REACH-HF (cardiac rehab after heart failure) <https://www.isrctn.com/ISRCTN86234930>;
<https://doi.org/10.3310/pgfar09010>

The panel concluded:

- The minimum target for diverse ethnic involvement should be that the trial **involves different ethnic groups at the proportions found in the most recent census data for the geographical areas where recruitment is being done.**
- The **overall ethnic diversity of the trial should be census levels.**

General comments from the panel:

1. The attractiveness of lifestyle and physical activity change is not highly regarded by all ethnic groups (the panel mentioned South Asian and Arab culture as giving less regard to these). Attitudes may be more negative in older generations but their views greatly influence younger people too. Increasing physical activity is not universally seen as a good thing even by younger people.
2. For trials involving South Asian individuals, changes to diet need to be alive to the views of other family members (and especially the matriarch of the family) on low calorie food. Low calorie food (e.g. a milkshake) may not fit the cultural expectations of what the cook of the family wanted to provide and that can lead to retention problems.
3. Trial teams need to explicitly think about ethnicity when selecting their trial recruitment sites. Trial teams need to think about who the trial needs and where do they live.
4. Home-based, self-management interventions are unlikely to be equally attractive to all ethnic groups. Trial teams need to monitor who says yes and who stays in a trial by ethnicity. This was a theme that came up a number of times: careful monitoring of who enters a trial and who stays with it by ethnicity.



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General comments from the panel:

5. The acceptability of self-management is likely to be disease-specific. In cardiovascular disease, which generally carries little stigma, home-based self-management may be acceptable to many people. On the other hand, for mental health where stigma is high across many ethnic groups, home-based self-management ties into the social stigma and the 'outing' of people as living with mental ill health. Such interventions may then be much less acceptable to potential participants.
6. Trial teams need to think carefully about whether the ethnic groups a trial needs may lead to a conclusion that separate trials evaluating different interventions are needed.
7. Some interventions may be predictably unacceptable to some ethnic groups and then the best thing is to acknowledge this and accept that different interventions (and trials) are needed. Some of the information about whether separate trials will be needed could come from feasibility studies perhaps.

NB. Completed by Shaun Treweek, University of Aberdeen, based on a discussion with an external panel brought together for this purpose as part of the STRIDE project (<https://www.abdn.ac.uk/hsru/what-we-do/research/projects/stride-supporting-recruitment-and-retention-improvements-for-diverse-ethnicities-283>). None of us was involved in this trial, we did not discuss the information below with the trial team.

Given the above, the information below may not be a proper reflection of what the trial team itself may have considered the ethnic groups needed by their trial. The information is therefore intended to be illustrative, not definitive.