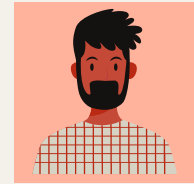
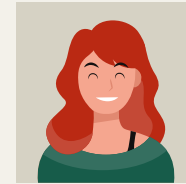
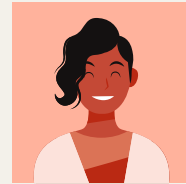
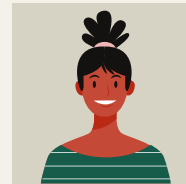


*Behavioral Economics to  
Transform Trial Enrollment  
Representativeness*



Josiah Drakes and Romee Maitra

Adina Lieberman



# Introduction



**Josiah Drakes**

Psychology Pre-medical @  
Xavier University of Louisiana

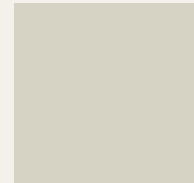
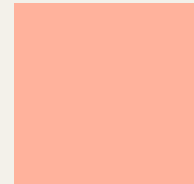
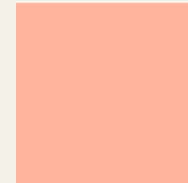
SUMR & GEAR-UP Scholar



**Romee Maitra**

Genetics, Sociology, & Art Major  
@ the University of Georgia

SUMR & GEAR-UP Scholar



01

## BETTER

Background

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## Project One

Aim 1, Aim 2, Aim 3

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## Aim 1 & Aim 3

What are we doing?

04

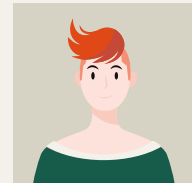
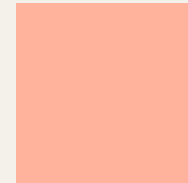
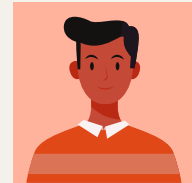
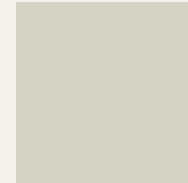
## JRP

What is it and what are we doing?

05

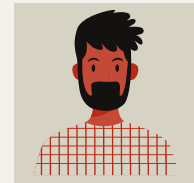
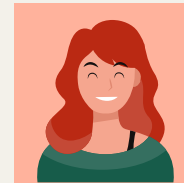
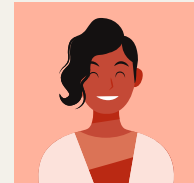
## Takeaways

What did we learn?



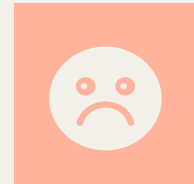
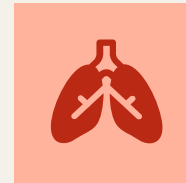
# The BETTER Center Mission

To develop and test behavioral economic interventions that surmount the barriers to randomized controlled trial (RCT) participation faced by disenfranchised racial and ethnic groups, women, persons of low socioeconomic status (SES), and others with or at risk for cardiovascular disease.

