

Title: Building Partnerships to Improve Clinical Trial Accrual in Rural and Native American Communities through Community Health Educator Interventions

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Scientific Abstract:

Introduction. Rural populations and racial minorities are often underrepresented in cancer clinical trials. The low representation is determined by multilevel factors, including lack of geographic access to facilities in rural locations and mistrust in the medical and scientific community. - Presented here are partial results of an educational intervention to improve clinical trials-related knowledge among rural residents and racial minorities.

Methods. The Center to Reduce Cancer Health Disparities (CRCHD) from the National Cancer Institute (NCI) developed the study materials, that were available in English or Spanish, to be utilized according to participants' preferences. The University of Wisconsin Carbone Cancer Center implemented this intervention in northern Wisconsin, which consisted of a baseline questionnaire, a recorded educational intervention, and a post-educational questionnaire. The chosen community is largely rural and Native American. The questionnaires consisted of 11-knowledge- and 6-intention-related questions. After being screened by the rural Community Health Educator (CHE), subjects self-administered the intervention online or received the intervention from the CHE during tribal or other educational group events in a rural community.

Results. Between January and May 2024, 62 participants started the intervention. Participants' mean age was 45.1 (± 15.36) years, 64.5% (40/62) were female, and 53.2% (33/62) self-identified as American Indian/ Alaska Native. All resided in rural community, defined as Rural-Urban Continuum Codes 7 and 8. Three participants did not respond to the post-educational questionnaire, and one skipped its intentions section. Although the two questions about informed consent presented the highest percent of correct answers post-intervention, the median total knowledge score pre and post-intervention remained the same ($p > 0.05$). Post-intervention, participants more often agreed it is important for minority groups to participate in clinical trials, reported being likely to search for a clinical trial they might be eligible for, join a clinical trial, and talk to family/friends about joining a clinical trial ($p < 0.05$).

Conclusions. The CHE successfully engaged rural community members to participate in the intervention. In addition, the intervention facilitated building trust and partnerships for future cancer-related community driven work.

Written Lay Abstract:

Increasing clinical trial involvement of rural and Native Americans.

It is important to include minority populations in clinical trials so we can learn about their unique needs and situations. For example, some groups may have a hard time going to clinics for treatment because they live in a remote area, or because they do not feel safe with doctors or researchers. Rural populations with these barriers may also not join clinical trials.

For this study, the researchers gave online or in-person training to educate rural and minority groups about clinical trials. This educational training was created by the Center to Reduce Cancer Health Disparities from the National Cancer Institute. 62 people took the training in northern Wisconsin. All the people in this study lived in rural communities, and 33 identified as American Indian or Alaska Native. Their knowledge about informed consent in clinical trials increased from the training, but other knowledge about clinical trials did not. They also had greater intention to join or discuss a clinical trial after the training.

This study tells us that this educational training from the Center to Reduce Cancer Health Disparities can help involve rural communities in research. This educational training supports trust and partnership between cancer researchers and rural communities. Future studies can look to involve rural communities more in cancer research.

Visual Lay Abstract:

Increasing clinical trial involvement of rural and Native Americans

Community health educators can provide education to **build partnerships** with rural communities.



Researchers **provided education on clinical trials** from the Center to Reduce Cancer Health Disparities. 62 people from rural and Native American communities in northern Wisconsin did the education.

What's next?

This educational training can improve involvement of rural and Native American groups in future studies.

What did we find?

After the education, rural and Native American individuals were more likely to want to be involved in clinical trials.



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