



# Who is taking part in our research?

Inclusivity indicators in Hearing Health research participation

**Anisa Visram**



*anisa.visram@manchester.ac.uk*



# Inclusivity indicators for research participants in Hearing Health: background

- Hearing health projects have collected demographic data on an **individual** basis for many years
- In 2022 we trialled a standardised process for collecting this data to coordinate across hearing health projects
  - Coordinated use of same questionnaire
  - Same wording on ethics applications and participant documents
- Now asking for all new Hearing Health projects to collect data using the same standardised process
- Questions were based on a reduced set of questions from the NIHR workforce questions, by agreement within the group
- We have updated the questionnaire and process in consultation with central BRC Inclusive Research team

# Inclusivity indicators for research participants: process

- Demographic data collected for via **fully anonymous** Qualtrics link
  - This means you cannot connect these data to an ID for use in your study analysis
  - Important for clarity of how data will be used and shared
  - Important for confidentiality and trust
  - Researchers should collect any demographic data they need for analysis separately
- Each study has a different Qualtrics link (but the surveys are identical)
- Typically, the link is emailed to participants to complete after the study (or is linked after completion of an online survey). Participants can also complete it during a session.
- Modified versions can be used e.g.
  - Lower cognition of participants
  - Small-scale study (e.g. brief online survey)

# Participants who cannot consent



Have you consented to take part in this research study on behalf of another person (e.g. a child)?

Yes

No

- Asks about demographics of < 16 year old participants (where relevant) in addition to those of person giving consent

# Inclusivity indicators for research participants: barriers?

- Some initial resistance from researchers concerned about ethical barriers
- Ethics committees and PPI groups have all been **very happy** to accept this
- In fact recent feedback has been to make the demographic survey more prominent so as not to miss out on collecting this important information

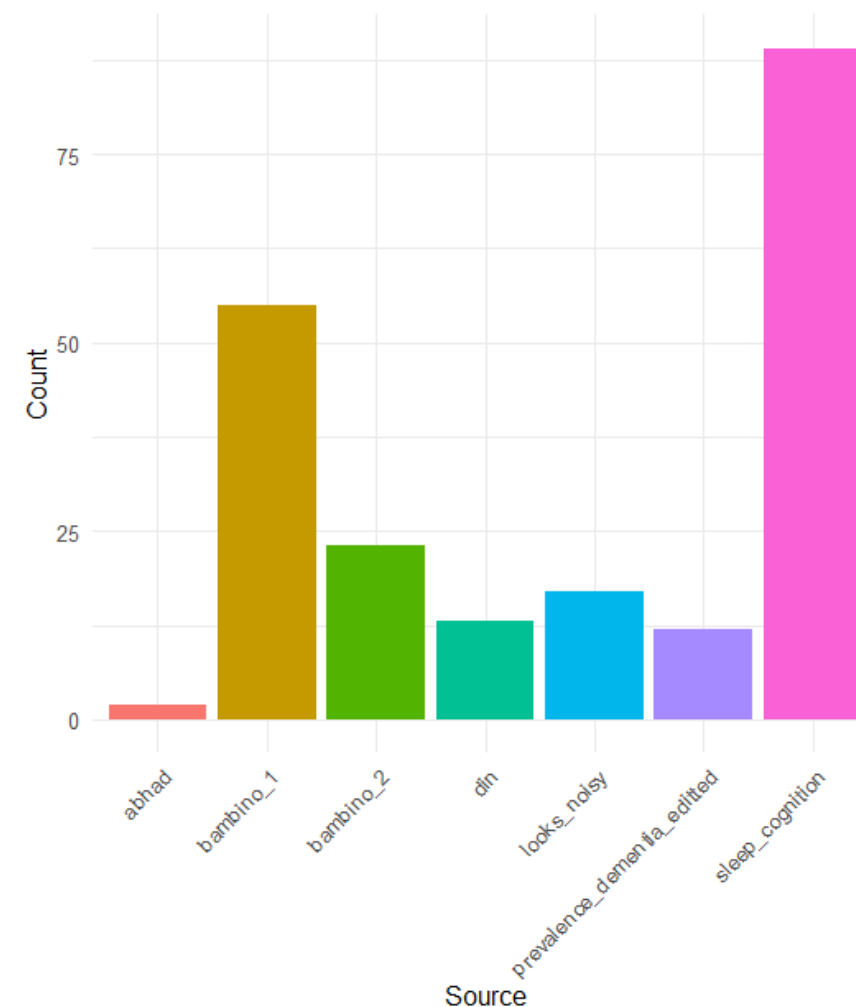


# Number of studies collecting / having collected data

- Seven studies collecting / have collected data
  - Three more just started
  - Inclusivity data from 209 total participants
- Includes a mix of UoM and NHS ethics: no problems in either case
- Mix of online and face-to-face
- Most studies used the standard version of the questionnaire, one used easy-read modifications

