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About the Author

Mindy Ma received a B.S. in Psychology from Brown University (1993), and an M.S. (1997) and a Ph.D. (1999) in Clinical Psychology from the University of Miami, with a concentration in health psychology. She publishes in the areas of HIV, cardiovascular disease, posttraumatic stress disorder, misconduct in children, and depression. She has received research grants from the National Institutes of Health, the Centers for Disease Control and Prevention, the American Psychological Association, and the American Headache Society to support her research. She is Assistant Professor in the Division of Social and Behavioral Sciences. /p>

Participation of Ethnic and Racial Minorities in Health Promotion Research

by Mindy Ma, Ph.D.

Despite the importance of including participants from ethnic and racial minority groups in research, and attempts by funding agencies to mandate adequate inclusion of minorities, there continues to be under-representation of minority groups in medical and behavioral medicine research. Difficulties recruiting individuals of ethnic and racial minority status in research can result in samples that are too small for conventional analyses, limit conclusions drawn from studies, and diminish the ability to improve health for minority populations. For example, results from the first phase III efficacy trial of a HIV vaccine indicated that the vaccine was not efficacious in preventing HIV infection for the overall study sample. However, protective efficacy was reported to be 66.8% among Black, Asian, and mixed-race participants, and 78.3% among Blacks alone. Because 86.0% of the study sample comprised of White participants, the trial lacked sufficient statistical power to draw conclusion regarding vaccine efficacy and immunologic responses among ethnic/racial minorities (1-2).

Several variables have been identified as facilitators of research participation for ethnic/racial minorities. Studies in genetics (3), HIV prevention (e.g., 4-5), cardiovascular health (6), and general assessments of community views (e.g., 7-8) have associated greater willingness to participate with less mistrust, fewer health-related fears, greater perceived benefits (benefits to the community or personal incentives), altruism, greater health risks, knowing someone with the illness under investigation, and lacking knowledge of the Tuskegee Syphilis Study. These findings are consistent with first-hand experiences of investigators in the field, which suggest that efforts of the research team to immerse themselves in the community, actively engage community members, leaders and gatekeepers, and provide education about study details, are effective for gaining trust and enhancing recruitment (e.g., 9-10). In addition, investigators may

provide information that addresses health-related fears of study candidates and effectively communicate the benefits of research participation for potential volunteers and the community. Messages that focus on the potential of research findings to improve quality of life for specific segments of the community may stimulate altruistic intentions for the targeted population.

There is a need for further systematic research of the factors that predict study participation, and the implementation of empirically-based strategies for enhancing recruitment. To date, studies of willingness to participate have primarily focused on African American samples. Given the history of research-related ethical violations involving African Americans, the perspectives of African Americans are central to understanding barriers and facilitators in research participation. However, expanding willingness research to other ethnic and racial minority groups will enhance the understanding of how sociocultural differences between groups may contribute to decisions regarding participation.

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