

10 Steps to Promote Diversity and Inclusion in Your Next Clinical Study

By Norman M. Goldfarb

Promoting diversity and inclusion in your study population is not just a social good; it is also good science since it creates a better representation of the population that potentially will be using your treatment.

Take the following 10 steps to promote diversity and inclusion in your next clinical study:

- Involve people with the appropriate expertise in study design, patient recruitment, and study conduct.
- To the extent possible, remove exclusion criteria that would be problematic for underserved communities.
- Consider practical limitations for people in underserved communities, such as language barriers, telephone and email communications, work hours, caregiver responsibilities, transportation and financial resources.
- Include diverse voices in patient panels when designing the study. Diversity requires representation from different genders, ages, socioeconomic groups, races, ethnicities, religions, cultures, communities, etc. Their priorities, concerns and capabilities will vary.
- Identify, support and develop investigators in underserved communities.
- Develop a patient recruitment program that includes outreach to community leaders, culturally appropriate advertising (e.g., with diverse faces and in relevant languages) and contact people (patient recruiters, nurse navigators, ombudsmen and call center staff) who can engage with targeted communities in their own languages (and dialects) and on their own terms (e.g., time of day, communication modes, and cultural norms).
- Design informed consent forms in appropriate languages, being careful to avoid cultural missteps.
- Be aware of other studies targeting the same communities and collaborate where possible.
- Track and measure success in promoting and achieving diversity and inclusion.
- Publicize your efforts at promoting diversity and inclusion to improve the reputation of clinical research in underserved communities.

Promoting diversity and inclusion requires extra effort. However, by engaging with underserved communities, we can build trust and engagement and ensure that treatments are broadly safe and effective.

Author

Norman M. Goldfarb is chairman of MAGI and chief collaboration officer of WCG Clinical. Contact him at 1.650.465.0119 or ngoldfarb@magiworld.org.