# Increasing Clinical Trial Participation in Native Hawaiian, Pacific Islander, and Asian Communities

PCR229

HAWAIʻI
HERON

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## INTRODUCTION

Native Hawaiian (NH), Pacific Islander (PI), and Asian populations are often underrepresented in clinical trials. Clinical trials are important health options for patients' treatment plans, and access to clinical trials should be made available to NHPI and Asian populations.

## OBJECTIVE

To identify strategies for increasing clinical trial participation, particularly for Native Hawaiian (NH), Pacific Islander (PI), and Asian populations.

## METHODS

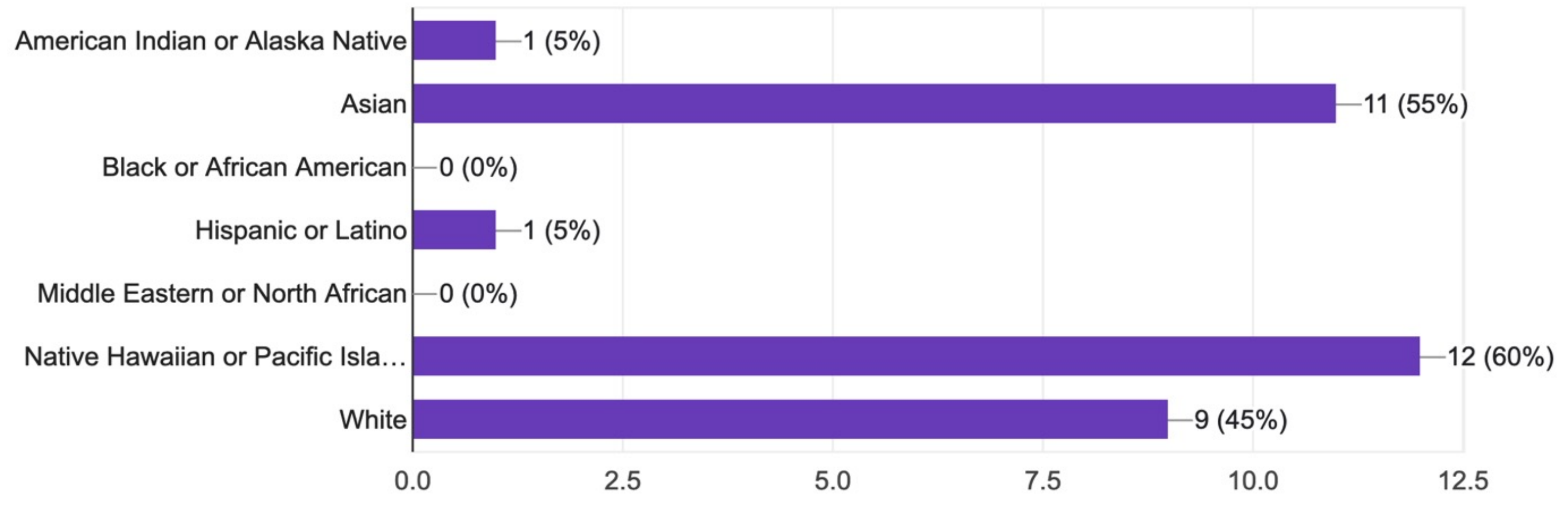
Key informant eligibility criteria included: 1) experience working with NH, PI, or Asian populations; and 2) fluent in English. Two interviewers conducted 30-minute virtual interviews with 20 key informants. Key informants included clinical researchers, physicians, academicians, and community members, who were recruited based on existing networks and snowball sampling. De-identified transcripts were analyzed using Rapid Qualitative Analysis, which included summarizing interviews in key domains on templates, transferring them to a matrix, and generating key takeaways. Institutional Review Board approval was obtained from The Queen's Medical Center, Hawaii.

## RESULTS

**Table 1. Characteristics of Key Informants (N=20)**

| Gender | | Age Ranges | | | Professional Experience working with NH, PI, or Asian Communities | | |
|---|---|---|---|---|---|---|---|
| Female (%) | Male (%) | 18 to 39 years (%) | 40 to 64 years (%) | 65 years & older (%) | 0 to 4 years (%) | 5 to 9 years (%) | 10 years & more (%) |
| 60% | 40% | 25% | 55% | 20% | 15% | 10% | 75% |

**Figure 1. Race/Ethnicity of Key Informants (possible more than one)**



All key informants surveyed stated that improving access to clinical trials would benefit NH, PI, or Asian communities.

Three main areas for increasing clinical trial participation in NH, PI, and Asian populations (details in Table 2):

(1) Providing unique accommodations specific to the community's needs;
(2) Addressing historical trauma and medical mistrust;
(3) Emphasizing potential community benefits of clinical research.

Four key takeaways for communicating with NH, PI, and Asian populations in clinical research are:

(1) Engage trusted leaders and community stakeholders, such as NH, PI, or Asian healthcare providers;
(2) Provide accessible and culturally tailored materials;
(3) Utilize trusted communication channels;
(4) Tailor communication approaches for specific communities.

**Table 2. Details provided by key informants about 3 main areas for increasing clinical trial participation for NH, PI, and Asian populations**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **(1) Provide unique accommodations specific to the community's needs** | Provide materials in native language | Address specific communities by name instead of using general abbreviations | Disseminate information in various formats depending on age demographic (i.e., social media, radio, coconut wireless/word-of-mouth, schools) | Provide resources to support providers in the community (research team, supplies, etc.) | Address geographical barriers (i.e., travel costs, transportation, mobile follow-ups, remote informed consent) | Go where the community is (i.e., church, elementary schools, community fairs, Hawaiian homestead, hula halau, canoe clubs) | | |
| **(2) Address historical trauma and medical mistrust** | Obtain permission from local community leaders and elders | Engage trusted healthcare providers, health agencies, community members, and elders | Provide opportunities to discuss clinical research and learn from others' experiences participating in clinical trials | Tap into the local infrastructure - community health educators and advocates already in the community | Engage a trained liaison to translate, educate, and maintain connection to the community | Provide adequate resources and support for participants and community members | Be familiar and sensitive to the community's clinical research history | Report results back to the community and remain engaged with the community |
| **(3) Emphasize potential community benefits of clinical research** | Gives NH and PI communities a voice in clinical research | Provides greater access to healthcare and novel medical interventions | Inspires rich conversations - Opportunity to learn how to better care for the health of NH and PI people based on study results | Leads to new treatments for future generations | Fosters a pipeline for the next NH and PI generations to pursue careers in clinical research, science or medicine | | | |

## CONCLUSIONS

- Key informants suggested that clinical trial participation can be increased by addressing mistrust, highlighting community benefits, and providing specific accommodations for each community.
- In addition to these three main areas, the key informants conveyed that it would be critical to maintain a long-term relationship with each of the NH, PI, or Asian communities to continue building trust and their involvement in clinical trials.

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