Not big numbers: Need more data to know if results are representative

Counts of Data Source



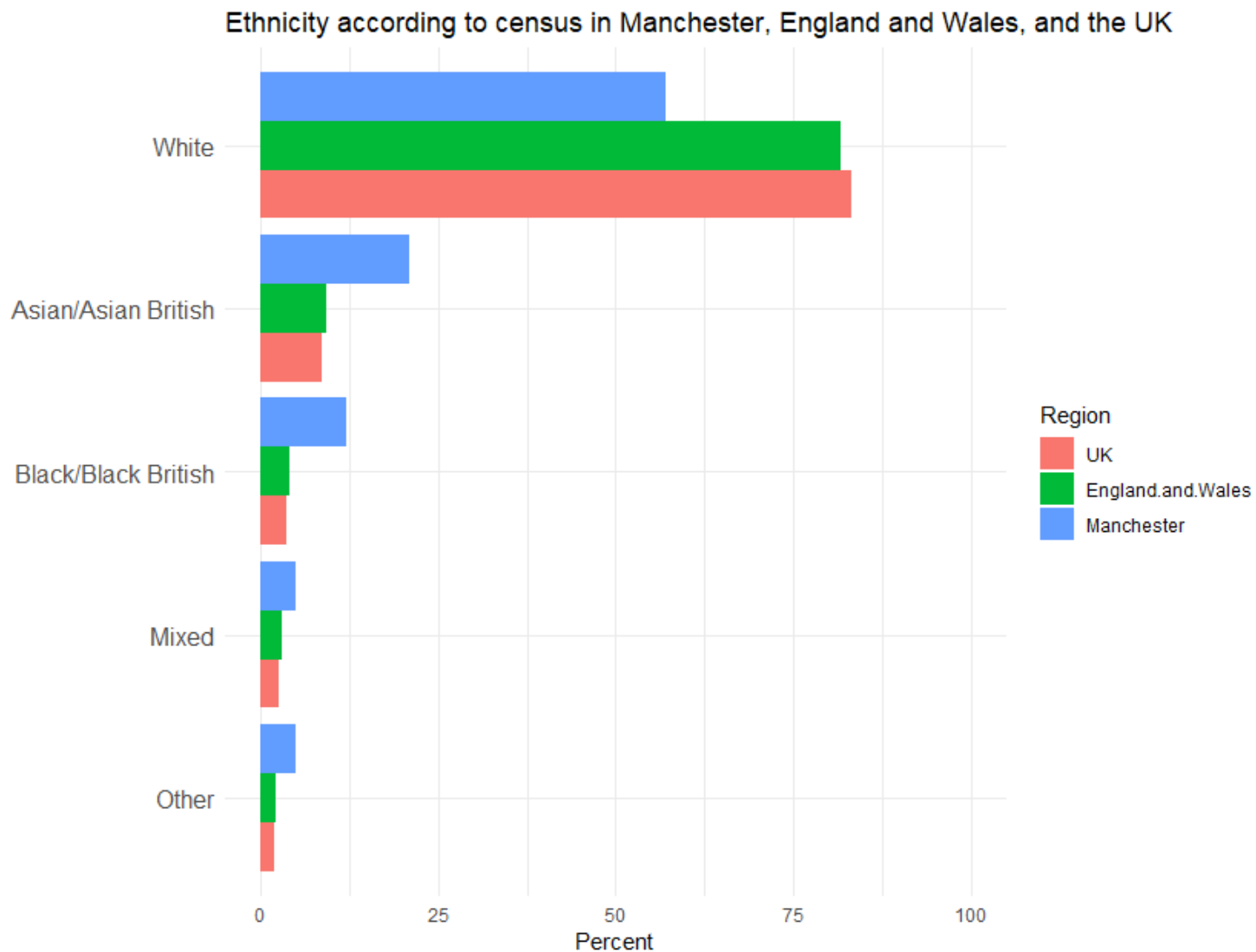
**CAVEAT: ANALYSIS IS PRETTY BASIC AT PRESENT.**

**REFINEMENTS NEED TO BE ADDED, E.G. CONSIDERING TARGET POPULATIONS OF INDIVIDUAL STUDIES, RESPONSE RATES, STATISTICAL COMPARISONS ETC.**

What is the first part of your postcode e.g. BL6, OL3, SK11?

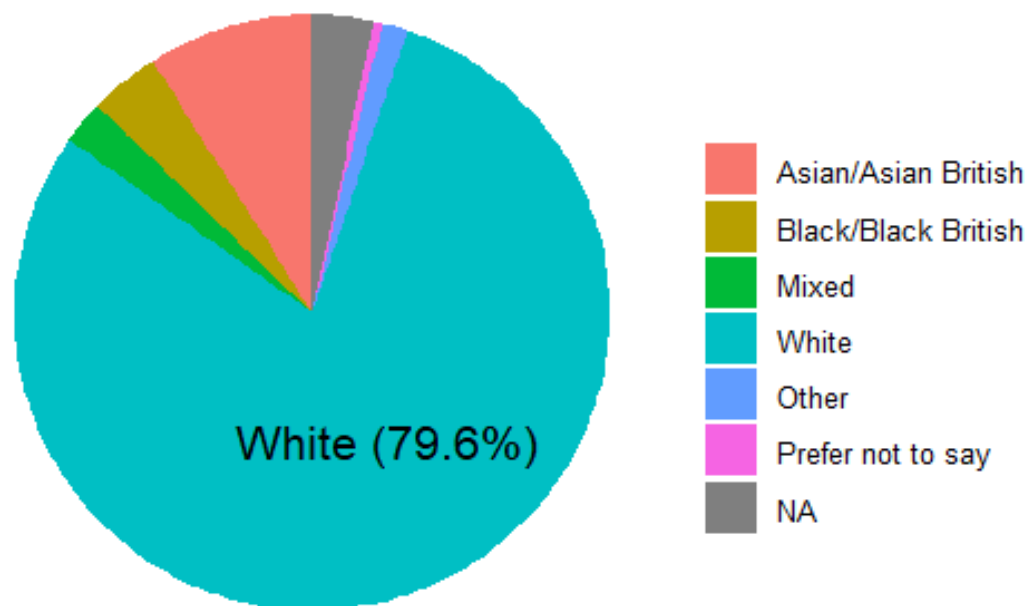
- 53% of participants were from Greater Manchester
  - This was previously 90%, but has shifted due to large numbers from an online study
  - With still only a few studies collecting data we are still swayed by individual projects
- The remainder were from a wider range of postcodes across the UK

