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Implementing a protocol for a feasibility study investigating an early, personalised, follow-up programme of care for people after minor stroke.

Questions relating to equality, diversity and inclusion.

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- 2-armed
- Randomised
- Mixed-methods
- Single-centre

Feasibility outcomes

- Recruitment
- Adherence
- Retention

Recruitment - All participants with minor stroke from HASU and RAC

Eligible (n= xx)

Did not meet inclusion criteria (n=xx), reasons for exclusion

Did not consent (n=xx), reasons for non-consent

Consent and baseline measurement

Randomisation

Intervention

Personalised follow-up appointments + standard care

Control

Standard care

2-week follow-up appointment

6-week follow-up appointment

12-week outcome measurement

13-14 week qualitative interviews

Do my participants reflect the local demographic?

London was the most ethnically diverse region

- 46.2% of residents identified with Asian, black, mixed or ‘other’ ethnic groups, and a further 17.0% with white ethnic minorities

2021 Census data for England and Wales: https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest

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Recruitment

(started 24/07, 21 participants, target is 62)

ETHNICITY	NUMBER OF PARTICIPANTS	PERCENTAGE OF PARTICIPANTS
White British	8	38%
White other	3 (Romanian, Polish, Irish)	14%
Black / African / Caribbean/ Black British	6	29%
Asian / Asian British	2	9%
Mixed /multiple ethnic background	1	5%
Any other ethnic group including Arab	1	5%
Prefer not to say	0	0%

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- … socio-economic deprivation, low levels of education are risk factors for stroke.

- People with limited English proficiency face barriers to equitable health care.

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Recruitment examples

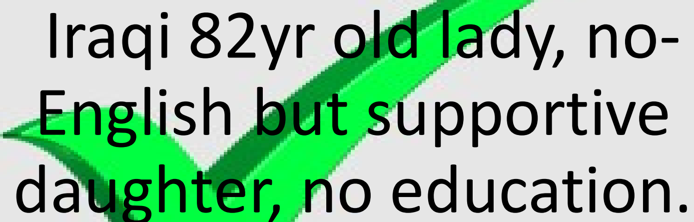
Iraqi 82yr old lady, no-English but supportive daughter, no education.

52yr old, lady, mental health history, regular marijuana and alcohol excess, prefers natural remedies.

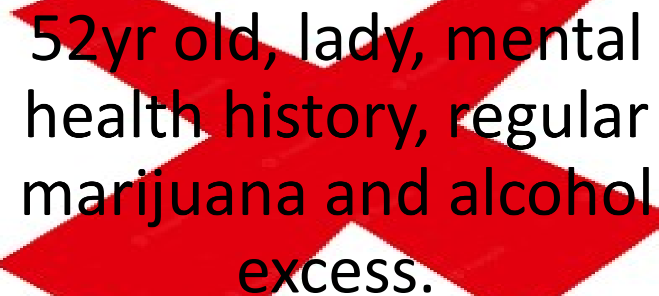
28yr old, Angolan man, married, pregnant wife, bouncer, limited English, ‘too young’ to take medication.

80yr old man, non-compliant with meds, smoker, slurred speech, wanted out of hospital.

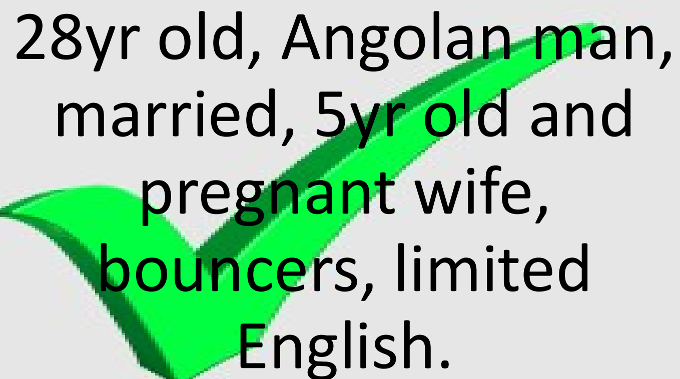
Recruitment examples



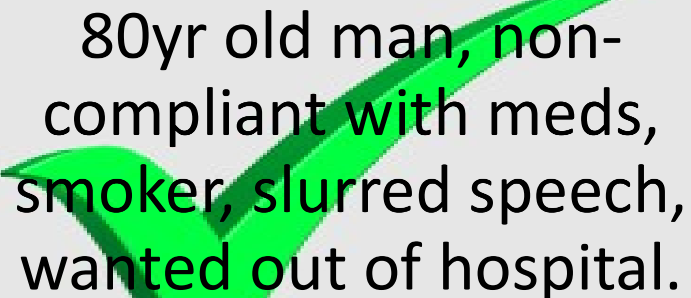
Iraqi 82yr old lady, no-English but supportive daughter, no education.



52yr old, lady, mental health history, regular marijuana and alcohol excess.



28yr old, Angolan man, married, 5yr old and pregnant wife, bouncers, limited English.



80yr old man, non-compliant with meds, smoker, slurred speech, wanted out of hospital.

Nothing is black or white.

