

US asthma researchers more open than UK scientists to the inclusion of ethnic minorities

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New findings reveal a large gap between US and UK researchers in terms of policy, attitudes, practices and experiences in relation to including ethnic minorities in asthma research. The study, published this week in the open access journal *PLoS Medicine*, shows that US researchers were more positive than their UK counterparts about the importance and logistics of including ethnic minorities in health research.

Aziz Sheikh from The University of Edinburgh and colleagues interviewed 36 researchers (19 from the UK and 17 from the US) from diverse disciplinary backgrounds and followed these with self-completion questionnaires. They also spoke with ten community leaders from a range of ethnic, religious and linguistic backgrounds to get the views of the communities themselves. The researchers were interested in exploring the attitudes of individuals from both countries as minority ethnic people are more likely to enroll into US asthma studies than into UK studies, partly because the US National Institute of Health's (NIH) Revitalization Act 1993 mandates that all NIH-funded clinical research must include people from ethnic minority groups. There is no similar policy in the UK.

The research demonstrated key differences in the attitudes of UK researchers when compared with their American counterparts. Although many of the researchers from the UK were supportive of the need to include ethnic minorities in research, a large number were reticent about the need for such a measure. Reasons for this unwillingness fell into



three main categories: researchers were either unconvinced about the scientific importance of such positive discrimination; they were deterred by their own stereotypes and assumptions about ethnic minorities; or they encountered practical difficulties to including these groups, such as language barriers, their own lack of understanding about the other cultures and cost implications.

The American researchers however had a much more positive view of inclusive recruitment methods, seeing them as a natural and vital part of their work. Professor Sheikh and his team concluded that a key reason behind this difference is that the NIH actively demands that 'minority groups and their sub-populations be included in any NIH-supported biomedical and behavioural clinical research' whereas in England no such policy among funding bodies exists.

Professor Aziz Sheikh, from The University of Edinburgh says: 'The crucial question from a policy perspective is whether the UK needs or is indeed ready for a NIH type policy on recruitment of minority ethnic groups. This work demonstrates that such a policy would be unpopular in the UK. However, the US example suggests that if introduced appropriately, initial resentment can give way to conviction and a change of attitudes.'

Dr Elaine Vickers, Research Relations Manager of Asthma UK, the funder of the study, says, "Britain is an ethnically diverse country and in order for new treatments to be effective for everyone, it is crucial that this diversity is represented in those taking part in scientific research.

"It is already well established that clinical trials should be representative in terms of age and gender in order to make the data more robust and dependable. Cultural background is just as important."

More information: Sheikh A, Halani L, Bhopal R, Netuveli G, Partridge



MR, et al. (2009) Facilitating the Recruitment of Minority Ethnic People into Research: Qualitative Case Study of South Asians and Asthma. PLoS Med 6(10): e1000148. doi:10.1371/journal.pmed.1000148

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