# Population ethnicity according to census data

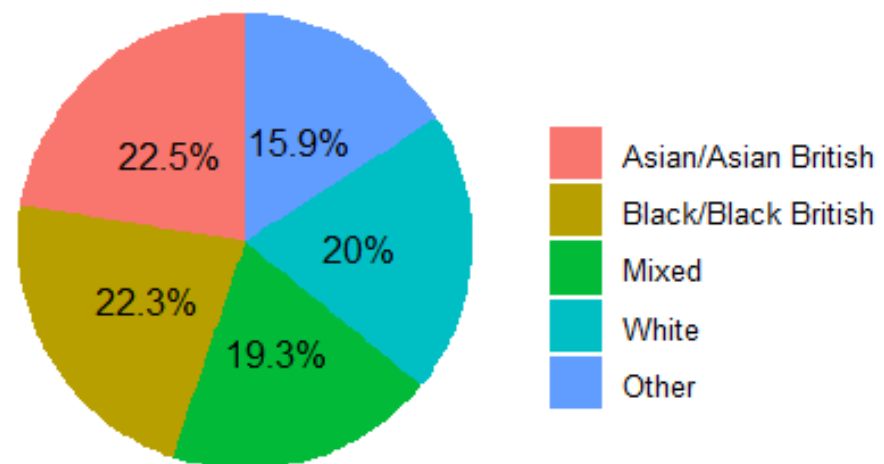




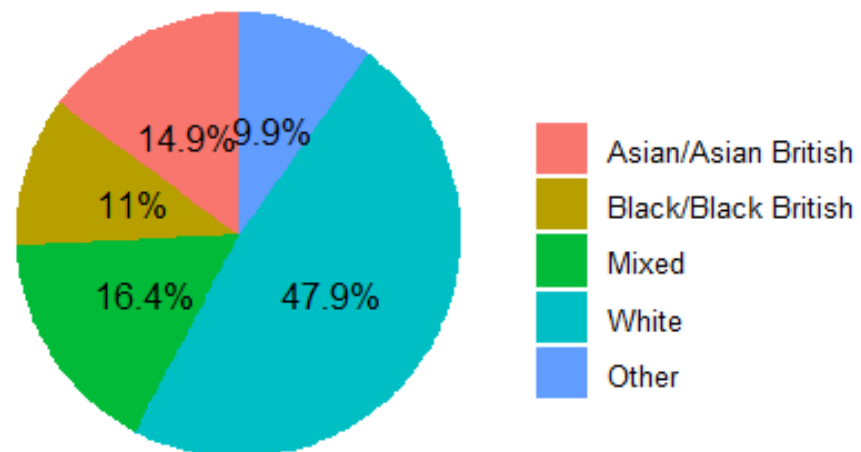
# Ethnicity (our data)



