Justice and equity in pragmatic clinical trials: Challenges & recommendations

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NPTs for pain management: an opportunity and challenge

- Dynamic interaction of factors within and across the biological, psychological and social domains of pain
- Experiences under any one domain (e.g., history of racial or sexual harassment and discrimination) can have broad biological, psychological, and social effects
- Non-pharmacological treatments (NPTs) for pain often seek to address pain in an integrated way, acknowledging its multiple influences
- Negative experiences with health systems can interfere with some groups' participation in pain PCTs, the delivery of NPTs, and pain recovery

Challenge #1: Study Context & Design

- Example Challenge:
 - Potential for biases, prejudices, and inequities to transfer from health systems to PCTs
- Example Mitigation Strategies:
 - Understand, prospectively, community attitudes and beliefs regarding a health system and how these might transfer to aspects of trial implementation (e.g., experiences with pain treatment in VA, sexual harassment in VA)
 - Develop, share, and enforce standards for equity and inclusion across the study team and supporting personnel

Challenge #2: Participant Recruitment and Retention

- Example Mitigation Strategies:
 - Choose settings where potentially excluded populations are represented
 - Racial/ethnic minoritized patients concentrated in certain healthcare facilities
 - Identify potential barriers to trial participation prospectively
 - Create and include patient engagement groups as part of the research team who can review and offer feedback on recruitment methods and materials
 - Include within recruitment materials culturally sensitive and specific images and language that include populations experiencing lower access to care or other known disparities within the study's health system
 - Consider proactive outreach: systems-level strategy of identifying and reaching out to patients with tailored materials, to connect them to treatment
 - Can address barriers of awareness, engagement, interest, knowledge, mistrust

Challenge #3: Study Interventions

- Example Challenge:
 - Interventions that do not align well with contextual needs or strong preference of certain patient populations
- Example Mitigation Strategies:
 - Identify multiple strategies (e.g., individual and group-delivered interventions, condensed treatment schedules, multi-lingual therapy) to facilitate intervention delivery for different types of patient populations.

Challenge #4: Stakeholder Engagement

- Example Challenge:
 - Limited racial, ethnic, and ability diversity among providers, investigators, and study staff
- Example Mitigation Strategies:
 - Use known strategies to attract and engage investigators from underrepresented groups
 - Engage with diverse patient groups who can review and offer feedback on study design and implementation choices
 - Invite patients who represent a study population formally to be members of the research team
 - Offer structural competency and cultural sensitivity training for research and healthcare staff involved in PCTs

Example: LAMP – PCT of two approaches for delivering mindfulness-based interventions to VA patients with chronic pain

- Focus on addressing needs of women Veterans
 - Experience higher rates of pain and conditions that contribute to pain (e.g., anxiety, depression, PTSD, sleep disorders, history of past trauma)
 - 24% of female Veterans experienced sexual harassment in VA
 - 15%-40% experienced military sexual trauma
- Women Veterans reported feeling uncomfortable with group mindfulness format (Martinez, 2015)

Strategies used by LAMP





- Ongoing input from diverse Veteran and Stakeholder Engagement Panel & input from PMC Patient Resource Group
- Choose sites with higher percentage of minoritized patients (also more likely to be younger and female)
- Proactive recruitment; reached out to patients through EHR using tailored materials
 Adaptations to intervention
- Included MBI without group component; pivoted to online group sessions
- Guided meditations recorded in female voice
- Interventions trauma-informed (e.g., shorter guided meditations, participants encouraged to do what felt safe, 2nd facilitator trained to monitor and provide support)

More Work Needed

 To develop measures and evidence related to understanding the impact of various inequities on PCTs

 To develop and test interventional strategies that address some of the psychological and social factors bridging both the experience of pain and the experience of inequity