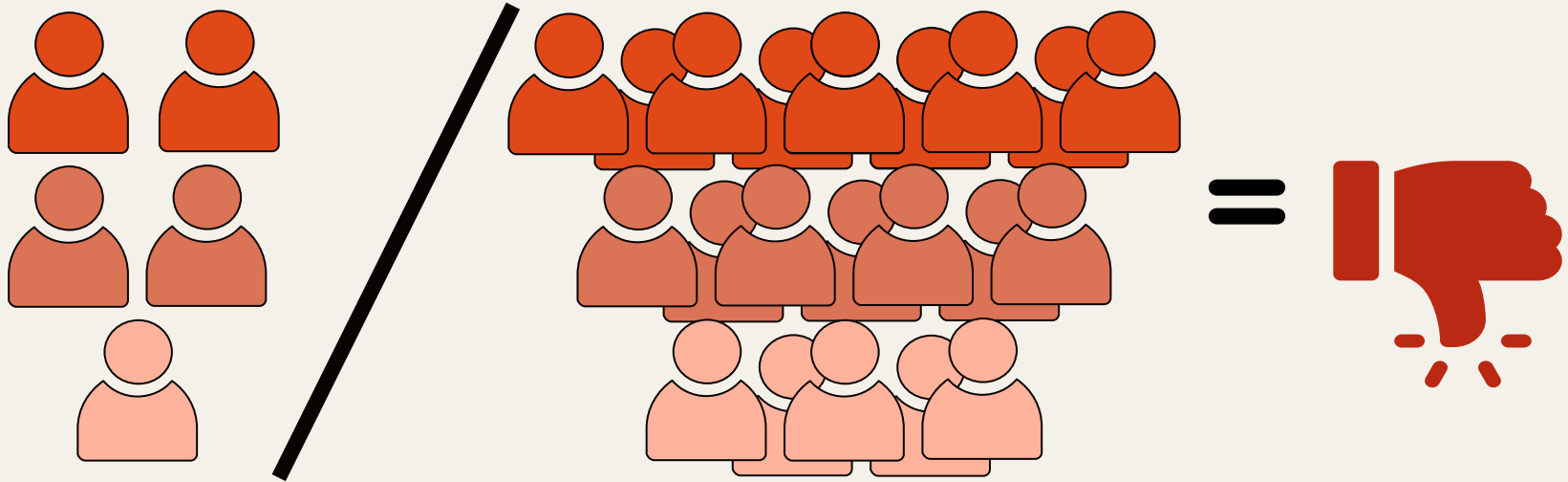


# Background

- Advances in cardiovascular care and outcomes are stymied by difficulty in enrolling and retaining patients in randomized clinical trials (RCTs)
- Enrollment and retention challenges disproportionately affect Black and Hispanic/Latinx people, women, and people living in rural areas, resulting in skewed RCT samples
- Diagnosing and addressing challenges to RCT enrollment and retention for underrepresented groups is of critical importance for cardiovascular research programs.



# In simple terms...



Participation-to-Prevalence Ratio (PPR)

# Trial representativeness: How do we get there?

Incentive	Black Patients	White Patients
\$0	17%	30%
\$200	36%	36%
\$500	46%	49%

- Build trust in medical research and institutions
- Promoting fairness for potential participants and communities
- Generating biomedical knowledge

# Project One: Barriers and Facilitators to Trial Representativeness

## GOAL

P.S. What is Behavioral Economics?

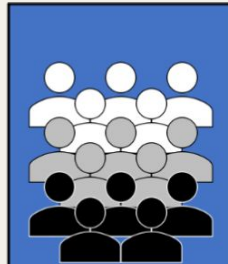
Understand how and when targeted behavioral economic- informed strategies may increase RCT enrollment and retention of people who are Black, Hispanic/Latinx, women, or live in rural settings

Behavioral economics studies the effects of psychological, cognitive, emotional, cultural and social factors in the decisions of individuals or institutions



# Project One

## Approach



Diverse population with / at risk for CVD



### Potential barriers: (current state)

- Lack of information
- Research team composition



### BE facilitation strategies:

- Default enrollment
- Use of mobile technologies



Approached sample with somewhat less representation

## Recruitment



### Potential barriers: (current state)

- Mistrust, discomfort
- Travel-related barriers



### BE facilitation strategies:

- Opt-out consent
- Enhanced active choice
- Financial incentives



Enrolled RCT sample with decreased representation

## Retention



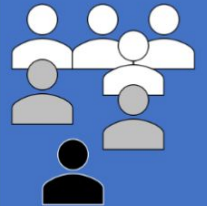
### Potential barriers: (current state)

- Mistrust, discomfort
- Travel-related barriers
- caregiver responsibilities
- Research team composition



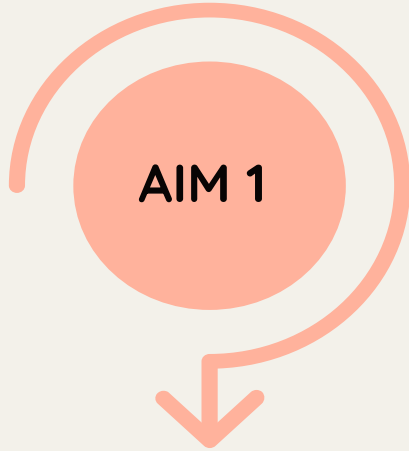
### BE facilitation strategies:

- Financial incentives
- Enhanced active choice
- Transportation support



Final RCT sample with further decreased representation

# Project 1: Barriers & Facilitators of Trial Representativeness



- Systematic review of 2,304 articles



- Review of 92 W2H articles



- Freelistings (80 surveys)
- Discrete choice experiments (150-200 surveys)
- Focus groups (TBD)

# Where do we come in? Aim 1

Using REDCap, we went through 68 RCT studies and characterized each study's recruitment, consent, and financial strategies

Reach out to RCT investigators to follow-up and confirm their recruitment, consent, and financial strategies

# Data Collection: REDCap & Email

## Recruitment Strategies

- Phone call
- Text Message
- Email
- Mailed Letter
- In-person
- Electronic patient portal
- Not specified
- Other

## Consent Strategies

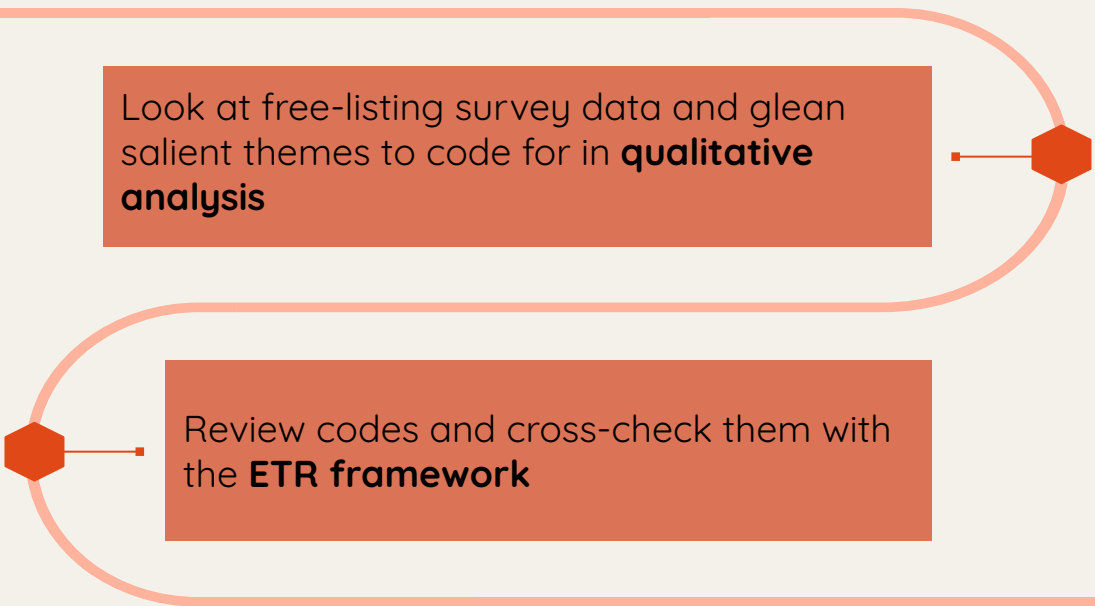
- Opt-In consent
- Opt-Out consent
- Waiver of Consent
- Not specified
- Other

## Financial Strategies

- Direct Payments
- Transportation Payments
- Lottery Payments
- Not specified
- Other
- Did not provide financial incentives

# Where do we come in? Aim 3

Look at free-listing survey data and glean salient themes to code for in **qualitative analysis**



Review codes and cross-check them with the **ETR framework**

# Survey Questions

What should researchers do?

What should researchers not do?

Should researchers pay participants-how much?