## Ethnicity adjusted relative to UK census data

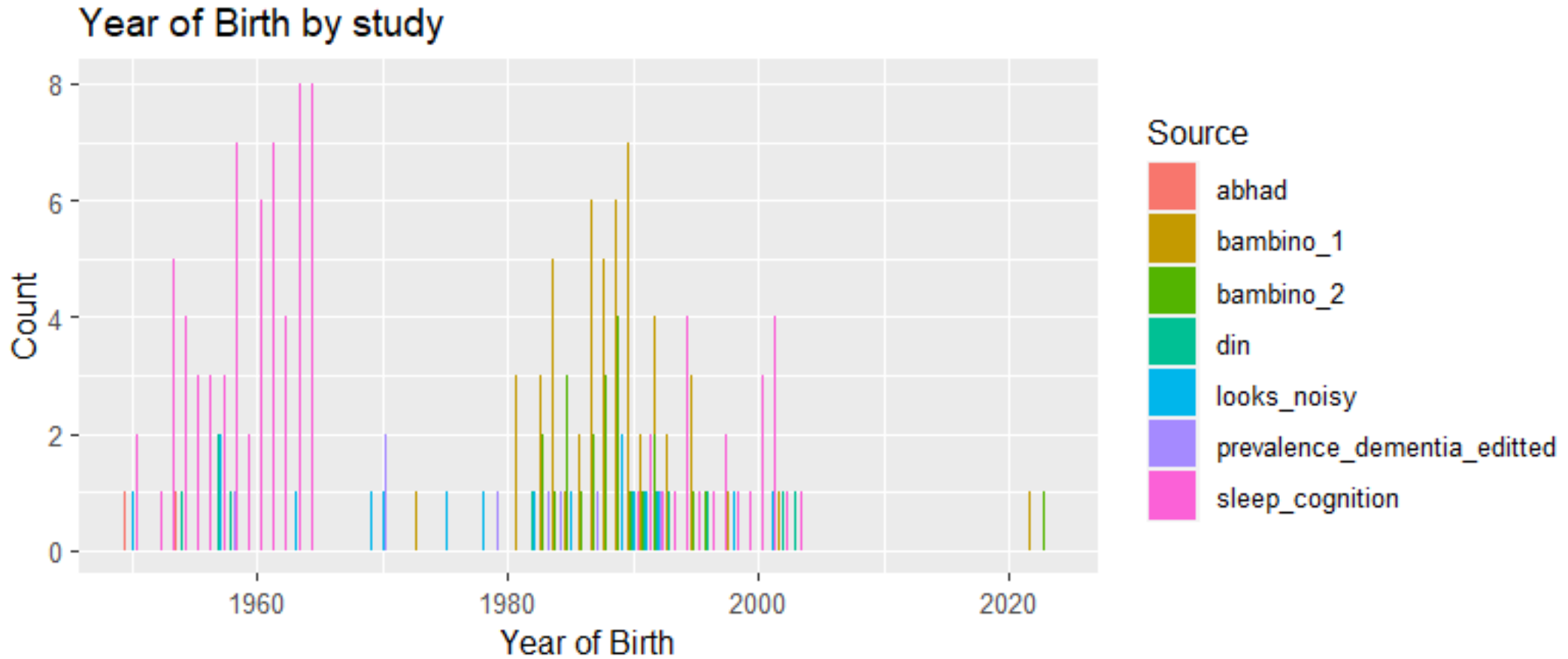


## Ethnicity adjusted relative to Manchester census

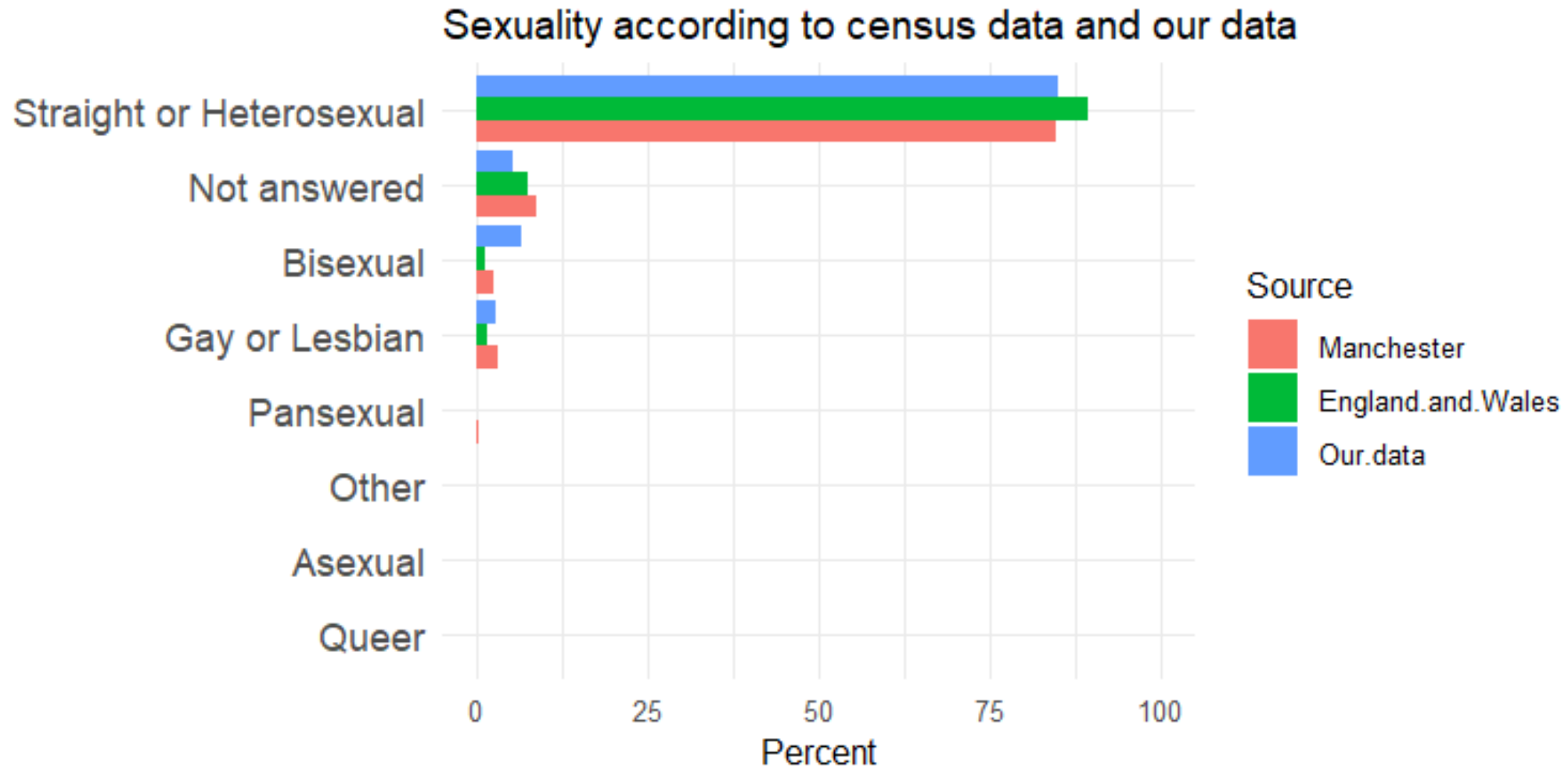


What is your year of birth? (YYYY)

