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The Influence of Education and Religion on the Perceived Benefit of Two Resources for Enrollment in Clinical Trials

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The Influence of Education and Religion on the Perceived Benefit of Two Resources for Enrollment in Clinical Trials

Abstract

This study presents the data gathered from surveying 187 individuals and compares the answers to two questions using religion and education as qualifiers. Individual patients were surveyed at four different Family Practice clinics and completed surveys were collected and data was analyzed. The mean, median, and mode were taken for two questions regarding possible available information sources during clinical trials from questions from the survey. Each question allowed survey takers to select from 0 to 4. Further statistical analysis was done to see possible differences in choice based on religion and level of education from questions in the survey. Religious choices were summarized into two possibilities as was level of education. Student ttests were done to ascertain whether or not significant differences were present.

Background

As innovations in medicine become more and more common, the practice of conducting clinical trials does as well. Woman as well as those of a minority race are often do not participate in clinical trials in correct numbers to accurately represent the population. These disparities result from influences they may stem from the patient or the provider. Often patients are afraid of trials and prefer not to take part. Doctors have been found to select preferentially for their trials as well. However, much less attention has been placed on other demographic factors such as education and religious belief compared to This is what the study incorporates in part, to understand what previously ignored factors may be truly important.

Having different forms of resources available affects whether or not some people are willing to enroll in a clinical trial. Possible resources include brochures, dvds, support groups, and translated materials. The study includes two other resources; the availability of a former clinical trial enrollee and whether or not there is a medical interpreter. From this, further steps are taken to utilize the previously mentioned demographics and compare their choices.

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Results



Distribution of

■8th grade or less

- Some high school,but did not graduate
 high school graduate or
- GED Some college or 2 year
- degree ■4 year college graduate
- More than a 4year college degree
- Masters degree
- Professional degree
- Doctoral degree

Answers to question 2L3 separated Answers to question 2L6 separated by category by category

Catego ry	Education		Cate gory	Relig ion	Relig ion		Categor y	Education			Categ ory	Religi on	
Answer	<2	<u>≥</u> 2	Answ er	<2	<u>≥</u> 2		Answer	<2	≥2		Answ er	<2	<u>≥</u> 2
Did not reach four years of college	31	103	Chris tian	27	113		Did not reach four years of college	50	82		Christ ian	42	97
Had at least four years	6	47	Othe r Relig ion	10	37		Had at least four years of college	18	3 7		Other Religi on	16	22
college							Total	68	1		Total	37	150
Total	37	150	Total	37	150				9				

T-Tests for comparison of answers for two different subcategories of two categories for question 2L3

	9						Catago	TToot	Signifi	Other	Cotog	Т	Signif	research could add an add
Categor ies for compar ison	T-Test p value	Signifi cance	Other Religi on	Categ ories for comp arison	T- Test p value	Signif icance	ries for compa rison	p value	cance	Relig	ories for comp ariso n	Test p valu e	icanc e	contract explicitly stating decide to enroll. The cont allay issues that the patien they had signed up for
Less than 4 years of college educati on Had at least four years of	0.185	No signifi cant differe nce		Christ ian	0.53	No signifi cant differe nce	Less than 4 years of college educati on Had at least four years	0.746	No signifi cant differe nce		Christian	0.59 9	No signif icant differ ence	REFERENCES Butler, K. L. (2007) African Americans' participation in clinical resear and solutions. <i>The American Journal of Surgery</i> , 32-39. Coakley, M., Fadiran, EO., Parrish, L.J., Griffith, R. A., Weiss, E., &Car Dialogues on diversifying clinical trials: Successful strategies for eng. Corbie-Smith, G., Thomas, S. B., Williams, M. V., & Moody-Ayers, S. J beliefs of african americans toward participation in medical r Giuliano, A., Mokuau, N., Hughes, C., Tortolero-Luna, G., Risendal, B Stevens, W. (2000). Participation of minorities in cancer research: th Noah, B.A. (2003). The participation of underrepresented minorities American Journal of Law & Medicine, 29:221-245 Murthy, V.H., Krumholz, H.M. & Gross, CP. (2004) Participation in c Race-, sex-, and age-based disparities. JAMA. 291 (22), 2720-2726
college							of college					AP	ASSI	ON FOR BETTER MEDICINE.



Surveys were handed out by summer research scholars at 4 locations, Bethlehem Family Medicine, Community Health and Wellness Center, Lehigh Valley Family Center, and Lehigh Family Medicine Associates. The surveys were available in both English and Spanish. Chinese surveys in both traditional and simplified were also created but none were yet collected. Patients 18 years of age and older were asked to participate in this survey that also served as consent. In total, 198 surveys were collected from the four locations. Omitting surveys with too multiple incomplete portions, 187 were used for analysis. The mean, median, and mode were found for the questions regarding contact with a former participant and availability of a medical interpreter. The data for the questions was then further analyzed based on answers to the questions regarding level of education and religious beliefs. T-tests were done after categorizing the education choices into reaching less than 4 years of college and reaching 4 or more years of college.

T-Tests for comparison of answers for two different subcategories of two categories for question 2L6.

Methods

Conclusion

The results show that on average people feel that having the chance to meet a person who had taken part in a clinical trial would be more influential in helping them decide to take part in a clinical trial when compared with having the aid of a medical interpreter. Furthermore, the T-Tests show that although they are considered factors in clinical trial enrollment, religious beliefs and education have no significant differences when comparing the answers found by separating each category into two different groups.

While this data seems to contradict the idea that these two factors are in fact influential to choosing whether or not a person will enroll, it must be taken into consideration that these two questions in general do not rely on religion or education. The acceptance or desire for information is not affected by what level your education is. While this particular sample did not show the influence of education level and religion, the willingness to enroll is very often affected.

A limitation to this study can be seen in the fact that only four clinics were selected to participate and were located in close vicinity to each other. The limited population may have skewed the results. as less opportunity was available for trends to become significant. Another limitation is that not all surveys were answered completely, further changing the results. Future research could add an additional question such as whether or not having a contract explicitly stating the processes that will occur will help participants decide to enroll. The contract would serve to hold the doctors to standards and allay issues that the patient may have towards possible deviations from what

> al research: importance, barriers, E., &Carter, C. (2012). For engaging women and minorities in clinical trial. Journal of Women's Health, 21 (2), 713-716 Ayers, S. (1999). Attitudes and nedical research. *Journal of General Internal Medicine*, *14*(9), 537-546. Sendal, B., Ho, R., & McDCaskillearch: the influence of structural, andlinguistic factors. *Annals ofEpidemiology, 10(8 Suppl)*, S22-S34

ities in clinical research.

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