NUFFIELD DEPARTMENT OF
PRIMARY CARE
HEALTH SCIENCES
Medical Sciences Division

UNIVERSITY OF **OXFORD**

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Evaluation of Ethnic Diversity in Departmental Research

We wanted to know about the barriers to inclusion of minority ethnic groups in our research and especially in PPI. We focused specifically on the barriers and enablers for diversifying PPI and in conducting research. The first phase of the project included a department wide survey for staff who are working with PPI contributors or involving members of the public in developing or evaluating research projects. The survey results informed phase two, a collaborative multi-stakeholder workshop.

Key Recommendations for the Department

1. Invest resources and time to build long-term and sustainable partnerships with community groups from ethnically-diverse regions

2. Conduct public engagement work in community settings where ethnically minoritised groups can learn about research and participation

3. Question and address our own assumptions and stereotyping of different ethnic groups, as, for example, being 'hard to reach'

4. Have ethnically diverse representation in research teams and in patient and public involvement

5. Review our research methods and materials to make them more inclusive of different ethnic groups

This study was run with 17 principal investigators and 47 researchers across the department alongside existing PPI contributors and the lay public all of which had ethnic minority backgrounds. The aim of the workshop was to understand people's perceptions of diversity and PPI and to co-produce ideas on how to better involve patients and public from ethnic minority groups in their research. During the workshop we explored what PPI, diversity and equality mean in the context of primary care research and how this aligns within our department.

We analysed data from the survey and workshop to come up with recommendations (highlighted above) for the department as a whole as well as a list of key existing barriers and potential enablers to address these issues.

We hope that the outputs of this evaluation will improve how we organise and conduct research as well as improving ethnic diversity among PPI contributors in on-going and future departmental research.

⚠️ Existing Barriers to Research and Ethnically Diverse PPI

💡 Potential Enablers to Research and Diversifying PPI

Support from senior academics and research organisational culture

Researchers on short-term contracts may not be equipped with the support, time or resources to enable forming partnerships.

→ Invite senior academics to PPI sessions and encourage them to build long-term, reciprocal relationships with community organisations and PPI contributors.

→ Encourage community outreach work by senior academics to help build relationships with ethnic minority PPI and public contributors as these partnerships can be difficult to sustain by researchers on short-term contracts. This needs to be driven by PIs and factored in at the funding application stage.

→ OxTV ARC, along with colleagues at the Oxford BRC, Oxford Health BRC and the CRN, are pilot partners of the new NIHR Race Equality Framework.

→ NIHR Applied Research Collaboration Oxford and Thames Valley have been building a more sustainable network of contacts with communities locally and nationally focusing on more marginalised groups such as ethnic minorities and individuals living with homelessness. This work has facilitated the inclusion of ethnic minority community members within the vaccine hesitancy work in the University through Egality Health and our connections with Groundswell have efficiently enabled inclusion of the local homeless shelter and supporting GP surgery in the pulseoximetry project. This network is also actively supporting researchers in the department to access specific groups to inform and be involved in their projects.

Mistrust between ethnic minority communities and researchers

Historical injustice and exploitation of racialized minorities in health and medical research. Societal influences: Islamophobia, anti-Blackness, anti-immigrant, public sentiment and discriminatory national policies affect people's attitudes towards research as well. Oxford University is seen as exclusive and elitist.

→ Provide training to researchers and senior academics on cultural competency.

→ Involve PPI contributors in designing inclusive adverts.

→ Include clear statements encouraging diverse participation in research.

→ Reflect on our own assumptions about ethnic minority inclusion and involvement (e.g. they are 'hard to reach'); and our own discomfort about approaching and working with minority ethnic groups.

→ Educate all staff about the important history of unethical medical practice on racialised groups and racism.

Lack of education around research

Not enough investment in public outreach activities that educate people about research, especially in areas with high densities of ethnically minoritised people.

→ Explain clearly how ethnic minority involvement in a PPI panel can make a difference to the research study.

→ Highlight the positives for ethnic minority participants / PPI of being involved in research and why representation matters (this is especially important for conditions that affect some groups more than others).

→ Provide mentoring opportunities for minority ethnic PPI contributors, and opportunities for training.

Lack of ethnic diversity among researchers

Limited range of perspectives in the study team may miss important variation in health experiences (e.g. having male-only study teams in the past meant women's health was neglected/ignored).

→ Have an ethnic minority PPI staff representative in the department.

→ Nominate or encourage researchers to become departmental champions (both ethnic minority individuals and otherwise) who actively build departmental networks with local communities.

→ Pay close attention to conscious or unconscious biases when new research staff are recruited.

Language barriers

English may be a second language; even those for whom English is a first language often face problems with jargon.

→ Include researcher(s) with the relevant language skills in the research team or community groups who can help with translation (Recent publication on this here).
→ Have the provision of an interpreter required on patient information sheets.
→ Include costs for interpreters to help translate patient information sheets.
→ Include images of minority ethnic people in recruitment adverts/notices.
→ Advertise in multiple languages.
→ Show video adverts in addition to sending patient information sheets.

Digital exclusion of ethnic minority groups

Often combined with significant factors including lower income households and low levels of digital literacy.

→ Provide data packages as part of remuneration.
→ Work with family members who do have access to and understanding of technology (relevant for multi-generational households).

Inaccessibility

Advertising sometimes happens in spaces that aren't accessed by ethnic minorities including PPI websites and/or online PPI mailing lists.

→ Targeted recruitment.
→ Community based social media (e.g., app Nextdoor).
→ Wider advertising - using places such as religious centres, local shops, community centres, hairdressers, and schools to advertise studies.
→ Connecting with GPs and other healthcare professionals from varied ethnic minority groups to access their ideas and networks.

Insufficient follow-up after PPI contributions

Lack of closure and understanding around what engagement has led to in the study.

→ Feedback research findings to PPI contributors at the end of the study in a range of languages, if relevant, on how their specific contribution helped.
→ Consider disseminating findings in community and faith centres, and on community radio stations / TV channels.