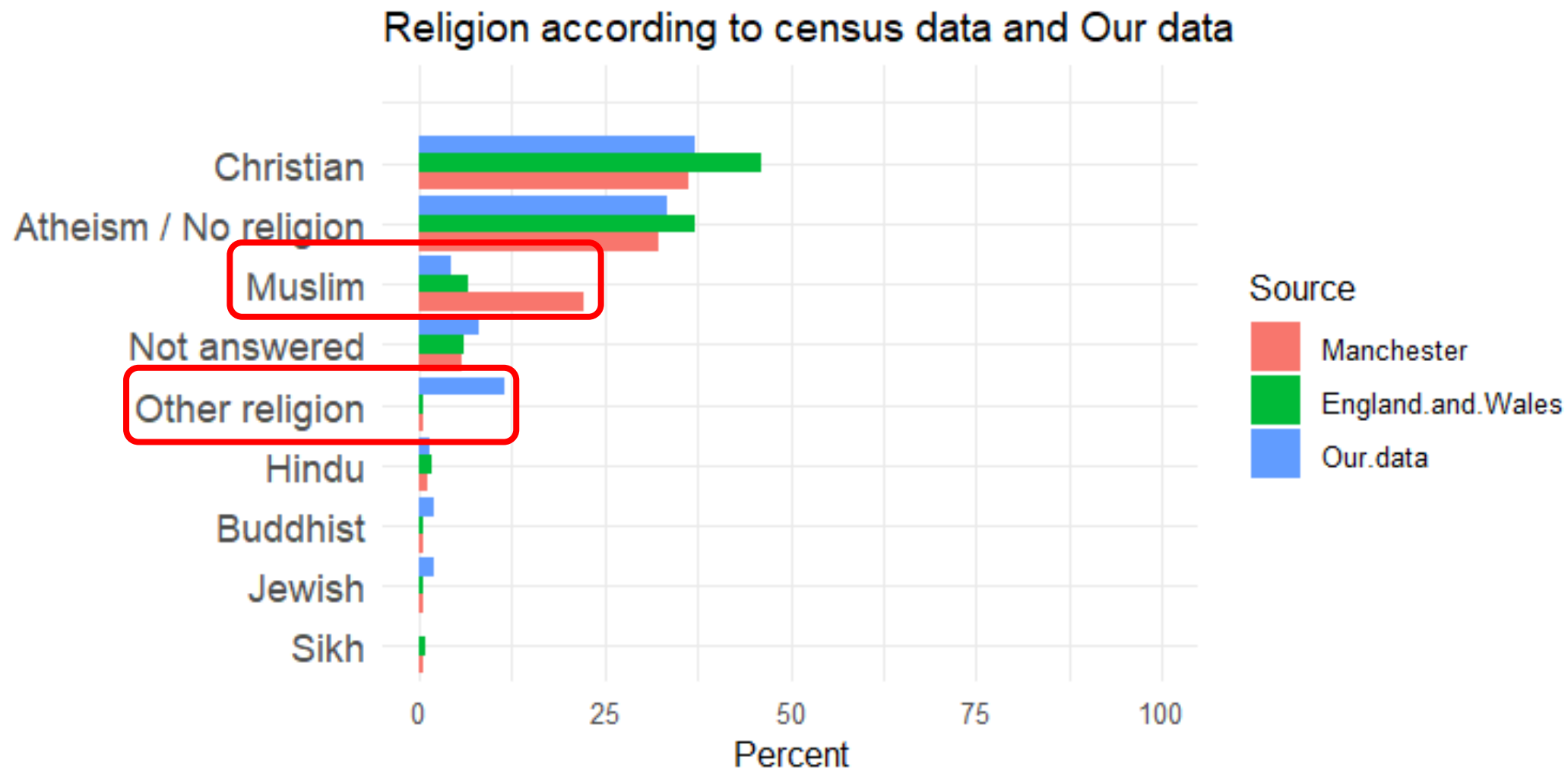
In V2 updated to “what is your age in years?”