— *Nelson Mandela* —

AZ QUOTES

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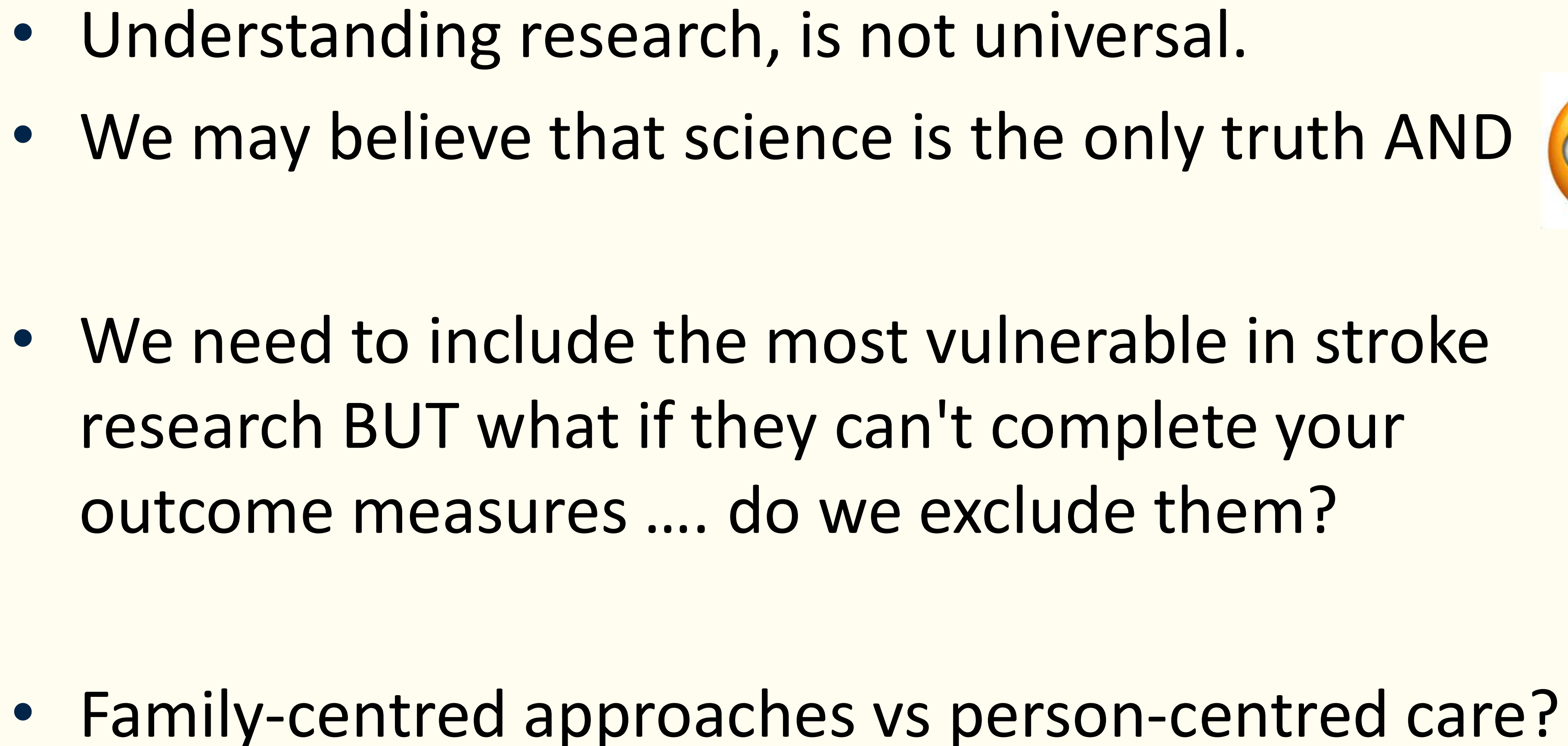
My reflections and thoughts so far ...



- Understanding research, is not universal.
- We may believe that science is the only truth AND
- We need to include the most vulnerable in stroke research BUT what if they can't complete your outcome measures …. do we exclude them?
- Family-centred approaches vs person-centred care?

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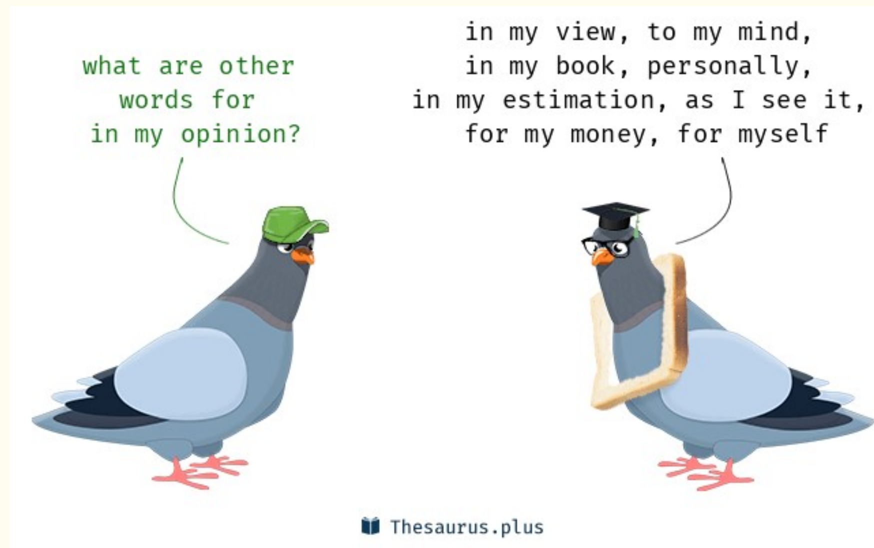
To finish …..

- It is challenging, time consuming, messy and ultimately more difficult to be inclusive.



- We need to include all these people in our research to be able to produce findings of value that reflect the stroke demographic and start to address health inequalities.

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