# Qualitative Analysis

Themes	Quotes
Communication	“Ease fears, discuss why the study is being conducted, explain it’s voluntary”
Participant centeredness	“Listen to everyone’s opinions”
Education	“Explain to them why research is important and educate them on the types of studies you’re doing”
Recruitment	“Recruit ideal candidates who can give quality feedback and people who will not drop out prematurely”
Compensation	“Compensate people to participate”
Benefit / value of research	“Socialize the study from the achievements that could be made and how they benefit the community”

## Relationships & Networks

- Institution type (e.g., academic vs. community)
- Presence of community partnerships, advisory committees
- Perceived responsibility for contributing to research

## “Physiological” Pathways

- Ability to understand consent forms
- Fears about participating in research
- Importance of access to research opportunities

## Systems of power

- Consent procedures
- Recruitment strategies
- Financial Incentives
- Participation supports (e.g., childcare, transportation)
- Supports participants with limited English proficiency

## Individual Factors

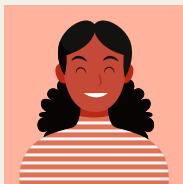
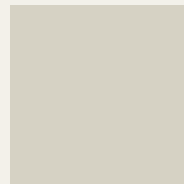
- Socioeconomic status
- Social determinants of health
- Age
- Primary language
- Comorbidities
- Prior research participation
- Experience with racism or discrimination in health care
- Home and work responsibilities

# ETR Framework

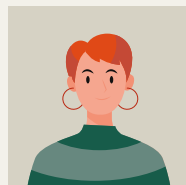
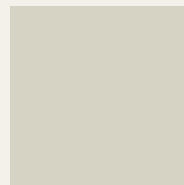
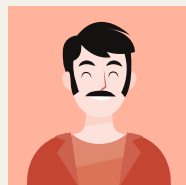




04



**JRP** *Joint Research Practices*



## What is the JRP ?

The Joint Research Project (JRP) is chartered by Center for Health Incentives and Behavioral Economics (CHIBE) and the Palliative and Advanced Illness Research (PAIR) Center.