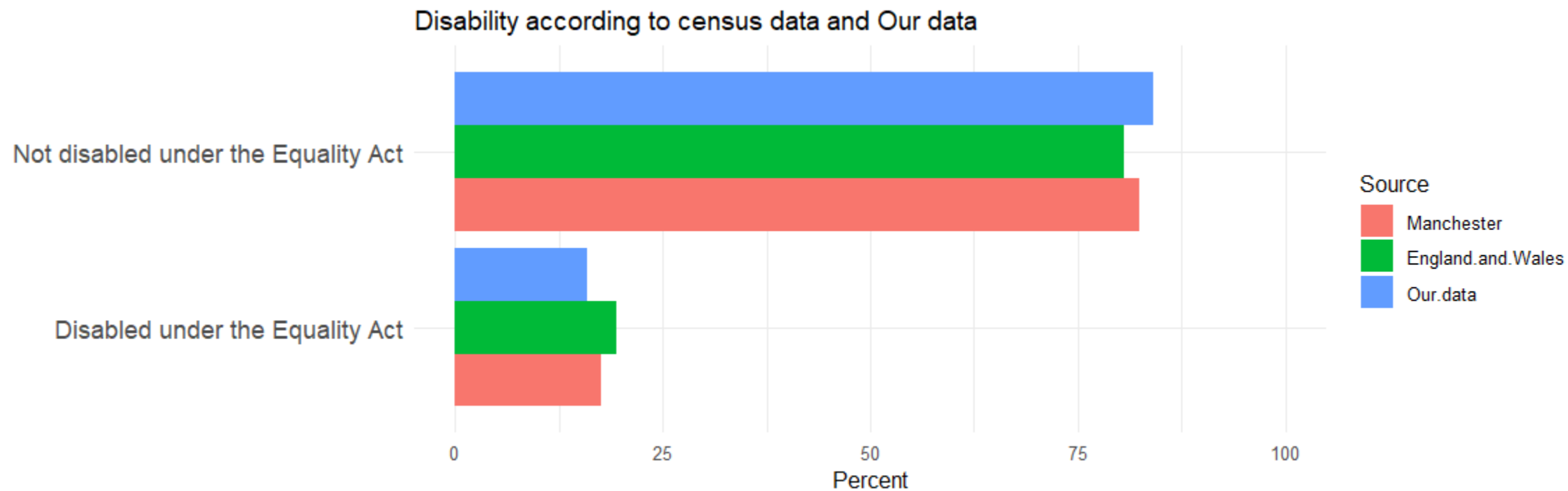
# Sexual orientation



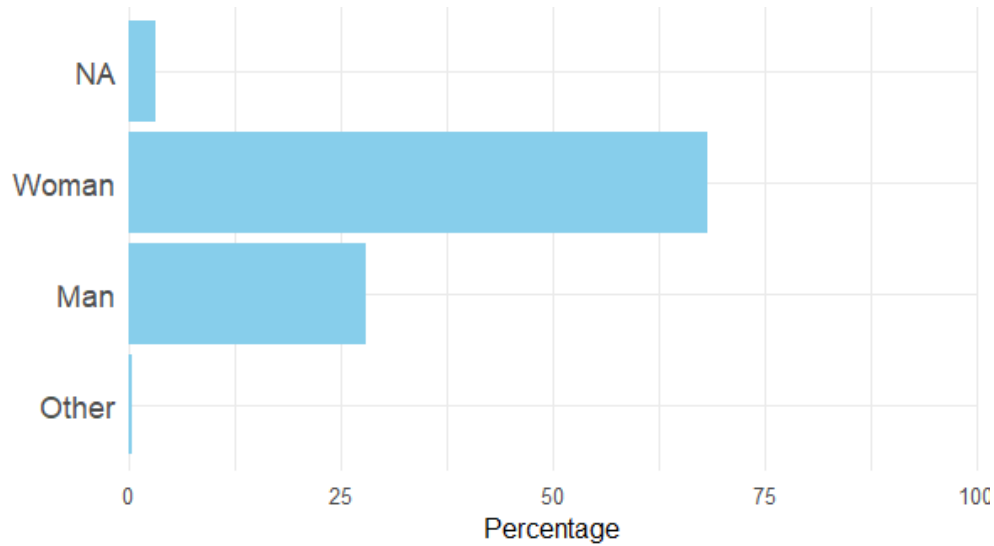
# Religion



# Disability

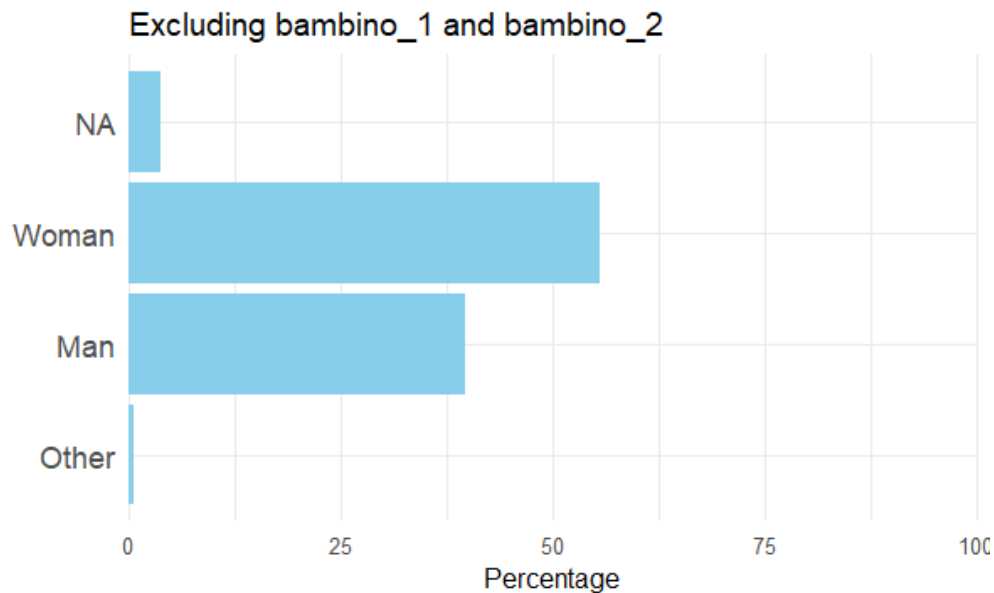


# Gender



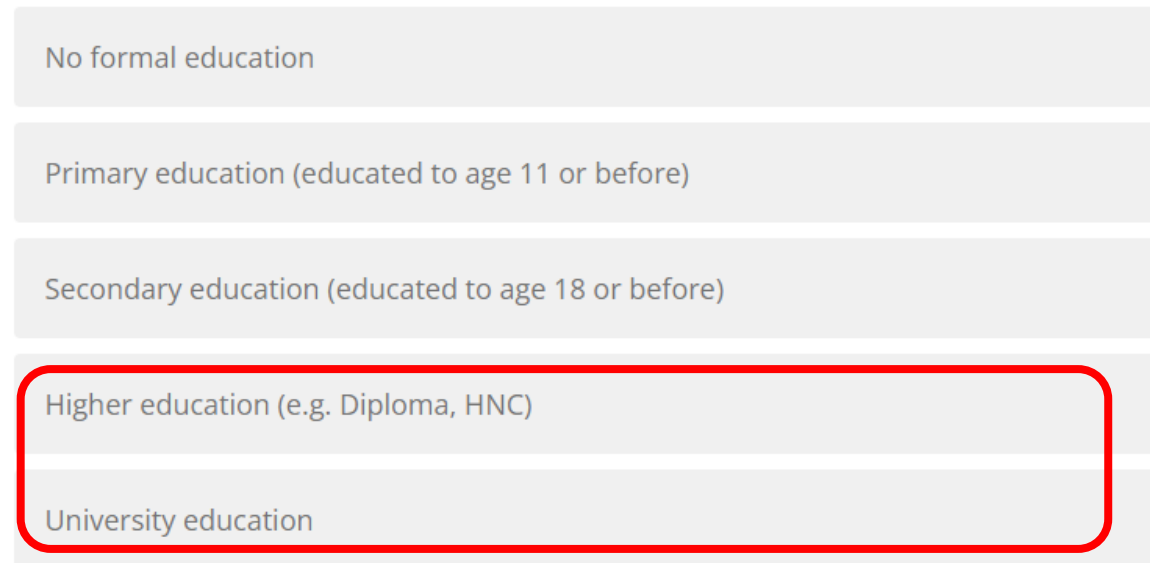
Does your sex registered at birth match your gender?

