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Poor recruitment and retention of minority populations in clinical research, and clinical trials in particular, continues to be a significant barrier in the reduction of health disparities. Although we have been successful we realize that there are few best-practice guidelines which have systematically outlined successful strategies to promote and sustain successful recruitment and retention of minority populations. This application was prepared in response to RFA-MD-11-005, NIMHD Resource-Related Minority Health and Health Disparities Research (U24). This proposal will specifically address focus “(a) Bioethics Research Infrastructure Initiative”. Our goal is to integrate and expand existing resources to refine and support a comprehensive multidisciplinary program to enhance clinical trial recruitment and retention of minority individuals. This program will be lead by a partnership between the Community Engagement Core Resource of the Irving Institute for Clinical Translational Research (ICTR; UL1 RR024156) and the Northern Manhattan Center of Excellence in Minority Health and Health Disparities (NOCEMHD; P60 MD000206). NOCEMHD also includes the Northern Manhattan Center of Excellence for Comparative Effectiveness Research (CER) to Eliminate Disparities (NOCERED; P60 MD000206PI-08S1). The CECR, NOCEMHD, and NOCERED currently conduct and support recruitment of minorities for clinical trials, and are central resources for minority recruitment in research in Northern Manhattan. We will call this proposed program the Northern Manhattan Initiative for Minority involvement in Clinical Trials (NIMICT). The specific aims (SA) of NIMICT are: 1) Develop, pilot, and evaluate a toolkit of “Best Practices” (instruments and procedures) for the conduct of successful recruitment and retention of racial and ethnic minorities in clinical trials; 2) Expand and refine innovative recruitment strategies recently implemented at CUMC for general research for use in minority recruitment and retention in clinical trials, including a community health worker program and a health literacy program; 3) Building on the experience from SAs 1,2 and in collaboration with relevant stakeholders, NIMHD, and other national centers, disseminate the experience of our initiative and seek consensus to develop local and national guidelines for recruitment and retention of minorities in clinical trials. As part of the cooperative agreement, we expect significant collaboration with NIMHD and with other programs in the country with a similar focus.
