

BRC / CRF Inclusion Conference

Dr. Esther Mukuka
NIHR Head of Research Inclusion
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Inclusion

NIHR research identifies areas of under-representation, builds research capacity, and collaborates with the public to address health and care inequalities

Inclusion enhances research impact. To address the needs of the public and enable better targeted and more cost effective health and social care, our research must be representative and inclusive. NIHR research provides evidence to understand populations that are under-served by health and social care research. We build relationships, resources and research capacity across under-represented communities and professions, and deliver evidence in collaboration with the public and health and social care system to enable implementation.

| The NIHR Research Inclusion Strategy 2022-2027



NIHR builds research capacity in under-represented communities

Our **evidence-based approach** is delivering strategies that increase capacity for research in under-served areas. This groundwork will enable the successful delivery of research, in partnership with communities, building trust and engagement that will subsequently increase participation in studies and the translatability of findings.

Research Ready Communities

Capacity building projects in targeted locations since 2022 through our Research Ready Communities programme, have led to:

- New relationships with 27 communities across 15 regions of the country, and
- Over 60 local organisations working in partnership with researchers for the benefit of their communities.

Research Champions

- 262 trained Research Champions
- 106 Community Champions, and
- 54 Dementia Research Champions

were recruited from the public in 2023/24. The Champions are raising awareness of research opportunities, co-creating community engagement activities and diversifying research participation.

Training

NIHR Academy delivering researcher training to attract and support underrepresented groups into a research career, including a focus on nurses, midwives, allied health professionals (AHPs), healthcare scientists and pharmacists.



Ensuring research takes place where need is greatest, and recruits from relevant groups for scientific impact

We focus on ensuring that research takes place involving diverse communities, and is geographically spread across the nation. By facilitating inclusive research in the areas of greatest need, we work to ensure NIHR research helps to reduce health inequalities and leads to increases in healthy life expectancy. The **three themes** below guide our work to improve research inclusion for under-served communities.

Funding

We are focusing on building research capability in regions with less developed research infrastructure and on ensuring that under-served communities' inclusion is emphasised in our commissioned research calls. This work will ensure that regional disparities in health can be addressed.



Training

Researcher training specific to inclusion of underserved populations, and regions with rural and coastal geographies will ensure that protocols are designed inclusively. We will work with regulators and devolved administrations to ensure this training is shared widely where appropriate via the NIHR's Learning Management System.



Participation

We will work to assess gaps in our data, ensuring that we know who is taking part in research. Insights relating to the demographic diversity of the population will be made readily available to researchers to guide research design, and ensure that appropriate sites can be selected.





The case for inclusive research



Research is not currently serving those most in need

Participants aren't those who need research most (Bower et al, 2020)

- Participants in heart failure research: 20 years younger than patients
- Participants in diabetes research are not ethnically diverse