- 96% YES
- 4% No answer / prefer not to say



**In V2 modified to: 'Do you identify as trans?' (2021 census data suggest this questions was poorly understood)**

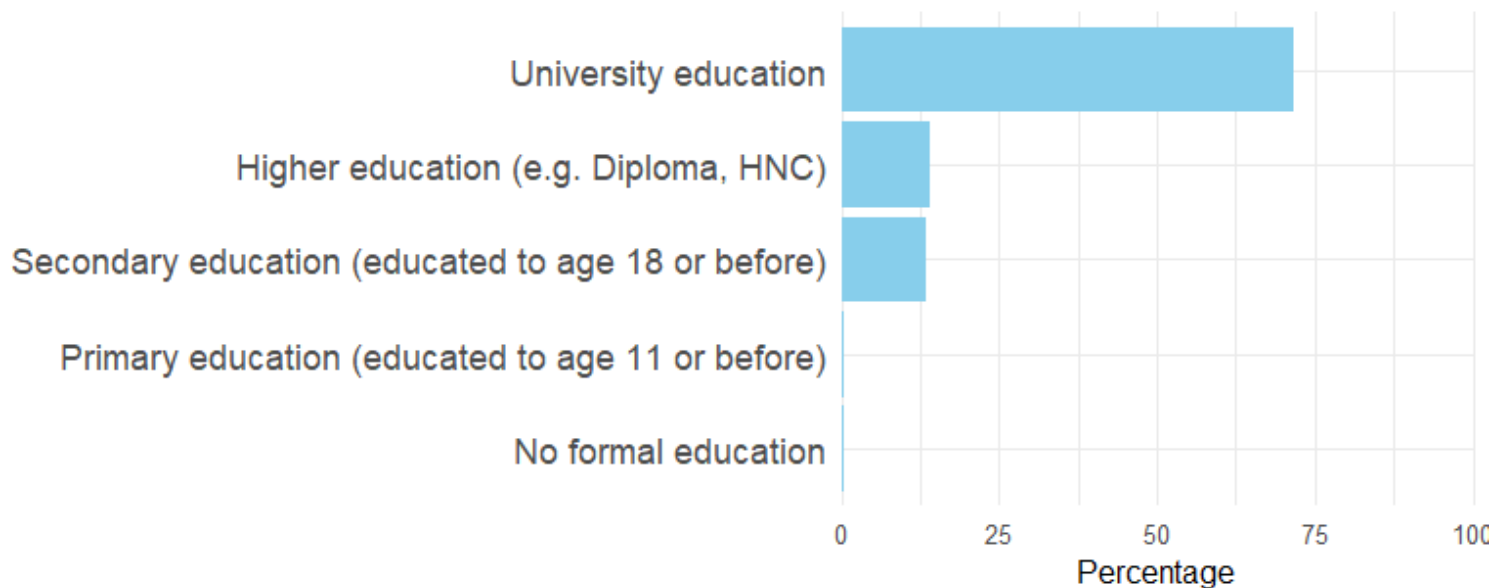
What is the highest education level you have attained?



