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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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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.

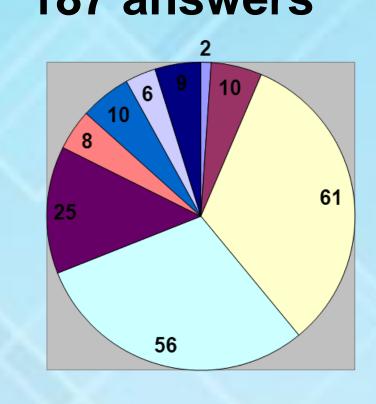
Background

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.

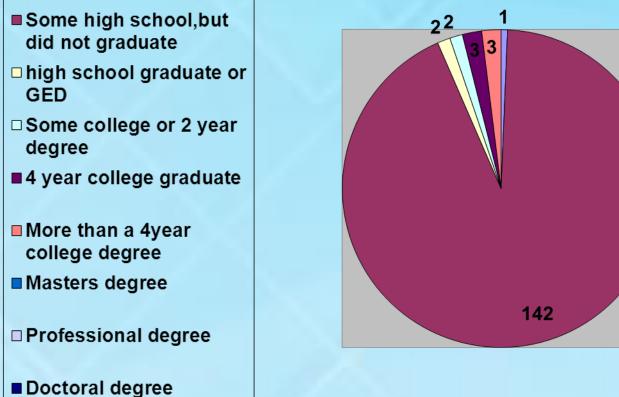
Having different forms of resources available affects whether or not some people are willing to enroll in a clinical trial. Possible resources include brochures, dvds, support groups, and translated materials. The study includes two other resources; the availability of a former clinical trial enrollee 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.

Results

Distribution of answers to question 3P from 187 answers



Distribution of answers to question 3S from 187 answers



■ Christian Other

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

Catego ry	Educat	ion	Cate gory	Relig ion	
Answer	<2	<u>≥</u> 2	Answ er	<2	<u>≥</u> 2
Did not reach four years of college	31	103	Chris tian	27	113
Had at least four years of college	6	47	Othe r Relig ion	10	37
Total	37	150	Total	37	150

by category

Categor y	Education	on	Categ ory	Religi on	
Answer	<2	<u>≥</u> 2	Answ er	<2	≥2
Did not reach four years of college	50	82	Christ ian	42	97
Had at least four years of college	18	3 7	Other Religi on	16	22
Total	68	1 1 9	Total	37	150

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

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
Less than 4 years of college educati on Had at least four years of college	0.185	No signifi cant differe nce		Christ	0.53	No signifi cant differe nce

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

Catego ries for compa rison	T-Test p value	Signifi cance	Other Relig ion	Categ ories for comp	T- Test p valu	Signif icanc e
				ariso n	e	
Less than 4 years of college educati on	0.746	No signifi cant differe nce		Chris tian	0.59	No signif icant differ ence
Had at least four						
years of college						

Methods

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.

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 they had signed up for.

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