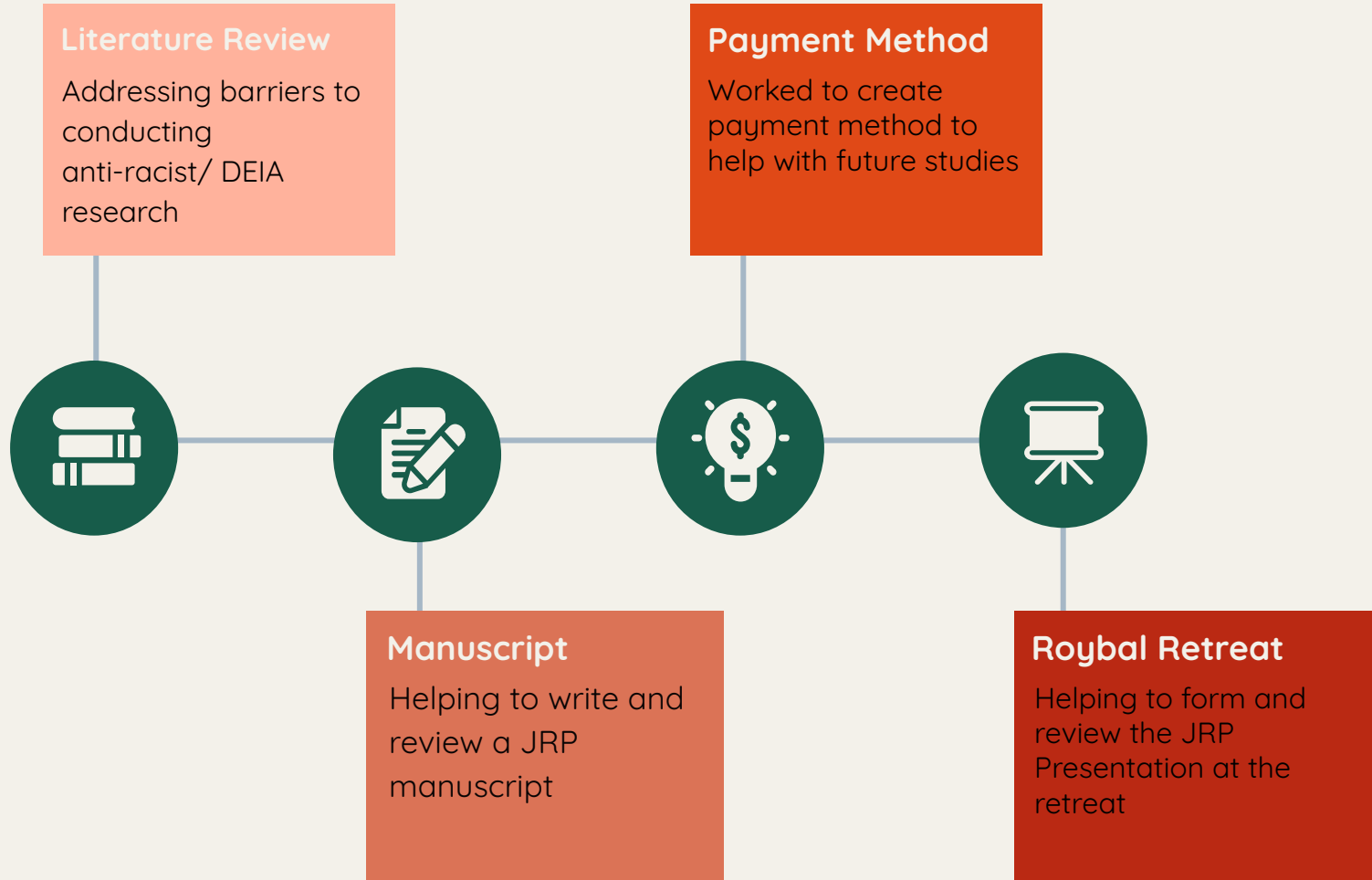
**Mission:**

To promote research conduct based on shared principles of racial justice, equity, and inclusion.

**Objective:**

To develop and disseminate evidence-based, best practices and guidelines for the conduct of inclusive and anti-racist research that advances the science and practice of health equity.

# Our Roles



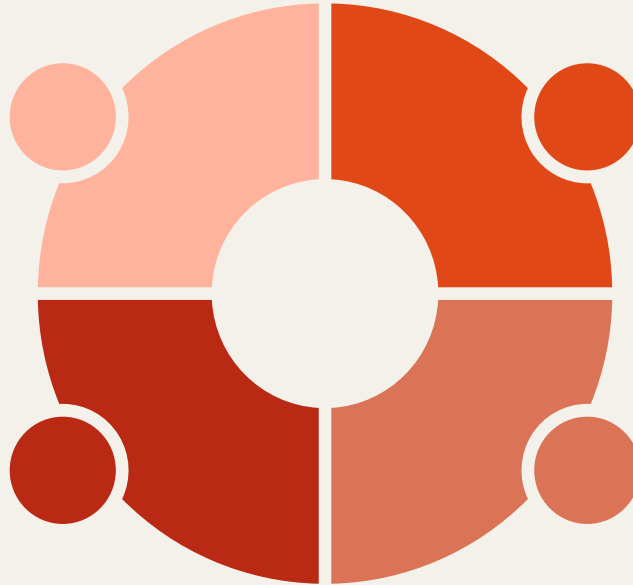
# Takeaways

Importance of working in a team and a research center

How implicit bias can affect quality of healthcare

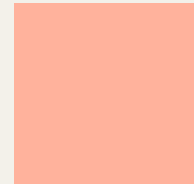
Gained experience in qualitative research

Intersection of Medicine & Research



# THANK YOU

- Erich Dress
- Emma Britez Ferrante
- Jasmine Silvestri
- Maayra Butt
- Shira Blady
- Tamar Klaiman
- Dorothy Sheu
- Dr. Scott Halpern
  
- Joanne Levy
- ChiChi Nwadiogbu



# THANK YOU



**Adina Lieberman**

Managing Director of the BETTER Center; Director for Diversity, Equity, and Inclusion Program Development at the PAIR Center and amazing mentor