## Highest level of qualification

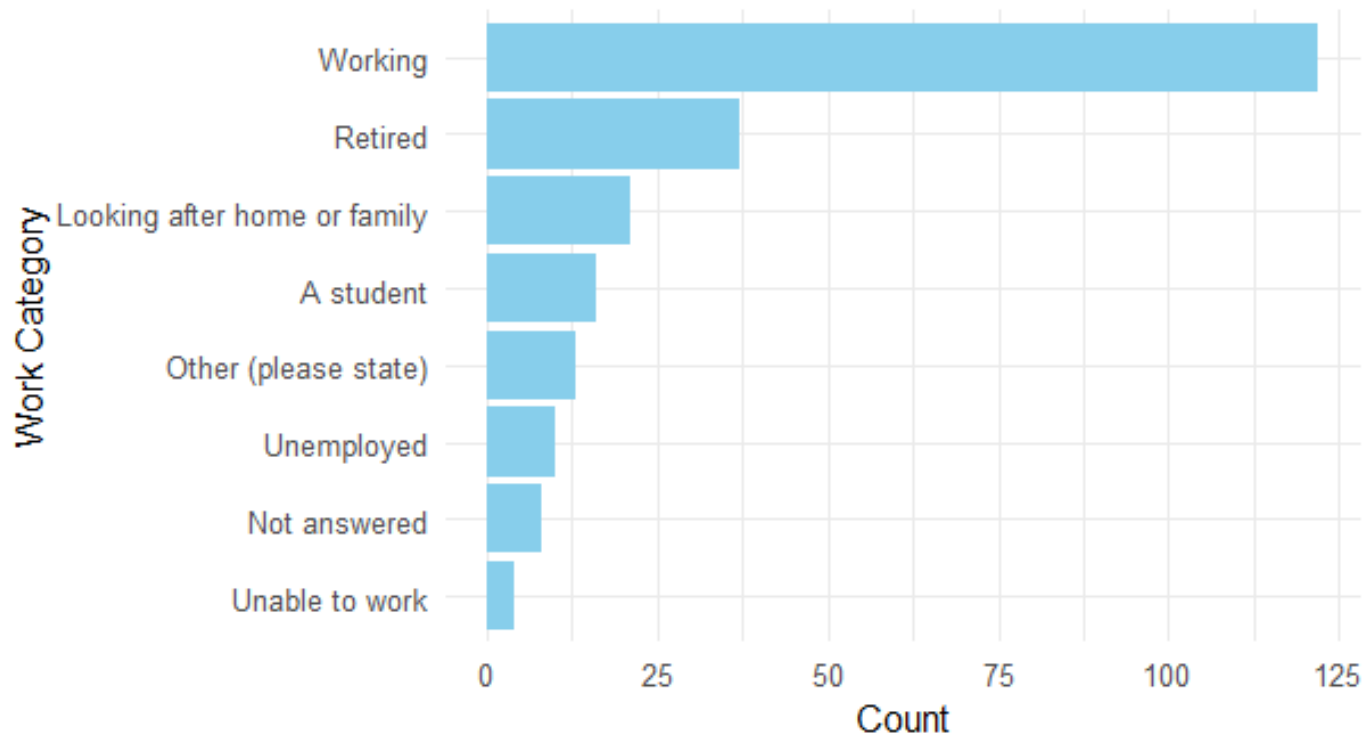
	Persons	
	Manchester	Local Authority
	count	%
All usual residents aged 16 years and over	437,958	100.0
No qualifications	86,110	19.7
Level 1 and entry level qualifications	34,988	8.0
Level 2 qualifications	45,164	10.3
Apprenticeship	15,322	3.5
Level 3 qualifications	79,621	18.2
Level 4 qualifications or above	164,763	37.6
Other qualifications	11,990	2.7

Education Levels in Our Data



- 38% vs 85% Level 4 qualifications or above

# Working status ('tick all that apply')



## Economic activity

	Persons	
	Manchester Local Authority	
	count	%
All usual residents aged 16 years and over	437,958	100.0
Economically active (excluding full-time students)	237,667	54.3
In employment	219,969	50.2
Unemployed	17,698	4.0
Economically active and a full-time student	21,621	4.9
In employment	14,315	3.3
Unemployed	7,306	1.7
Economically inactive	178,670	40.8
Retired	46,637	10.6
Student	57,182	13.1
Looking after home or family	28,875	6.6
Long-term sick or disabled	25,709	5.9
Other	20,267	4.6



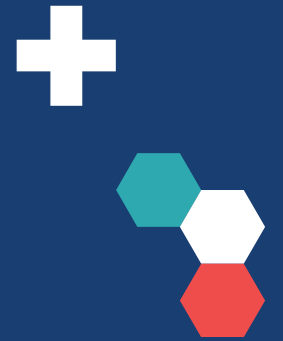
# Take-home messages and next steps

- Researchers are getting on board with the importance of collecting these data
  - It's really easy
  - Everyone wants us to collect this data
  - It helps us better understand our participants and identify potential barriers to inclusion
- This matters...
  - Healthcare research must be representative of the communities affected
  - Research inclusion increasingly a condition of funding (e.g. NIHR)
- There is more work to do re the data analysis...
  - Adjusting datasets for inclusion criteria of individual studies (as a minimum)
  - How to understand and address impacts / biases of non-respondents? How to *prioritise* this data collection?
  - Work with the wider BRC to share best-practice
  - Could consider our priorities and adapt future questionnaires accordingly

# Take-home messages and next steps

- Under-represented groups appear to include:
  - People with lower education
  - People from the Muslim community
  - Men
- There is work underway re reaching out to communities
  - Several researchers and PhD students in the team have been doing an excellent job of reaching out to communities
  - We plan to set up a hearing health inclusive research working group to address barriers
- What we can do now...
  - Consider whether our avenues for recruitment are biased towards more educated people and how to address that (e.g. advertising in community centres rather than a University campus)
  - Give adequate compensation to minimise barriers and consider wider possibilities and compensation, e.g. taxis, compensating travel *time*
  - Share what works

Thanks for listening. Thanks to the  
Inclusive Research Methods and IROB  
teams.



**Anisa Visram**

 *anisa.visram@manchester.ac.uk*