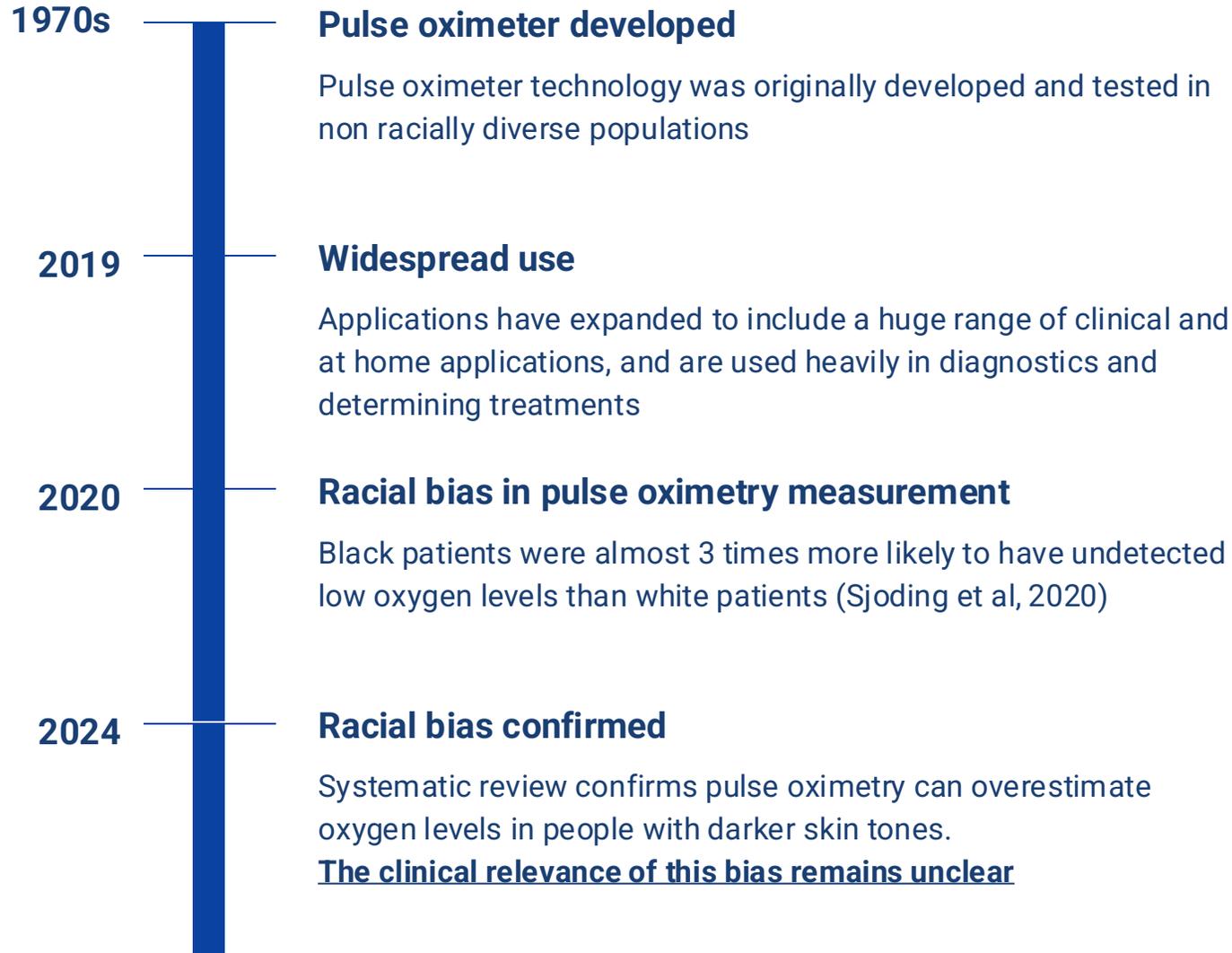
This results in problems, including:

- benefits and side effects of research may not translate to real-world populations or settings
- new treatments, services or initiatives may not be deliverable or applicable to all groups
- important findings specific to different populations may be overlooked
- health inequalities are maintained or increased

Why?

Research is not designed and conducted inclusively

Example: Racial bias in pulse oximetry



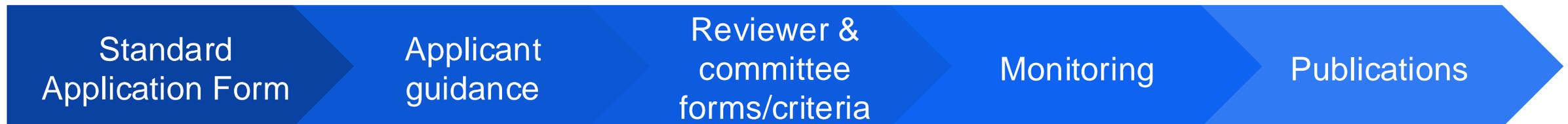
Summary of new process requirements

There are **2 KEY** features of the strategic change:

1. That inclusive research design becomes an explicit condition of funding
2. That applicants are required to specifically cost for these inclusive design components

Applies to **Domestic awards, all programmes (from Nov 2024)**: *rolled out with One NIHR system*

The following processes will be impacted and have been amended accordingly:



| Inclusion as a condition of funding: Infrastructure Awards

2024/2025 - New requirement to be introduced for new NIHR domestic programmes from November 2024

2026/2027 - Phased approach to incorporate requirements into future Infrastructure awards. Equality, diversity and inclusion will need to be embedded throughout the application and costed, in order for an award to be made

| Inclusion across NIHR Infrastructure

In 2022 we introduced inclusion strategies as part of our requirements for infrastructure awards.

The annual reporting process:

- demonstrate progress in terms of embedding EDI across BRCs and CRFs
- Strongest examples approach EDI in a systematic way, with a clear evidence informed rationale for actions, clear metrics and strong governance
- Diversity data is foundational

| Demographic data - evidencing inclusion

A key component of understanding how and where NIHR funded infrastructure is addressing health inequalities related to demographic diversity data.

Relevant data might include:

- relating to protected characteristics
- relating to the social determinants of health (i.e. housing, employment, socioeconomic status)
- relating to access to care



Questions?

