

SWAT 205: Impact of an animated video translated into four commonly spoken languages and enhanced pictorial information on recruitment into the RELIEF trial

Objective of this SWAT

To determine whether the use of an animated video about the RELIEF trial dubbed into four key languages (Bengali, Urdu, Gujarati and Polish) alongside enhanced pictorial information improves recruitment and inclusivity of minority ethnic groups.

Study area: Recruitment

Sample type: Patients

Estimated funding level needed: Low

Background

There are several areas of the UK where overuse of short-acting beta-agonists (SABA) and asthma exacerbation rates are particularly high. Many of these contain communities with relatively high numbers of economically disadvantaged people and minority ethnic groups who are underrepresented in asthma research. Research suggests ethnicity and migration have substantial and independent effects on the incidence of asthma [1]. Moreover, there are much poorer asthma outcomes in the UK among South Asian and Afro-Caribbean communities. This is particularly the case among children of migrants who are seen to be at increased risk of developing asthma compared to UK-born Whites [1]. Similarly, a more recent article reports poorer incidence of asthma control and increased exacerbation rates among those from the most deprived areas [2]. The magnitude of socioeconomic disparities is also higher among older patients and those from ethnic minority groups [1, 2]. Understanding the driver of this disparity requires further exploration. In order to address this, the current study has been designed to increase recruitment of participants from these groups. Therefore, alongside the main trial, RELIEF (ISRCTN29579666), we have included a SWAT to determine whether an animated video in four key languages (Bengali, Urdu, Gujarati and Polish), as well as English, improves recruitment. The SWAT is a cluster randomised study which will investigate the effects of this intervention to improve both overall recruitment and inclusivity in the main trial. We have worked with colleagues and PPI groups at the Centre for Ethnic Health Research at Leicester University to create an animated video about the trial that will be dubbed from English into the four key languages. This will be provided alongside the main participant information sheet and an infographic. The intervention may improve understanding of all participants, not just those in ethnic minority groups, and so we will include all participants rather than the sub-set from ethnic communities in the SWAT.

This SWAT is similar to SWAT number 156 which is investigating the effect of an animated video translated into four commonly spoken languages on recruitment into the TICH-3 trial (ISRCTN97695350).

Interventions and comparators

Intervention 1: Access to an animated video about the trial translated into 4 key languages as well as English, with enhanced pictorial information provided alongside the main participant information sheet (PIS).

Intervention 2: Standalone PIS.

Index Type: Method of Randomisation

Method for allocating to intervention or comparator

Randomisation

Outcome measures

Primary: Recruitment rates in the SWAT groups.

Secondary: (1) Proportion of randomised participants who are from ethnic minorities; (2) Proportion of randomised participants providing follow-up data at 12 months.

Analysis plans

One interim analysis is planned 18 months after the start of the trial (after 8 months of recruitment). At this point, we predict 38 practices will have been open for at least three months and nearly 1000 participants will have been randomised. If there was strong evidence of a difference in recruitment rates between the SWAT groups, the strategy showing the greatest consent rate would be implemented for all future patients invited to the trial. Otherwise, the SWAT will continue until the end of the host trial. Interim and final analyses will include descriptive statistics and between-group comparisons will use regression models with analysis at the cluster level for recruitment outcomes and participant level for other outcomes, using mixed effect models to take account of clustering by GP site.

Possible problems in implementing this SWAT

Slower than expected opening of GP practices
Video not being ready when recruitment opens to the host trial.

References

1. Netuveli G, Hurwitz B, Sheikh A. Ethnic variations in incidence of asthma episodes in England & Wales: national study of 502,482 patients in primary care. *Respiratory Research* 2005;6:120.
2. Busby J, Price D, Al-Lehebi R, et al. Impact of Socioeconomic Status on Adult Patients with Asthma: A Population-Based Cohort Study from UK Primary Care. *Journal of Asthma and Allergy* 2021;14:1375-88.

Publications or presentations of this SWAT design

Examples of the implementation of this SWAT

People to show as the source of this idea: Professor Tim Harrison, Caroline Rick, Dinesh Saralaya, Alan Montgomery, Lucy Bradshaw, Tricia McKeever, Katherine Smith, Caroline Rick Emma Wilson, and Andy Willis.

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Date of idea: 7/APR/2020

Revisions made by:

Date of revisions: